

The development of Quality as Business Strategy in the County Council of Jönköping, Sweden

The history of the County Council of Jönköping and its medical services to the population is more than one hundred years old. However, the development of the Quality as Business Strategy in the County Council has taken place during the last 15 years and is now a powerful tool for steering and improvement of the healthcare delivered to the county's population.

We have chosen to describe the development starting 1992. The quality issues had come into the focus of The National Association of Swedish County Councils (Landstingsförbundet) and its organisation for development and improvement of Health Care services in Sweden (SPRI) under the name of Quality Security (Kvalitetssäkring). A system for quality assessment similar to the Malcolm Baldrige Award was introduced at that time under the name QUL (Quality - Development - Leadership).

In Jönköping an Audit Group for Medical Evaluation started as an initiative of the administrative top leaders of the County and supported by the political organisation. As a result of the work in this group and influenced by ideas of quality improvement in other parts of the Swedish health society and also a new conviction about the importance of a broad and systematic quality improvement strategy evoked in the administrative leadership supported by a few physician in leading positions. The leadership stressed that *dialogue* was one of the most important ways to facilitate development and quality improvement.

A new type of instrument "*The Development Dialogue*" was developed and came into full scale use 1994. In the Development Dialogue all departments of the hospital and surrounding

Primary care centres were obliged to describe their activities and their improvements of the care. The concept of *main processes* and *supporting processes* was introduced. Another important task for the departments of the hospital was to describe their main groups of patients. These groups should be constructed according to the needs of patients and how these needs were to be met. For every group of patients with similar needs a group was founded and lead by a senior physician. For every patient-group a flow chart was presented to fellow workers in the department and to the management of the hospital. The flow chart made it easy to notice difficulties and delays in the flow of activities around the patient. The doctors became deeply involved in the quality work focusing the patients needs. The Development Dialogue has been improved continuously year after year and is still the important steering instrument in the Jönköping healthcare area (including Ryhov County hospital).

All departments at the Ryhov County Hospital in Jönköping were also requested to work through an instrument called *Organisational Audit* (OG) and all the hospital departments were audited according to this instrument 1993.

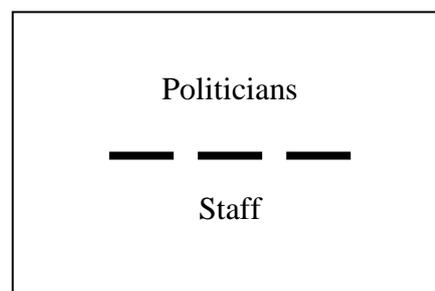
In the second largest hospital in the County, Högländssjukhuset, the Department of Internal Medicine took the lead and also emphasized the matters of patients flow symbolized by the concept of “Esther”. Everybody should see their work from the patient Esther’s perspective and work in a way that the health care of the old woman “Esther” was as good and efficient as possible.

The administrative leadership at the County Council decided 1997 to apply QUL and its 13 fundamental values as a management tool for the development of the health care. In this period of time the patient’s perspective as a health *customer* became more and more important. This perspective has lead to the use of assessments of the patient’s opinion with enquiries and focus groups.

During the 1990-ties the laboratories of the county received accreditation according to the ISO-System as some of the first hospital laboratories in Sweden.

The concepts of the Development Dialogue and Esther were both very obvious symbols for the quality improvement work. More than 4,000 of employees were involved in these projects 1997 – 1999 and a broad education on quality improvement including the PDSA-circle and the importance of measuring results were launched. Both these instrument and the ideas behind them became tools that has resulted in ongoing Healthcare processes reengineering (HPR).

An important decision taken 2000 was a very clear line between the role of the politicians and the administrative leadership. (See picture).



The politicians were supposed to only deal with decision making concerning the economic frames and the political priorities with respect to new or expanded areas of health care. The

CEO and his staff on the other hand, were responsible for the management and steering within the frames given by the elected politicians. There were no politicians taking part in groups under the level of the county council executive board. In accordance with that the politicians have given a strong support to the CEO in his work on quality improvement as a business strategy.

Since 2000 *Qulturum* is the County council's institution for quality improvement and development as well as responsible for in-house training of employed staff. A sister institution, *Futurum*, started 2004 having the responsibility to give students, during their basic education to become all types of medical staff, a clinical training of high standard. *Futurum* is also responsible for the steering, administration and financing of clinical research performed by staff employed by the County Council. *Qulturum* and *Futurum* are working in close cooperation and during the last years a new research field has developed with focus on research on quality improvement and health care development.

2001 is another important landmark in the development of the County Council's work on quality improvement. Jönköping County was appointed as one of the 13 cooperating Health care providers in the Pursuing Perfection project lead by IHI in Boston. Jönköping County council was appointed together with Delft in Holland as the European reference health systems in the international Pursuing perfection project.

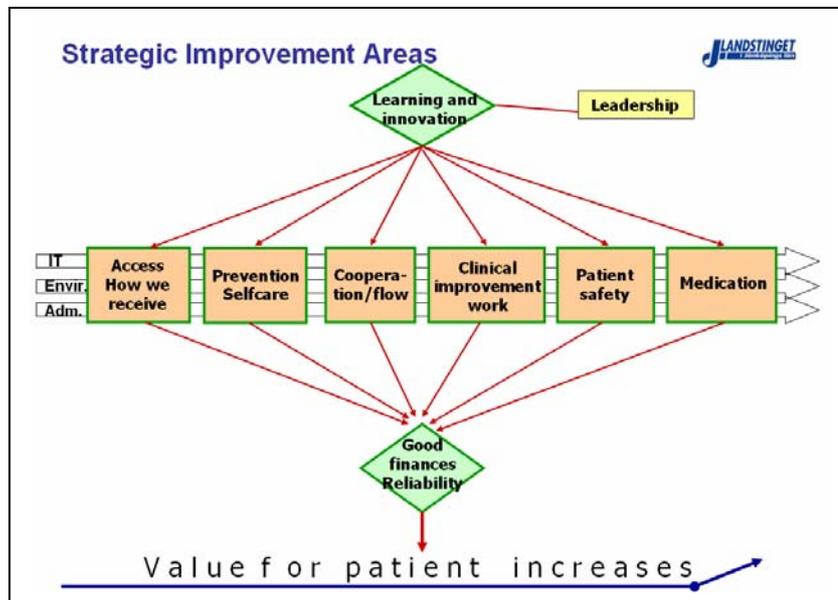
Other important events during the last six years are the reception of The National QUL Award three times: Department of Internal medicine, Eksjö in 2003, Department of Technical and Service Support at Ryhov Hospital in 2005 and Department of Obstetrics and Gynaecology at Ryhov County Hospital in 2007. Ryhov County Hospital also received a special gratuity for their work with QUL 2003.

The Balance score card was introduced in the entire system 2001 and has been used since that year both for budget and annual reports on all levels.

The Break through series method is widely used as an instrument of teaching quality improvement methods and introducing new concepts and redesign of the day to day work on hospital departments and primary care centres. Also used is Brent James methods on clinical improvements and Mark Murray's work on access. Both have been here several times leading collaborative working groups.

The CEO and all leaders of the Executive department meet with all Head of departments five or six times a year in the so called *Big Group* meeting. These meetings have become an important channel for creating a cooperating milieu in which quality improvement and a good use of the economic resources always are on the agenda.

The quality improvement efforts are illustrated in *the Diamond picture* that has been communicated to all staff in the county council since 2002. (Fig. below)



The elements in the Diamond pictures summarize the domains of quality improvement and illustrates that this work has a broad approach including all activities in the county. Assessments on progress with regards to the element in the diamond pictures have been instituted and are followed continuously by the administrative leaders on both hospital and county council level.

During the last 4-5 years we have also introduced in our improvement work Edwards Deming's ideas on Profound knowledge where system thinking, understanding variation, learningbased knowledge and change psychology are important parts.

During the last three years the concept of *micro, meso and macrosystem* has been introduced in the County. The microsystem is where patients and health care providers meet and value for the patient is created including the IT-support. The mesosystem supports many microsystem and can act as coordinator and facilitators for related microsystems. The macrosystem is the level of management and setting priorities and the frames within which the health care work shall be executed. In order to strengthen to concept of micro, meso and macrosystem and to integrate this concept also in the education of the future medical staff a letter of intent has been written between professor Paul Batalden and the medical school in Dartmouth USA and Jönköping County council, University of Linköping and the County Council of Östergötland.