



## 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



### 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-institute 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



### Two basic outcome measures

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



### 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



### DUTCH INSTITUTE FOR HEALTHCARE IMPROVEMENT CBO

#### 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 Netherlands



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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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**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**

**"P.O.Wound infections" (CBO/RIVM, 1999)**


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

*benchmark*

**"Bedsores: (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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### 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 12 d.  
Not transferable patients : 10 0  
LOS nursing home : 100 52 d.  
Discharge to home : 40 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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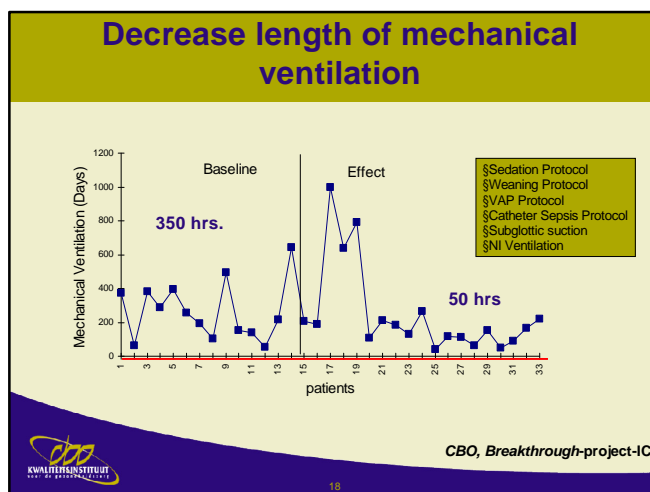
### Characteristics of this approach

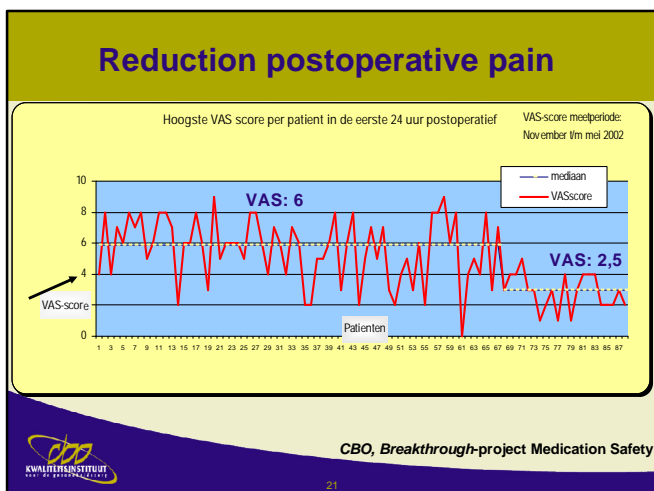
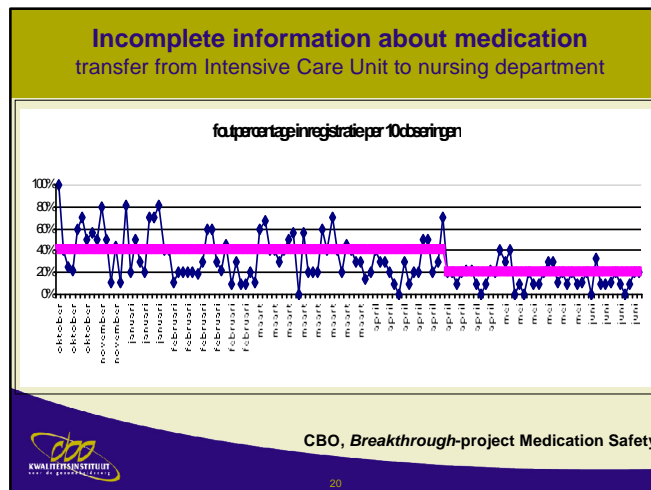
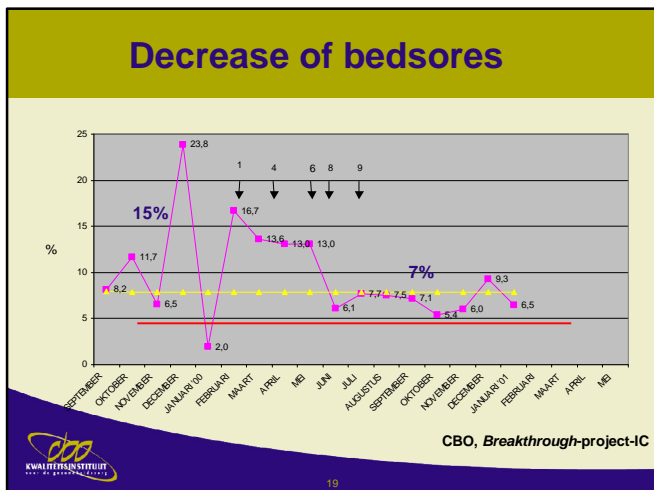
1. Professionals  
appropriate care: guideline → protocol  
no unnecessary variation, no overuse/underuse
2. Professionals and organisation  
organize around the patient

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

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**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,

CBO, Breakthrough-project Medication Safety

Dutch Institute for Healthcare Improvement CBO

**Strategy:**

Mission-driven and customer-focused

Not: customer-driven

(Consultancy-firm: customer-driven)

CBO, Breakthrough-project Medication Safety

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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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**Dutch Institute for Healthcare Improvement CBO**

**Strategy:**  
**Careprocess in focus**

- “ patient central  
 (not: professional, department, organisation, budget)
- “ collaboration
- “ integration of methods and tools



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**Dutch Institute for Healthcare Improvement CBO**

**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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**Dutch Institute for Healthcare Improvement CBO**

**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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**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:

*Ī CBO: the house of quality"*



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**What the IOM said....**

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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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