Supporting breakthrough improvements of patient care

Mission, vision and strategy of the

Dutch Institute for Healthcare Improvement

Utrecht, April 2004

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DUTCH INSTITUTE FOR HEALTHCARE IMPROVEMENT CBO

CBO:

- founded in 1979
- by: the Dutch organisation of medical specialists and the Dutch organisation of Chief Medical Officers
- mission 1979: to improve professional care
- target groups: medical specialists, nurses, allied health professionals
- guidelines, peer review audits

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Passion for better patient care

Mission of CBO

The Dutch Institute for Healthcare Improvement CBO is a not-for-profit, national knowledge-, innovation- and implementation-institu that advises, supports and trains healthcare providers (professionals, hospitals) encouraging their collaboration aimed at achieving breakthrough results in the improvement of the quality of *patient* care

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Two basic outcome measures

1. bring patient care on a much higher level
2. make it more enjoyable for all healthcare workers

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Measurement of success: outcome on patient level

Care for patients must become:

more
- Effective
- Safe
- Efficient
- Timely
- Equitable
- Patient as partner

"Six domains of quality"

"Crossing the Quality Chasm" IOM, USA, May 2001

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Vision:

What? To have, by 2005, a leading national and prominent international role in quality improvement of patient care

How? By having achieved remarkable, outstanding, *breakthrough results* in the improvement of patient care

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Vision: expected results in 2005

- ? breakthrough results in the improvement of patient care
- ? succesful development, implementation and transfer of new strategies, programs, methods and tools
- ? participation in basic education of doctors, nurses, managers; postgraduate training; leadership-training
- ? by our results recognized as the knowledge and innovation centre for QI by healthcare providers, our stakeholders and the government
- ? by our results having the leading role in policy-making concerning improvement of patient care in The Netherlar

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Leadership is leading change

Sense of urgency

Vision

Strategy

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Basic problems in health care

from the patient point of view

1. "The way we deliver care": *profession*
   overuse, underuse, misuse (patient safety)
2. "The way we organize care": *organisation*
   health care is an archipelago
   access-problems, waiting times, delays
   coordination problems
   communication gap
3. "The way we take care" : *relationship*
   information
   co-decision making
   empathy: patient as a human being

Bad quality is unnecessary suffering for patients

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Patient safety

The Netherlands

ÆP.O.Wound infections (CBO/RIVM, 1999)

Breastsurgery: 25%: <3%, 25%: >9%
Hipreplacement: 25%: <2%, 25%: >4
Kneesurgery: 25%: <1%, 25%: >4%

benchmark

ÆBedsores: (University of Maastricht, 2002)

Academic hospitals: 16,5%
Acute care hospitals: 22,3%
Nursing homes: 33,0%
Home healthcare: 18,5%

benchmark: <5%

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Bad Quality

Patient care that is:

- ineffective
- unsafe
- inefficient
- not timely
- not equitable for all
- not patient-centered

Bad quality is unnecessary suffering for patients

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What the IOM said….

Trying harder will not work anymore

Only redesign of our health care systems

"Crossing the Quality Chasm, USA, May, 2001

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Leadership is leading change

Sense of urgency

Vision

Strategy

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Stroke-patients in Delft
- How did we treat them? -

- inter-doctor-variation diagnosis/treatment
- islands of care
  - professionals not working together
  - departments not working together
  - organisations not working together
- mean length of stay hospital: 28 days
- non-transferable patients in the hospital: 10
- mean length of stay nursing home: 100 days
- poor rehabilitation
- many unnecessary complications
  - endresult: *poor quality of life for these patients and their families*

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Redesign project: stroke-service Delft
- integrated health service -

Results

1. Cross-organisational, multidisciplinary protocol for diagnosis, rehabilitation
   Patient record stays with the patient
2. Mean length of stay hospital: 28 Ÿ 12 d.
   Not transferable patients : 10 Ÿ 0
   LOS nursing home : 100 Ÿ 52 d.
   Discharge to home : 40 Ÿ 77% !!
3. Satisfaction patients, family, caregivers: ↑ ↑
4. Overall costs : ↓↓

N = 311/year

Medisch Contact 2001:20; 781-3

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Characteristics of this approach

§ A process: patient in the centre
§ A team: multidisc., cross-functional
§ Professionals in the lead
§ Bold aims, SMART-formulated
§ Measurement
§ Method
§ Leadership on all levels
§ Breakthrough results: “best practice”

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Characteristics of this approach

1. Professionals
appropiate care: guideline ⟶ protocol
no unnecessary variation, no overuse/underuse

2. Professionals and organisation
organize around the patient

Results: *care for patients, that is more effective, safe, efficient timely, equitable and patient-centered*

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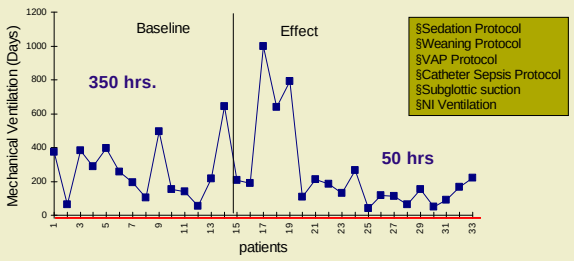
Decrease length of mechanical ventilation



CBO, Breakthrough-project-IC

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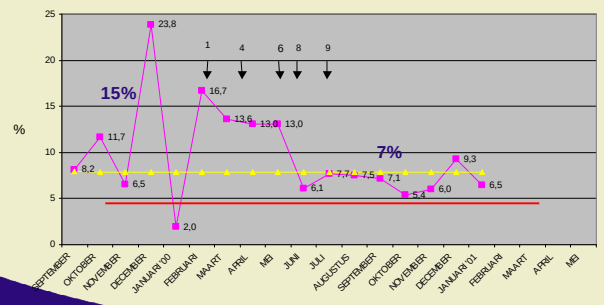
Decrease of bedsores



CBO, *Breakthrough*-project-IC

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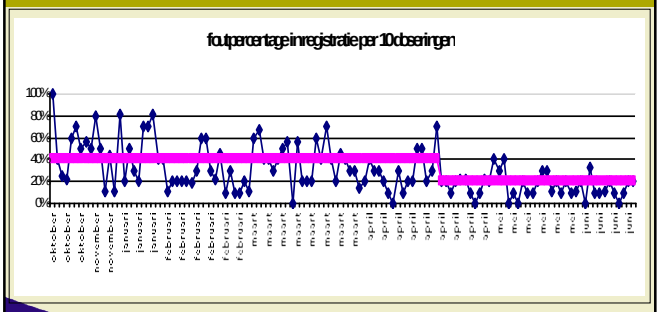
Incomplete information about medication

transfer from Intensive Care Unit to nursing department



CBO, *Breakthrough*-project Medication Safety

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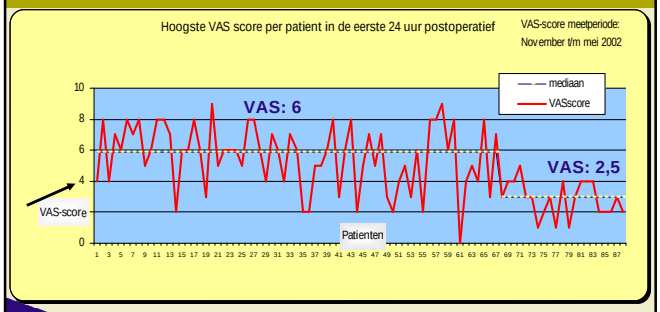
Reduction postoperative pain



CBO, Breakthrough-project Medication Safety

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Leadership is leading change

Sense of urgency

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Vision

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→ Strategy

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Strategy:

- Mission-driven and customer-focused
- Care process in focus
- Target group
- Four: 4 roles of CBO: core-business
- 4 levels of interventions
- Collaboration
- Leverage: transfer, multiplier, spread,

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Strategy:

Mission-driven and customer-focused

Not: customer-driven

(Consultancy-firm: customer-driven)

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? Professional groups
- Guideline development
- Indicators, hospital-infections
- Visitation: peer-review-audit

? Healthcare organisations (Total Quality Management)
- "*BEREIK*-program" *(Reach-Out)*
- "*BREAKTHROUGH*-program" *(BTS)*
- Balanced set of indicators
- Leadership

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Strategy:

Careprocess in focus

Åpatient central
(not: professional, department, organisation, budget)
Åcollaboration
Åintegration of methods and tools

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Strategy:

Target group

Hospitals, medical specialists
Integrated care
Other sectors: through other support organisations

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Strategic dilemma

CBO: mission-driven
public domain
national level
not for profit
wants to stay small
results on patient level

↓

Success will be our failure

→ Two fours!

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Strategy:

Core-business of CBO: 4 roles

1. Innovation
   - of the way care is provided
   - of strategy, models, methods and tools
2. Implementation of existing knowledge
   Dissemination of best practices
3. Transfer of strategy and spread of results
4. Awareness and agenda setting

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Changing healthcare: 4 levels of intervention

1. Patient level
   6 aims, push of patients(organizations)
2. Level of care process: moment of truth
   frontline: professional x organization → *results*
3. Level of the institution
   leadership: vision, strategy, personal example
   integration and collaboration
   supported by: logistics, IT, HRM, MD, incentives
4. System level
   structure, regulations (laws), financing, bureaucracy, incentives, education

and – and – and - and

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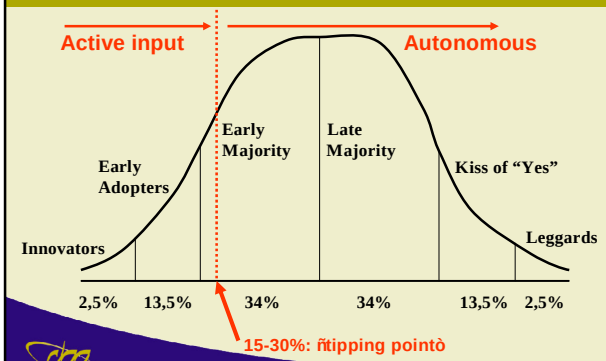
Diffusion of innovation



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CBO-programs

- Knowledge-synthesis
  - Guidelines: evidence-based, patient-based, practice-based; living guidelines
- Implementation and dissemination
  - Breakthrough program
- Quality-management = normal management
  - *BEREIK*-program (Reach-out): leadership and change-management strategy and policy-planning: EFQM improvement/redesign of careprocess balanced set of indicators
  - Professional quality system
- International network: ISQua, IHI (VS), ESQH, EU, WHO USA, UK, Sweden, Norway, Australia France, Denmark, Germany, Spain, Italy

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CBO-*BREAKTHROUGH*-projects

"Gap between what we know and what we do"

Implementation of existing knowledge
Dissemination of "best practices"

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Basic principles *BREAKTHROUGH*-program

- Choice of subject *(gap between what we know/d*
- Experts *(content and method)*
- Change-concepts *(professional and logistics)*
- Re-invention *(not: copy)*
- Project-approach *(time-constraint)*
- Nolan-model: aims, measurement, results, rapid cycle improvement
- Collaboration and competition between teams
- Central support and advice

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Breakthrough-projects CBO

The Netherlands
- ER 1,2
- Intensive Care 1,2
- Medication Safety 1,2
- Post surgery woundinfections
- Knee-injuries
- Diabetic foot
- Stroke service
- Advanced access
- Bedsores
- COPD-chain management

In preparation:
- *Throughput times*
- *Triage on the ER*
- *Clinical pathways*
- *Diabetes Mellitus*
- *Palliative care*
- *Congestive heart failure*
- *Painmanagement postsurgeri and oncologic*

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Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?

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What to do after a *Breakthrough* Project?

Spread:

1. Results
   - to other departments
   - to other patient-groups
   - to other hospitals
2. Improvement model
   - to other topics, other processes
   - to other departments
   - hospital-wide implementation

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- **New developments:**
  - Patient safety
  - Leadership
  - Indicators: for improvement, for accountability
  - Pursuing Perfection (Reinier de Graaf Groep, Delft, with IHI)
  - Living guidelines
  - Integrated peer review auditing
  - Academic workplace (UMCU)
  - Logistics, advanced access
  - Healthcare Insurance Companies: contracting quality
  - OR-problems
  - IT
  - Basic education and training
  - Research and implementation

etc.

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The board of trustees of CBO:

- banker (chair)
- orth.surgeon, former president OMS
- former minister of healthcare (mrs.Borst)
- CEO academic hospital
- director of nursing of an acute care hospital
- CEO of a big healthcare insurance company

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Funding of CBO:

- **Basic funding from government (30%)**
- **Grants**
- **Co-payments from participants**
- **Customers**

Yearly budget: € 6.000.000

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Choices CBO is facing

- How big will we grow?
- Relationship innovation-production?
- Consequences of the product-life-cycle of our programs/products: what will we stop or transmit, and how?
- How to integrate our programs/products?
- Target-groups:which sectors of healthcare?
- Who are our partners?
- How to build a faculty-network?
- Living our mission-vision-values:

ñCBO: the house of quality"

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What the IOM said….

Trying harder will not work anymore

Only redesign of our health care systems

"Crossing the Quality Chasm, USA, May, 2001

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Summary:

1. **Patient in focus**
2. **Bold vision with SMART-aims**
3. **Clear strategy:**
   - **a method**
   - **collaboration**
   - **leverage: multiplier, spread**
4. **Take the risk! Do it! Go for it!!**

CBO: leader of change in The Netherlands

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