QI in a Financially Limited Environment

Health Improvement Alliance Europe

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OECD Data on Health spend
Reducing Waste, Overuse and Costs

DECREASE WASTE AND INCREASE EFFICIENCY

Money should not be spent on unnecessary administration, inefficiencies, and care that doesn't improve health.

1/3 of health care expenditures don't improve health—an estimated $750 billion!

IN HEALTH CARE...

IN OTHER INDUSTRIES...

FACTORY ASSEMBLY LINES are continually monitored to improve quality, identify inefficiencies, and remove waste.

FOR REFERENCES AND TO LEARN MORE ABOUT THE PATH TO BEST

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
Reduce Waste

“50% of all resource expenditure in hospitals is quality-associated waste”

- recovering from preventable foul-ups
- building unused or unusable products
- providing unnecessary treatment
- simple inefficiency

Brent James and Lucy Savitz – Intermountain Healthcare

What do we mean?

What is a business case?

- Strategic
  New capabilities and improved competitive position

- Operations
  Process improvements (Tangible and Intangible)

- Financial
  Costs, benefits and impact on business performance measures

- Innovation
  Benefits of R&D for new product development / innovation
The Business Case

Overuse Care
Defective Care
Inefficient Care
Underuse Care

Patient Centered Care

Business Case
(Financial benefit for providers)

Financial benefit to employers, patients, providers, and insurers

Let’s take a break

KEEP CALM AND TAKE A BREAK
Activity: Habits of the Heart

FIVE HABITS OF THE HEART

1. An understanding that we are all in this together.
2. An appreciation of the value of "otherness."
3. An ability to hold tension in life-giving ways.
4. A sense of personal voice and agency.
5. A capacity to create community

Credit: Center for Courage and Renewal

Five Habits of the Heart

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Parker J. Palmer,
Healing the Heart of Democracy (2011)
**Going Deeper with Habits of the Heart**

- Individual silent reflection on the reflective questions (~5 minutes)
- Turn to your neighbor to discuss your reflection (10 minutes)
- Share with group – Individuals (and/or partners) invited to share your reflections with the larger group (5 minutes)

**Biggest Challenges & Wicked Problems**

- Competing priorities of service delivery and development
- How we create the “airspace” for organisations to invest time in QI when facing serious overspends and QI is seen as “icing on the cake”. How we enable services to quantify potential ROI in a context where demographics constantly change and can obscure the efficiency gains
- Blinkered view that will be more costly, but should improve value, fear that being truly patient centred and codesign will cost more
- Delivering improvements over a period of time - many which require cultural shifts - and sustaining that relentless focus on quality improvement, when there is a more immediate and greater pressure to deal with the bottom line in a very much shorter time period
- Time and space for learning QI methods, time and space for PDSAs, managing expectations time for learning from others
- It is easy to downsize efforts for long-term work, and rather go on With daily business
- Buy in and commitment from those allocating funding. Making the business case for QI upstream. Demonstrating return on investment from QI downstream.
- Making time for QI
- Standing firm on the added value of QI in this environment; getting QI knitted into the delivery of service to focus on sustainability and reliability
- The difficulty of clearly demonstrating an ROI
- Mindset
Biggest Challenges & Wicked Problems

- Convincing staff that this Work has the same priority is other important tasks in direct relation to the patient and that its is an investment that pays back.
- To proves the positive outcome of quality improvement in terms of euros and with respect to the investment made in this field.
- Communicating that quality improvement is not a saving exercise
- Freeing staff up to develop qi so that patient care, variation and waste are improved on down the line.
- How to change culture - into a culture of safety in large, complex organisations.
- The automated response that quality costs
- Moving quickly enough to stay ahead of the pressures of increasing population in a financially limited environment by transforming current systems to support high quality care, whilst at the same time convincing people that we actually have plenty of money but too much waste
- The lack of a favorable policy context which would create conditions for provider organizations to engage in improvement
- The fundamental lack of understanding of what quality improvement is (and what it is not) across many senior leaders - Short termism -
- People are always busy, difficult setting off time for improvement work
- Short term vs long term solutions to the big problems facing the system.
- How to build psychological safety and freedom to innovate whilst worrying about meeting targets (performance, quality, finance) and with crude external forces exerting significant force