Spreading the improvement culture and skills from Jönköping to Espoo / Finland

City of Espoo

Population 258 896

Stockholm 1 h by plane 16,5 h by ferry

St. Petersburg 1 h by plane 3,5 h by train

Tallinn 15 min by helicopter 2 h by ferry

Riga 1 h by plane 6,5 h by ferry/car
Health care and social services in Finland

- **Primary care** and **social services** are provided by **municipalities**
  - 320 municipalities in Finland
  - Espoo is second largest municipality by population (258,896)
    (smallest around 1000 inhabitants)
- **Secondary care** is organized by **hospital districts**
  - 21 hospital districts
  - Each municipality has to be part of a hospital district
  - Finances to hospital districts come from the municipalities
    (negotiation process)
- Finland has large **occupational health care** sector, providers are
  either municipalities, private sector or employers/companies

Our journey

- Chronic care model: Self care
- Co-operation with Qulturum begins
- Improvement of acute / emergency care
- Improvement in Elderly care Workshops
- Improvement of Patient safety
- Coacnhing the coaches
- Espoo’s own “Qulturum” starts

Leadership team
Strategic planning
Professional development
Our goals

• Change the culture
  – From: "what we lack" (resources etc)
  – To: "how we can improve our results also with existing resources"

• Value for the patient/client + better staff satisfaction

• Learn the skills

• Learn from the best in the world

Co-learning with Qulturum began in January 2007:

• Facilitation is not enough – change must begin on strategic level
• What you can’t measure, you can’t change
• Patient / customer perspective
  – ask them! talk with them!
  – value for the patient, measure results from patient perspective (Porter!)
• From teamwork to microsystems thinking
• "Our two works": from projects to continuous improvement
Espoo “system”

Chronic Care Model (Wagner 1998)

- Functional and clinical outcomes
- Informed activated patient
- Prepared pro-active practice team
- Productive interactions
- Health system
  - Organization of health care
    - Delivery system redesign
    - Clinical information systems
    - Decision support
- Community Policies and resources
  - Self-management support
Coordinated Care of Chronic Conditions

- Reception
- Laboratory
- Nurse
- General Practitioner

**Nurse Goals**
- No symptoms
- Self care assessment GOOD
- HbA1c <6.5-7.5 or fasting glucose < 6
- LDL < 2.6 mmol/l
- RR < 140/85 (130/80)
- nU-alb < 20

**Mediocre balance**
- Self care assessment MEDIOCRE
- HbA1c 7-8 %, LDL 2.6-3.5
- RR 140-160
- PEF/spirometry not as recommended

**Poor balance**
- Self care assessment POOR
- HbA1c > 8 %, LDL > 3.6
- RR > 160/95, nU-alb > 200
- PEF/spirometry poor

**Planned visits for follow-up and support**

**EMPOWERED PATIENT**

- 12-(24) mo
- 6-12 mo
- 2-6 mo

**Updated**
- 11.05.08

**Intensify treatment**
- (More) support for self care
- Change medication (update drug list)
- Visit interval and content according to change potential

**Continue present treatment**
- Yearly prescriptions
- Update drug list

**HbA1c average yearly 2005-2012 in Diabetic patients**

**HbA1c- keskiarvojen keskiarvo**
She felt too sick to be able to stay in the hospital...

Maija 88-vuotias

ÄKILLISESTI SAIRASTUNEEN IKÄIHMISEN HOITOKETJU
• Average stay in hospital in Finland 43 days

• Espoo average decreased from 35 to 22 days
  – Patient’s satisfaction increased
  – Patient’s physical fitness by the time of discharge slightly improved
Improving elderly care 2008 → (breakthrough collaboratives)

Participants:
teams from 25/31 units,
16 teams have participated more than once

Goals/results related to
- Careplans
- Patient involvement
- Daily activities

Improvement skills

Spread in other parts of Finland 2012 →
Passion for Life

- "Do-it-yourself" welfare training course for elderly
- Begin in 2010 in Espoo, spread in 5 other municipalities in southern Finland during 2011-2012
- More than 200 senior citizens participated
- 30 trained coaches, part of them senior citizens
- Improvement areas: safe environment, nutrition, physical activities, social contacts and networks

Hyvä vastaanotto / Bra Mottagning / Open Access

- 100 teams in 3 years (10 rounds)
- Coverage from southern Finland to Lapland
- About 1.5 million population base
- Microsystems workshops began in 2012
  - 56 teams until the end of 2013
Bra Mottagning in Finland

Microsystems coaches in Finland
Access was improved in 20 / 36 teams

Advanced access T3= 1-3 days
Improved access = significant change measured with T3
Improved access also in

• Dental care
  – Waiting time from 150 days to 50 days
  – Patients on the waiting list from >4000 to zero

• Physiotherapy (from 3-5 weeks to 3-5 days)
  – At the same time they reduced the use of private services for more than 300,000 euros

Mechanisms from the evaluation report / Bra mottagning

**Context**
- Personal doctor system
- Lack of personnel
- Lack of support from leaders
- Assessment of care needs
- Strong project organization

**Content**
+ Concept (ideology)
+ Breakthrough collaboratives
+ Effective meeting
+ Technical tool for measurement

**Process**
- Variation
  + Selfdisciplined and independent way of working
  + Measurement supports improvement work
  - Often only one key-person

**Outcome**
Early success stories
T3 1-7 vrk
Improved telephone service
Improved atmosphere in working place
Also disappointments and failures
Success factors and hinders

This helps

• Start where you are – do what you can
• Think always patient/client first
• Committed CEO & leadership team
• Involve as many as possible, leaders, employees, patients, partners
• Train coaches / improvement leaders
• Measure, document – show results, calibrate

This makes it difficult

• Changing yourself
• National policy in health and social care not supporting
• Lack of personnel
• Focus on those not willing to change
• Too many projects going on at same time

What next?

• Espoo own “Qulturum” from January 2013
• Building networks in Finland
  – Health care & social services
  – Finnish Lean association
  – Universities, schools
• Competence development
  – Coaching, patient safety issues, leadership, lean…
• Networking internationally
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Espoo “Dynamo”, born in January 2013

Thank You!