Making system wide improvement in health care

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When results get public…
If people want take responsibility for their care …

are we with them?

Improving clinical performance while reducing unnecessary cost

- Variation
- Access
- Flow
- Medication
- Patient safety
- System view
  - Patient as a source
    - Prevention
    - Microsystem
    - New thinking
A Regulation from The Swedish National Board of Welfare

What Swedish Health Care must be

- Safe
- Knowledge based and Efficient
- Patient focused
- Effective
- Equal
- Timely
It is the Outcome of the Whole System that Counts!

100%

Current activities
Continuous improvements

1%

New activities

Annual Planning and Budget Document

Drivers
- Planning for leading and improvement
- Leadership-meetings
- The surrounding world
- Mission / Catch the need in society
- Follow up and feedback

Main-stay
- Access
- Diagnoses, Treatment and decision support
- Delivery system design
- Define ongoing relationship

Support
- Administration
- Competences-development
- Safety-work
- IT
- X-Ray, Lab, Rehab and care
- Technical supp

It is the Outcome of the Whole System that Counts!
Professional knowledge
- Subject knowledge
- Personal skill
- Values, ethics

Improvement knowledge
- Appreciation of a System
- Understanding variation
- Psychology
- Theory of Knowledge

Improvement of diagnostic and treatment + Improvement of processes and system in healthcare

Higher value for the patients

Open comparison of Swedish 21 counties

- Safe
- Knowledge based and Efficient
- Patient focused
- Effective
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How do we work today?

Analysis of current work/routines and make Action plans

- Show the current work
  - Process, patient population,
  - what personnel are involved
- Use different tools: flowchart diagram, fishbone/Ichikawa diagram, brainstorming, baseline measure
- Make plans using PDSA - test in small scale
Let the teams develop their own capacities and performances

Measure for others and annual report

ACE-blockers at discharge after heart infarction, age <80

Hospitals in Sweden

Wallentin, Lindahl, UCR -04

Protocol
(QUICC) Quality Improvement in Cardiac Care project

Number of hospitals that reach 70% following 4 or 5 out of 5 treatments

Change in Incidence (events/100 patient years) between pre- and post interventions period

*Adjustment made for all the factors in table 1

Region Jönköpings län
Customer knowledge
- knowledge about the customer
- the customer’s knowledge

Variation
Support to take care of yourself

Knowledgeable

Decision support
Care programs
- National guidelines

Reliable
- updated
- safe
- equipment

Standardised
Specific

Esther – the patient’s focus
Lack of coordination and integration causes complicated solutions
Concept of Esther

- What do you want to accomplish for Esther?
- Who needs to cooperate?
- Any changes?
- Map the process of today
Clinical Micro-system
and a relentless ambition to pursue perfection
The local use of measures strengthen the learning and innovation approach
New management system

- Dialog:
- Improvement ideas
- Action plans
- PDSA
- Transparency
- Learning together