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18-20 September 2019 | Taipei Marriott Hotel, Taipei

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Lift up cover for floorplan





Continue networking at the International Forum. Thursday 19 September, 17:30 onwards at the Marriott Hotel. Purchase your ticket for the Evening Reception from the Enquiries Desk, Level 3,

Assistance If you have any questions or require any information, please ask a member of the International Forum team (they will be wearing green shirts) who will be able to assist you.

Registration will be open from 07:30 each day.

On Arrival please bring your printed e-badge with you and head to Level 3 to collect your badge holder and event guide. Your badge will G then be scanned by one of our team. You do not need to go to the Enquiries desk if you have printed your badge.

Badges Badges will be scanned each day when you enter the Keynote Hall. Please be aware that you must wear your badge at all times during the International Forum as it shows the days you are eligible to attend and guarantees you entry to the venue on those days.

Certificates of Attendance All attendees will receive a general \$ certificate of attendance. This will be emailed to you two weeks after the

ePoster Stage Sessions These will take place in the Exhibition Hall on the two main event days, Thursday 19 - Friday 20 September. These sessions provide a great opportunity to hear the poster authors talk about their project during a 3-minute quick fire presentation on our ePoster Stage (see full details on page 22).

Wifi Access is available on Level 3 and 5. Please select network InternationalForum and enter password forum2019.

Say hello to our

Ξ

Posters by speaking to the ePoster presenters! They will be wearing a bright orange sticker and will be

♥@QualityForum #quality2019

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Handouts and presentations made ailable by speakers can be found online and in the International Forum App.

internationalforum.bmj.com/ handouts-taipei-2019



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Jui-Yuan Hsueh

Vice Minister, Ministry of Health and Welfare





Chien-Jen Chen

ScD, PhD, Vice President of Republic of China (Taiwan); Academician, Academia Sinica, Taiwan; Foreign Associate, National Academy of Sciences International Forum on Quality and Safety in Healthcare, Taipei, 2019-09-19

Challenges and Opportunities in the Health Care System in Taiwan

Chien-Jen Chen, Sc.D., Ph.D. Vice President, Republic of China (Taiwan)

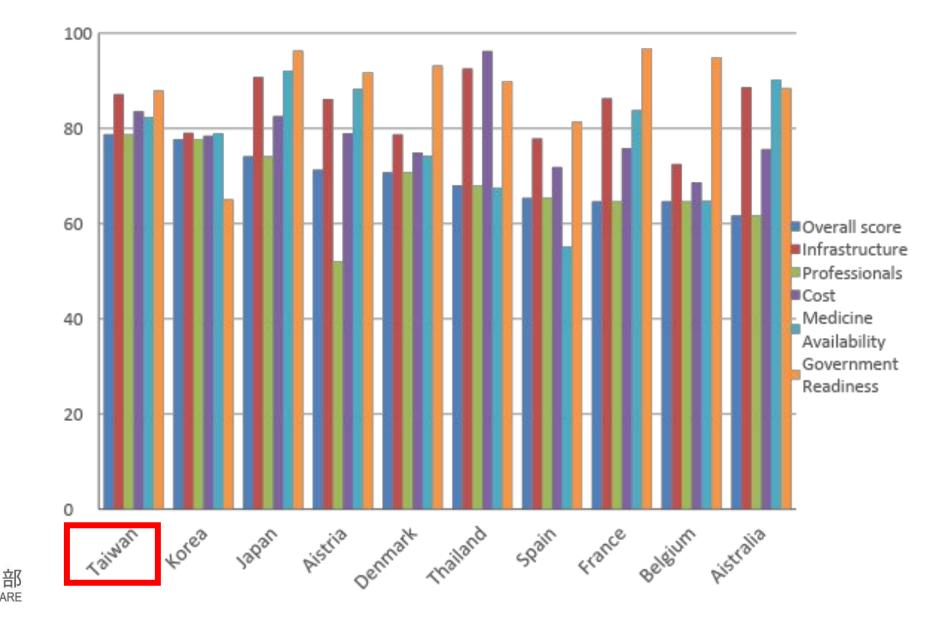


Profile of Taiwan

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| Population | 23.59 million |
|--|--|
| Land area | 36,197 km ² |
| Ageing (65+ y/o) (2018) | 14.6 % |
| GDP per capita (2018) | US\$ 24,377 (nominal) US\$ 50,500 (PPP) |
| Crude birth rate (2018) Crude death rate (2018) | 7.70 ‰ 7.33 ‰ |
| Infant mortality(2017) Maternal mortality (2017) | 3.9 ‰ 11.6 0/0000 |
| NHE to GDP (2017) | 6.44 % |
| Life expectancy (2018) Source: MOHW, The World Factbo | 80.7 (Average) &4.0 (F) 77.5 (M) |

Health Care Index (2019 CEOWORLD Magazine)

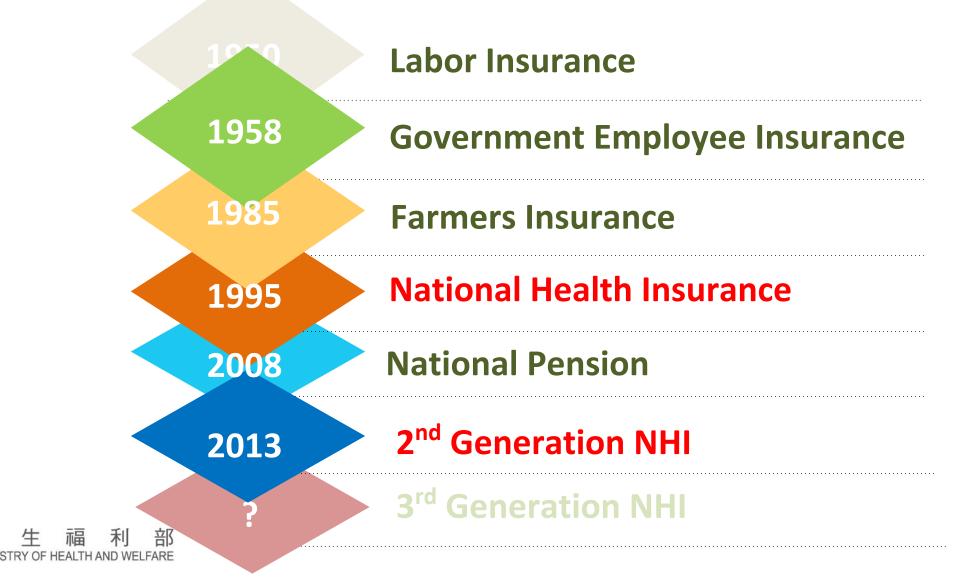




Comprehensive Healthcare System



Taiwan's Major Social Insurance Programs



Key Features of Taiwan's NHI

| Coverage | Compulsory enrollment for all citizens and legal residents (99.9% of the population is covered by the NHI) |
|----------------|--|
| Administration | Single-payer system run by the government |
| Financing | Premiums |
| Benefits | Uniform package, copayment required |
| Providers | Contract-based 93.03% of healthcare providers contracted with NHI |
| Payment | Plural payment programs under the global budget payment systems |
| Privileges | Premium subsidies and copayment waivers for the disadvantaged |



Major Achievements of NHI



Emergency Medical Care Network

Recognized institutes as emergency responsibility hospitals according to their Emergency Care Capacity since 2009

- Level I (Basic): 80 hospitals
 - <u>Within 30 minute's driving time</u>, providing general emergency care and transfer service.
- Level II (Intermediate): 79 hospitals
 - Providing specific care for time-sensitive disease e.g. acute stroke, ACS and major trauma in weekdays. Some may also provide high risk pregnancy and newborn care.
- Level III (Advanced): 41 hospitals
 - Within 60 minute's driving time, providing 24/7 care for time-sensitive disease e.g. acute stroke, ACS, major trauma, high risk pregnancy and newborn.

14 transferring network by the level III responsibility hospitals as base





Eliminating Health Inequality (1/2)



Indigenous and Offshore Island Care Policy

 Strengthen local medical care capacity

- Emergency helicopter service.
- Train local medical Personnel

Elimination Hepatitis C in Indigenous Area Program

- Enforce a pilot plan in 4 areas
- Provide screening, diagnosis, treatment, and follow-up service



Eliminating Health Inequality (2/2)

Dedicated to Rural Medical Services

- Build medical
 infrastructure
- Medical center support manpower
- IDS brings care to remote areas

Telemedicine

HIS

780

 Patients in remote areas access services provided by a medical center physician

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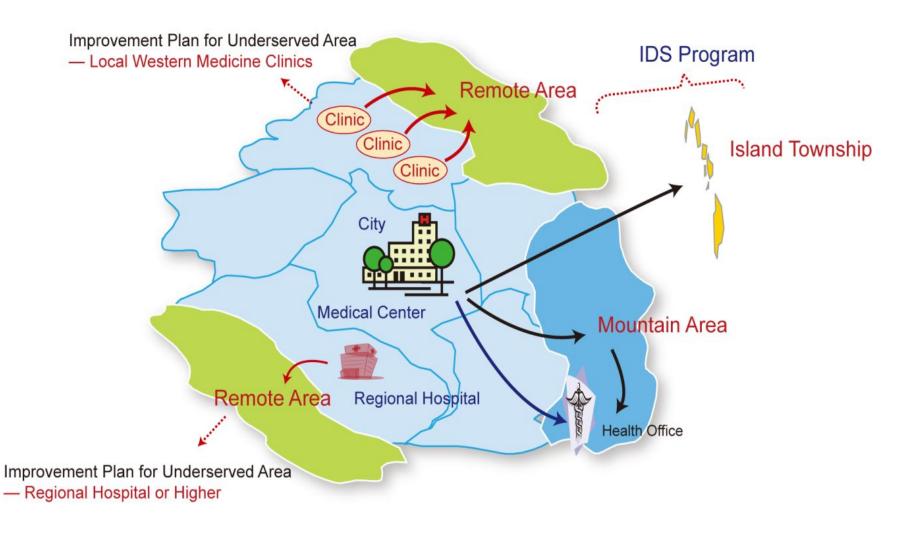
MINISTRY OF HEALTH AND WELFARE

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• Establish hospital information systems

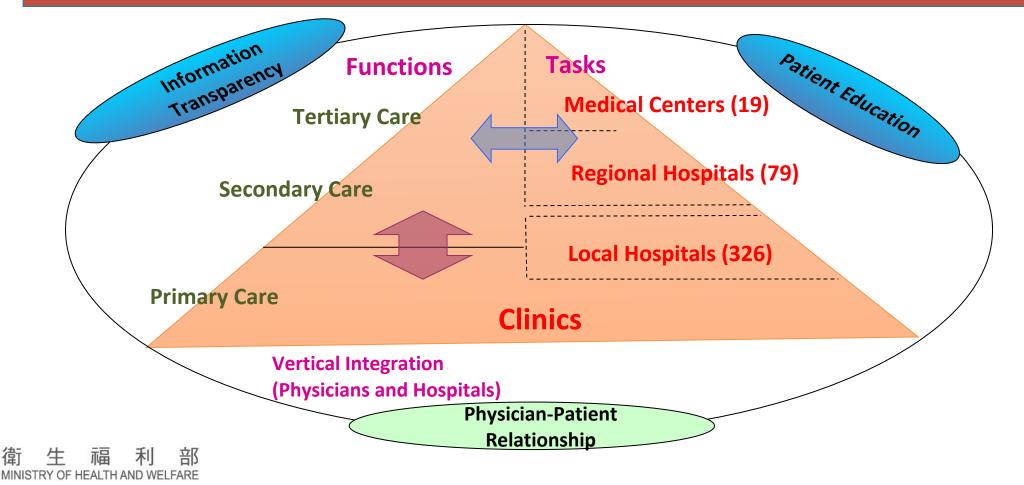
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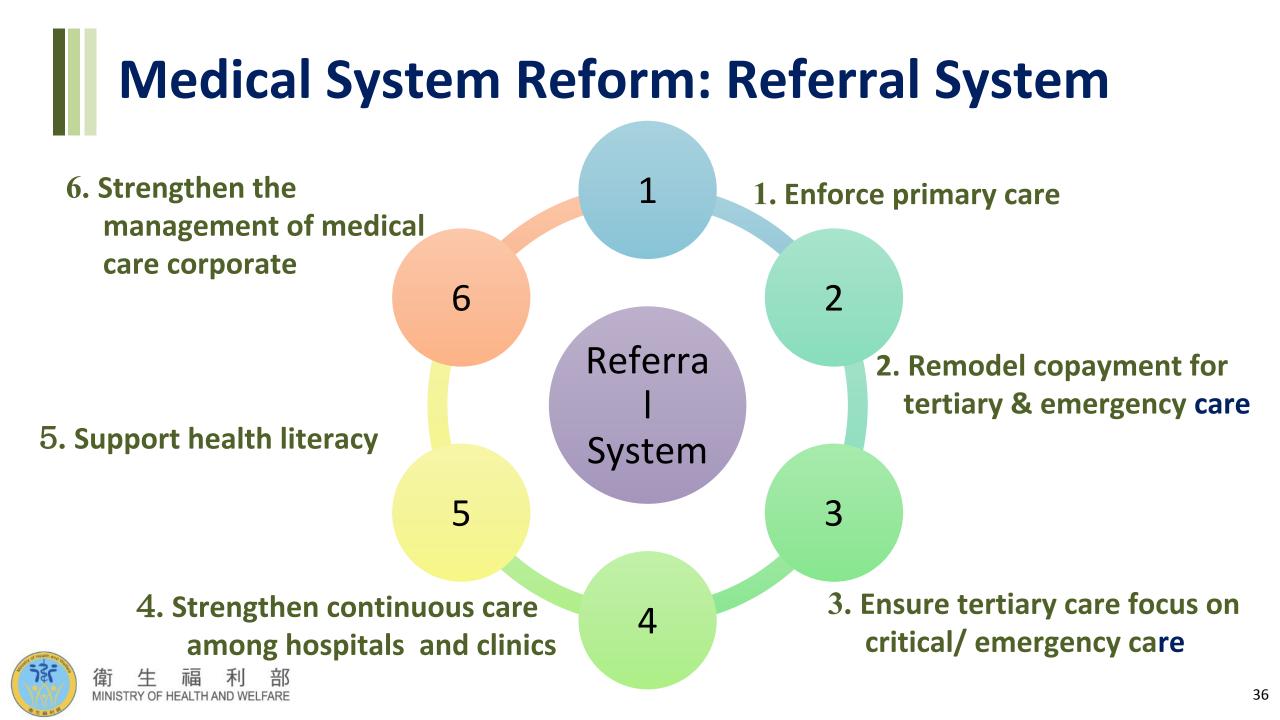


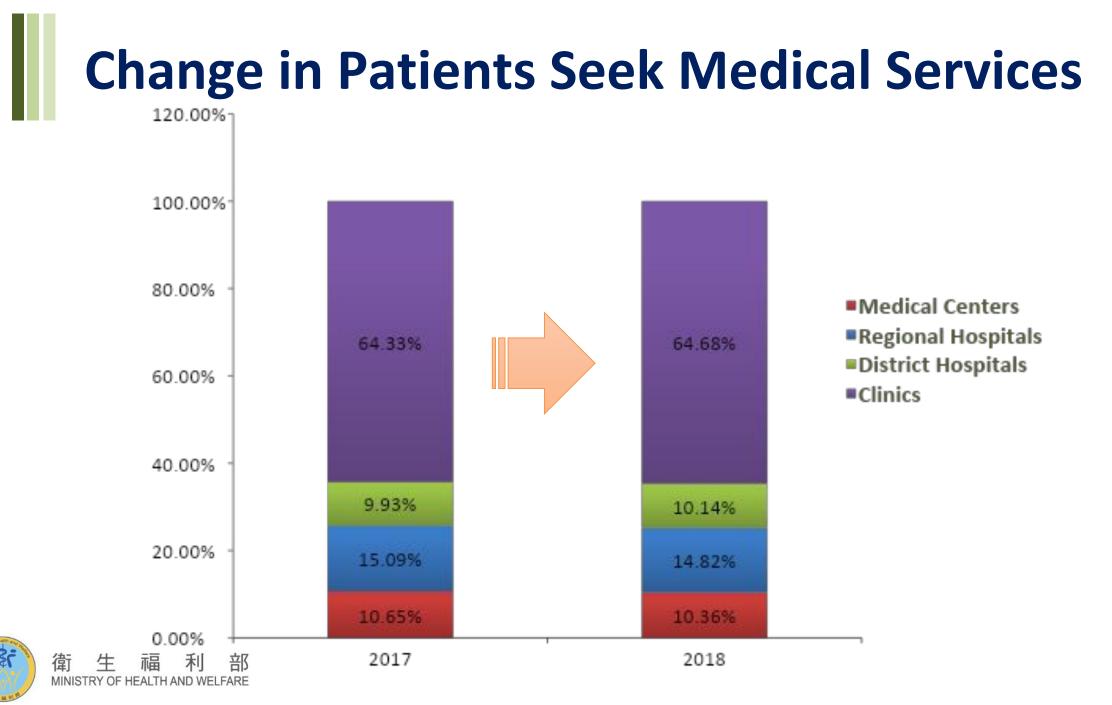
Healthcare System Structure

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Establish a cross-institutional and patient-centered Integrated Health Care System







Long-Term Care 2.0

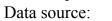


Changing Population Structure

Rapidly Aging Population

• Fewer and fewer members in household Percentage of aging(65+) population (%) **Super Aged Society** 45.0% 4 (3.75 38.9% Aged 7,152,000 40.0% Society 3.5 **Aging Society** 35.0% (Person/Household) 3 30.0% 2.5 23.5% 20.6% 4,323,000 4.881 25.0% 2 14.5% 3,434,000 1.5 20.0% 13.2% 7.9% 3,108,000 15.0% 7.1% 5.9% 1,881,000 1,490,000 1,399,000 0.5 10.0% 5.6% 1,327,000 Over 65 Over 75 0 2.1% 5.0% years old vears old 2000 2001 2004 2005 2006 2007 2009 2009 2010 2011 2013 2013 2003 1994 995 1996 998 6661 2002 1997 014 2015 201 201 0.0% 1993 2016 2018 2026 2061

Note: Population figures after 2018 are estimated figures





1. National Development Council (2016) Population estimate of Taiwan (2016-2061), http://goo.gl/d4kckk

Changes in Family Structure

- 2. Department of Statistics (2016) Monthly report of the Interior Statistics Jan-Nov, http://goo.gl/05L1A4
- 3. Ministry of Interior

Launched Long-Term Care 2.0 (LTC 2.0)

Accessible

Challenges & Problems :

- Slowness of care service resources development
- Disconnection of care service
 & medical service
- Inaccessibility & inflexibility of care service supply

Integrated entered

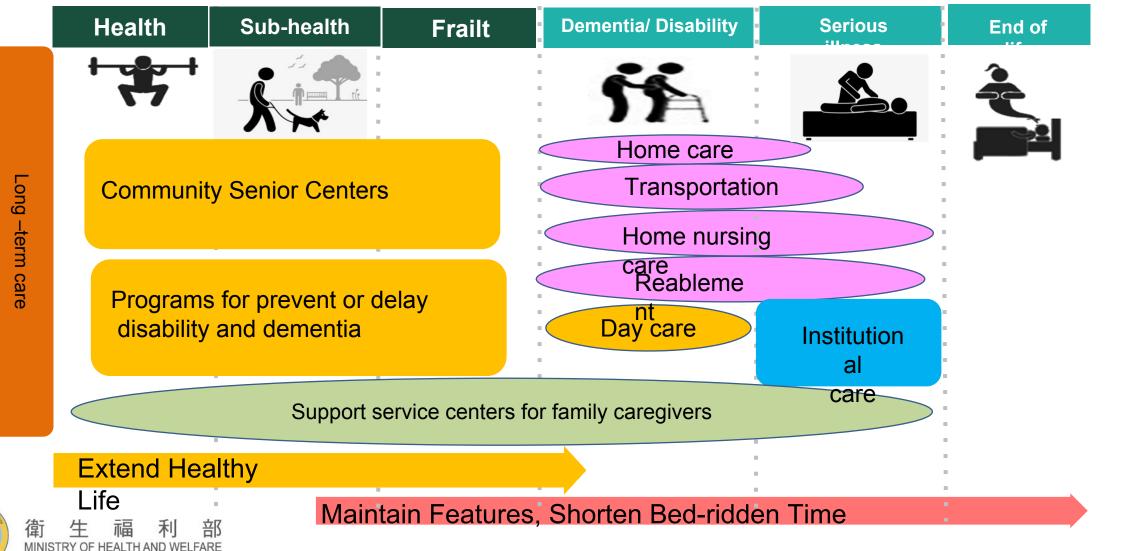
Objectives :

- Optimizing the upstream prevention
- Providing multi-functional community-based services
- Constructing a community-based healthcare
 Continuouteam network



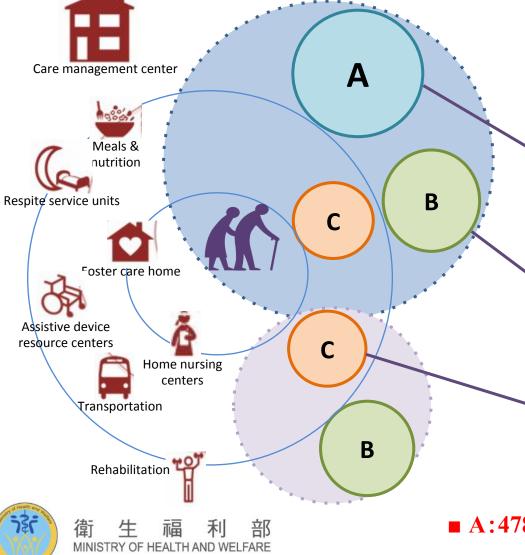
Services and Targets of Long-Term Care 2.0

HOME COMMUNITY INSTITUTION



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Accessible Comprehensive Care System



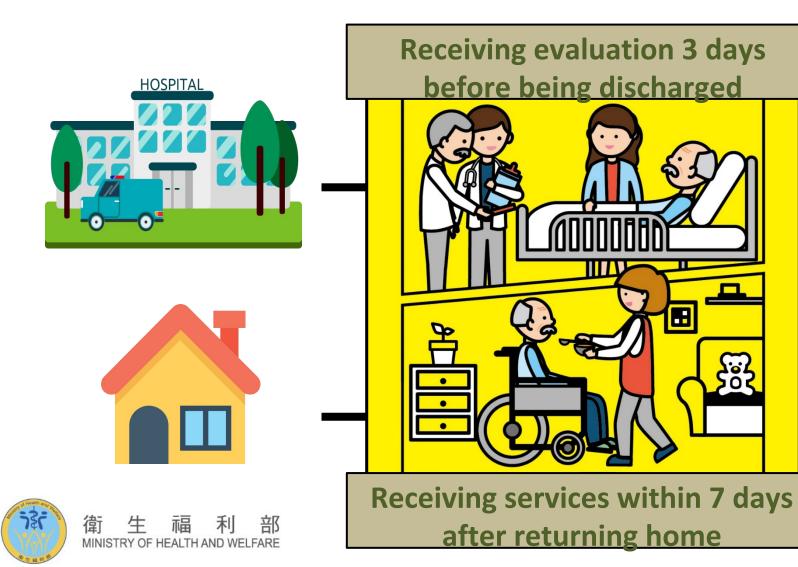
- Integrates medical care, LTC services, housing, prevention, and social assistance
- Receive care within a 30-minute drive
 - Tier A Community integrated service center
 - Coordinate and link care service resources according to the care plan designated by the care managers
 - Establish localized service delivery system that integrates and connects to B-tier and C-tier resources
 - Tier B– Combined service center
 - Elevate community capacity to provide LTC services
 - Provide diverse services for the public

Tier C – LTC stations around the blocks

- Implement primary prevention programs
- Part of C-tiers provide respite service in the neighborhood

A:478 centers, B:3090 institutions, C:1578 places (2018)

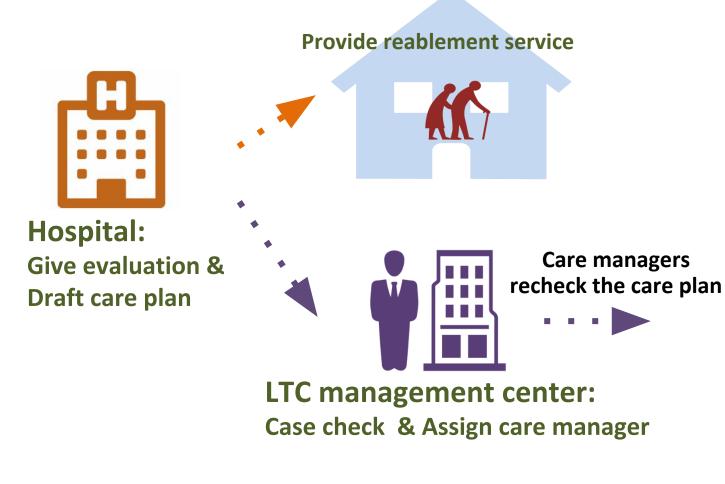
Connected with Medical Services to Provide Continuous Care: Integration of Discharge Planning Services



- At the end of Aug. 2018, there were 184 hospitals participating in the program
- 35,149 people had been evaluated and got the LTC services during Apr. 2017 to Dec. 2018
- Hospitals which join the program would get NTD1,500 points/time

Connected with Medical Services to Provide Continuous

Care:-Diversified Reablement Service Pilot Project



MINISTRY OF HEALTH

Objectives:

- Setting person-centered goals
- Improving social participation
- Increasing independence



Reablement service units (Tier B– Combined service center) - Provide care service, assistive device, transportation, and other specialty services

Integrated Community Care Service Networks:

Dementia Care Services in Community

Support Center for People with Dementia and Their Families (SPDF)

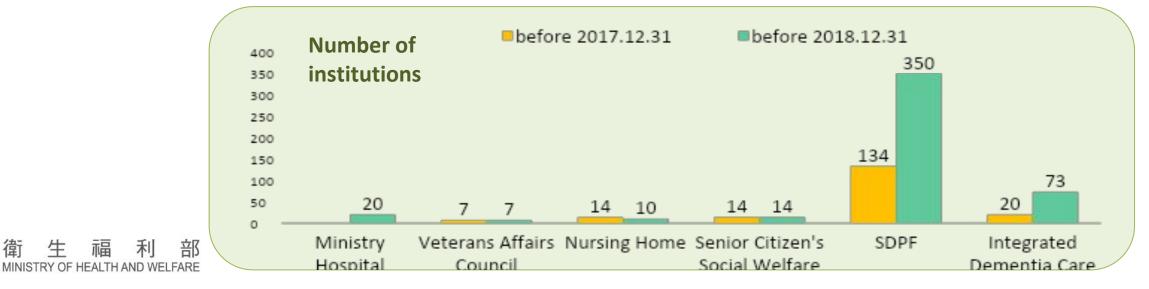
- Cognitive promotion activities
- Training courses for caregivers
- Family support group services (counseling)

14,494 people (caregivers included) received services



Integrated Dementia Care Centers

- Confirm a diagnosis
- Hold educational sessions for citizens
- Consult SPDF and connect resources
- Sponsor talent training sessions 29,532 people received services



Integrated Community Care Service Networks

To establish a comprehensive, accessible and affordable care system with quality To provide multi-purpose community-based support services To expand primary prevention efforts To achieve aging in place



LTC Management Center

- Providing assessment
- Linking services





- Providing medical service

衛生福利部 MINISTRY OF HEALTH AND WELFARE Home

Improve the Quality of Life for Clients and Their Caregivers



Home Care

-Prevention of disability-Living support

Shuttle Car at Regular Time



LTC Service Institution

- Day care
- Temporary housing
- Group homes to dementia

Health IT and Value-added Services

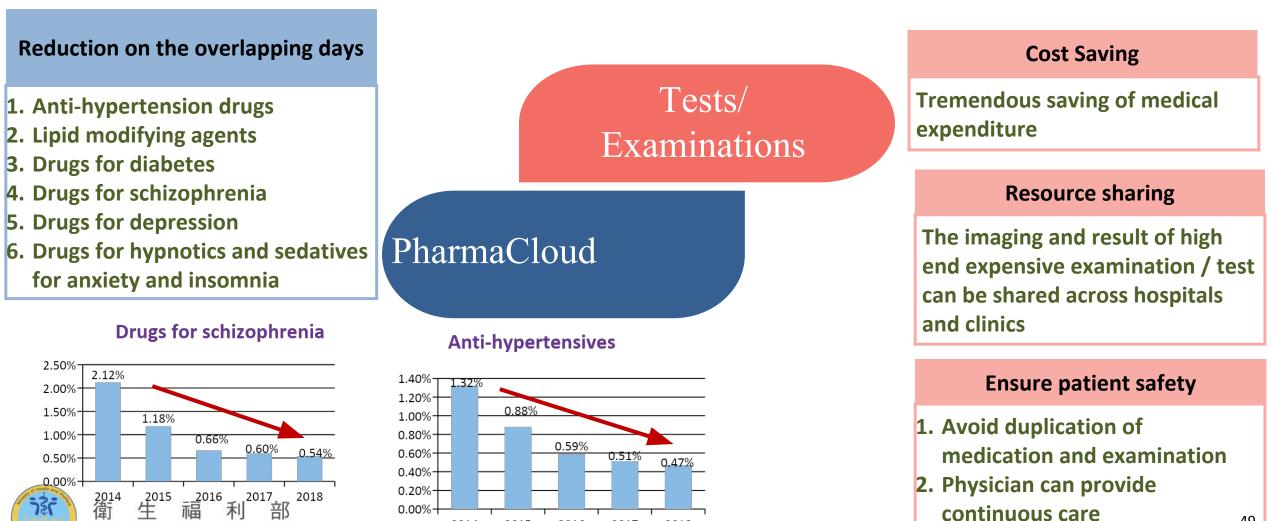


Contents of NHI MediCloud System Care List for Specific Drugs Medication Records (Control drugs & Coagulation factor drugs) (3 months) (6 months) (24 months) Allergic Substance **Surgery Records** (Permanence) (6 months) Rehabilitation Examination **NHI Medi-Cloud** Records Records (6 months) (12 months) System **Dental Services Chinese Medicine** (24 months) Services (3 months) **Discharge Summary Examination Results** (6 months) (Reports/Lab Data/Images) (6 months) 部 牛 福 偪 利 **Immunization Records** MINISTRY OF HEALTH AND WELFARE

(Permanence)

Benefits of MediCloud System

MINISTRY OF HEALTH AND WELFARE



My Health Bank

- Established in 2014 and added new functions in 2016:
- 3 years of medical data
- Health information displayed in diagrams to enhance readability
- Provide educational guidelines

My Data, My Decision



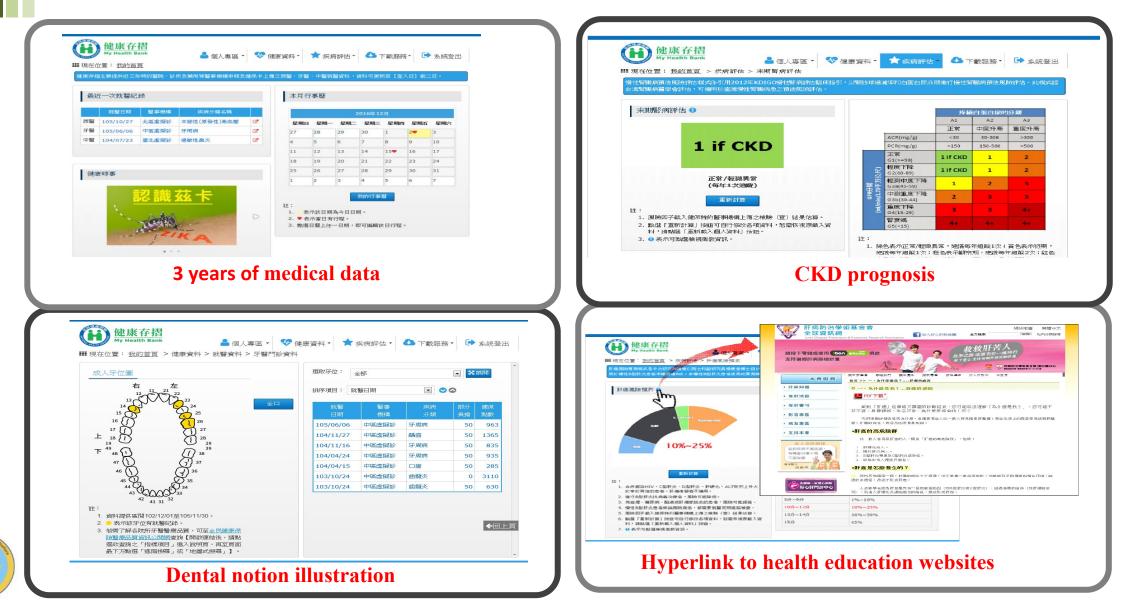
Web

Login: 1.Keying the number and password of the NHI smart card 2.Citizen digital certificate card

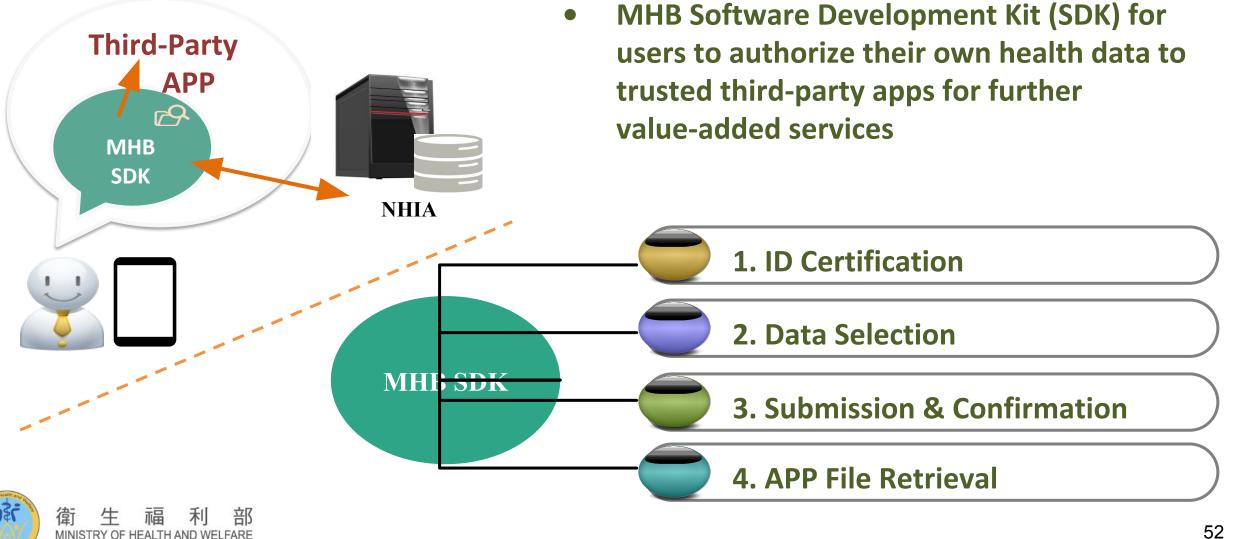




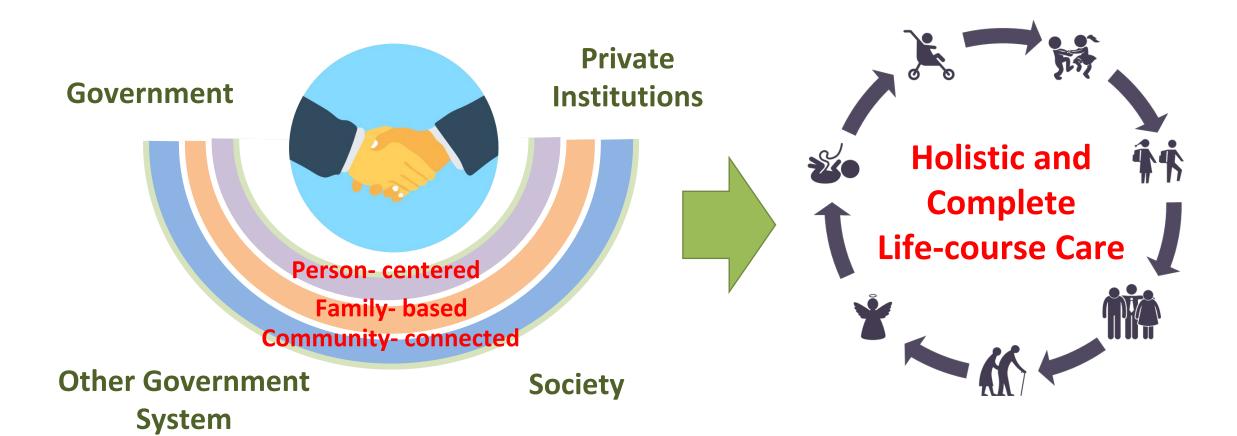
Contents of My Health Bank



Cooperate with Healthcare Industries









Thank You for Your Attentions

Taipei 101; Taiwan



Taipei 2019

Transforming Quality for Tomorrow



Derek Feeley CEO, President, IHI



September, 2019

Taipei

Global Lessons for Improving Quality and Safety

Asia Forum on Quality & Safety in Healthcare

Derek Feeley President and CEO

@DerekFeeleyIHI

Greetings from IHI



Our mission is to improve health and healthcare worldwide

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IHI Strategy

Vision

Everyone has the best care and health possible

Mission

Improve health and health care worldwide

Strategic Approach

IHI applies practical improvement science and methods to improve and sustain performance in health and health systems across the world. We generate optimism, spark and harvest fresh ideas, and strengthen local capabilities.



Our work is • driven by •

- Improvement Science
- Health Equity
- Joy in Work



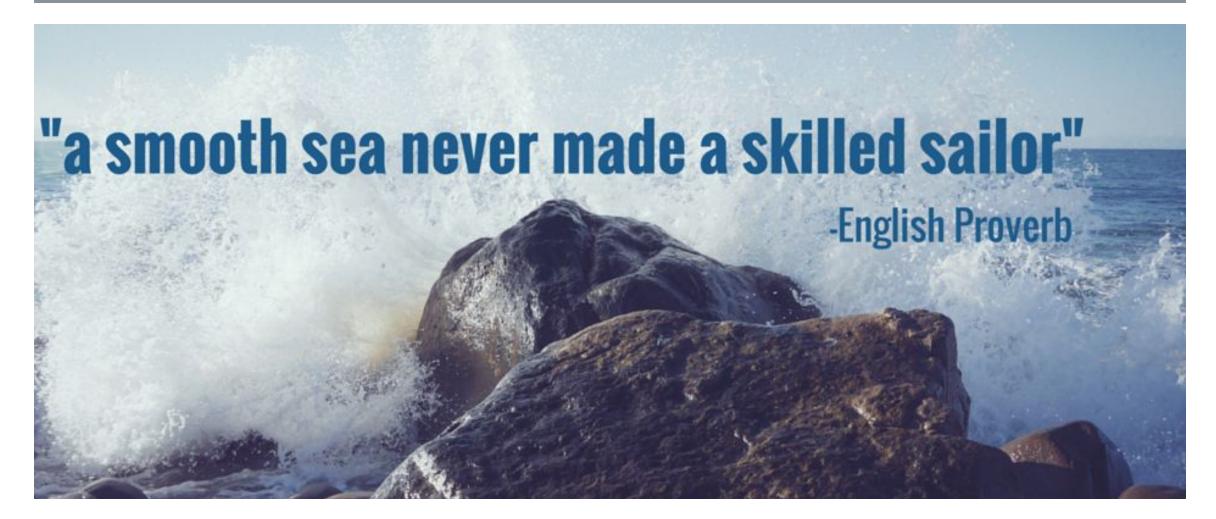




A New Quality Paradigm

| Old way | New way |
|---|--|
| Quality is about compliance. | Quality is about continuous, systematic improvement. |
| Quality is a function of governance. | Quality is a shared responsibility. |
| Leadership creates standards. | Leadership creates culture. |
| Power is concentrated (in the hands of the checkers or inspectors). | Power is distributed to patients and staff at the point of care. |
| Data is for assessment. | Data is for rapid adjustment. |

The journey may be difficult



Setting a course – 4 key priorities



1. Strategy Matters

2. Culture

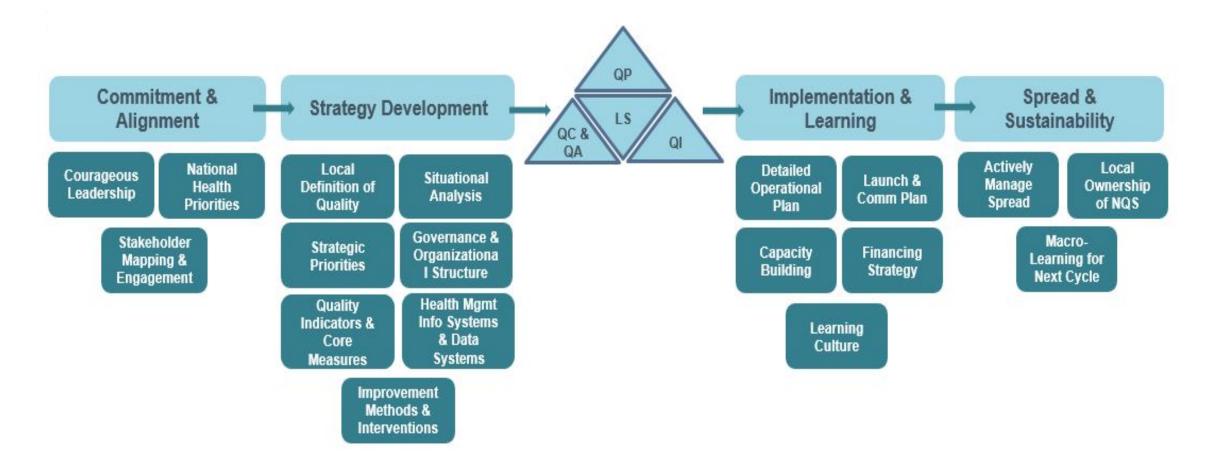
- 3. Embrace improvement (or you can't fatten a cow by weighing it*)
- 4. Create joy in work

* Palestinian proverb

International Learning on Quality as a Strategy

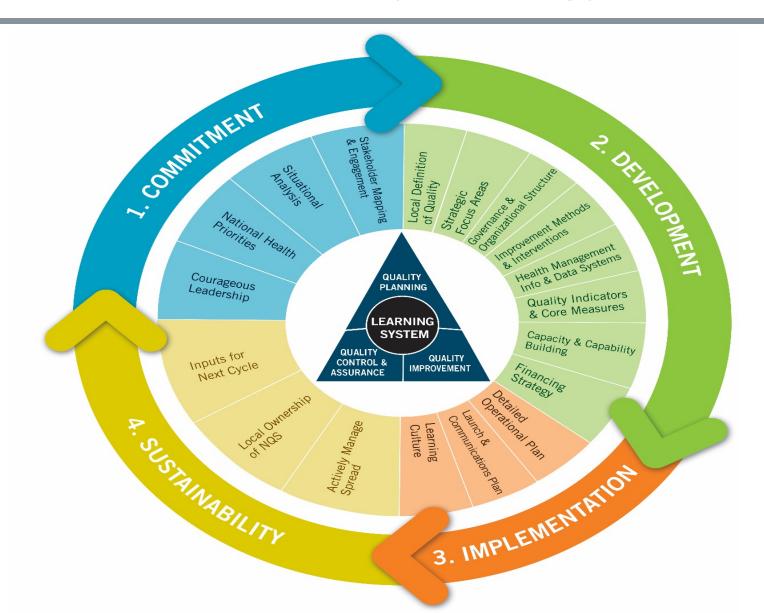


Key Elements and Lessons

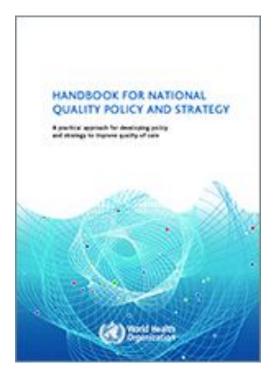


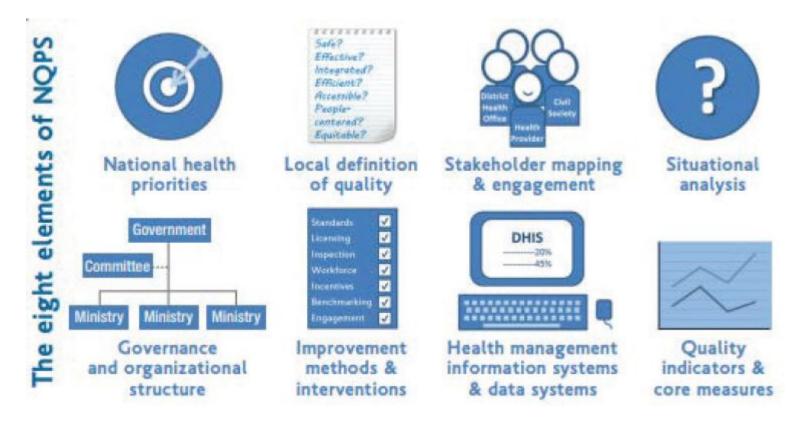
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IHI National Quality Strategy Framework



WHO Strategy Guidance





Tips to get started

| Use a tried and tested approach | Alignment with WHOTrusted partner |
|---------------------------------------|--|
| Design with iteration in mind | Learning system fuels next phase Refresh every 3-5 years |
| Build to last | Build will early and continuously at all levels of the system Infrastructure to support local ownership |
| | |

Culture eats strategy for breakfast



"The only thing of real importance that leaders do is to create and manage culture."

- Edgar Schein

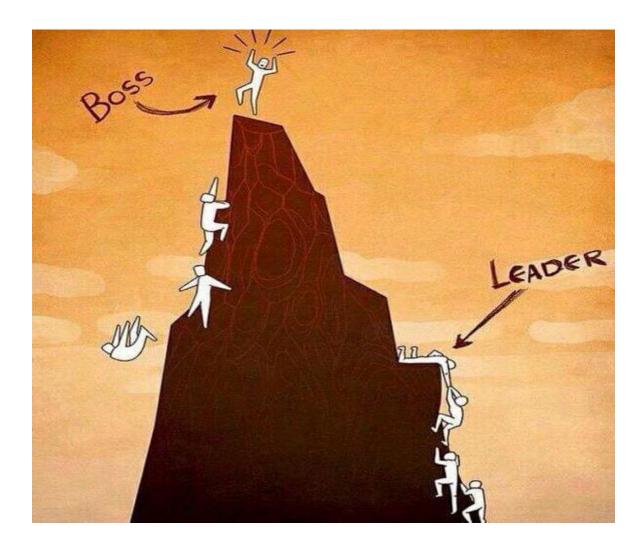


What do these have in common?

NASA Challenger BP Gulf Spill Fukushima



Ask and Listen: Heroism is out, Humility is in!



BUILDING POSITIVE RELATIONSHIPS AND BETTER ORGANIZATIONS

EDGAR H. SCHEIN HUMBLE INQUIRY

> THE GENTLE ART OF ASKING INSTEAD OF TELLING

Schein on Culture

- Culture is a result of what an organization has learned from dealing with problems and organizing itself internally
- Your culture always helps and hinders problem solving
- Culture is a group phenomenon
- Don't focus on culture because it can be a bottomless pit. Instead, get groups involved in solving problems

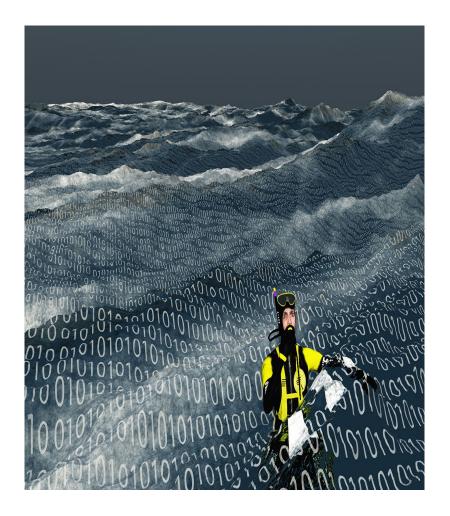
Back to our cow.....Measurement is not Improvement



"You can't fatten a cow while it's standing on the scale."



"Drowning in Measurement, Overwhelmed by checking"



Quality comes not from inspection, but from improvement of the production process.

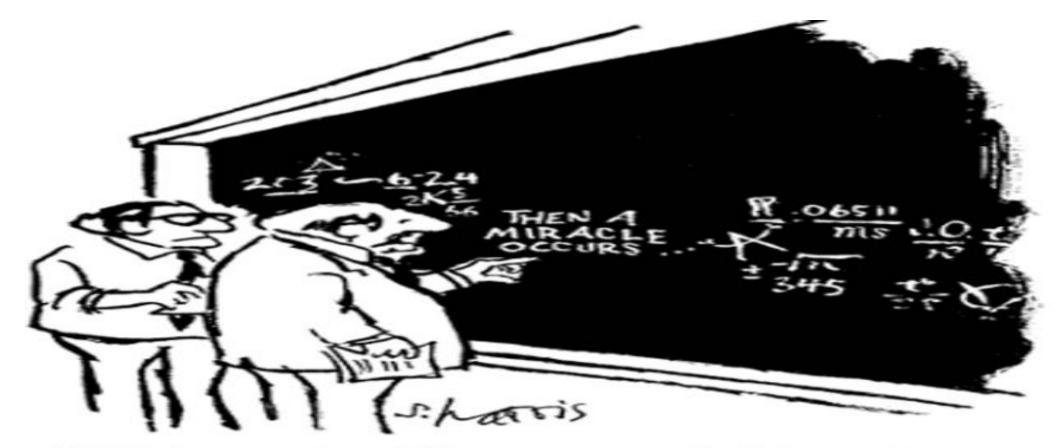
W Edwards Deming; Out of the Crisis

You need a 'method'

"By what method? ...only the method counts"



Some people's method?



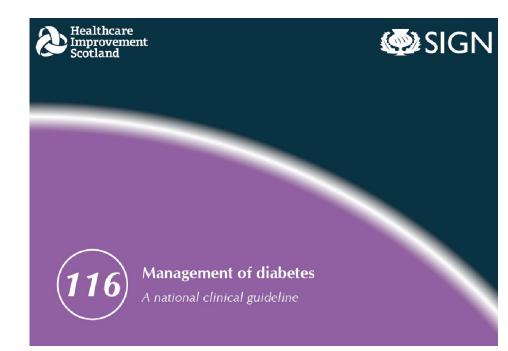
"I think you should be more explicit here in step two."

A Typical Approach...





This was my old way



170 pages!



SCOTTISH EXECUTIVE

Health Department Directorate of Nursing, Midwifery and Allied Health Professionals

Dear Colleague

A REVISED FRAMEWORK FOR NATIONAL SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN SCOTLAND

This letter updates the framework for National Surveillance of Healthcare Associated Infection (HAI) in Scotland which was originally set out in HDL(2001)57. The revised framework

10 July 2006

NHS

HDL (2006) 38

Addresses

For action

Chief Executives, NHS Boards Chief Executive, Golden Jubilee National Hospital

1 of 7 on HAI issued in 2005/06



Of Course I had a Plan B/C

Please Notice This







Model for Improvement

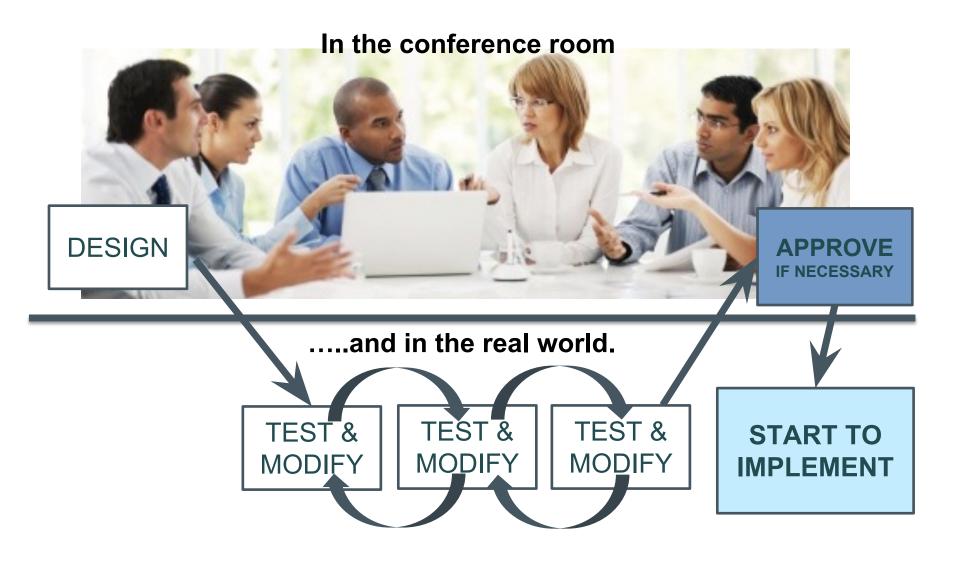
Model for Improvement



'This model is not magic, but it is probably the most useful single framework I have encountered in twenty years of my own work on quality improvement'

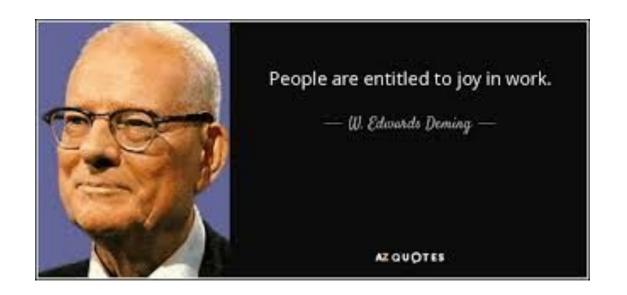
> Dr Donald M. Berwick President Emeritus IHI,

The Quality Improvement Approach



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Deming and Joy



"Management's overall aim should be to create a system in which everybody may take joy in his work."

– Dr. W. Edwards Deming

Joy is more than absence of burnout...



We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e. sense that life is comprehensible, manageable, and meaningful) and ability to function in the face of changes in themselves and their relationships with their environment.

— Aaron Antonovsky —

AZQUOTES

How to Create a Joyful, Engaged Workforce

Outcome: ↑ Patient experience ↑ Organizational performance ↓ Staff burnout

4. Use improvement science to test approaches to improving joy in your organization

3. Commit to making *Joy in Work* a shared responsibility at all levels

2. Identify unique impediments to *Joy in Work* in the local context

1. Ask staff "what matters to you?"





41% Lower Absenteeism

58% Fewer Patient Safety Incidents

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Source: Gallup, State of the global workplace report,

To recap

- Quality as a Strategy
- Pay attention to culture (or it will eat your strategy)
- Measuring is not the same as improving
- Find the joy in work







Taipei 2019

Transforming Quality for Tomorrow