C1 - The Art of improvement at the
Urology Unit
Jönköpings County Council

Bruno Larsson
Md, Head of Urology Department

Promises to cancer patients in southeastern health care region

- to commence appropriate treatment within four weeks
- offered diagnosis and treatment of “best practice”
- to be well informed and participant in the entire continuum of care
- end of life care is given equally, good palliative care
- offered the best possible health promotion and effective screening
- Regional Cancer Center to prioritize patient-oriented research in the cancer field
Background

One county 340 000 inhabitants

Three hospitals – urology part of each local surgery department

» different “cultures”
» differences in access
» local quality problems
» no common guidelines
» results not available for comparison
» three small units sensitive to number of staff
» no formalized/planned teaching of staff members
The Urology Journey

Assignment

National leading system for Quality and Patients Safety in Swedish Health care

We pursue a Health care that is
- safe
- knowledge based and appropriate
- patient focused
- effective
- equal
- in good time

The Swedish National Board of Health Care and Social Welfare
Form a project group

Including method support from Qulturum
Representatives from all three hospitals
Representing a wide range of professions

New organization

Stop thinking geography!
Start thinking processes!
Testing

Testing strategies in one clinical process

First – macroscopic haematuri

- Multidisciplinary team with members from different parts of the county
  - urologist, nurse, assistant nurse, administrator
- Cooperating with other departments is absolutely necessary to be able to make any changes
- Process mapping from the “patient journey” through the system

Learning:
“it takes time to change from geography to clinical processes”
Implementation based on what we learned from testing one clinical process in other clinical processes

- Nephrolithiasis
- LUTS – Lower Urinary Tract Symptoms
- Prostate cancer
- Diseases in Upper Urinary Tract
We always start from the patient's path through the health care ...

The way through the health care for patient with prostate cancer

- examination/investigation
- action/treatment
- information
- competens

Patients preferences

We involved the patient in our work...
We designed the process out of the patient point of view...

Clinical Value Compass – Prostate Cancer
Jönköping County Council
Ledtider prostatecancer - prostatektomi
urologenheten, Landstinget i Jönköpings län
2010 - 2011

Ledtider prostatecancer - strålbehandling
urologenheten, Landstinget i Jönköpings län
2010 - 2011
Ledtider från terapibeslut till SEEDS-behandling i samband med prostatacancer
urologienheten, Landstinget i Jönköpings län
2010 - 2011

![Graph showing lead times from treatment decision to SEEDS treatment in relation to prostate cancer.](image)

Läkemedelskostnader - prostatacancer
urologienheten, Landstinget i Jönköpings län
2010 - 2012

![Graph showing medication costs related to prostate cancer.](image)
### Balanced Score Card Urology Unit

**Jönköping County Council**

<table>
<thead>
<tr>
<th>Patient/Customer</th>
<th>Learning/Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Process**

**Resources**

---

The Microsystem Festival Feb 29–March 2

[www.lj.se/microsystemfestival](http://www.lj.se/microsystemfestival)
Estimation of process development

1 = The process is not defined. It is a new process that needs to be designed, and documented.

2 = The process is known by those working in it. No documentation or standards exist. No improvement was made.

3 = The process is defined and understood by employees and customers. Documentation is available as flow charts, standards, policies, job descriptions, manuals and more.

4 = The process is well defined. Measurement is the process performance and quality are being made to follow the process. Graphical charts are used for evaluation.

5 = The process has been improved. Measurements in progress include customer feedback. Standards and other documents are updated regularly.

6 = Measurements of process and process results are stable. The services will constantly meet up with the expectations of customers. **Highly developed process.**
Väntande till NB
urologiheten, Landstinget i Jönköpings län
2010 - 2012

Andel besök till annan profession än läkare
urologiheten, Landstinget i Jönköpings län
2011 - 2012
**Background**

One county 340,000 inhabitants

Three hospitals – urology part of each local surgery department

- different “cultures”
- differences in access
- local quality problems
- no common guidelines
- results not available for comparison
- three small units sensitive to number of staff
- no formalized/planned teaching of staff members

**Processes – system map**
The journey continues ...

Thank you!