



Supporting breakthrough improvements of patient care

Mission, vision and strategy of the Dutch Institute for Healthcare Improvement

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DUTCH INSTITUTE FOR HEALTHCARE IMPROVEMENT CBO

CBO:

- “founded in 1979
- “by: the Dutch organisation of medical specialists and the Dutch organisation of Chief Medical Officers
- “mission 1979: to improve professional care
- “target groups: medical specialists, nurses, allied health professionals
- “guidelines, peer review audits



Passion for better patient care


Mission of CBO

The Dutch Institute for Healthcare Improvement CBO is a not-for-profit, national knowledge-, innovation- and implementation-institute that advises, supports and trains healthcare providers (professionals, hospitals) encouraging their collaboration aimed at achieving breakthrough results in the improvement of the quality of patient care



Two basic outcome measures

1. bring **patient** care on a much higher level
2. make it more enjoyable for **all healthcare workers**



Measurement of success: outcome on patient level

Care for patients must become:

more {

- Effective
- Safe
- Efficient
- Timely
- Equitable
- **Patient as partner**

“Six domains of quality”

“Crossing the Quality Chasm” IOM, USA, May 2001



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Vision:

What? To have, by 2005, a leading national and prominent international role in quality improvement of patient care

How? By having achieved remarkable, outstanding, *breakthrough results* in the improvement of patient care



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Vision: expected results in 2005

- ? breakthrough results in the improvement of patient care
- ? succesful development, implementation and transfer of new strategies, programs, methods and tools
- ? participation in basic education of doctors, nurses, managers; postgraduate training; leadership-training
- ? by our results recognized as the knowledge and innovation centre for QI by healthcare providers, our stakeholders and the government
- ? by our results having the leading role in policy-making concerning improvement of patient care in The Netherlands



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Leadership is leading change

Sense of urgency

↕

Vision

↓

Strategy



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Basic problems in health care from the patient point of view

1. "The way we deliver care": *profession* overuse, underuse, misuse (patient safety)
2. "The way we organize care": *organisation* health care is an archipelago access-problems, waiting times, delays coordination problems communication gap
3. "The way we take care": *relationship* information co-decision making empathy: patient as a human being

Bad quality is unnecessary suffering for patients



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Patient safety The Netherlands


"P.O.Wound infections" (CBO/RIVM, 1999)

Breastsurgery: 25%: <3%, 25%: >9%
 Hipreplacement: 25%: <2%, 25%: >4%
 Kneesurgery: 25%: <1%, 25%: >4%

benchmark

"Bedsores: (University of Maastricht, 2002)

Academic hospitals: 16,5%
 Acute care hospitals: 22,3% *benchmark: <5%*
 Nursing homes: 33,0%
 Home healthcare: 18,5%



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Bad Quality

Patient care that is:

- ineffective
- unsafe
- inefficient
- not timely
- not equitable for all
- not patient-centered

Bad quality is unnecessary suffering for patients



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What the IOM said....

Trying harder will not work anymore

Only redesign of our health care systems

"Crossing the Quality Chasm, USA, May, 2001"



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Stroke-patients in Delft

- How did we treat them? -

- inter-doctor-variation diagnosis/treatment
- islands of care
 - professionals not working together
 - departments not working together
 - organisations not working together
- mean length of stay hospital: 28 days
- non-transferable patients in the hospital: 10
- mean length of stay nursing home: 100 days
- poor rehabilitation
- many unnecessary complications
 - endresult: *poor quality of life for these patients and their families*

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Redesign project: stroke-service Delft

- integrated health service -

Results

1. Cross-organisational, multidisciplinary protocol for diagnosis, rehabilitation
Patient record stays with the patient
2. Mean length of stay hospital: 28 12 d.
Not transferable patients : 10 0
LOS nursing home : 100 52 d.
Discharge to home : 40 77% !!
3. Satisfaction patients, family, caregivers:
4. Overall costs :

N = 311/year
Medisch Contact 2001:20; 781-3

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Characteristics of this approach

- § A process: patient in the centre
- § A team: multidisc., cross-functional
- § Professionals in the lead
- § Bold aims, SMART-formulated
- § Measurement
- § Method
- § Leadership on all levels
- § Breakthrough results: "best practice"

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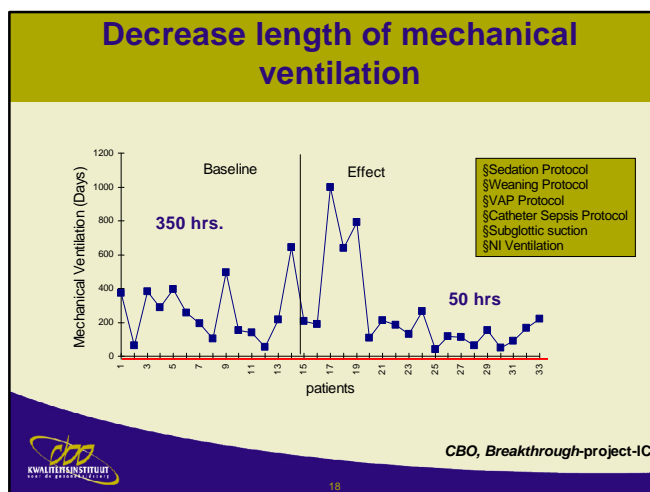
Characteristics of this approach

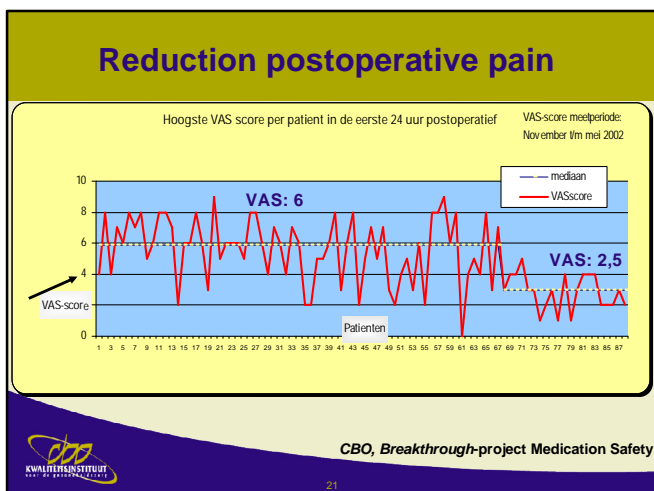
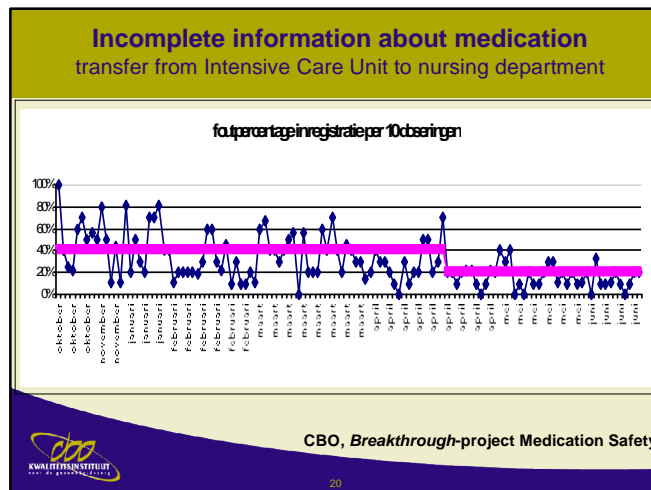
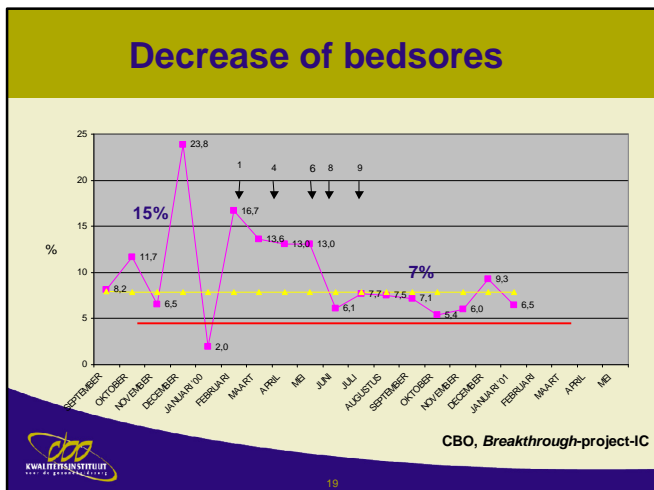
1. Professionals
 - appropriate care: guideline → protocol
 - no unnecessary variation, no overuse/underuse
2. Professionals and organisation
 - organize around the patient

Results: *care for patients, that is more effective, safe, efficient timely, equitable and patient-centered*

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Strategy:

- “ Mission-driven and customer-focused
- “ Care process in focus
- “ Target group
- “ Four: 4 roles of CBO: core-business
- “ 4 levels of interventions
- “ Collaboration
- “ Leverage: transfer, multiplier, spread,

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Strategy:

Mission-driven and customer-focused

Not: customer-driven

(Consultancy-firm: customer-driven)

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? Professional groups

- Guideline development
- Indicators, hospital-infections
- Visitation: peer-review-audit

? Healthcare organisations (Total Quality Management)

- “BEREIK-program” (Reach-Out)
- “BREAKTHROUGH-program” (BTS)
- Balanced set of indicators
- Leadership



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Strategy:
Careprocess in focus

- “ patient central
 (not: professional, department, organisation, budget)
- “ collaboration
- “ integration of methods and tools



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Strategy:
Target group
 Hospitals, medical specialists
 Integrated care
 Other sectors: through other support organisations




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Strategic dilemma

CBO: mission-driven
 public domain
 national level
 not for profit
 wants to stay small
 results on patient level

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Success will be our failure

→ **Two fours!**




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Strategy:
Core-business of CBO: 4 roles

1. Innovation
 - of the way care is provided
 - of strategy, models, methods and tools
2. Implementation of existing knowledge
 Dissemination of best practices
3. Transfer of strategy and spread of results
4. Awareness and agenda setting



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Changing healthcare: 4 levels of intervention

1. Patient level
 6 aims, push of patients(organizations)
- 2. Level of care process: moment of truth
 frontline: professional x organization *results*
3. Level of the institution
 leadership: vision, strategy, personal example
 integration and collaboration
 supported by: logistics, IT, HRM, MD, incentives
4. System level
 structure, regulations (laws), financing,
 bureaucracy, incentives, education
and – and – and - and




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What to do after a *Breakthrough Project*?

Spread:

1. Results
 - to other departments
 - to other patient-groups
 - to other hospitals
2. Improvement model
 - to other topics, other processes
 - to other departments
 - hospital-wide implementation



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- **New developments:**
 - Patient safety
 - Leadership
 - Indicators: for improvement, for accountability
 - Pursuing Perfection (Reinier de Graaf Groep, Delft, with IHI)
 - Living guidelines
 - Integrated peer review auditing
 - Academic workplace (UMCU)
 - Logistics, advanced access
 - Healthcare Insurance Companies: contracting quality
 - OR-problems
 - IT
 - Basic education and training
 - Research and implementation etc.



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The board of trustees of CBO:

- banker (chair)
- orth.surgeon, former president OMS
- former minister of healthcare (Mrs. Borst)
- CEO academic hospital
- director of nursing of an acute care hospital
- CEO of a big healthcare insurance company



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Funding of CBO:

- Basic funding from government (30%)
- Grants
- Co-payments from participants
- Customers

Yearly budget: € 6.000.000




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Choices CBO is facing

- How big will we grow?
- Relationship innovation-production?
- Consequences of the product-life-cycle of our programs/products:
 - what will we stop or transmit, and how?
- How to integrate our programs/products?
- Target-groups: which sectors of healthcare?
- Who are our partners?
- How to build a faculty-network?
- Living our mission-vision-values:

¡ CBO: the house of quality "



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What the IOM said....

Trying harder will not work anymore

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"Crossing the Quality Chasm, USA, May, 2001



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Summary:

- 1. Patient in focus**
- 2. Bold vision with SMART-aims**
- 3. Clear strategy:**
a method
collaboration
leverage: multiplier, spread
- 4. Take the risk! Do it! Go for it!!**

*CBO: leader of change
in The Netherlands*



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