

Don't forget to join in the  
conversations on twitter  
Tweet us at **#quality2019**

D5 #qfd5

# Eastern Health's path to becoming an improving organisation

Jane Evans, Director, Quality, Planning and Innovation

Eastern Health, Victoria, Australia

29<sup>th</sup> 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

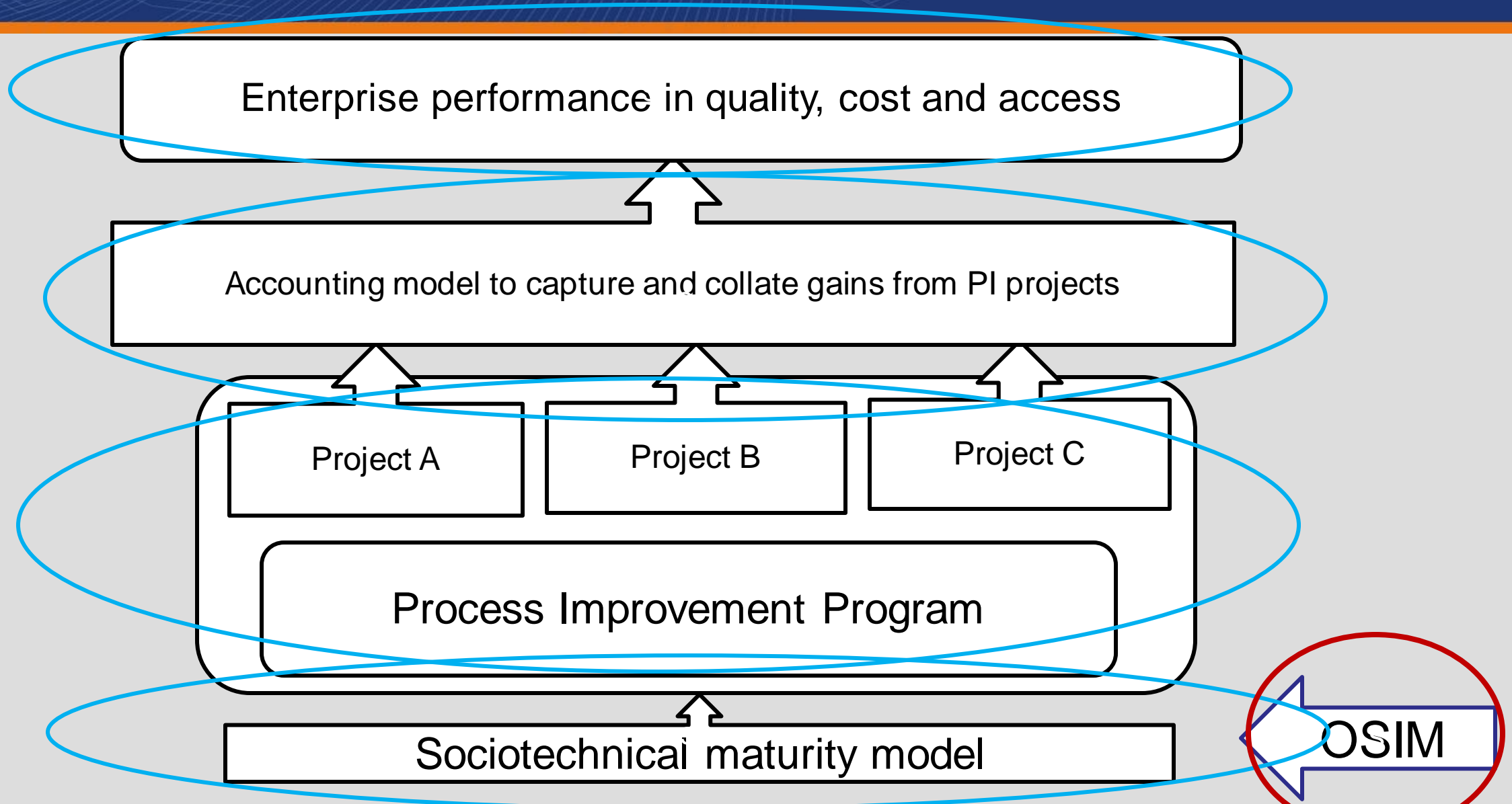
One third of healthcare  
expenditure is waste!

# 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

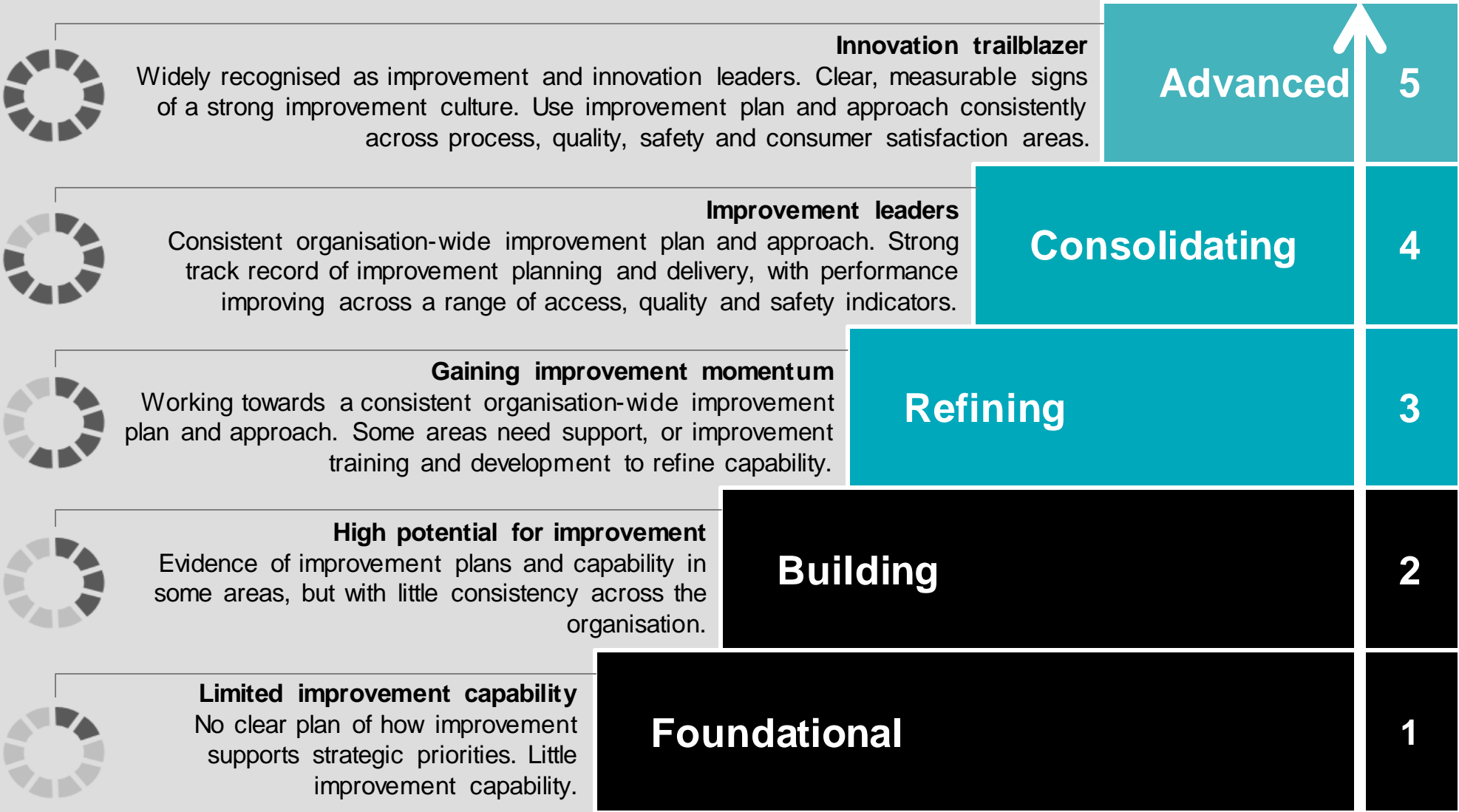


## Culture and behaviours

- 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



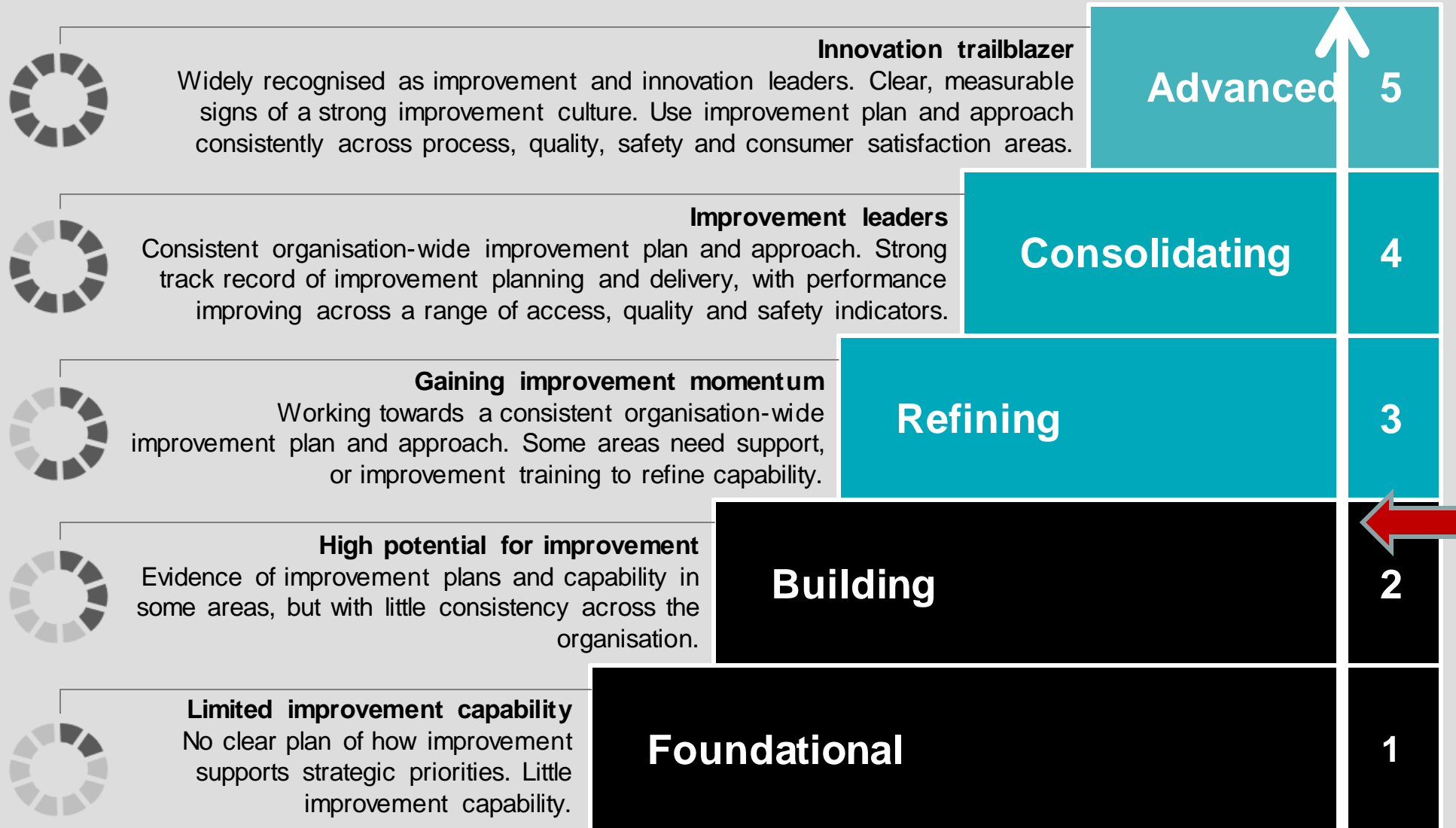






# Eastern Health 2018 score

**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**



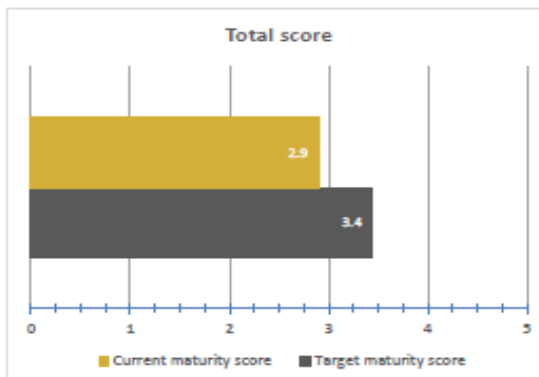
# Organisational Strategy for Improvement Matrix (OSIM)

This tab is set up for printing on A3 paper.

## 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

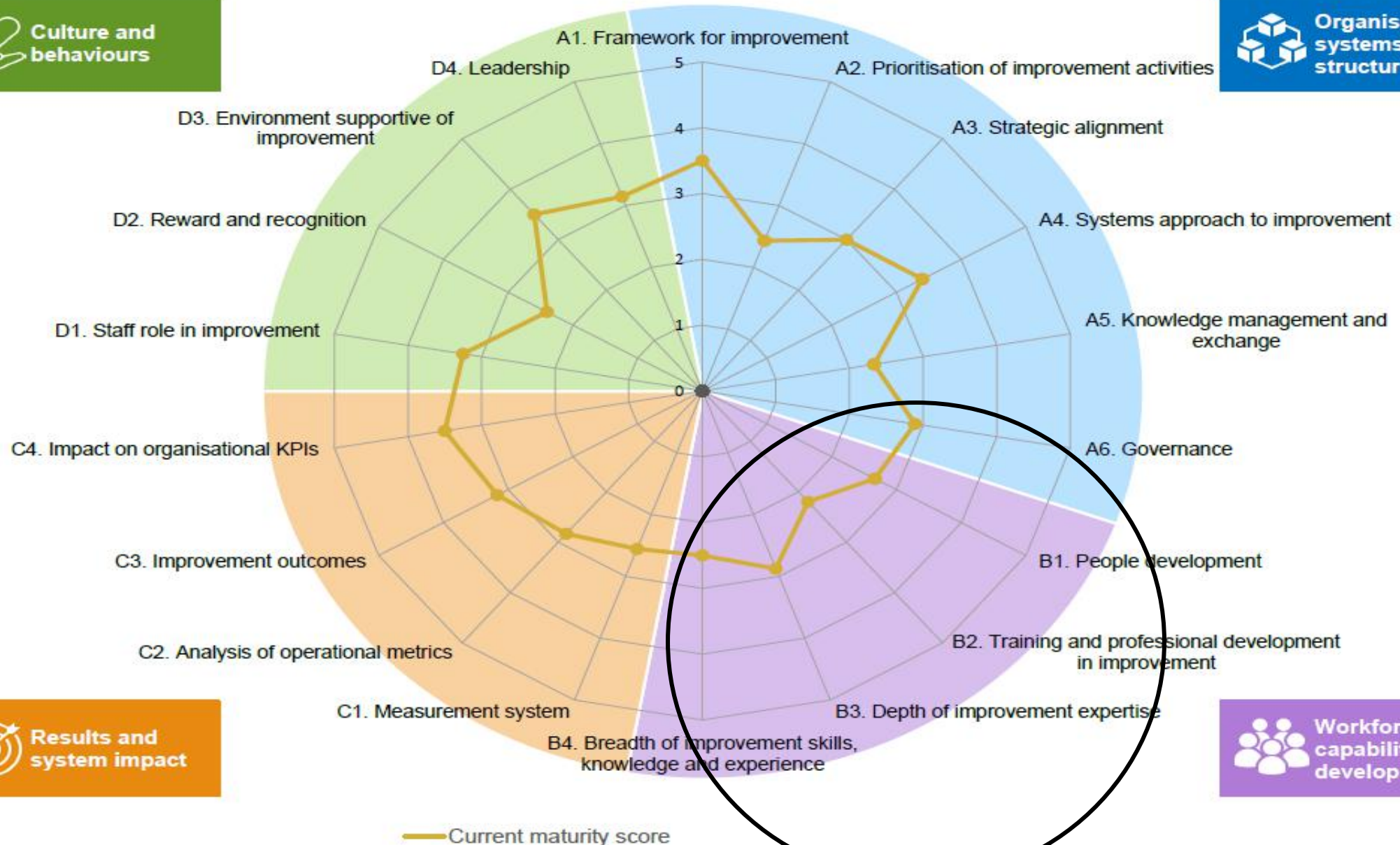


Level 1 - Foundational	Level 2 - Building	Level 3 - Refining	Level 4 - Consolidating	Level 5 - Advanced
<b>Limited improvement capability</b> No clear plan of how improvement supports strategic priorities. Little improvement capability.	<b>High potential for improvement</b> Evidence of improvement plans and capability in some areas, but with little consistency across the organisation.	<b>Gaining improvement momentum</b> Working towards a consistent organisation-wide improvement plan and approach. Some areas need support, or improvement training and development to refine capability.	<b>Improvement leaders</b> 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.	<b>Innovation trailblazer</b> 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.

## Breakdown by domains and criteria

Organisational systems and structures	Workforce capability and development	Results and system impact	Culture and behaviours																																																																														
<p>A1. Framework for improvement A2. Prioritisation of improvement activities A3. Strategic alignment A4. Systems approach to improvement A5. Knowledge management and exchange A6. Governance</p>	<p>B1. People development B2. Training and professional development in improvement B3. Depth of improvement expertise B4. Breadth of improvement skills, knowledge and experience</p>	<p>C1. Measurement system C2. Analysis of operational metrics C3. Improvement outcomes C4. Impact on organisational KPIs</p>	<p>D1. Staff role in improvement D2. Reward and recognition D3. Environment supportive of improvement D4. Leadership</p>																																																																														
<table><tr><th></th><th>Current score</th><th>Target score</th></tr><tr><td>A1. Framework for improvement</td><td>3.5</td><td>4</td></tr><tr><td>A2. Prioritisation of improvement activities</td><td>2.4</td><td>3</td></tr><tr><td>A3. Strategic alignment</td><td>3.0</td><td>4</td></tr><tr><td>A4. Systems approach to improvement</td><td>3.4</td><td>4</td></tr><tr><td>A5. Knowledge management and exchange</td><td>2.3</td><td>3</td></tr><tr><td>A6. Governance</td><td>2.9</td><td>3</td></tr><tr><td>Overall maturity score</td><td>2.9</td><td>3.5</td></tr></table>		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	<table><tr><th></th><th>Current score</th><th>Target score</th></tr><tr><td>B1. People development</td><td>2.7</td><td>3</td></tr><tr><td>B2. Training and professional development in improvement</td><td>2.2</td><td>3</td></tr><tr><td>B3. Depth of improvement expertise</td><td>2.9</td><td>3</td></tr><tr><td>B4. Breadth of improvement skills, knowledge and experience</td><td>2.5</td><td>3</td></tr><tr><td>Overall maturity score</td><td>2.6</td><td>3.0</td></tr></table>		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	<table><tr><th></th><th>Current score</th><th>Target score</th></tr><tr><td>C1. Measurement system</td><td>2.6</td><td>3</td></tr><tr><td>C2. Analysis of operational metrics</td><td>2.8</td><td>3</td></tr><tr><td>C3. Improvement outcomes</td><td>3.2</td><td>4</td></tr><tr><td>C4. Impact on organisational KPIs</td><td>3.5</td><td>4</td></tr><tr><td>Overall maturity score</td><td>3.0</td><td>3.5</td></tr></table>		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	<table><tr><th></th><th>Current score</th><th>Target score</th></tr><tr><td>D1. Staff role in improvement</td><td>3.3</td><td>4</td></tr><tr><td>D2. Reward and recognition</td><td>2.4</td><td>3</td></tr><tr><td>D3. Environment supportive of improvement</td><td>3.5</td><td>4</td></tr><tr><td>D4. Leadership</td><td>3.1</td><td>4</td></tr><tr><td>Overall maturity score</td><td>3.1</td><td>3.8</td></tr></table>		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
	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																																																																															
	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																																																																															
	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																																																																															
	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





# 2018-19 Improvement Plan – focusing on the PEOPLE



## Workforce capability and development

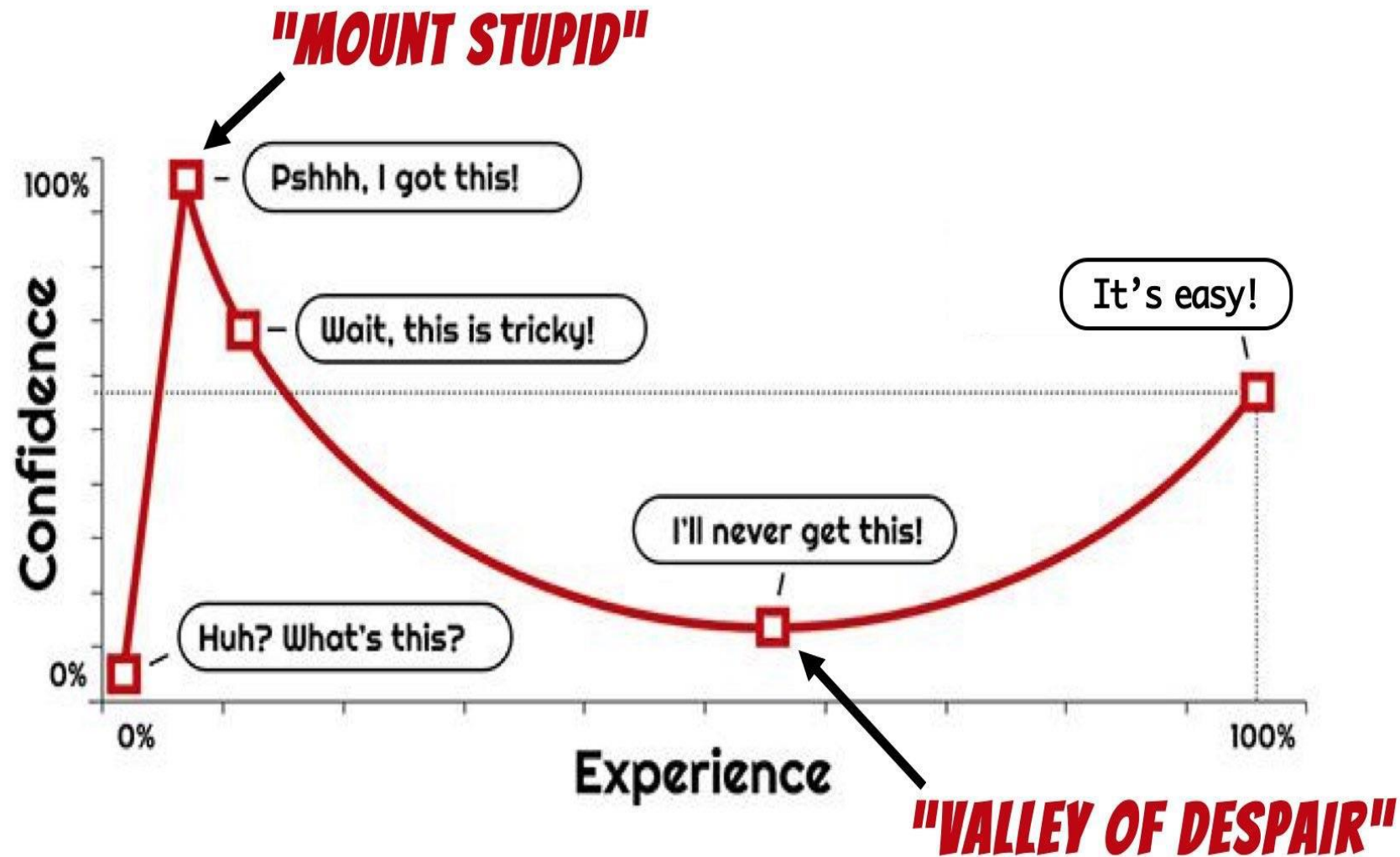
Criterion	Actions
People development	<ul style="list-style-type: none"> <li>• EH Model for Improvement in mandatory general orientation</li> <li>• Improvement Hub on Intranet to make tools easily accessible</li> </ul>
Training and professional development in improvement	<ul style="list-style-type: none">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

# Annual Self Assessment

	Health ICQ 2013	Health ICQ 2014	Health ICQ 2015	Health ICQ 2016		OSIM 2018
Number of participants	20	30	40	50	2017 OSIM in development	97
Overall Score	Level 3/4 (790)	Level 3/4 (1155)	Level 3/4 (1285)	Level 3/4 (1085)		Level 2.9/5



# Dunning-Kruger curve







# 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.





# 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 background of the slide is a photograph of a surgical team in an operating room. Several surgeons wearing blue scrubs, masks, and hairnets are visible, focused on a patient who is lying on the operating table and covered with a blue drape. The scene is brightly lit, typical of a hospital environment.

# 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

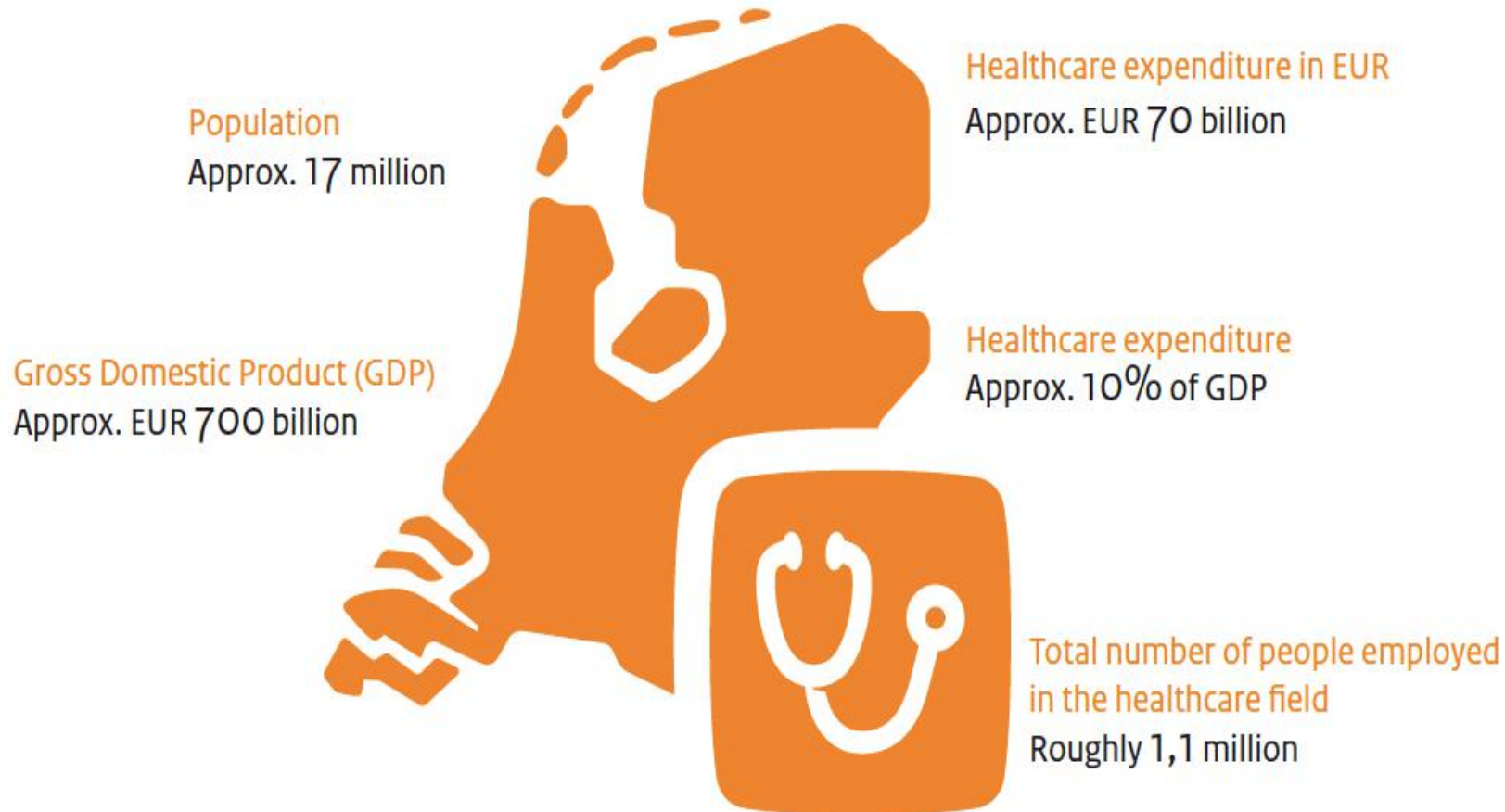




# The facts



## Healthcare in the Netherlands



## The Fun facts

- 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 chronical 'houses'

# Albert Schweitzer Hospital facts



- 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)



- 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 Groep van... Centrum voor Longkanker

Center for Lungcancer



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

Woorden van

*Albert Schweitzer*



# CENTRE FOR LUNG CANCER ASZ DORDRECHT

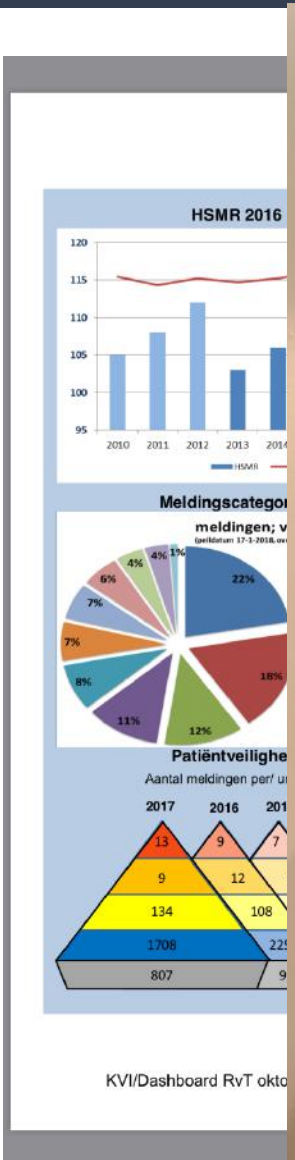


Erik von Meyenfeldt, General Thoracic Surgeon  
Centre for Lung Cancer Team





# BEHIND THE GRAPH





# BEHIND THE GRAPH

WHAT'S THE MATTER?



WHAT MATTERS TO YOU?





# MISSION

1. LOGISTICS/ PATIENT FIRST

2. PERIOPERATIVE CARE





# IMPROVEMENT MEASURES



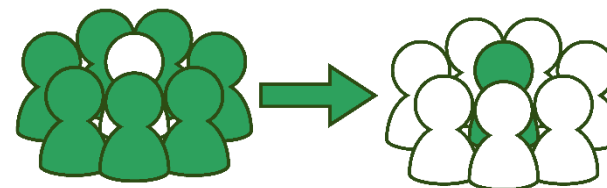
1 Location



1 Team



1 Plan



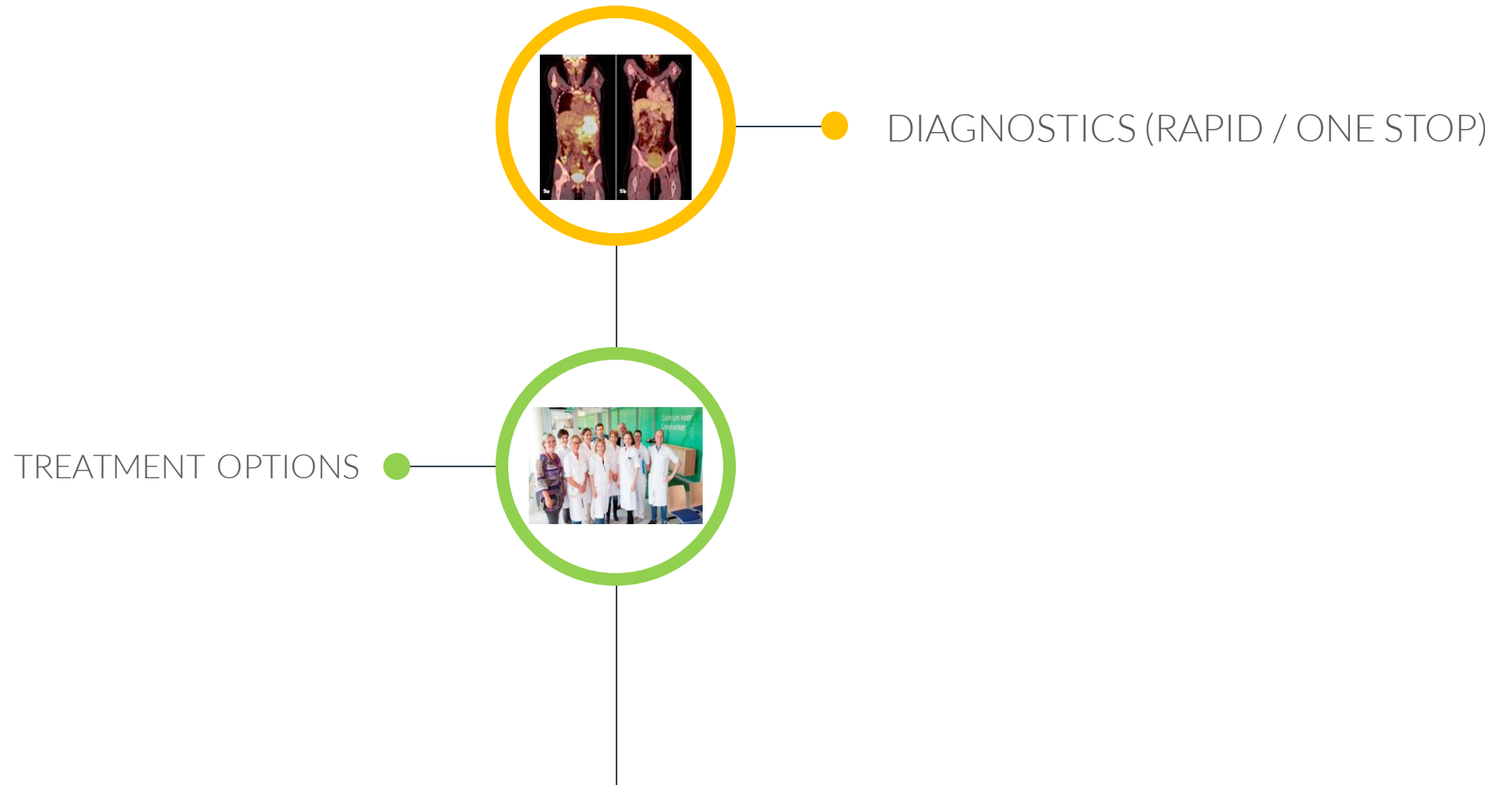


# CENTRE FOR LUNG CANCER





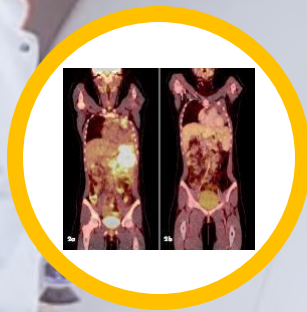
# PATIENT JOURNEY





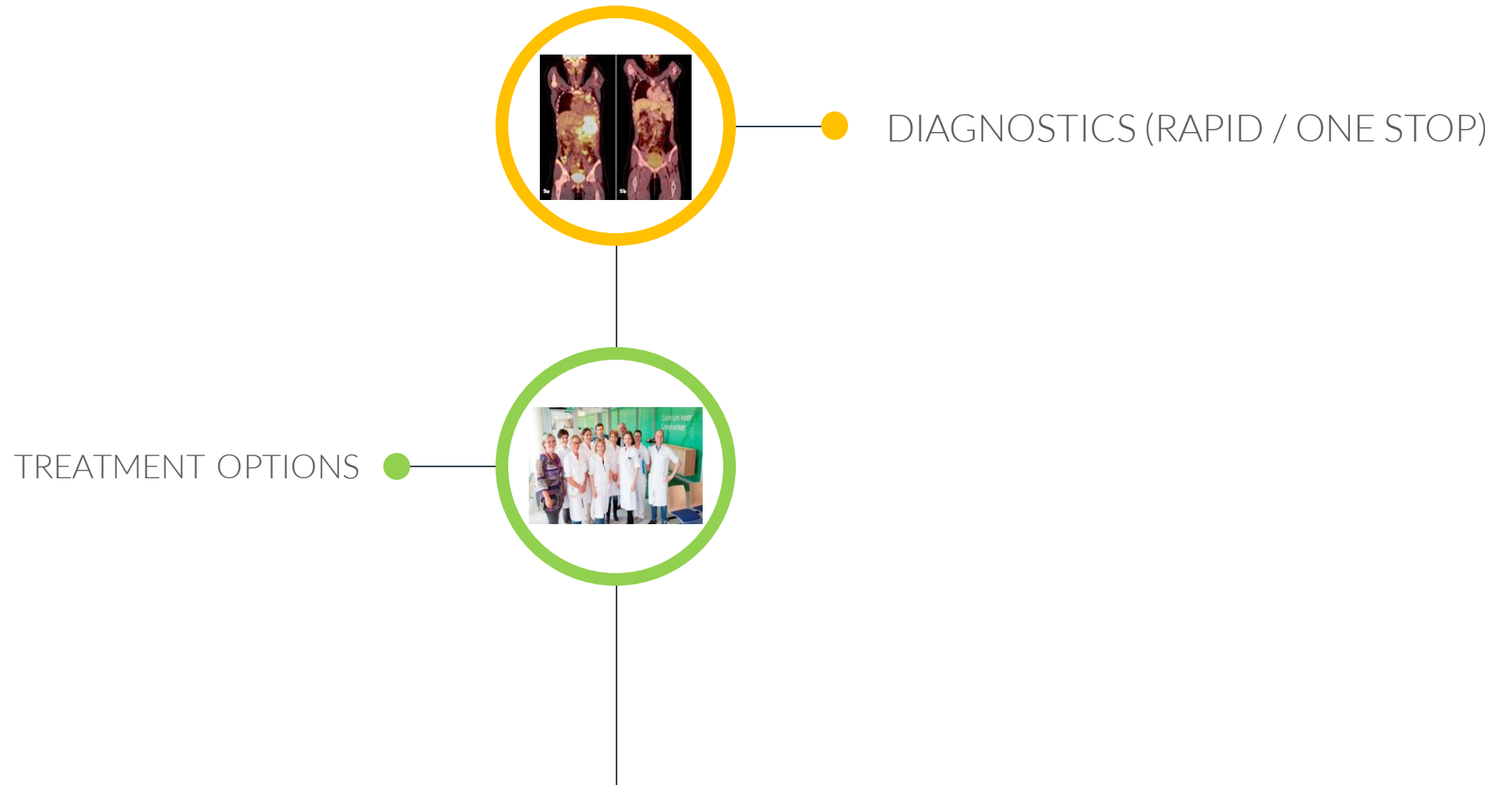


# DIAGNOSTICS





# PATIENT JOURNEY





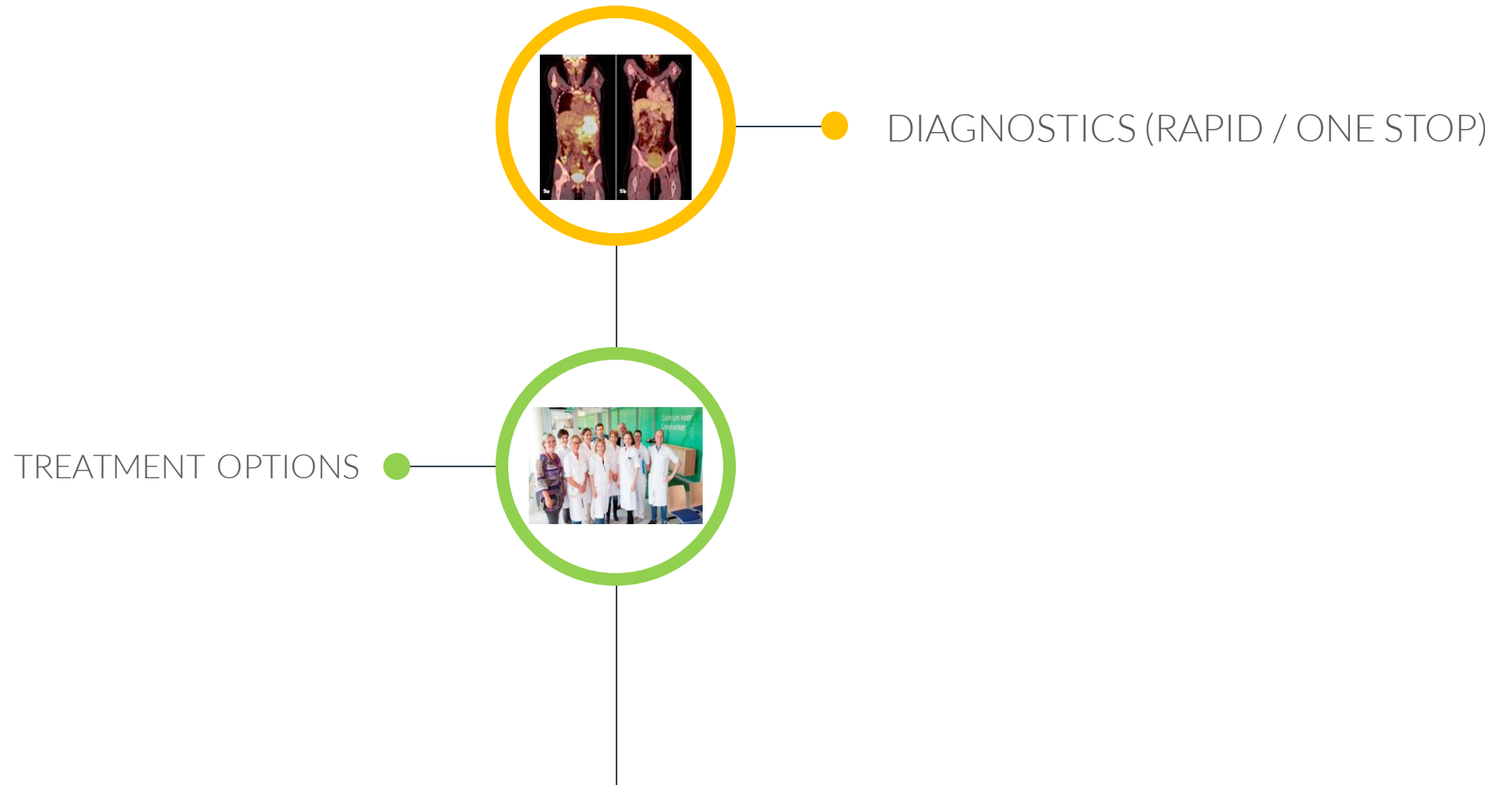


# CENTRE FOR LUNG CANCER





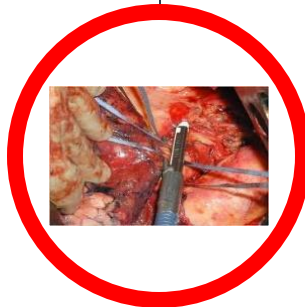
# PATIENT JOURNEY



CENTRE FOR LUNG CANCER



MULTIDISCIPLINARY TEAM MEETING



TREATMENT



# MULTIDISCIPLINARY TEAM MEETING







MULTIDISCIPLINARY TEAM MEETING



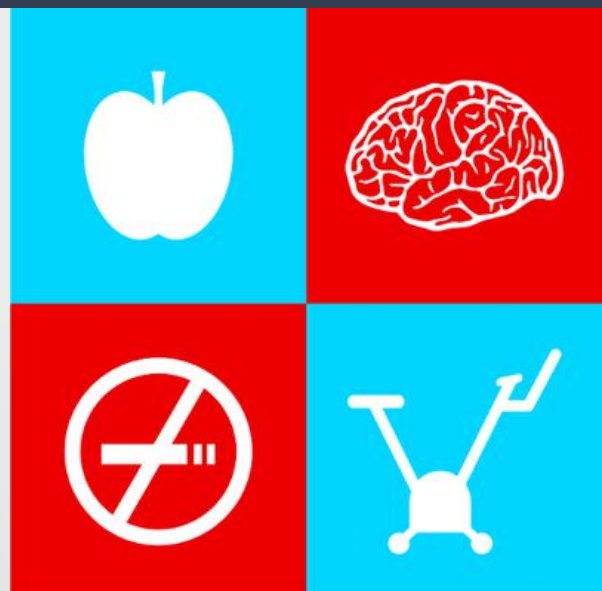
TREATMENT PHASE



TREATMENT



# CENTRE FOR LUNG CANCER





MULTIDISCIPLINARY TEAM MEETING



TREATMENT PHASE



TREATMENT





# TREATMENT







MULTIDISCIPLINARY TEAM MEETING

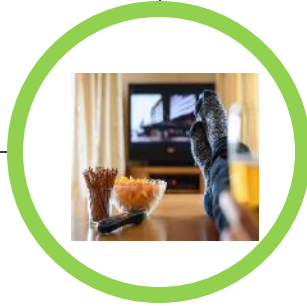


TREATMENT PHASE



TREATMENT

HOME





# BEYOND HOSPITAL

IT DOESN'T STOP AT  
THE HOSPITAL DOOR





# BEYOND HOSPITAL





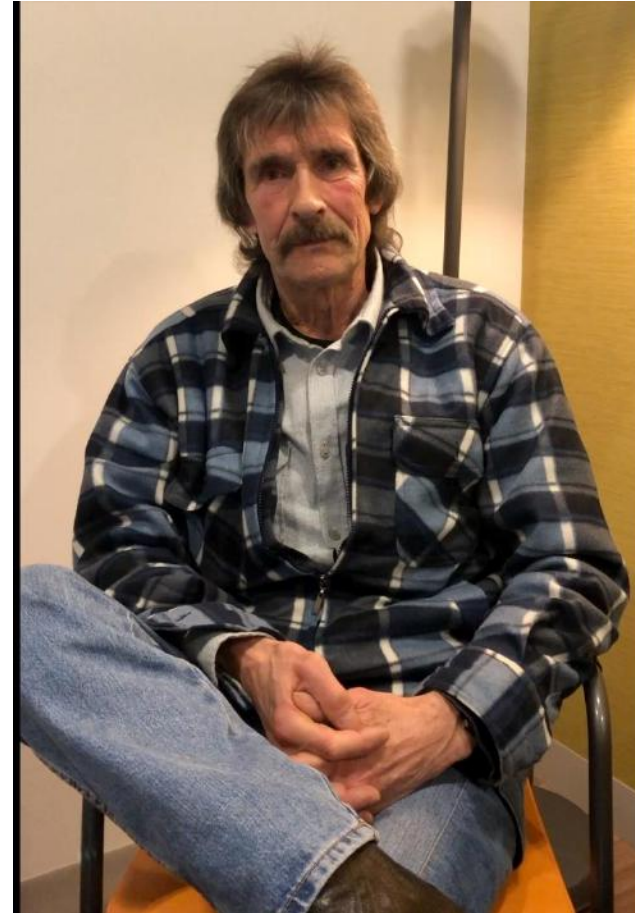
- Integrate continuous improvement
  - Not project-based
- Integrated organisation
  - Braking down silo's
  - Not adding red tape but reorganising
- Reliable data
  - Understanding what you do
  - “Selling” the concept





# 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

