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Eastern Health's path to becoming an improving organisation

Jane Evans, Director, Quality, Planning and Innovation

Eastern Health, Victoria, Australia

29th March 2019

Eastern Health at a Glance



Eastern Health:

- Located in the Eastern Suburbs of Melbourne
- Covers largest geographical area (metropolitan)
- Second largest health service in Victoria

Eastern Health at a Glance



Some Quick Facts

- **1514 beds** across **7** key sites and **21** locations
- **1,330,000** occasions of patient care service
- **168,898** attendances across **3** Emergency Departments
- **38,037** operations performed
- **265,897** Outpatient appointments
- **3321** Hospital in the Home patients with **29,799** contacts
- **9437** staff and **860** volunteers
- Serving a community of **788,260** people across **2816** square kilometres

Improvement context

- Victorian government supported improvement program across the State from 2008 – present
- Eastern Health's improvement team = 5 FTE
- 5 FTE = 0.05% of staff
- 5 FTE = 0.05% of total budget expenditure

Waste

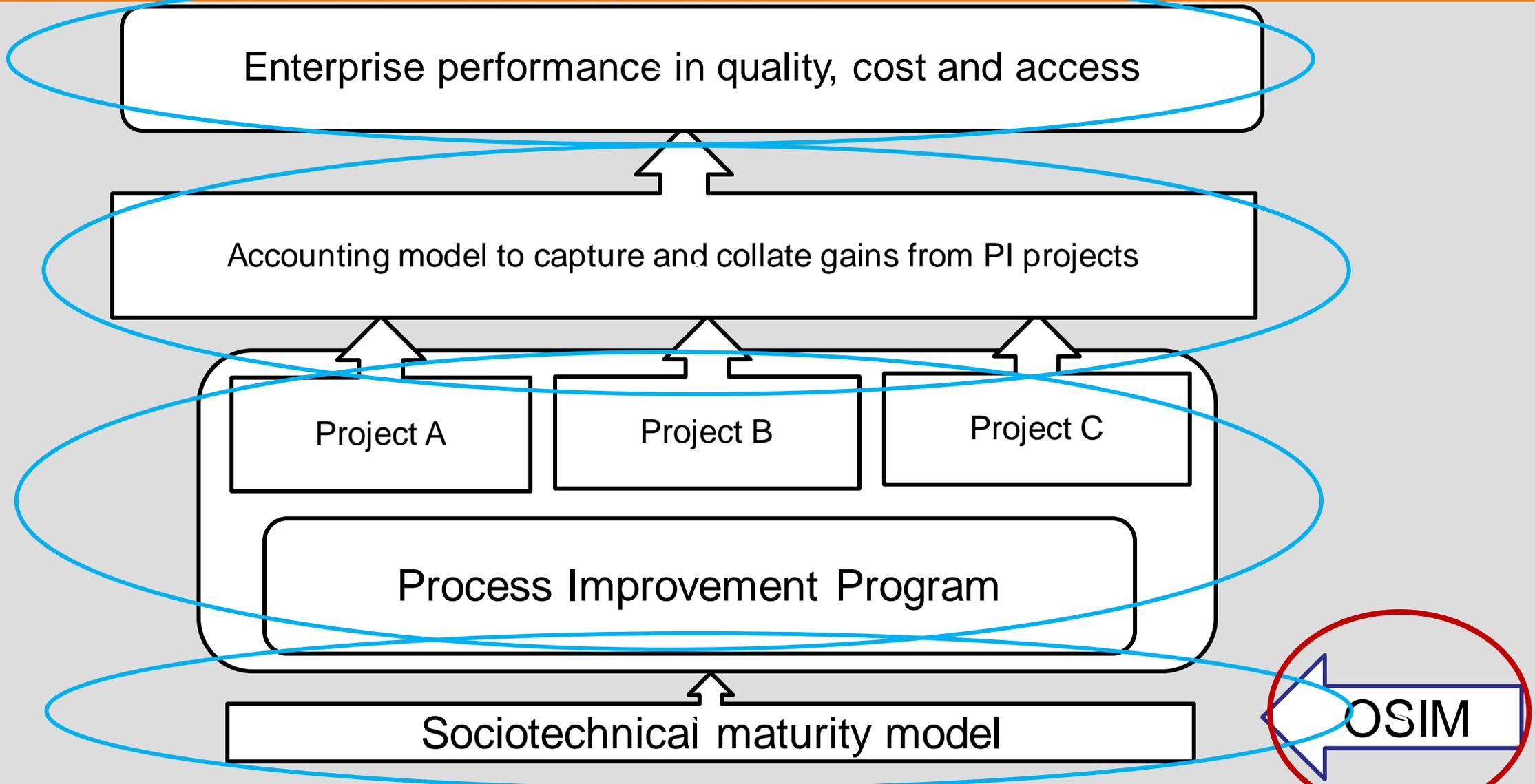
One third of healthcare
expenditure is waste!

The solution?

Process improvement

“.... giving hospitals the tools and motivation to improve, can free up a billion dollars each year. This money can be spent where it will make a difference”

Conceptual framework



Organisational Strategy for Improvement Matrix- OSIM

1. Derived from:
 - Shingo Prize
 - Malcolm Baldrige Award
 - Business Excellence Framework
2. Annual requirement by our Department of Health and Human Services
3. A self assessment tool to quantitatively measure organisational capability for improvement

OSIM structure

Four domains
– recognised as common to high-performing organisations



Organisational systems and structures

The organisation's processes and management of processes, and its demonstrated ability to drive improvement.



Workforce capability and development

The knowledge, skills and abilities of the workforce related to improving work processes and systems, and availability of training to build capability.



Results and system impact

The means by which results are measured and tracked, and the emerging benefits communicated.



Culture and behaviours

The mechanisms to support and embed a continuous improvement environment, including leaders' awareness of their role in driving improvement.

OSIM structure

Each domain comprises criteria – which are the levers in an organisation that impact on or promote improvement capability



Organisational systems and structures

- Framework for improvement
- Prioritisation of improvement activities
- Strategic alignment
- Systems approach to improvement
- Knowledge management
- Governance of improvement



Workforce capability and development

- People development
- Training and professional development in improvement
- Depth of improvement expertise
- Breadth of improvement knowledge, skills and experience



Results and system impact

- Measurement system
- Analysis of operational metrics
- Improvement outcomes
- Impact of organisational KPIs

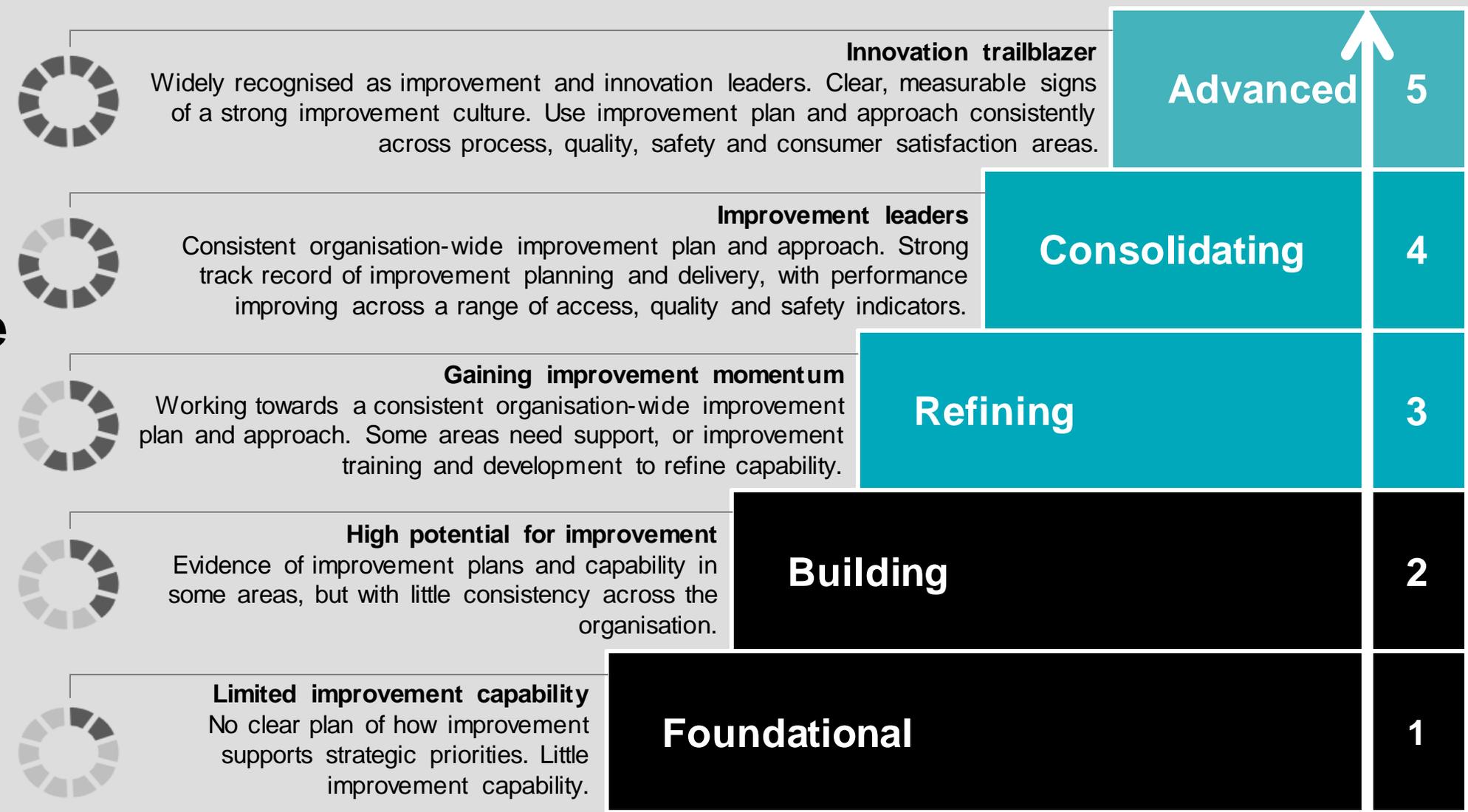


Culture and behaviours

- Staff role in improvement
- Reward and recognition
- Leadership

OSIM maturity levels?

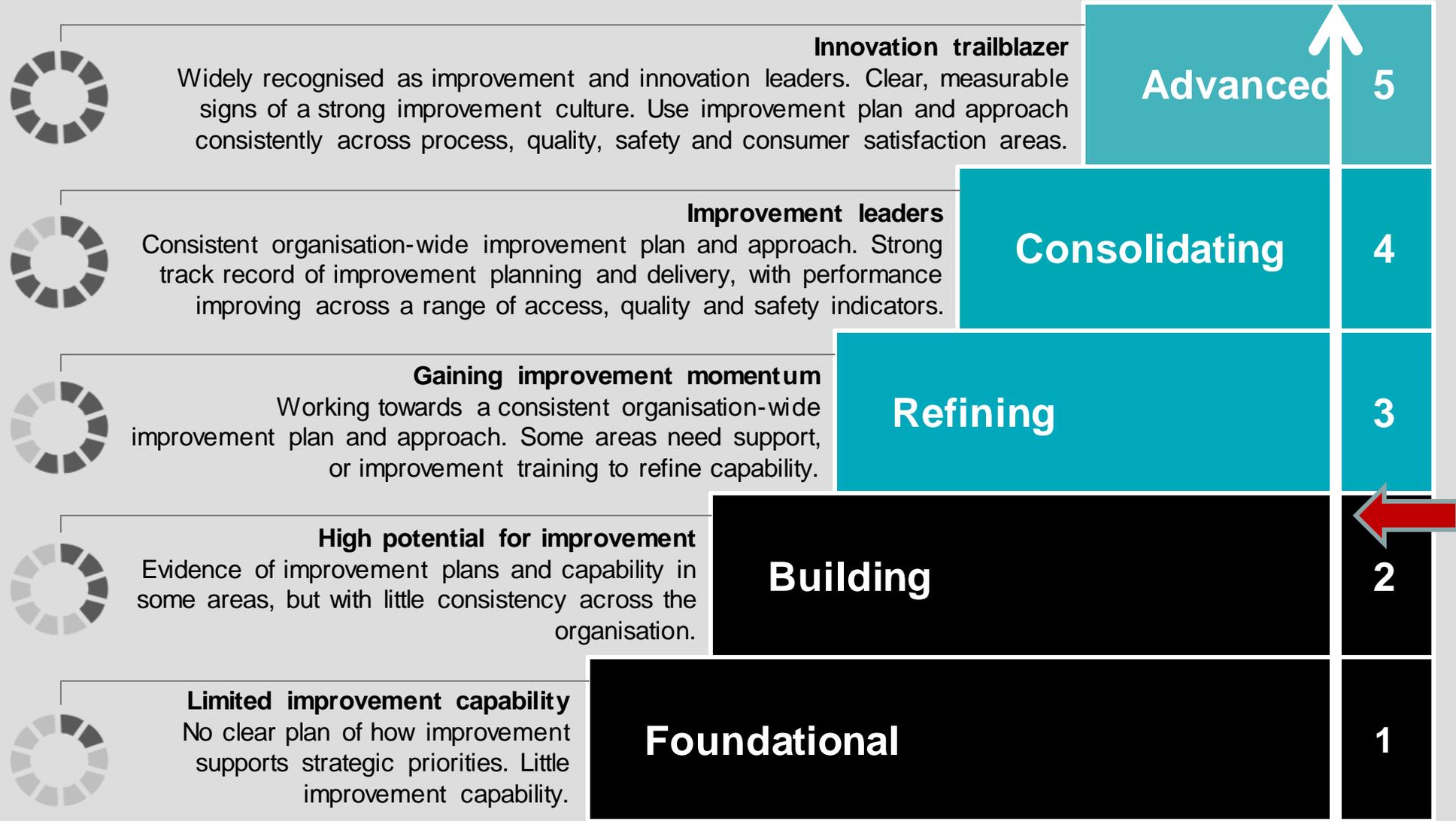
Each criterion is self-assessed according to a five-point scale – the total score of all criteria produces an overall maturity level for the organisation



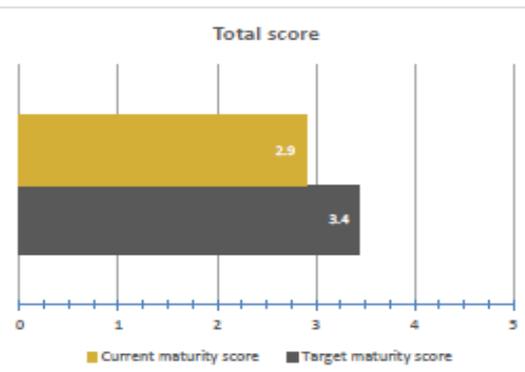


Eastern Health 2018 score

Each criterion is self-assessed according to a five-point scale – the total score of all criteria produces an overall maturity level for the organisation



Assessment outcome



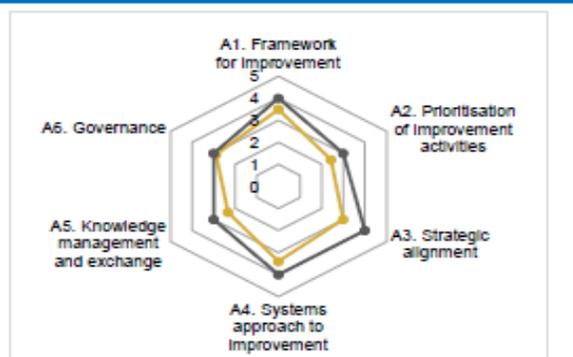
Current maturity score	2.9	Target maturity score	3.4
Current maturity level	2 - Building	Target maturity level	3 - Refining

Health service:	Eastern Health @SLTM
Date completed:	22/08/2018
Contact person:	Jane Evans/ Liz Paul

Level 1 - Foundational	Level 2 - Building	Level 3 - Refining	Level 4 - Consolidating	Level 5 - Advanced
<p>Limited improvement capability</p> <p>No clear plan of how improvement supports strategic priorities. Little improvement capability.</p>	<p>High potential for improvement</p> <p>Evidence of improvement plans and capability in some areas, but with little consistency across the organisation.</p>	<p>Gaining improvement momentum</p> <p>Working towards a consistent organisation-wide improvement plan and approach. Some areas need support, or improvement training and development to refine capability.</p>	<p>Improvement leaders</p> <p>Consistent organisation-wide improvement plan and approach. Strong track record of improvement planning and delivery, with performance improving across a range of access, quality and safety indicators.</p>	<p>Innovation trailblazer</p> <p>Widely recognised as improvement and innovation leaders. Clear, measurable signs of a strong improvement culture. Use improvement plan and approach consistently across process, quality, safety and consumer satisfaction</p>

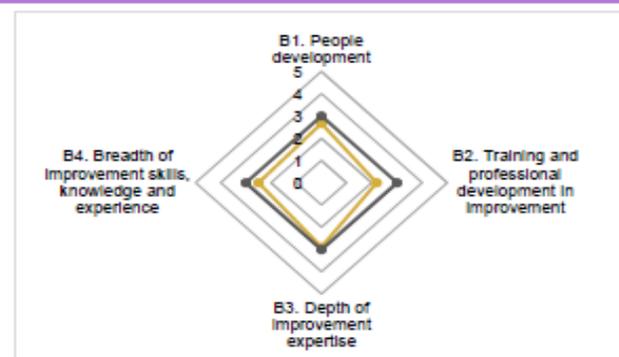
Breakdown by domains and criteria

Organisational systems and structures



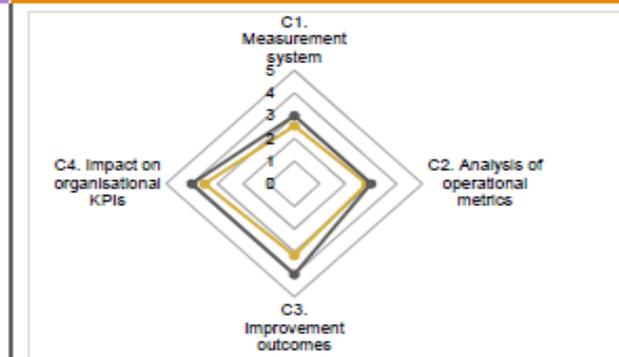
	Current score	Target score
A1. Framework for improvement	3.5	4
A2. Prioritisation of improvement activities	2.4	3
A3. Strategic alignment	3.0	4
A4. Systems approach to improvement	3.4	4
A5. Knowledge management and exchange	2.3	3
A6. Governance	2.9	3
Overall maturity score	2.9	3.5

Workforce capability and development



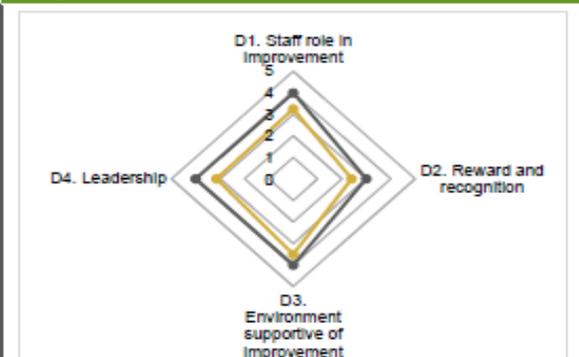
	Current score	Target score
B1. People development	2.7	3
B2. Training and professional development in improvement	2.2	3
B3. Depth of improvement expertise	2.9	3
B4. Breadth of improvement skills, knowledge and experience	2.5	3
Overall maturity score	2.6	3.0

Results and system impact



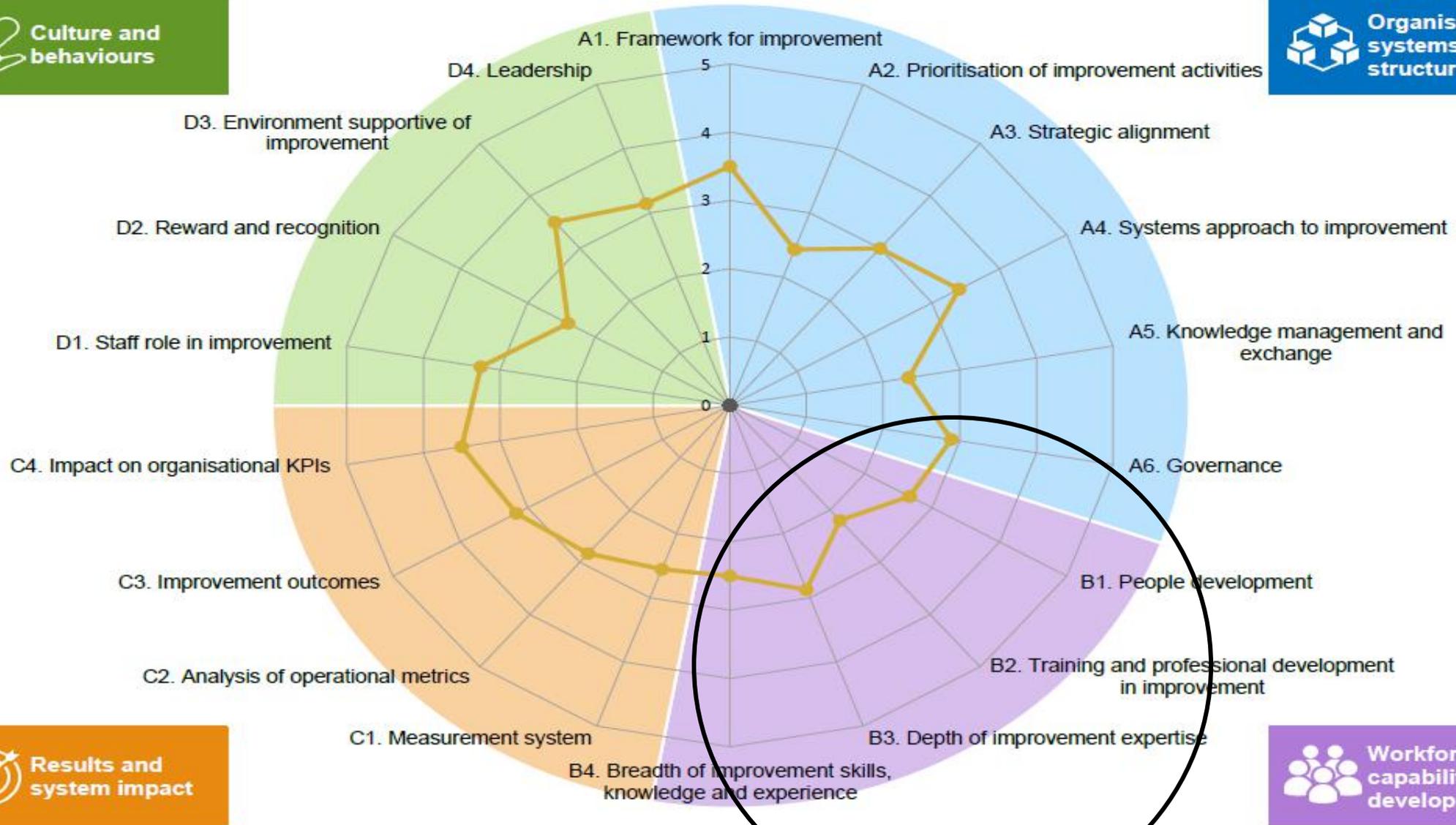
	Current score	Target score
C1. Measurement system	2.6	3
C2. Analysis of operational metrics	2.8	3
C3. Improvement outcomes	3.2	4
C4. Impact on organisational KPIs	3.5	4
Overall maturity score	3.0	3.5

Culture and behaviours



	Current score	Target score
D1. Staff role in improvement	3.3	4
D2. Reward and recognition	2.4	3
D3. Environment supportive of improvement	3.5	4
D4. Leadership	3.1	4
Overall maturity score	3.1	3.8

Summary view - All criteria



— Current maturity score

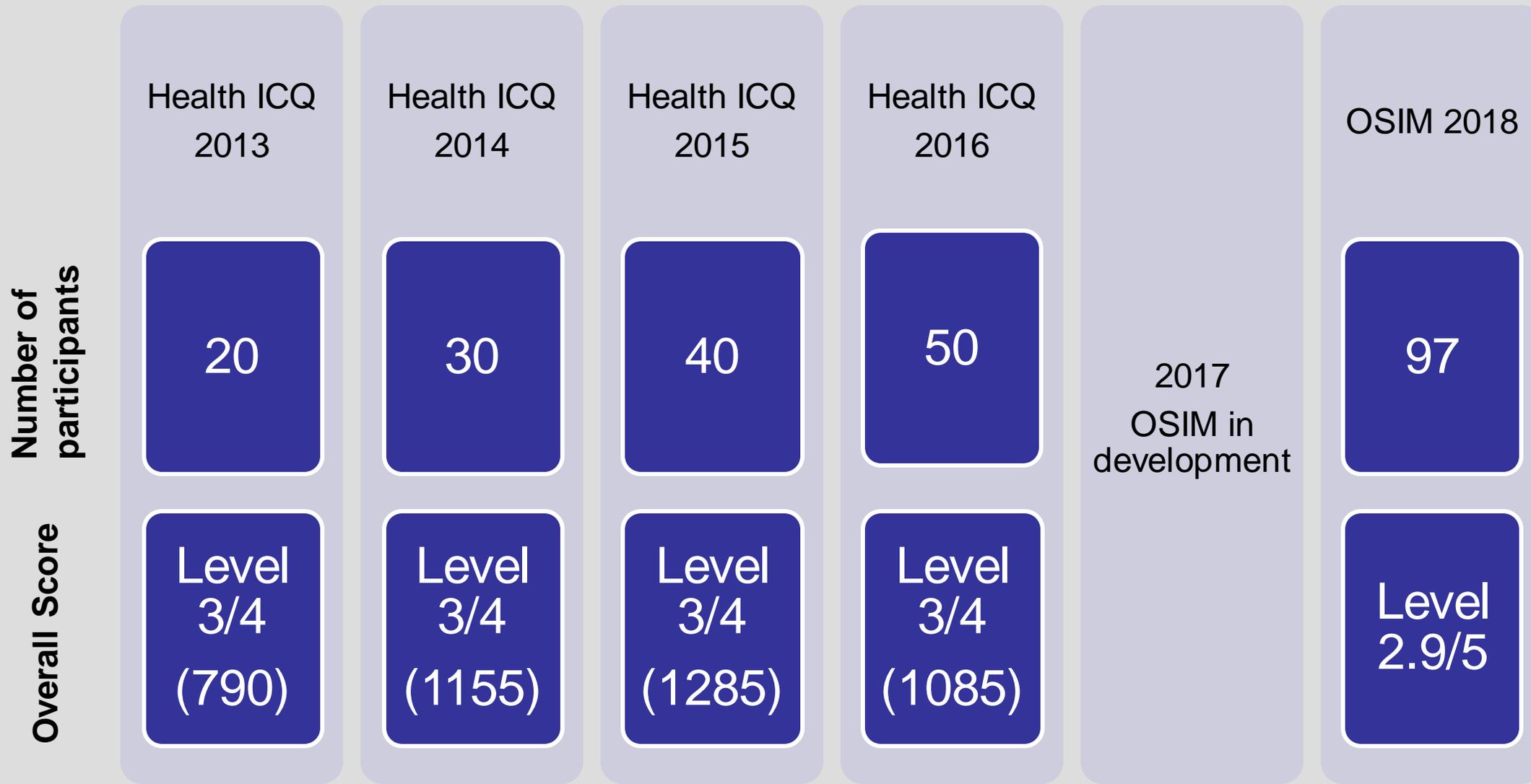
2018-19 Improvement Plan – focusing on the PEOPLE



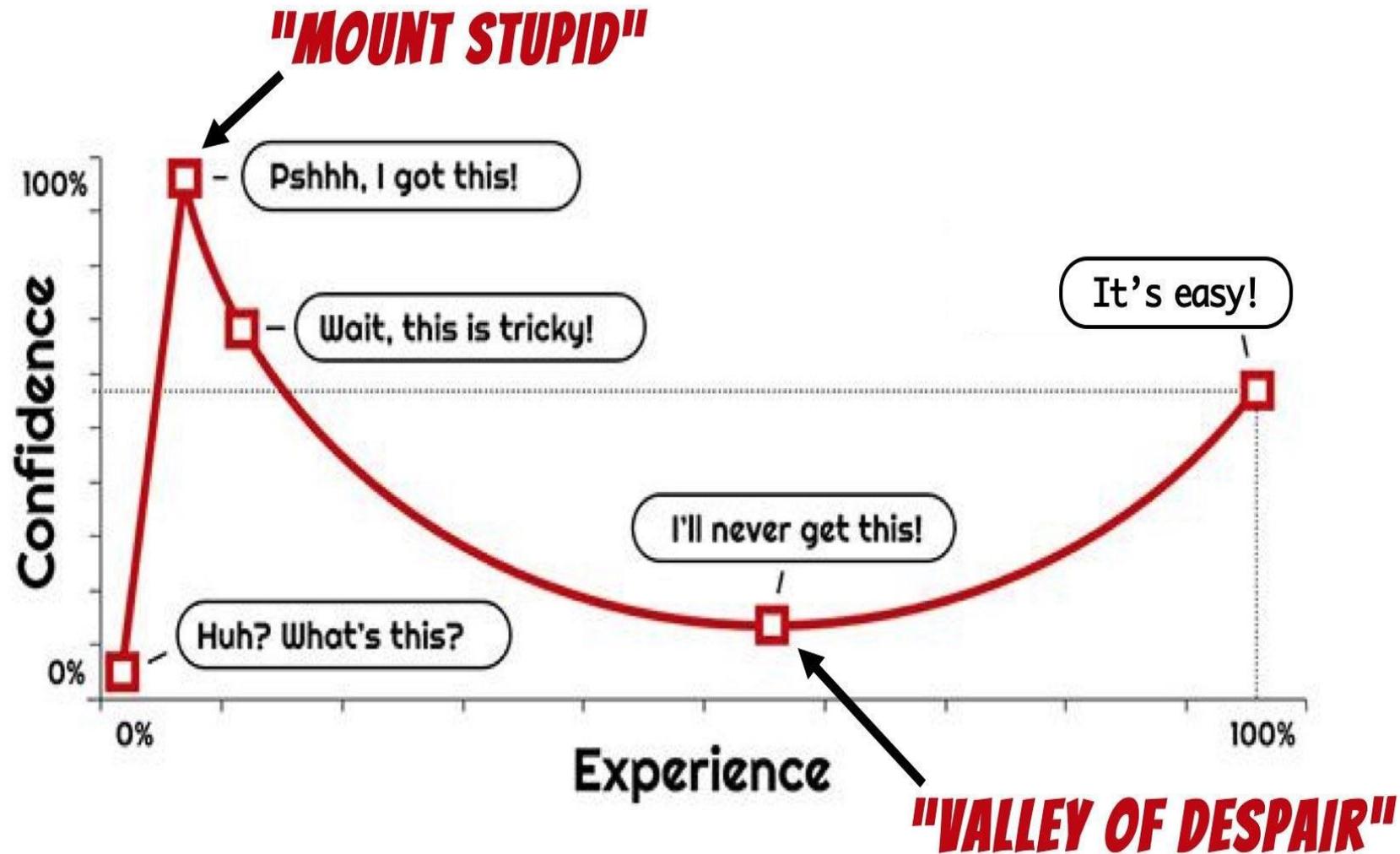
Workforce capability and development

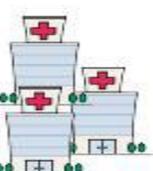
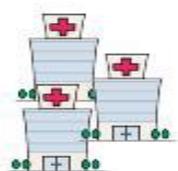
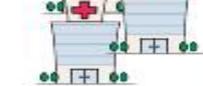
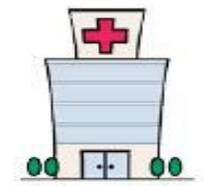
Criterion	Actions
People development	<ul style="list-style-type: none"> • EH Model for Improvement in mandatory general orientation • Improvement Hub on Intranet to make tools easily accessible
Training and professional development in improvement	<ul style="list-style-type: none"> • Renewed communication around opportunities for training
Depth of improvement expertise	<ul style="list-style-type: none"> • Improvement training for our consumer partners • Build line management and leaders to be improvement coaches for their teams
Breadth of improvement knowledge, skills and experience	<ul style="list-style-type: none"> • Focus on building improvement capability in corporate areas

Annual Self Assessment



Dunning-Kruger curve



 <p>Site based projects – Emergency Flow, Mental Health</p>	 <p>Site based projects – Emergency Flow, Outpatients, Endoscopy</p>	 <p>Site based projects – Emergency Flow, Outpatients, Endoscopy</p>	 <p>Org wide redesign</p>	 <p>Health ICQ Measuring Org capability for improvement</p>	<p>RESEARCH</p> <p>Monash – Warwick University ARC project</p>	 <p>New BHH</p>	 <p>Multi level training review</p>	 <p>PMO Portfolio reporting</p>	 <p>OSIM Measuring Org capability for improvement</p>
 <p>New CEO</p>	 <p>Performance Excellence Framework</p>	 <p>Those who deliver the service improve the service</p>	 <p>GCE Ward Program in 62 clinical areas, including ACS</p>	 <p>Visibility of all redesign work</p>	 <p>Study Tour program commenced</p>	 <p>Junior doctors in redesign</p>	 <p>Daily Operating System</p>	 <p>New Strategic Plan</p>	 <p>Excel</p>
<p>Eastern Health commences Redesign Program</p>	 <p>New Org structure</p>	 <p>GREAT CARE EVERYWHERE at Eastern Health</p>	 <p>Rapid Improvement Events built into redesign model</p>	 <p>7 DAYS General Medicine</p>	 <p>Formal improvement training commenced</p>	 <p>Senior Leadership coaching</p>	 <p>BETTER CARE VICTORIA</p>	 <p>New Org structure</p>	 <p>Data for Improvement training</p>
<p>2009</p>	<p>2010</p>	<p>2011</p>	<p>2012</p>	<p>2013</p>	<p>2014</p>	<p>2015</p>	<p>2016</p>	<p>2017</p>	<p>2018</p>

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

But what difference have we made?

Quantitatively:

- Measure annually through OSIM
- Track and monitor formal and informal training and coaching
- Capture and document the number of improvement activities across the organisation
- Monitor the timeliness of completion of projects
- Monitor Return on Investment (still somewhat crudely)

Qualitatively:

- Feedback (and lots of it)
- Discussions at meetings
- Questions
- Quality of A3's

.....and reflections

- What would Eastern Health look like today without the work we have done over the past 10 years?
- Knowing how we are going (quantitatively) has been critical to demonstrate 'value' to the organisation
- Organisations don't change – people make change.



PM
EDITION

ARE WE
THERE YET?

Wise words

*“Improvements in the quality of care **do not occur by chance**. They come from the **intentional actions of staff** equipped with the **skills** needed to bring about changes in care, directly and constantly **supported by leaders at all levels**. They do not come free and will require a substantial and sustained **commitment of time and resources**”*

Thank you

IHI Glasgow March 29th 2019
Peter van der Meer & Erik von Meyenfeldt
Albert Schweitzer Hospital
The Netherlands





The 10 year journey of Quality & Safety Improvement of a typical Dutch Teaching Hospital

“High performance isn’t, ultimately, about running faster, throwing harder, or leaping farther. It’s about something much simpler:

..... getting better at getting better

James Surowiecki
The New Yorker. 2014 Nov

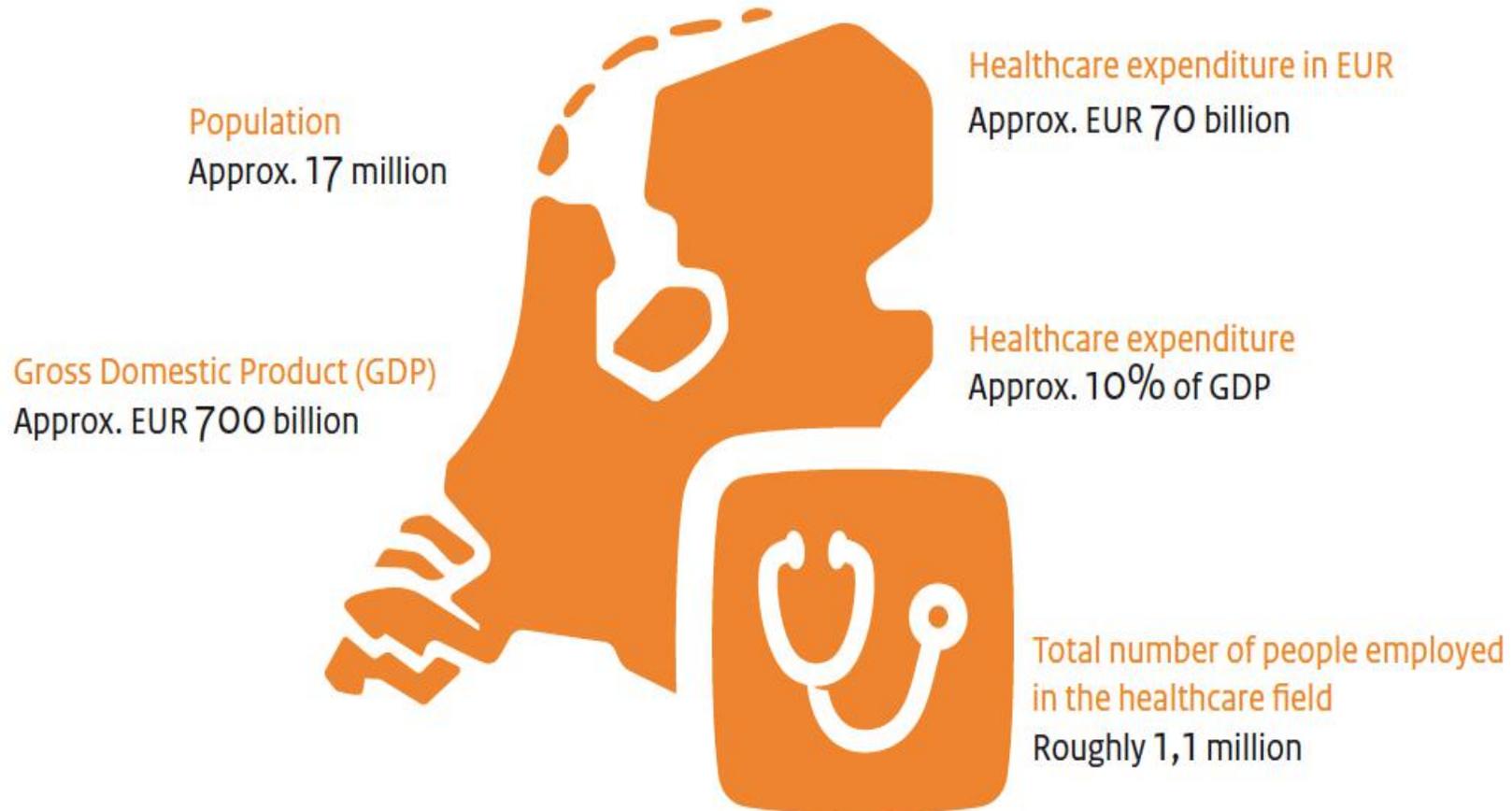
Context – the Netherlands



The facts



Healthcare in the Netherlands



The Fun facts

**Albert
Schweitzer**
ziekenhuis



- Highest population density in Europe
- The Dutch are in the top 5 of the happiest people in the world
- Schiphol national airport is 4.5 meters below sea level
- There are twice as many bicycles as cars
- There are 1.180 windmills
- Tallest people in the world
- No discussion – yet – about a NEXIT



Dutch Hospital facts

- * About 84 Hospitals
- * 8 Academic centres
- * 26 Teaching Top-Clinical Hospitals
- * 50 General Hospitals

There is a market system, but Dutchies do not like that too much...

We have 3 virtues

1. Accessibility for everyone
2. Solidarity
3. Affordability

So, if you live in the NL you are insured and you have access to almost all hospital care!

Definition of a Hospital is changing

WAS

All-in-one

(Acute care, intensive care and all specialties)

BECOMES

Acute care intervention hospitals with highly specialised treatments &
General chronic 'houses'

Albert Schweitzer Hospital facts

**STEEDS
BETTER**

- 500 beds
- 3 locations (2 clinical, 1 daycare)
- NIAZ Qmentum certification (cf JCI certification)
- Teaching hospital
- > 250 medical consultants
80% self-employed
- > 4000 employees
- Adherence/market 300.000
- Implemented EMR (end of 2017)



Dutch Health Care Challenges (also in Dordrecht)

- Improving Quality & Reducing Costs (you have heard that before...)
- And also: (chronic) patients not in hospital
- And also: making bridges between institutions, people and systems
- And also: working together (my Mom.....)

From a CEO's perspective

More than 10 year journey (What & Why)

**Albert
Schweitzer**
ziekenhuis



- Improving and improving
- Continuous improvement
- To have it on the agenda
- Have a clear, simple and always-the-same goal
- Focus on quality is best road to efficiency (do not ever do it the other way around.....in Health Care!)
- Facilitate quality improvement
- Make it fun and challenging
- To 'be' quality
- You need time to change, so take a deep breath and be patient
- You really need front runners
- Using VBHC, LEAN and Zorg-van-Waarde (Dordrecht version of VBHC)

This is what I do !

The Next Step – also - in Quality Improvement

- Implementing Pathways and facilitate them. Following the patient !
- In our hospital e.g. 2 clear pathways in all perspectives:
 - * Breast Clinic
 - * Center for Lungcancer
- **CHALLENGES**
 - * One place
 - * One in charge, but who?
 - * Different medical specialties come together
 - * Financing, ICT, patient discussion
 - * And FUTURE challenges: growing and choose the right pathways and convince internal and external stakeholders

Breast Clinic



Centrum voor Longkanker



De Grote Markt Centrum voor Longkanker

Center for Lungcancer



**Do something wonderful.
People may imitate it.**

Woorden van

Albert Schweitzer



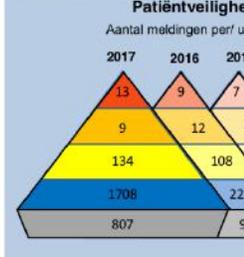
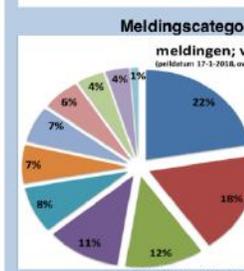
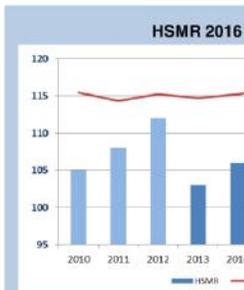
CENTRE FOR LUNG CANCER
ASZ DORDRECHT



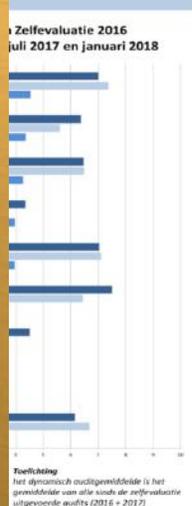
Erik von Meyenfeldt, General Thoracic Surgeon
Centre for Lung Cancer Team



BEHIND THE GRAPH



KVI/Dashboard RvT okt



Toelichting: het dynamisch oudergemiddelde is het gemiddelde van alle sinds de zelf-evaluatie uitgevoerde audits (2016 + 2017)

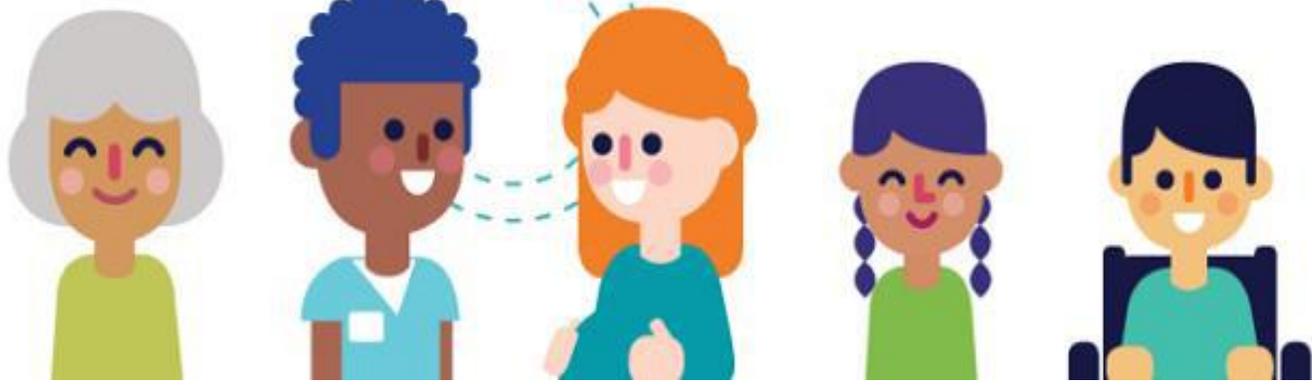




WHAT'S THE MATTER?



WHAT MATTERS TO YOU?





MISSION

1. LOGISTICS/ PATIENT FIRST

2. PERIOPERATIVE CARE

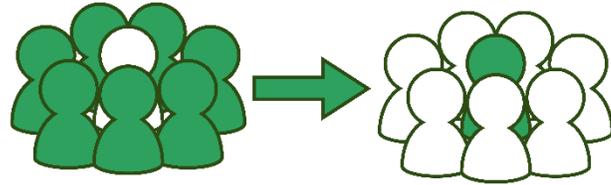


IMPROVEMENT MEASURES

 1 Location

 1 Team

 1 Plan

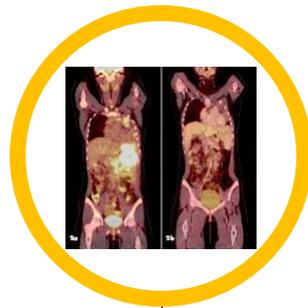


CENTRE FOR LUNG CANCER





PATIENT JOURNEY



● DIAGNOSTICS (RAPID / ONE STOP)



TREATMENT OPTIONS ●

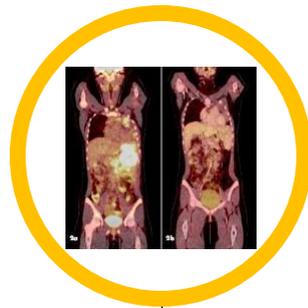


DIAGNOSTICS





PATIENT JOURNEY



● DIAGNOSTICS (RAPID / ONE STOP)



TREATMENT OPTIONS ●

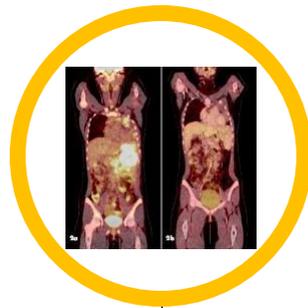


CENTRE FOR LUNG CANCER





PATIENT JOURNEY



● DIAGNOSTICS (RAPID / ONE STOP)



TREATMENT OPTIONS ●



MULTIDISCIPLINARY TEAM MEETING



CENTRE FOR LUNG CANCER



TREATMENT



MULTIDISCIPLINARY TEAM MEETING





MULTIDISCIPLINARY TEAM MEETING



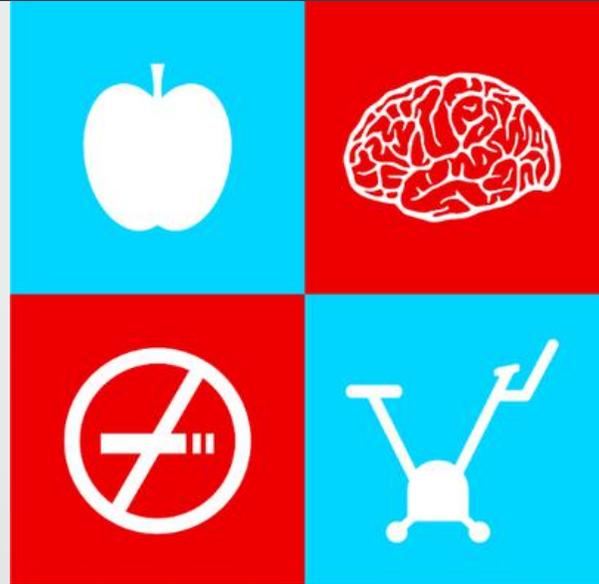
TREATMENT PHASE



TREATMENT



CENTRE FOR LUNG CANCER





MULTIDISCIPLINARY TEAM MEETING



TREATMENT PHASE



TREATMENT



TREATMENT





MULTIDISCIPLINARY TEAM MEETING



TREATMENT PHASE



TREATMENT

HOME





BEYOND HOSPITAL

IT DOESN'T STOP AT
THE HOSPITAL DOOR





BEYOND HOSPITAL



CHALLENGES

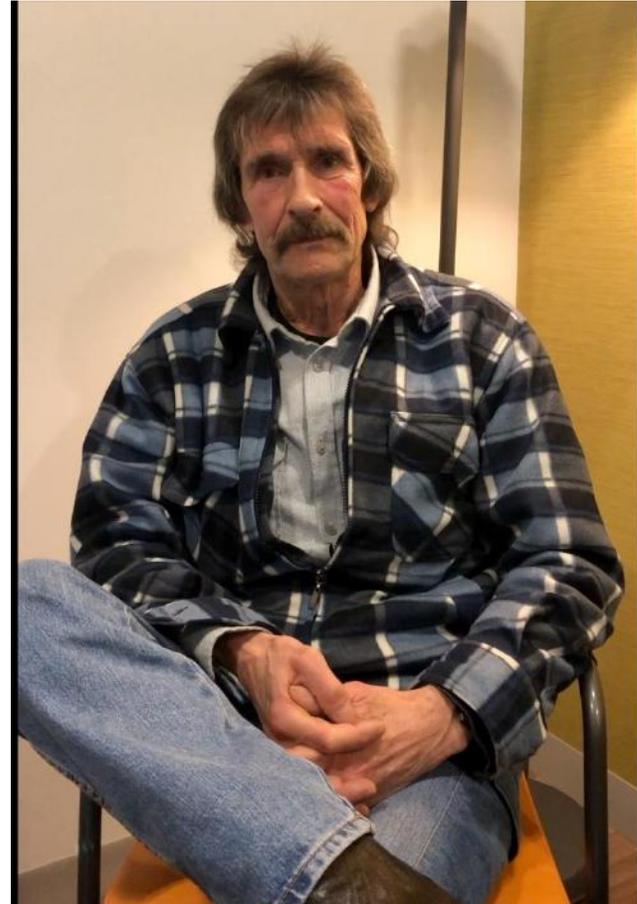
- Integrate continuous improvement
 - Not project-based
- Integrated organisation
 - Braking down silo's
 - Not adding red tape but reorganising
- Reliable data
 - Understanding what you do
 - "Selling" the concept





OBSERVATIONS

- What mattered to you?
- What should we do to improve?
- Bonus





CONCLUSIONS

- “Patients are people not problems” (Dave Rennie)
- Communication is key
- Do not underestimate the power and energy of proud healthcare professionals



THANK YOU

