Visit to Jönköping
Jönköping County Council - Sweden
QULTURUM
Purpose of the visit

- To gain understanding in the approach and methods of your staff training program for quality improvement
- To learn about examples of improvement in Ryhov hospital
- To share learnings from improvement work completed at the Royal Children’s Hospital and other health services in Melbourne
What is Qulturum?

- Qu = for quality
- L = for leadership
- Tu = for improvement
- Rum = meeting place

**QULTURUM =**

Quality, Leadership & Improvement Meeting Place
Quality improvement approach at County Council Jönköping

Long term commitment Quality as a Business Strategy (13 Baldridge values)

Balanced Scorecard to evaluate performance

Systems thinking approach to improvement

Coaching and empowerment of staff to improve work at the front line

Supported by concepts:
- Patient at the centre of care – add value to the patients experience
- Improvement begins in the microsystem with 1 patient
- Staff have 2 jobs – to do their work and to improve their work
- Evolving training and tools in line with what the staff need to improve their work
“Microsystems are like a Monet painting. You need to step back to see what its supposed to be.”
Joakim Edvinsson, Improvement Leader – Lean and Microsystem thinking
“Improvement work with patient safety made it [quality] more interesting for doctors.”

Rolf Bardon, Communications/PR Officer, Qulturum
Clinical microsystem thinking

“No trial is too small, work with one patient, like Esther”
Maria Johansson, Esther network coach
The language of patient centred, quality improvement in Jönköping County Council
“Often hospitals focus on finances. We focus on quality which has better outcomes for patients.”
Goran Hendriks, CEO of Organisational Learning and Innovation

“Improvement work with patient safety made it [quality] more interesting for doctors.”
Rolf Bardon, Communications/PR Officer, Qulturum

“At Jonkoping the improvement work focusses on solutions, not problems”
Agata Rukat

“Leadership in improvement work is important. The leader has to have the fire, the passionate belief that quality improvement is important, for it to work.”
Goran Oldaeus, Paediatric Consultant
"At the self dialysis unit, we put the patient at the centre of care"
Annette Abrahamsson, Dialysis nurse manager

In thinking about how to help patients self-dialyse “we thought, how would we train a new nurse?” Britt-Mari, Dialysis nurse

“When we were choosing a new dialysis machine, we had to let the patients who would use it choose which one worked for them. The nurses would have chosen something different, something with all the gadgets, but the patients didn’t need that”
Britt-Mari, Dialysis nurse – on involving self care patients in equipment purchasing

“Sometimes doctors see the diagnosis, not the patient. We try to put the patient at the centre of the care”
Agata Rukat

“When the house doctors make a process change, we ask them ‘How does that help the patient?’ ” Raymond Lenrick
“It can be easier to do the improvement work yourself, but that’s not the point [of coaching]” Maria Johansson, Esther network coach

“I give freedom to my team, [in context of] our responsibilities. I trust them” Barbara – Neonatal NUM

“The leadership programme gives new managers an opportunity to network with Senior Directors and find a mentor.” Eva Werner, Improvement Leader – Leadership programmes

“We are the people working here, we know what we want to change. We just need the help and tools to do it” ANUM – Neonatal unit

“It’s ok if they don’t get improvements right the first time: F.A.I.L – First Attempts Involve Learning” Joakim Edvinsson, Improvement Leader, Lean & Microsystem thinking
“Process improvement is more than lean. Lean is a tool to help take out waste from a process, but it doesn’t help you put more value back in.”
Berit Axelsson - Patient Safety Improvement Leader

“The 5P have a soul….. we use the 5P in all the work we do.”
Mari Bergeling-Thorell, Improvement Leader – Measurement for Leadership

“Microsystems are like a Monet painting. You need to step back to see what its supposed to be.” Joakim Edvinsson, Improvement Leader – Lean and Microsystem thinking

“Lean is not the solution – it is a tool within the microsystem” Pernilla Soderberg, Improvement Leader

“No trial is too small, work with one patient, like Esther” Maria Johansson, Esther network coach
Patterns

Regarding ward measures: “we need to see the results, or its not important” Neonatal unit AUM

“If you don’t have a baseline – you need to create it. Even in 2013 that can be [manual] with a pen, paper and a dot” Pernilla Soderberg, Improvement Leader

“The leadership programme evaluation is a conversation between the leader and their direct manager. They ask the question – how valuable was the course for the department, not just themselves. Improvement Leader, Leadership programmes

“Some may think having so many visitors can seem like a burden, but the questions from visitors keep us relevant, keep us alert” Göran Henriks, CEO of Organisational Learning and Innovation
Where to next for the RCH?

- New strategic plan to align with 4 key domains of care
- Balanced scorecard with organisation measures AND clinically relevant department measures
- Increase transparency of performance data
- Increase knowledge of Clinical Microsystem approach
- Change improvement leader approach: coach, not manage improvement work.
Aligning the new strategic plan with meaningful measurements across the 4 key domains of care

**Patient & Family centred care**
- Organisation and local patient involvement
- Local patient satisfaction

**No harm**
- Organisation patient safety measures
- Local patient safety measures

**Timely Access**
- Organisation flow measures
- Local flow measures

**Excellent clinical care**
- Organisation measures of child health
- Local measures child health

**Other**
- Financial
- Staff resources and competencies
Thank you

“Tack för att ni delar er erfarenhet av kvalitetsförbättring med mig”