Coaching Data-Driven Healthcare Improvement

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A National Quality Register

- A database consisting of individual patient data for many patients
A National Quality Register

- A database consisting of **individual patient** data for **many patients**

- Cover **all patients** that have a certain condition, are subject to a treatment or are part of a risk group

- It monitors **variables** for patients **over time**
Quality registries

- 78 National Quality Registries (+ 28 registry candidates)
- 1975 knee replacement surgery
- Initiated by the medical professionals
- Purposes
  - Quality improvement, comparisons
  - Research
- [http://www.kvalitetsregister.se/](http://www.kvalitetsregister.se/)

Quality Register Center Stockholm

_A strategic cooperation between_

Karolinska Institutet

_and Stockholm County Council_

_to develop care and research for better population health_
Quality Register Center Stockholm

- National quality register development

- National quality register development
- Quality improvement in clinical practice
Quality Register Center Stockholm

- National quality register development
- Quality improvement in clinical practice
- Clinical research on quality registers

Background

- Executive Committee Goals – By end of 2016:
  - 80 % of National Quality Registers will have at least 80 % coverage of relevant healthcare, nationally.
  - 100 % National Quality Registers that covers 80% of relevant healthcare, public presentation of data.
  - 100 % National Quality Registers will present online data to clinics.
  - The number of research projects supported by Quality Register data will increase by 300%.
  - 80 % of the National Quality Registers will present results for patients
  - 80 % of the clinical directors will use the registers in their improvement work.
  - A statistical significant improvement for the patients, including decreased geographical differences of the quality of healthcare, will be seen for the 10 largest diagnoses.
  - The Swedish healthcare will, remain internationally competitive.

"Agreement between The Swedish Counties and County Councils (SKL) and The Government - Development and finance of The National Quality Registers for Healthcare during 2012-2016"
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Executive Committee, increase financial support to local improvement work supported by Quality Registers
(feb 2013)

Criteria and Goals
“...areas of general improvement potential.
Goal for projects to improve healthcare for patients.”
Coaching supports **Effective change management**
By use of Quality Registers

Why Coaching and The Dartmouth Institute?

- Previous single project in Sunderbyn together with TDI.
- TDI has certification & research in Coaching
- System, structure and “hands on tools” in a combination of understanding group dynamics and psychology of change management (helping).
- Long term collaboration and not just “another change project”
✓ 17 team from Lund till Gävle
✓ 27 coaches (Clinic + Register)
✓ 8 Quality Registers
  ✓ Barncancer, diabetes, Swedeheart, stroke, MS, åtstörning, intensivvård, RA
✓ Research ongoing by KI, TDI and Jönköping Academy

**IMPROVEMENT PROJECT**

- **Clinical teams**: 15-20 teams
- **QR Coaches**
- **QRC Coaches**: 5 coaches

- **Start up 27 May**
- **e-Sem. 5 sep TDI, 18-22**
- **Visit Dartmouth 6-9 okt**
- **e-Sem. 7 nov TDI, 18-22**
- **Teamtr aiff 27 nov Sthlm**
- **e-Sem. 5 dec TDI, 18-22**
- **e-Sem. 9 jan TDI, 18-22**
- **Examination 6 Feb 2014**
Clinical Improvement Team

- Close support and guidance (1/week)
- A clinical and register coach develops competence in the clinic that remains also after the course.

Welcome to Coach Training at Lake Morey, Vermont, US!
Training at Lake Morey, Vermont, US
27 potential coaches on their first coach education!

Hard work was celebrated!

Microsystem Improvement Ramp Cardiac
Rehab Team Gävle-Sandviken 140128

We aim to improve secondary prevention in Gävle and Sandviken. The process begins when the patient is dismissed from hospital and ends when he or she is referred to primary care for follow-up. The aim is to decrease the number of relapses of coronary disease, and to have fewer readmissions. We will do this by increasing the proportion of patients who reach target levels for the most important risk factors (stop smoking, control of blood pressure and blood lipids, and taking part in exercise programs).

We have started some PDSA’s (nurse visits in stead of doctor visits, new routine for referring patients to primary care, more close follow-up of risk factors, measuring the quality of the dismissing process).

Increased time for patients with specialized cardiology nurse will lead to improved secondary prevention.

Increased proportion of patients with blood pressure <140.
1. Increased proportion of patients with LDL <1,8
2. Increased proportion of patients who quit smoking
3. Increased participation in exercise programs
4. Increased proportion of patients who get appointment with doctor/nurse in planned time
5. Improved routines for discharge from hospital
6. Improved routines for discharge from hospital after AMI
7. Increased proportion of patients with blood pressure <140
8. Increased proportion of patients with LDL <1,8
9. Reduced proportion of patients who experience increased level of anxiety/depression after AMI
10. Increased proportion of patients seen by nurses instead of doctors after AMI.

We have ongoing measures for all our specific aims except nr 7 and 8. The first results will be available in late spring 2014.
Coach model

**Pre-phase**
- Purpose, goal and vision
- Expectations
- Need and challenges
- Previous experiences of improvement work
- Resources
- Communication with leadership and leaders
- Logistics
- 5P

**Action phase**
- Regular meetings
- Task oriented work
- Active coaching
- Communication
- Encouragement
- Feedback, measurements and follow up
- Track and speed (vision and goals)
- Group dynamics

**Transition phase**
- Reflection
- Celebrate
- Roles and competencies in team
- Analyze, worked well/Do differently
- Gather energy for next round

Team examples
or
Bright stars from the program!
Norrtälje, Stroke Unit

- Coach: Katarina Sjöström
- Norrtälje Hospital, northern Sthlm. Specialist unit for stroke care
- Improving door-to-needle time
  - Including the Emergency Department, ICU and x-ray

Improving stroke care, what did they do?

- Door to needle time is an important indicator
- Few thrombolysis patients
- Several microsystems working together
- Performed simulation to gather improvement ideas
  - Found for example that the internal referral from the emergency department to x-ray were hold up in the hospital IT system for 10 minutes
- Great cooperation with quality register and co-coach, performed study visits to look at high performing clinics
Success factors

- Engaged persons in the team from the start
- Early involvement of leadership with mandate to delegate the accountability
- Benchmarking/ Best practice
- Simulation
- Clear goals and plan
- The coach need some time on his/her own
- Effective meetings, clear agenda
- Feedback from the team
Team Cardiac Rehabilitation Gävle-Sandviken

- Coach: Lars Svennberg
- Gävle-Sandviken hospital, 2h north Stockholm. Specialist unit for Cardiac Rehabilitation
- Improving Q4: increased proportion of patients with:
  1. blood pressure <140.
  2. LDL <1,8
  3. Patients who quit smoking
  4. Increased participation in exercise programs
  5. Increased proportion of patients who get appointment with doctor/nurse in planned time
  6. Improved routines for discharge from hospital
Cardiac rehabilitation, what did they do?

- Substituted many doctors visits with visits to nurses (increased time 1h)
- Developed new routines for visits with focus on Q4
- Visits in acceptable time for patient
- New routines for referring the patients to primary care
- Patient questionnaire for measuring the quality of dismissing process from the clinic.

SEPHIA Gävle-Sandviken
follow up 6-10 weeks

130101 - 130630

131001 - 131230
Patients 2013-01-01 – 2013-06-30

Time to appointment

- <6 veckor: 17
- 6-10 veckor: 24
- >10 veckor: 54

Patients 2013-10-01 – 2013-12-31

Time to appointment

- <6 veckor: 1
- 6-10 veckor: 4
- >10 veckor: 22
Success factors

- Early involvement of leadership for strong support
- Effective meetings, clear agenda
- Fewer but longer meetings
- Knowledge of the Quality Registry
- Develop local register/measurements

Reflection

- Intense program, takes time!
- Find ways for communication to clinic & colleagues
- Be open for new ways for improvement of healthcare
- To continue a follow up/further education is needed

Team continuation Q1-2 2014

- Collection of data from local registry
- Update of Quality Registry (Sephia 1b)
- Measure anxiety/depression
- Full data evaluation May 2014
- Meetings every month
Experiences & Learnings from all teams

- The program is intensive and demanding but stimulating
- Meetings radically improved by effective meeting skills.
- Very important to have the leadership engaged and committed early on.
- New ways of looking at internal processes that have evolved in improvement.
- Knowledge around what is needed to achieve an improvement, measure it and also to get it “to stick”.
- Active work with registry data in the clinic.
- Important knowledge regarding the usefulness and also useless of register data in the clinic.

“Now I really understand the importance to structure and map the team environment in the beginning of a project, something that we are not always doing within healthcare, often we just rush into a project”

“With the coaching method we have “left no stones unturned”, see new things and reflect in a way that has not been done earlier, especially not together within the clinic”

“We have learnt that it is possible to react and change”
Input from coaches- what support do they need in the future?

- Guidance
- Support with startups
- “Buddies”
- Share knowledge – take part of other teams successes
- Continue practicing
- Network
- Seminars
- Research
- Share knowledge how to use the QR
- Swedish tools
- Invitations to final seminars for future graduations

- Leadership support
- Discuss expectations
- Practice

“QRC Team coaching academy”

*Improvement by support of Quality Registers*

Learning – Practice – Research - Development
Invitation for new program
-start- 4th June

- Regional focus Stockholm Gotland
- Psychiatry
- Senior Alert
- Graviditetsregistret and many more
- Director’s program

**IMPROVEMENT PROJECT**

- Clinical teams
  - QR Coaches
  - QRC Coaches
  - 15-20 teams
  - Representatives from QR
  - Four coaches from QRC, supports

**Event Dates**
- Start up 4th June
- e-Sem. 3 Sep TDI
- Visit Dartmouth 28 Sep 3 Oct
- e-Sem. 29 Oct TDI
- Teamträff 27 Nov Stockholm
- e-Sem. 3 Dec TDI
- e-Sem. 7 Jan TDI
- Teamträff Februari 2015
- Avslut - ningstträff maj 2015 Stockholm
What has been delivered?

- 27 coaches educated (basal level)
- A number of real improvements in 17 clinics
- Potential improvements indicated
- “Buddies” for next program
- Network of coaches for knowledge sharing
- Just Do It mentality!

The team:

Susanna Lagersten
Helena Hvitfeldt Forsberg
Elin Lindblad
Emilia Ricciuti
Karolina Wretbring
Gösta Hiller

+ Therese Stenfors Hayes
Johan Thor
Thanks for your attention!

- Back-up
Om fortsättningen

"För att arbetet ska fortsätta och inte stanna av tror jag det är viktigt att det blir någon uppföljning och vidarutbildning eller kunskapsutbyte framöver."

"...ser fram emot att QRC i samarbete med team och coacher drar nytta av våra erfarenheter och förstås att fler intensivvårdsavdelningar söker om deltagande till nästa omgång!"

Teamets förbättringsområden

Grön: avklarat Blå; start 3/2 2014 Rosa; Våren 2014 Svart: Parkeringsplats

Resultat:
Minska "door to needle" tiden
Mål: 30 min
**InfCareHIV: Decision support system based on national QR measures**

- **Red line**: Amount of HIV virus in patients' blood
- **Blue line**: Level of patient's immune system

**Prerequisites for successful implementation and use of quality registers**

- Devoted medical professionals
- Competence on ethics and patient integrity
- Efficient data collection and good quality of data
- Available statistical and epidemiological competences
- Continuous feedback to all involved
- Forum for exchange of experiences
Benefits/Usefulness of quality registers

- Local, comparative data create **incentives for improvements**
- Tools for quality improvement and **implementation** of new evidence
- Tools for increased **patient involvement**
- **Evaluate effects** of different treatment strategies
- Measure **effects** for all patients in **real life** (unselected patients, large cohorts)
- Provide basis for **health economic analysis and priority discussions**

”The future is bright...”

- *I tell my doctor of any drug side effect*
- *I can see when I need a new drug*
- *I can monitor the effects of my drug*
- *I can manage myself much more*
- *I compare my measures with others*
- *I work together with my doctor now*
QRC har en rad aktiviteter som planeras att fortsätta och utvecklas under 2014 med mål att kvalitetsregister ska vara till nytta i vårdens förbättringsarbetet. Dessa sträcker sig från stöd till aktivt förbättringsarbete i vårdens frontlinje med stöd av kvalitetsregister, till bättre systemstöd för en strukturerad, mätbar vårdprocess med stöd av kvalitetsregister.

QRC har startat ett utvecklingsprogram i förbättringsarbetet 2013 med anslag från Beslutsgruppen. QRC har då använt sig av den senaste evidensbaserade metoden att stödja många team samtidigt i vårdens frontlinje – teamcoaching, utvecklad vid The Dartmouth Institute och tidigare prövad och studerad vid ett doktorandarbete vid Jönköpings högskola.

Teamcoachingprogrammet startade i maj 2013 och avslutades i februari 2014. 27 teamcoacher utbildades vid The Dartmouth Institutet och fick certifiering genom att under utbildningen coacha 17 team från Lund till Gävle vid 8 olika kvalitetsregister; Barn Cancer, Riksstroke, Swedeheart, RiksÄt, Diabetes, Intensivvård, MS och SRQ reumaregister. QRC fick mycket lovord för genomförande och resultat såväl av kursansvarig från Dartmouth Institute, som av deltagare och deras verksamhetschefer.

Under våren 2014 kommer QRC att fortsätta samarbeta med Dartmouth Institute erbjuda en ny utbildning i förbättringsarbetet med teamcoaching där ett särskilt, nyutvecklat spår ges för coaching av verksamhetscheferna för de deltagande teammen, som ett sätt att ytterligare förstärka effekten av förbättringsarbetet och göra det långsiktigt.

Under 2014 kommer QRC att ingå ett avtalat samarbete med The Dartmouth Institute för att etablera en Coachingakademi. Denna ska bestå av tre verksamheter: (I) fortsatt stöd till tidigare utbildade coacher i ett kompetensnätverk för att göra förbättringsarbetet hållbart och leda till en kulturförändring i vården, (II) att utbilda nya teamcoacher och (III) att fortsätta följeforska på utvecklingen av programmet. 2015 avser QRC att
Processdiagram Sephiapatienter

Utskrivning Sephiapatient

Screening 3x

Sköterskebesök 4-6 v
Sephia 1

Hjärtläningsprogram

Sköterskebesök 4-6 v
Sephia 1

Låg EF vid eko efter 3 mån.

Låg EF och annorlunda kliniska fynd

Fortsatt uppföljning kardiologmott

Låg EF vid eko efter 3 mån.

Fortsatt uppföljning av familjeläkare

Hjärtskola

Sköterskebesök
12-14 mån
Sephia 2

Sköterskebesök
3-6 mån
Sephia "1 b"

Remiss nytt eko
om låg EF under vårdtiden