

B5: What next after Covid-19



International Forum on
QUALITY & SAFETY
in **HEALTHCARE**
COPENHAGEN



Adapting to a changing world: equity, sustainability
and wellbeing for all



 @QualityForum #Quality2023

 Institute for
Healthcare
Improvement

BMJ

Precision and passion – the art of making population health actionable

***Maria Elgstrand**, Head of Public Health and Statistics, Region Östergötland*

***Birgitta Månsson**, Development leader prevention, Malmö City*

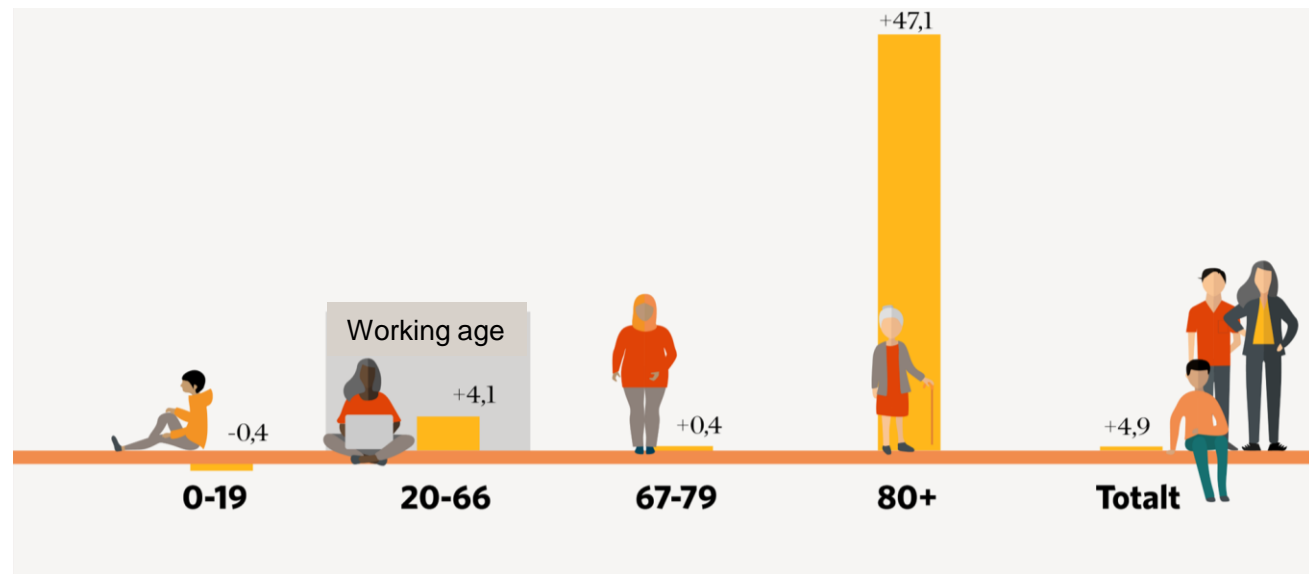
***Jesper Ekberg**, National coordinator, Swedish Association of Local Authorities and Regions*

Actionable data and collaboration for health is more needed than ever

"Obesity among 4-year olds are at least 7 times more common in Alby, Märsta and Storvreten, compared to parts of the inner City of Stockholm"

- Children's unequal conditions for health in Stockholm County, SLL 2017

Demografic changes in Sweden, age groups, 2021-2031

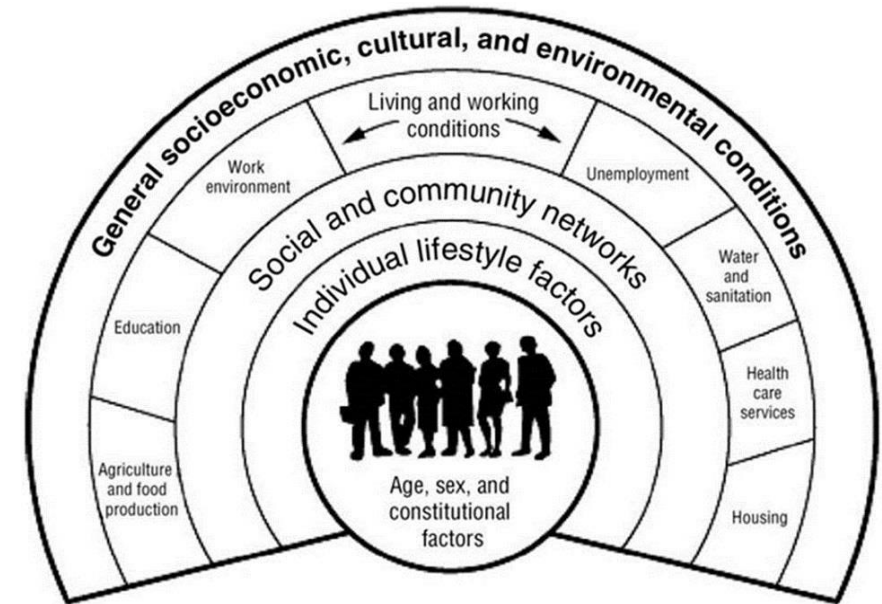


Our session

- **Introduction** (Jesper Ekberg)
- **Area profiles** - enabling comparisons of health status and health determinants between and within local areas (Maria Elgstrand)
- **Community profiles** - a shared prioritization of local needs as a basis for a health promotion and prevention action (Birgitta Månsson)
- **Take aways and reflections**

Exploring the keys to tackle health inequalities

- **Data driven with and for the local community**
Today's health challenges require a team effort from local needs.
- **Build a sustainable foundation**
Project fatigue drains passion.
- **Work street-smart and place based to make data actionable**
A focus on both protective and risk factors engages a whole community.



Ref: Dahlgren and Whitehead (1991)

Area profiles

Enabling comparisons of health status and health determinants between and within local areas

Region Östergötland
Maria Elgstrand



Background

Since January 2020 the Primary Care has a new responsibility for population health in their catchment area on top of the responsibility for the patients' health.

This means that, in collaboration with other actors in the local area, they must work for good and equal health for patients and the population as a whole.

We developed area profiles to support primary care in this new responsibility for population health in their catchment area.

The purpose of the profiles is to map the area and those who live within the area. The determinants that are included are socio-economics, living habits, health indicators among others.

The goal: Create the conditions for good and equal health.



Interactive digital tool

- Interactive report (Power BI)
 - Registry and survey data
- Profile for each health center
 - Completed with profile for the municipalities and the county
- Possibility of comparison
- Updates data continuously
- The working group continues to work with the Area Profiles based on identified improvement proposals.

Områdesprofiler Östergötland

Sedan den 1 januari 2020 har vårdcentralerna i Östergötland ett utökat områdesansvar. Det innebär att primärvården ska verka för en god och jämlik hälsa för såväl sina listade invånare som för befolkningen i närområdet. Områdesprofilerna ska vara ett stöd i detta arbete.

Instruktion

Områdesprofilerna presenterar statistik om befolkningen för varje vårdcentralsområde. Då statistik inte finns tillgänglig för vårdcentralsområden presenteras resultat för hela kommunen. Resultaten kan jämföras med Östergötland som helhet, en kommun eller en annan vårdcentral.

Klicka dig framåt eller bakåt i rapporten med hjälp av pilarna längst ner. Du kan också välja en av knapparna till höger om du vill gå direkt till en specifik sida.

De mörkblå knapparna visar de sidor som innehåller statistik per vårdcentralsområde, de gröna knapparna innehåller statistik på kommunnivå. Den rosa knappen innehåller sjukdomsdata för den listade befolkningen på respektive vårdcentral.

På de ljusblå knapparna finns jämförelser mellan vårdcentraler och tips om hur områdesprofilerna kan användas. De grå knapparna längst innehåller definitioner av den statistik som används samt metodbeskrivning.

Nyheter

Feb 2023 - Uppdatering av data: Ungdomsenkäten Om mig

Dec 2022 - Ny sida: Sjukdomar

Nov 2022 - Uppdatering av data: Befolkningsenkäten Hälsa på lika villkor

Nov 2022 - Uppdatering av data: registerdata från SCB

Sep 2022 - Ny vårdcentral i Finspång: VC Vallonen

Maj 2022 - Uppdatering av data: Ungdomsenkäten Om mig

Nov 2021: Lansering av Områdesprofiler

[Befolkning](#)[Hushåll](#)[Ekonomi och utbildning](#)[Sysselsättning](#)[Utbud av service](#)[Levnadsvanor](#)[Hälsa](#)[Munhälsa](#)[Psykisk ohälsa](#)[Trygghet](#)[Sjukdomar](#)[Jämförelser](#)[Hur kan områdesprofilerna användas?](#)[Definitioner](#)[Metodbeskrivning](#)



Befolkning

← Till startsidan

ÖSTERGÖTLAND

Område/vårdcentral

ÖSTERGÖTLAND

Jämförelse

LINKÖPING KOMMUN

468 998

invånare

48 619

över 75 år

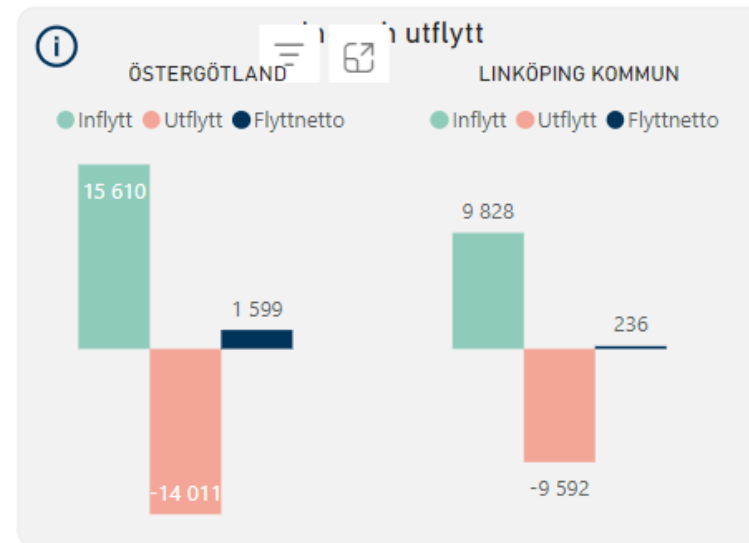
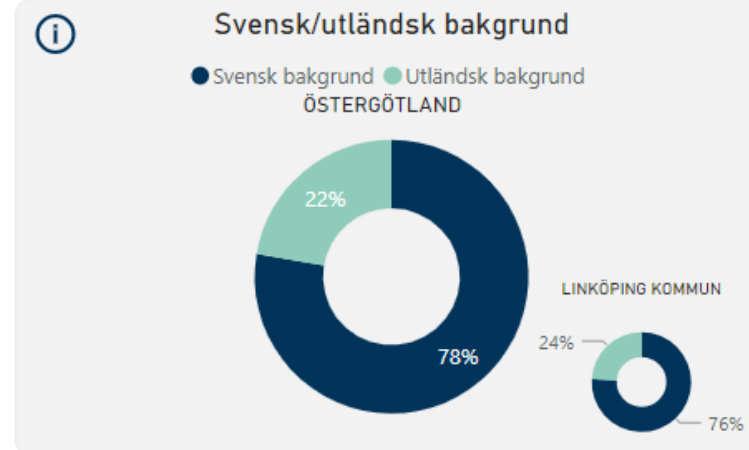
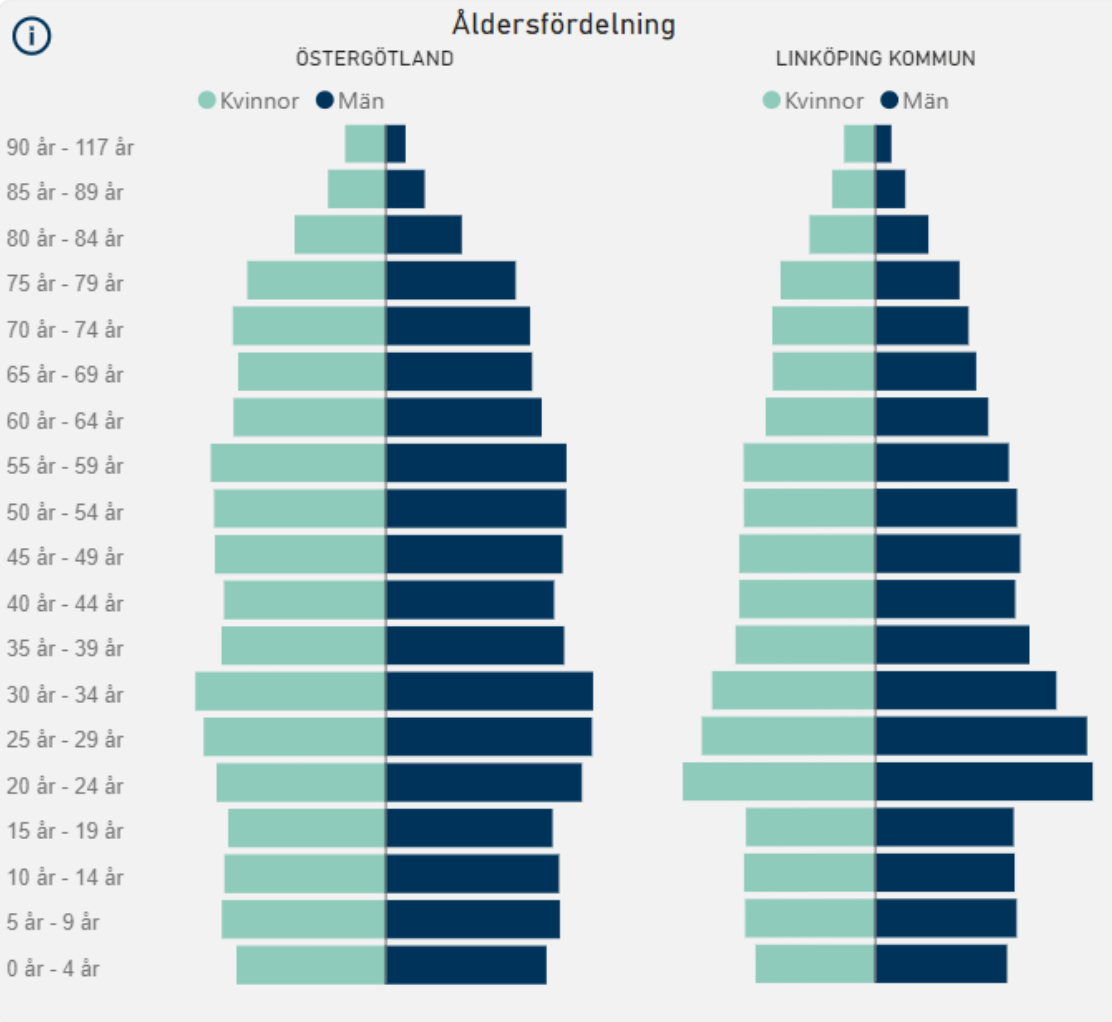
10 %

36 819

0 - 6 år

8 %

Källa: SCB, egna bearbetningar
Uppdaterad november 2022





Here you can make quick comparisons between some determinants and between health centers and municipalities.

Jämförelser

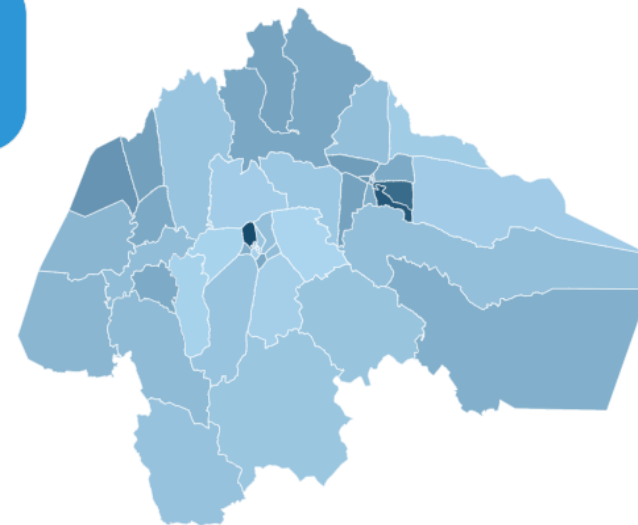
↶ Till startsidan

Här kan du se hur en vårdcentral förhåller sig till andra vårdcentraler i länet. Du kan välja mellan nio olika indikatorer.

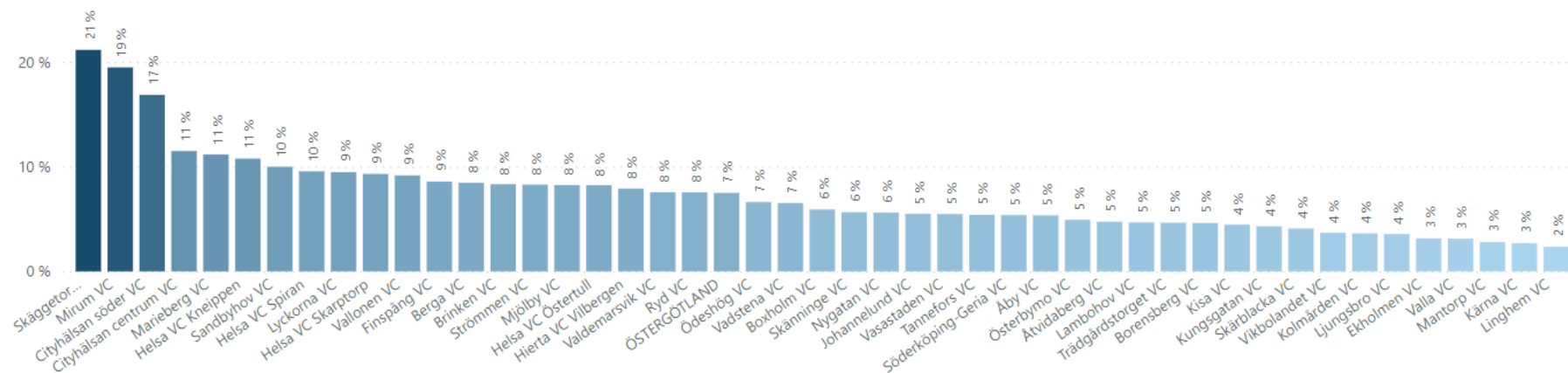
Figuren visar alla vårdcentraler i länet. Du kan välja en eller flera kommuner för att endast se vårdcentralerna i dessa.

Mörkare färg anger högre värden.

- ☒ Arbetslöshet
- ☐ Barn i ekonomisk utsatthet
- ☐ Ej behörig till gymnasiet
- ☐ Ensamhushåll
- ☐ Låg ekonomisk standard
- ☐ Låg utbildningsnivå
- ☐ Trångboddhet
- ☐ Utländsk bakgrund
- ☐ Över 75 år
- ☐ Boxholm kommun
- ☐ Finspång kommun
- ☐ Kinda kommun
- ☐ Linköping kommun
- ☐ Mjölby kommun
- ☐ Motala kommun
- ☐ Norrköping kommun
- ☐ Söderköping kommun
- ☐ Vadstena kommun
- ☐ Valdemarsvik kommun
- ☐ Ydre kommun
- ☐ Åtvidaberg kommun
- ☐ Ödeshög kommun



Arbetslöshet





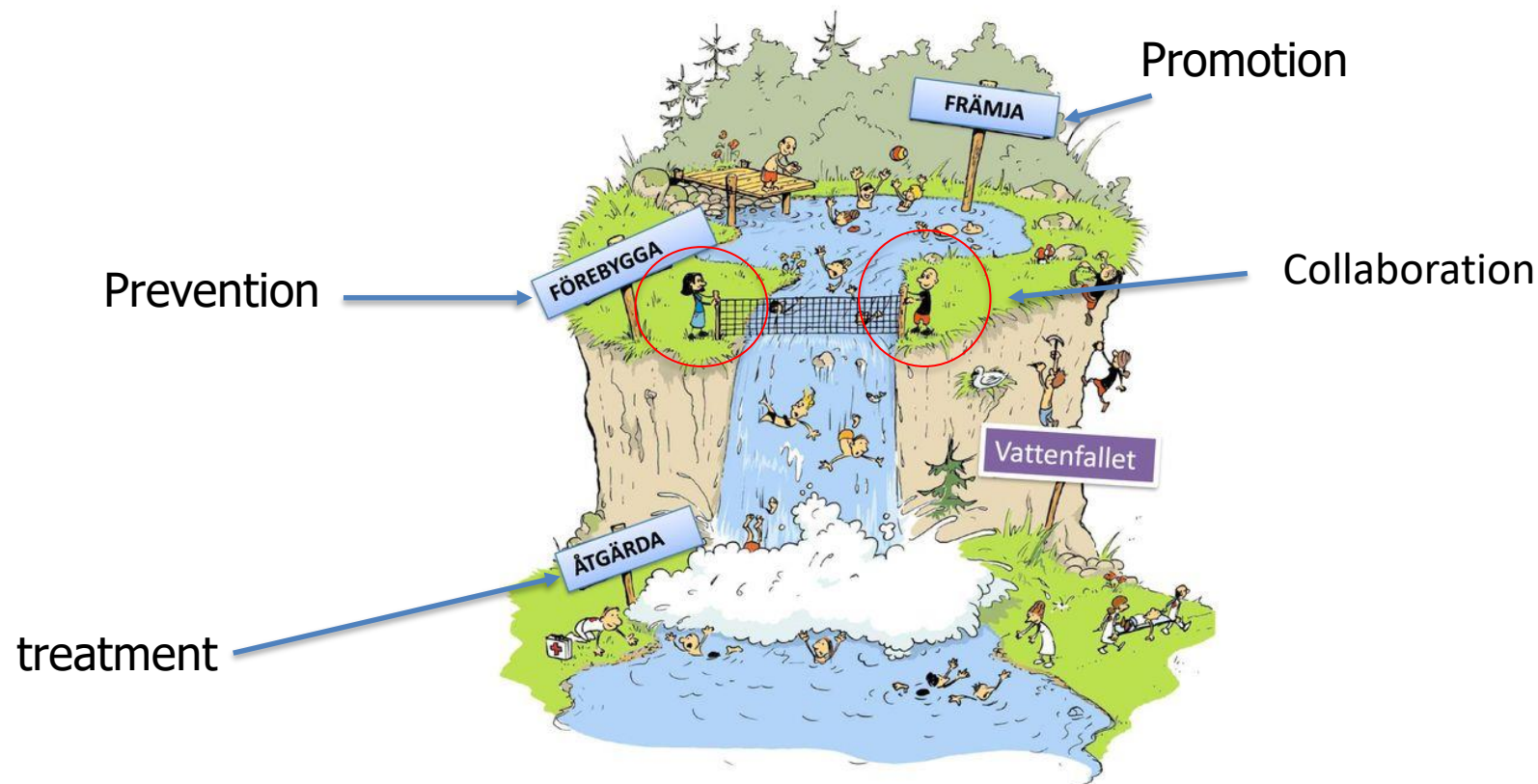
If you want to see more of the tool

Welcome to the "Områdesprofilerna"

<https://app.powerbi.com/view?r=eyJrIjoieYjk5YWY4YmItMTBmNy00YzNhLTg3MzEtNzdkZDA5ZTIzZjNkIiwidCI6ImYwODczMzkzLWMzNGMtNGFIYy1iMWM1LTM4MjEyOTgyYTViOSIsImMiOjl9>



We need to work street-smart on several levels!



Proportionate universalism:

We need to work together with general population-oriented efforts for everyone, in combination with high-risk strategies for those who need more efforts.



Support structures

Agreement with civil society

Guidelines for collaboration with civil society

The rulebook for primary care 2023

The health promotion and disease prevention work has a central role in the mission of primary care.

Specific assignment to the primary care

Financial compensation to promote health and development (Development pot).



Thanks for listening

If you have any questions, you are welcome to get in touch

Maria.Elgstrand@regionostergotland.se

Community profiles, a shared prioritization of local needs as a basis for a health promotion and prevention action.

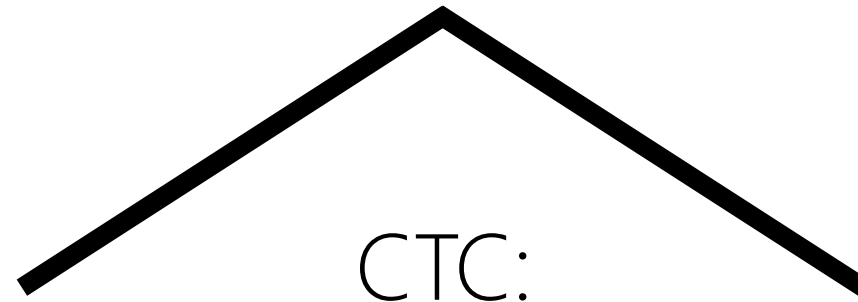
Communities That Care

WHY?



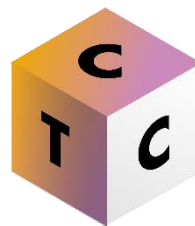
Prevention is complex.





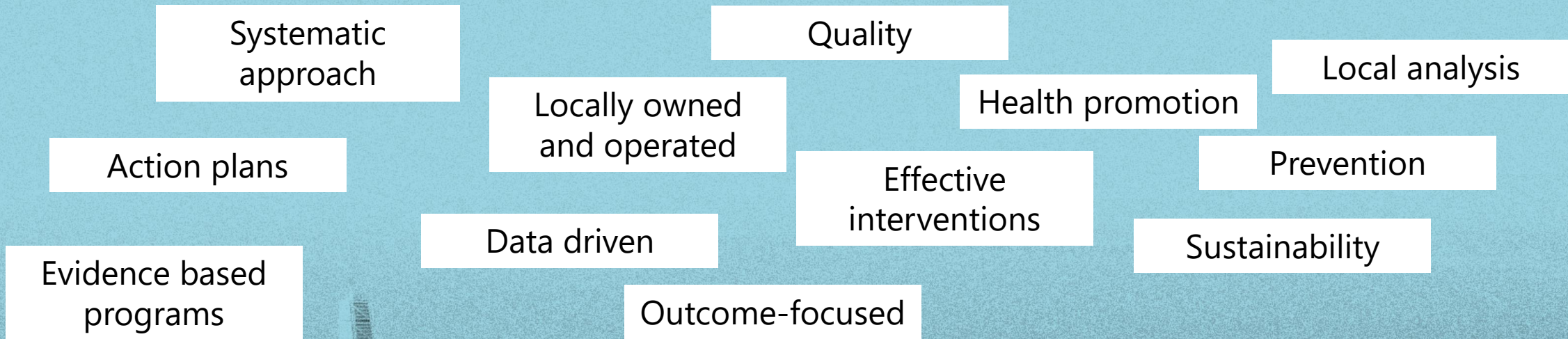
CTC:
A prevention
delivery system.

– not an intervention
or a program.



CTC

– Puts the spirit of the community and science of prevention together.

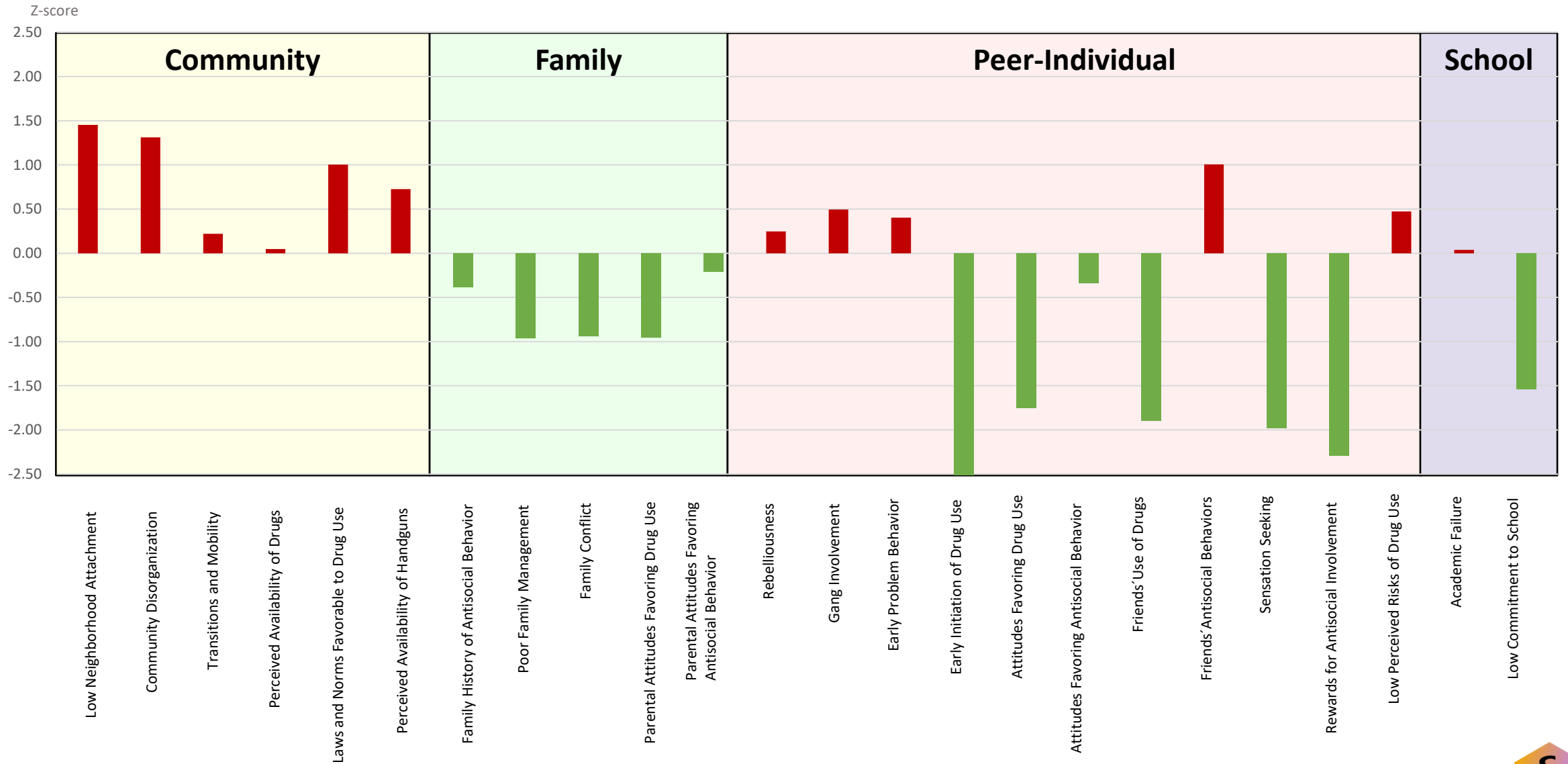


CTC addresses the underlying causes of youth behavioral health problems.

Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	.				.	
Availability of Firearms		.			.	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	.	.			.	
Media Portrayals of the Behavior	.				.	
Transitions and Mobility
Low Neighborhood Attachment and Community Disorganization	.	.			.	
Extreme Economic Deprivation	
Family						
Family History of the Problem Behavior
Family Management Problems
Family Conflict
Favorable Parental Attitudes and Involvement in the Problem Behavior	.	.			.	
School						
Academic Failure Beginning in Late Elementary School
Lack of Commitment to School	
Individual/Peer						
Early and Persistent Antisocial Behavior
Rebelliousness	
Gang Involvement	.	.			.	
Friends Who Engage in the Problem Behavior	
Favorable Attitudes Toward the Problem Behavior	
Early Initiation of the Problem Behavior	
Constitutional Factors

CTC-Area X, Risk Factors

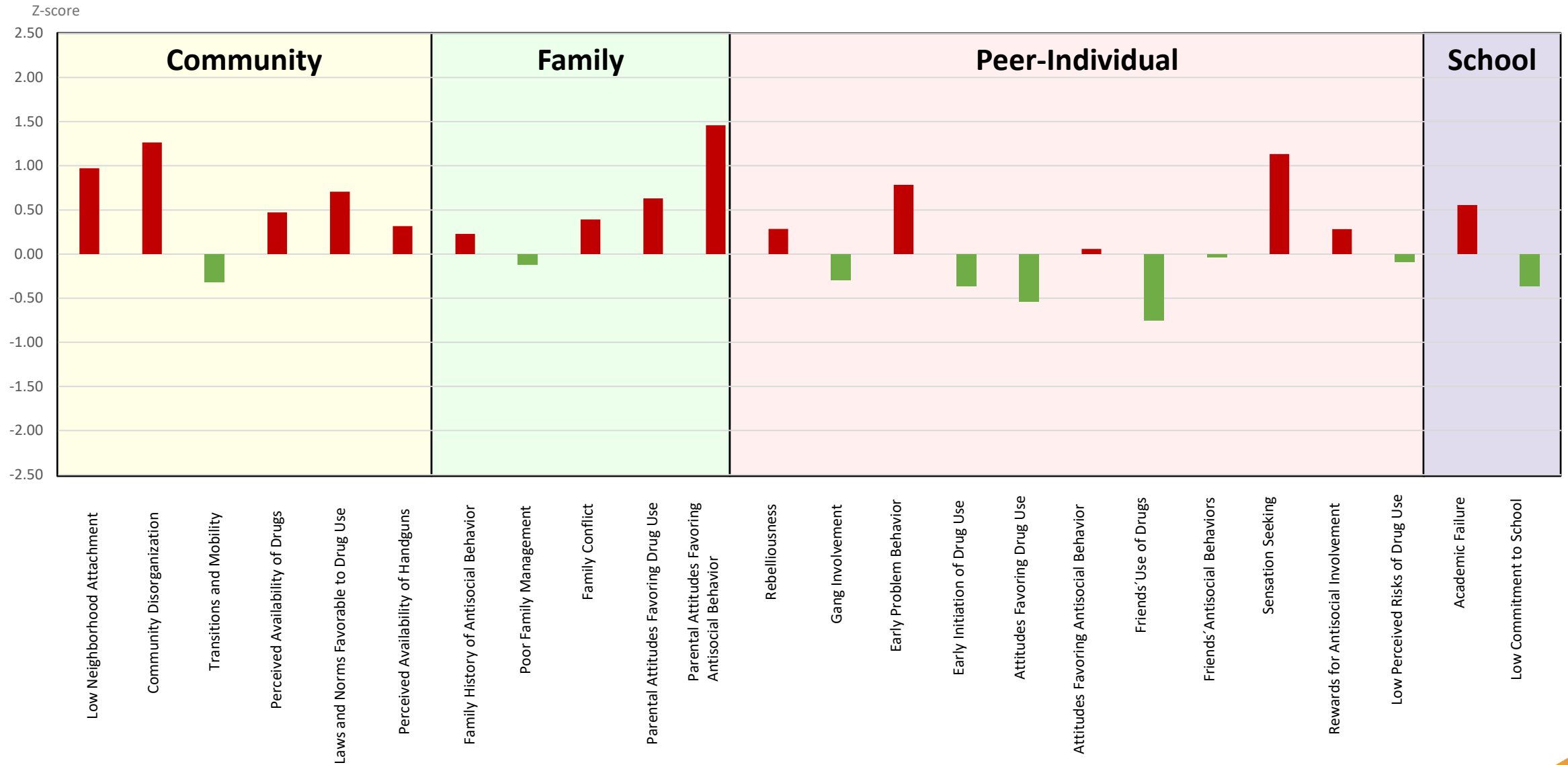
(n=351, Response Rate=64%)



CTC-Youth Survey measures 24 risk factors and 12 protective factors.



CTC-Area Y, Risk Factors (n=316, Response Rate=70%)



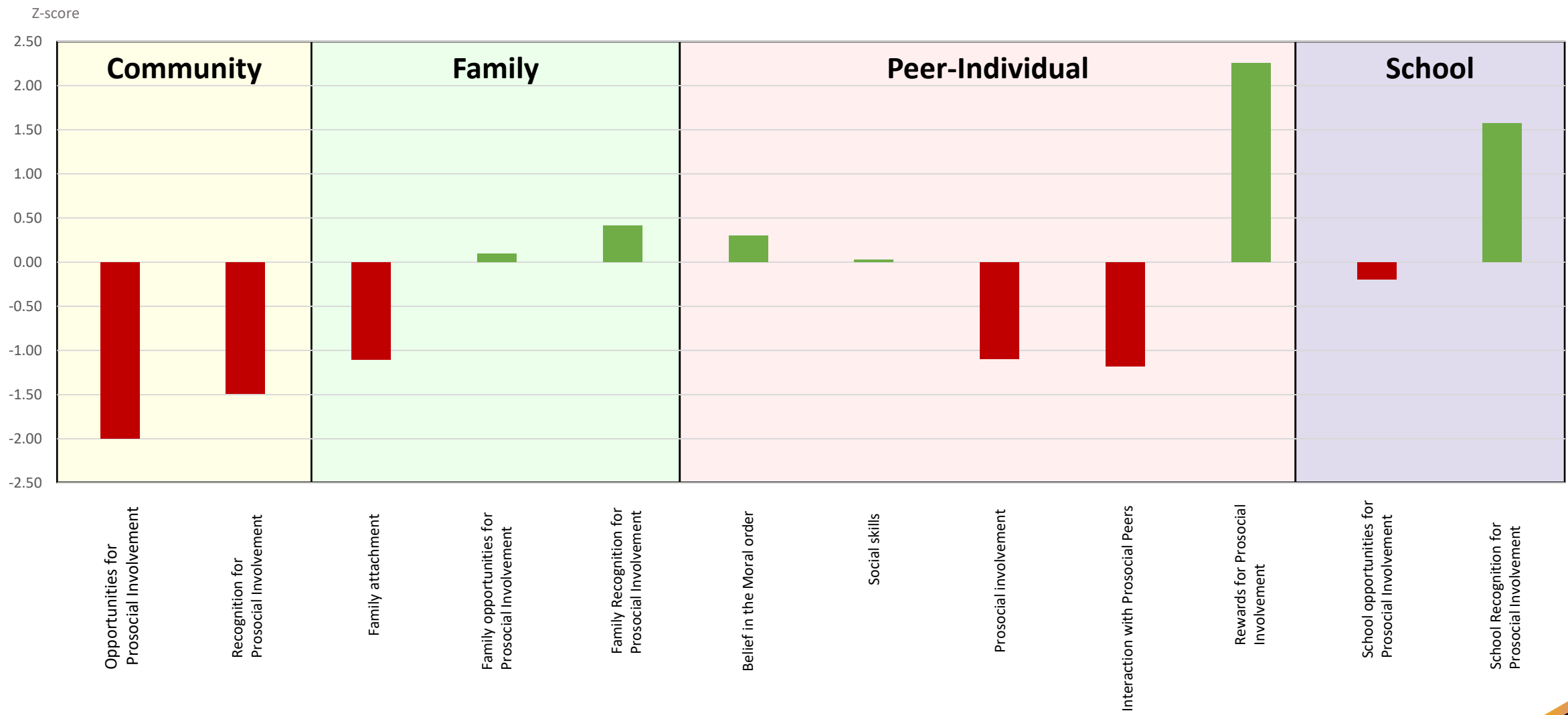
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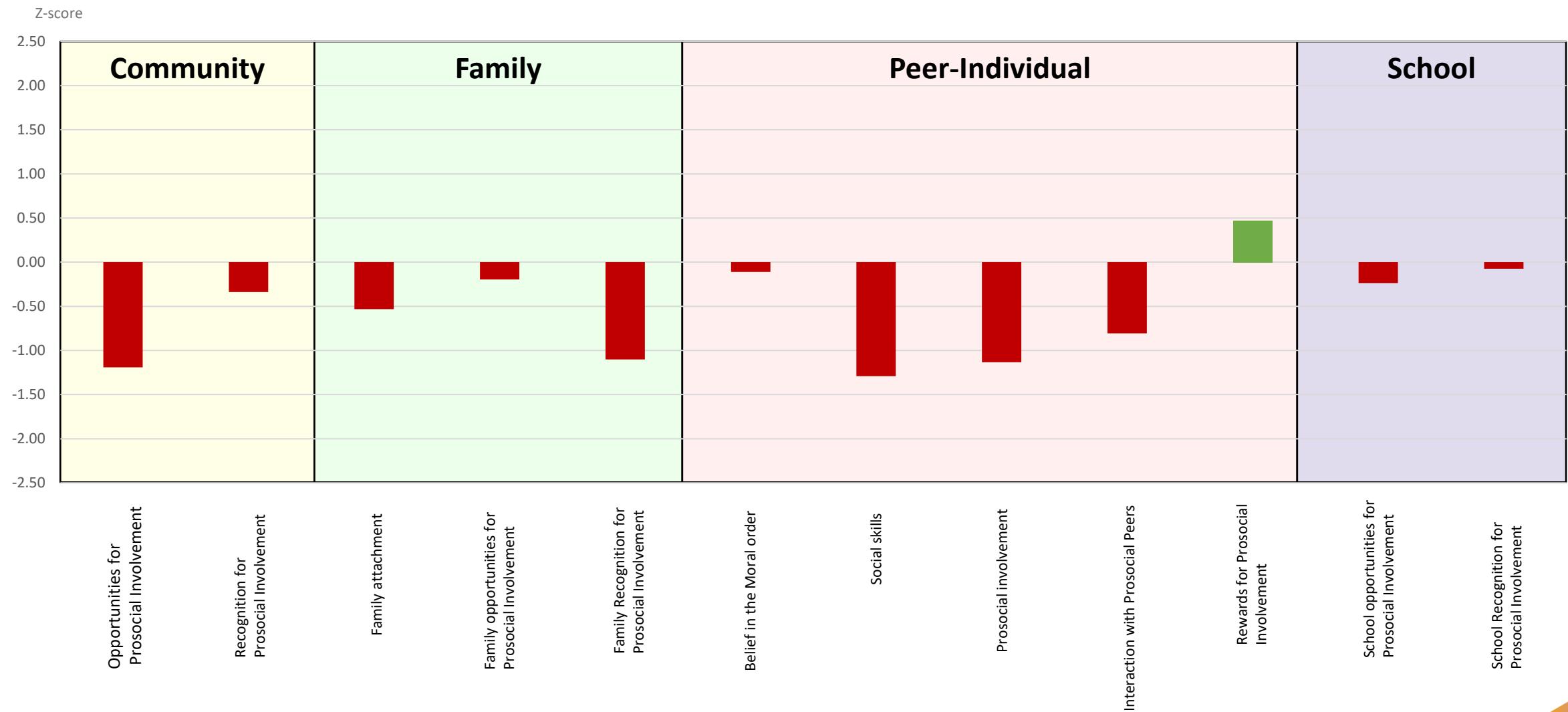
Protective Factors	Substance Abuse	Delinquency	Safe Sexual Behavior	School Dropout	Violence	Depression & Anxiety
Individual						
Cognitive Competence	•	•	•	•	•	•
Emotional Competence		•				
Social/Behavioral Competence	•	•	•		•	•
Self Efficacy			•			
Belief in the Future	•	•	•		•	•
Self-determination			•			
Pro-social Norms	•	•	•		•	•
Spirituality	•	•	•			
Family, School and Community						
Opportunities for Positive Social Involvement	•	•				
Recognition for Positive Behavior	•	•			•	•
Bonding to Prosocial Others	•	•	•	•	•	•

CTC-Area X, Protective Factors

(n=351, Response Rate=64%)



CTC-Area Y, Protective Factors
(n=316, Response Rate=70%)



Community profile

– a shared prioritization of the local needs.



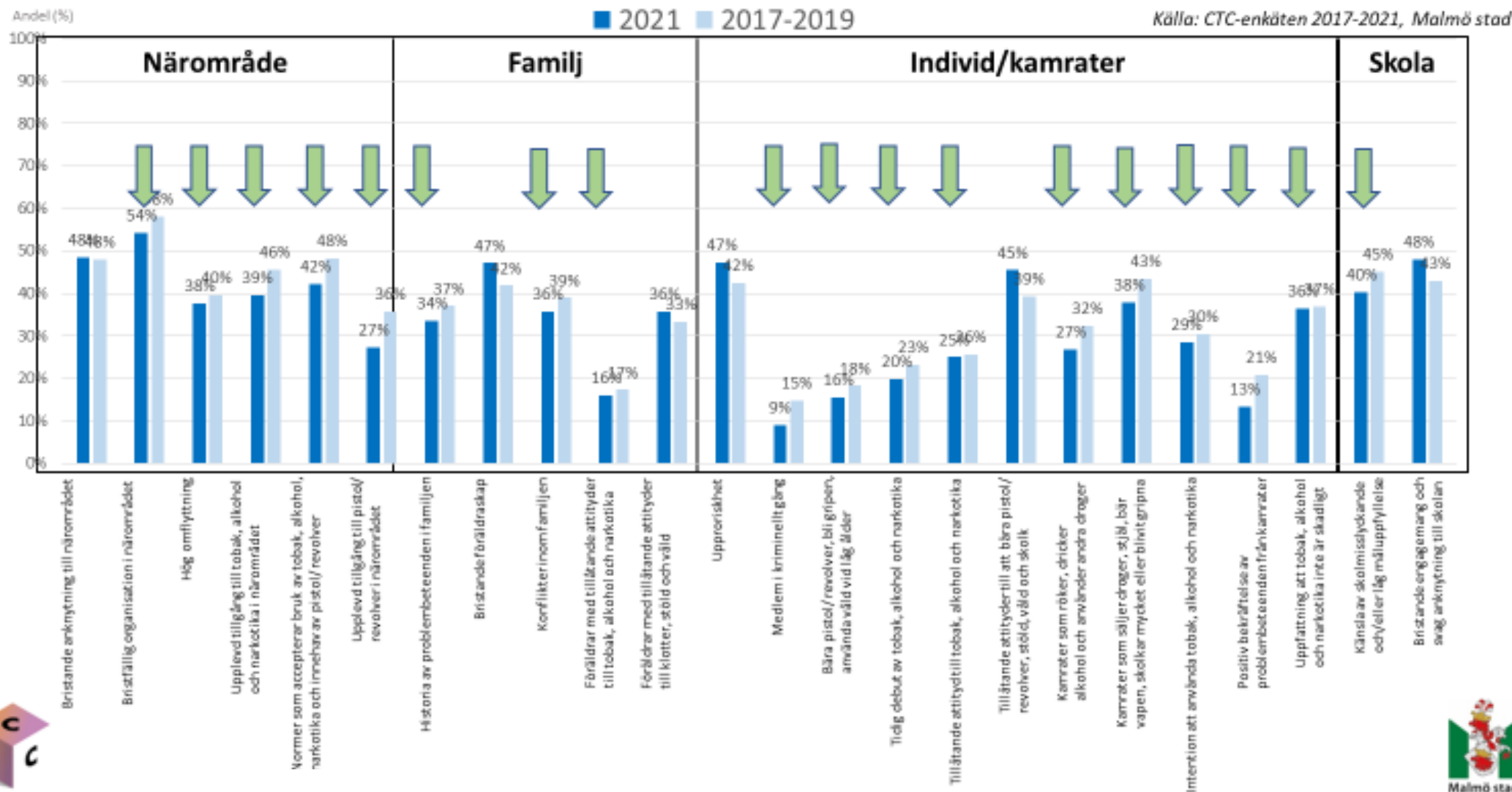
Based on:

- Data - behavioral health problems
- Data - Risk- and protective factors
- Experience and knowledge of local professionals and citizens.
- Resource assessments and gaps



18 of 24 risk faktors are reduced.

B: Hermodsdal m fl, Riskfaktorer - Cutpoints
(skolår 6- årskurs 1 gymnasiet)





Malmö stad

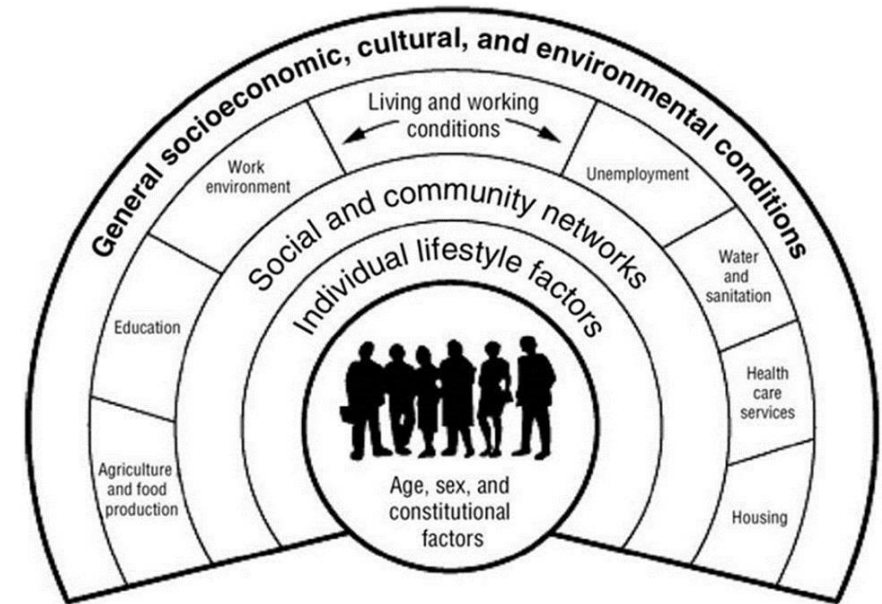
www.malmo.se/ctc

Birgitta Månsson

birgitta.mansson@malmo.se

Exploring the keys to tackle health inequalities

- **Data driven with and for the local community**
Today's health challenges require a team effort from local needs.
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Project fatigue drains passion.
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A focus on both protective and risk factors engages a whole community.



Ref: Dahlgren and Whitehead (1991)



B5

Quality for the future
New ways of thinking
with the Multidimensional Model

Peter Lachman

with Kris Vanhaecht and Fien Claessens

International Forum Copenhagen 2023

Disclosure

No relevant relationships

We have no relevant financial relationship(s) to disclose.

After this session you will be able to:

1. Understand and apply the new theoretical model
2. Convince and influence your co-stakeholders in the value of multidimensionality
3. Explain and demonstrate how the model is brought into daily practice

What you can expect

WHY the need for the model

WHAT is the model

HOW has the model been implemented

Next steps

What can you do in the future?

What can you do by next Tuesday?



The paper [Link to paper](#)

F1000Research

F1000Research 2021, 9:1140 Last updated: 27 JAN 2023



OPINION ARTICLE

REVISED A multidimensional quality model: an opportunity for patients, their kin, healthcare providers and professionals to coproduce health [version 3; peer review: 2 approved, 1 approved with reservations]

Previously titled: A multidimensional quality model: an opportunity for patients, their kin, healthcare providers and professionals to coproduce care

Peter Lachman ¹, Paul Batalden², Kris Vanhaecht ^{3,4}

¹Royal College of Physicians Ireland (RCPI), Dublin, Ireland

²Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College, Lebanon, NH, USA

³KU Leuven Institute for Healthcare Policy, KU Leuven, Leuven, 3000, Belgium

⁴Department of Quality, University Hospitals Leuven, Leuven, 3000, Belgium

The background features several abstract geometric shapes: a blue vertical bar on the left, a green triangle outline at the top center, a blue circle at the top right, a yellow dashed vertical line on the right, a green square outline at the bottom right, a large orange circle at the bottom center, a blue circle outline in the middle, an orange C-shape to the right of the blue circle outline, and several yellow dashed curved lines near the bottom right.

Why

do we need a new model?

The development goals have not been reached



COVID altered the Human Lived Experience of healthcare

Environment factors

that shape an organization's strategies and priorities and impact on the actions and activities of



Interactions at touch points

across the continuum of care, influence perceptions and permeate among and between

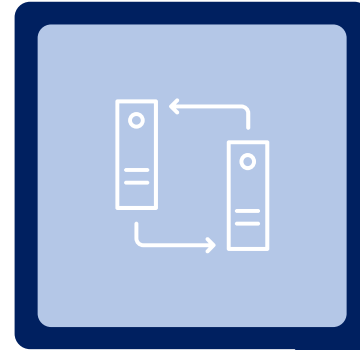
People

People(patients), family members and care partners, the healthcare workforce and their communities that healthcare organisations serve.

Inequity in healthcare was exposed and highlighted

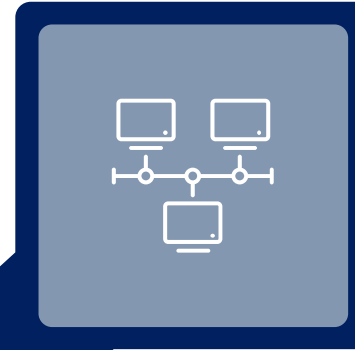
SOCIAL DETERMINANTS OF HEALTH

Determine life chances from birth to death.



CULTURAL COMPETENCE

Inability to relate to lived experience of others?



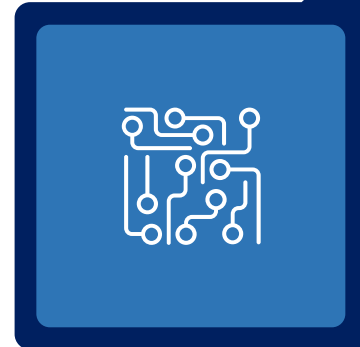
STRUCTURAL ISSUES AND INSTITUTIONAL "ISMS"

Beliefs attitudes and actions that impact on care



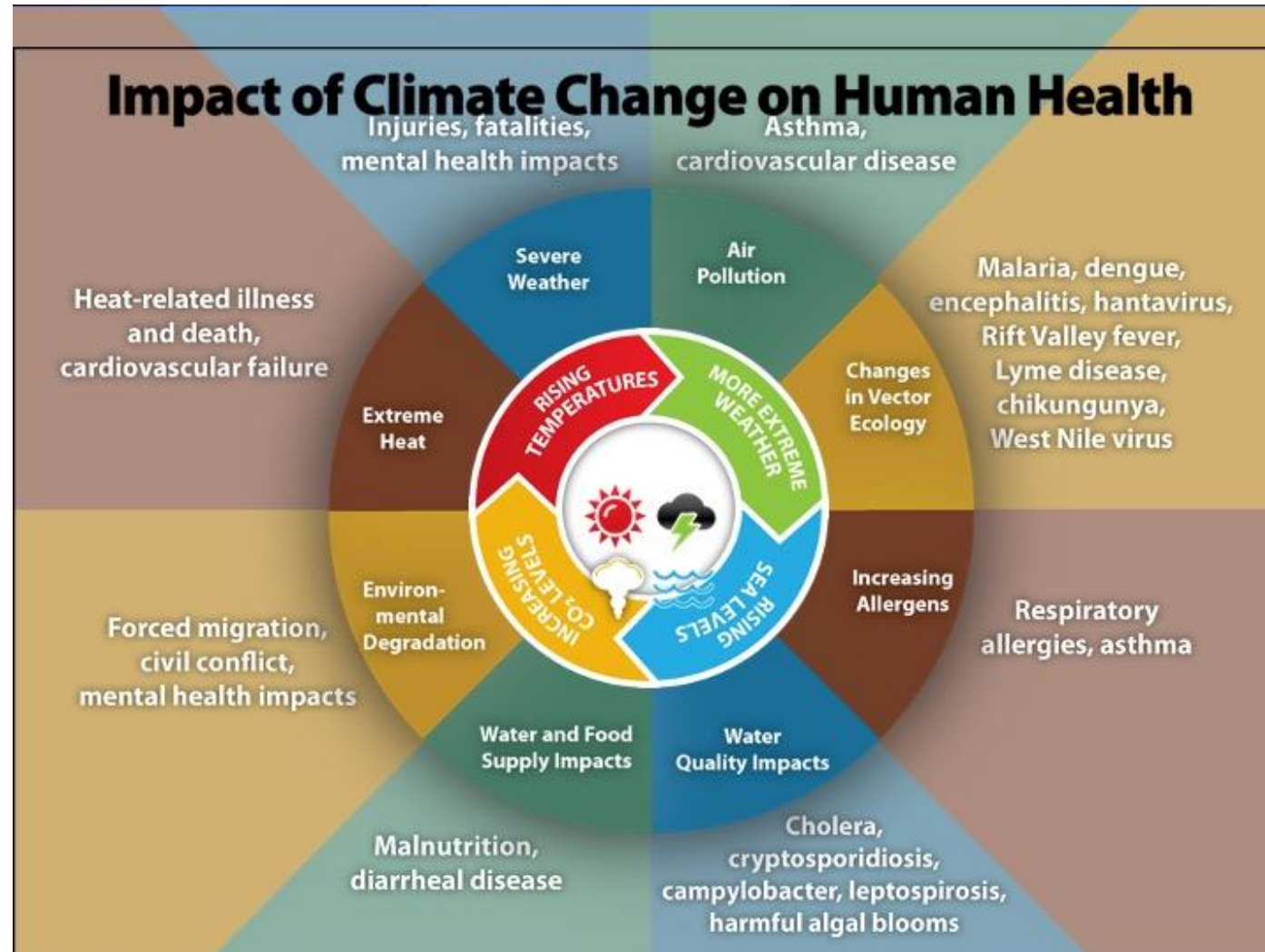
IMPLICIT BIAS

What we think subconsciously impacting on our behaviour.



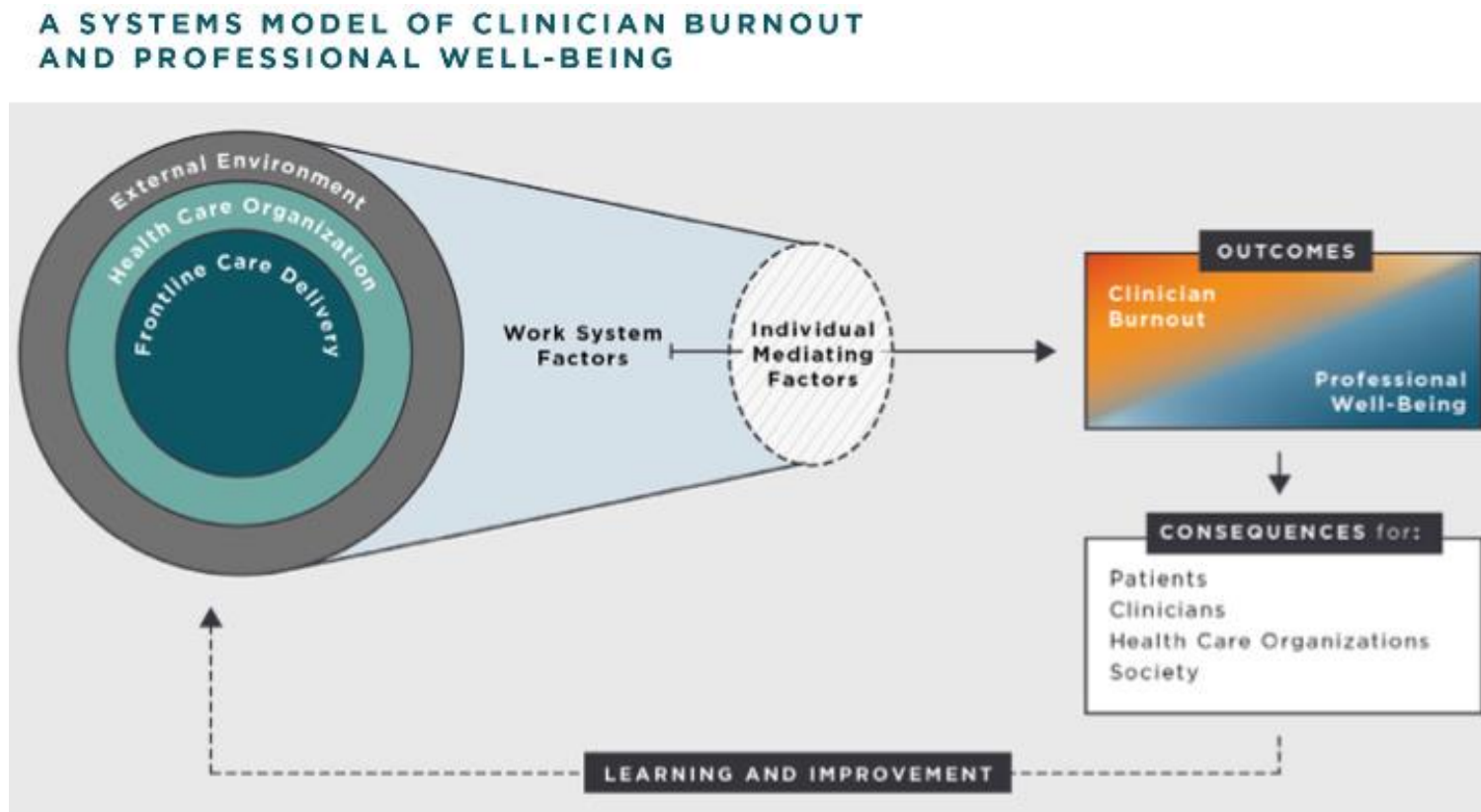
**IMPACT
on
Equity**

COVID emphasized the impact of Climate change



COVID affected the lived experience of healthcare workers

Burnout



Impact of industrialisation of healthcare was intensified

Industrialization has led to alienation with clinician burnout and people dissatisfaction



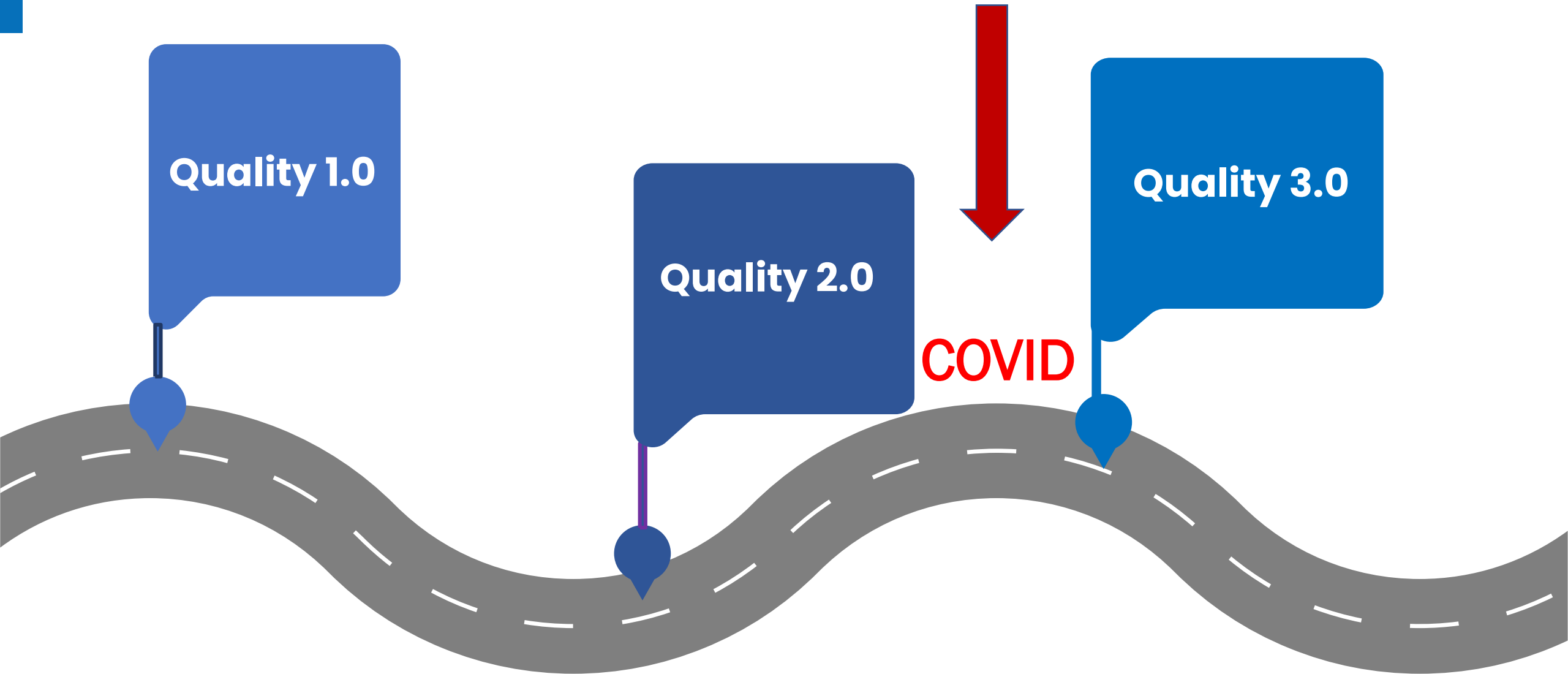
Impact of alienation



**What
is the new model?**



The quality journey



Quality 1.0

Establish thresholds

- Standards
- Evaluation
- Certification
- Guidelines



External Evaluation
Organisations



Quality 2.0

Improving industrialisation of healthcare

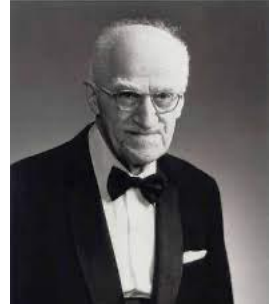
- System theory
- Reliability
- Process control
- Manage variation
- Performance management



Shewhart



Deming



Juran



Ishekawa



Taguchi



Shingoi



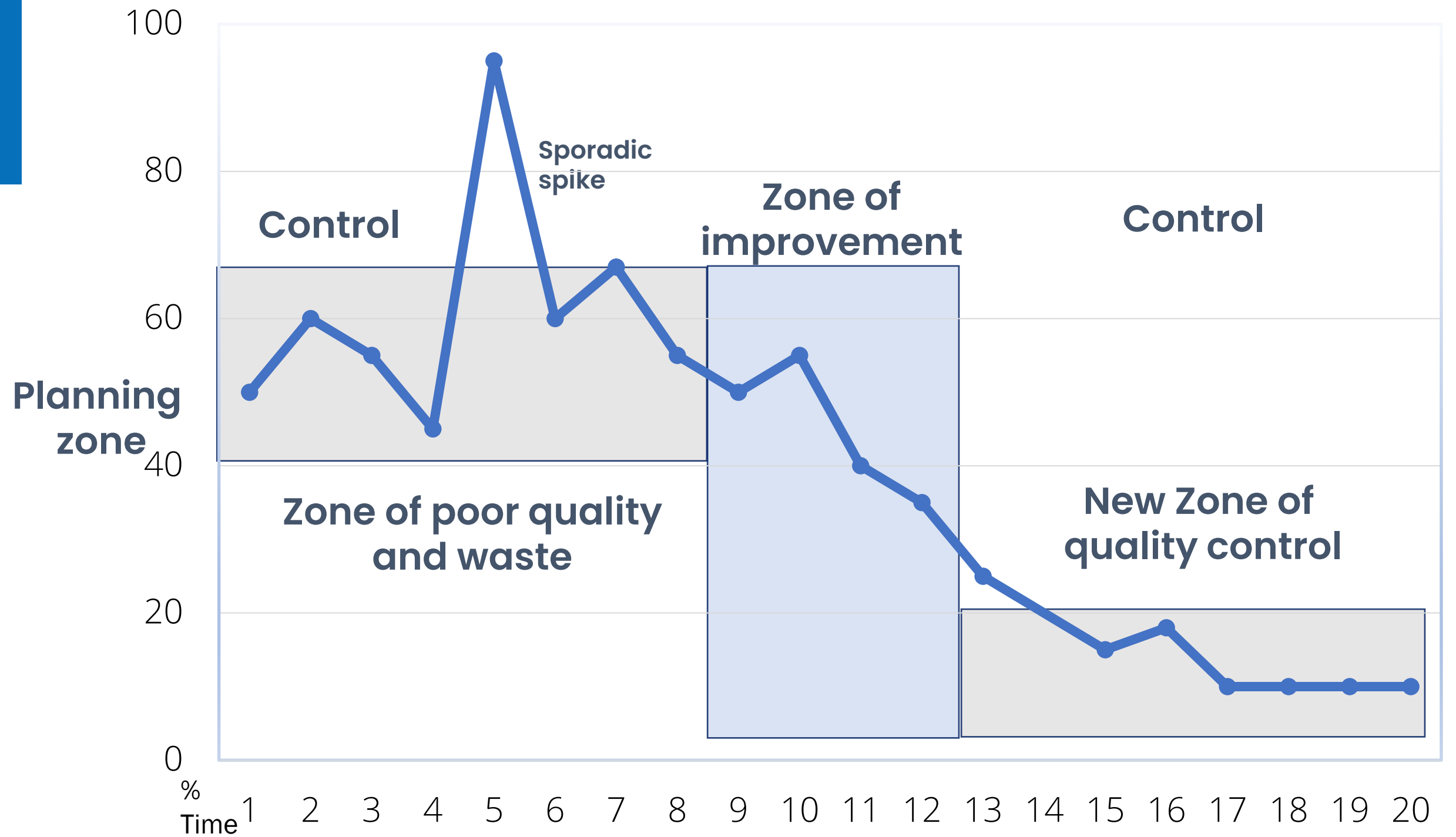
Crosby



Gilbreth



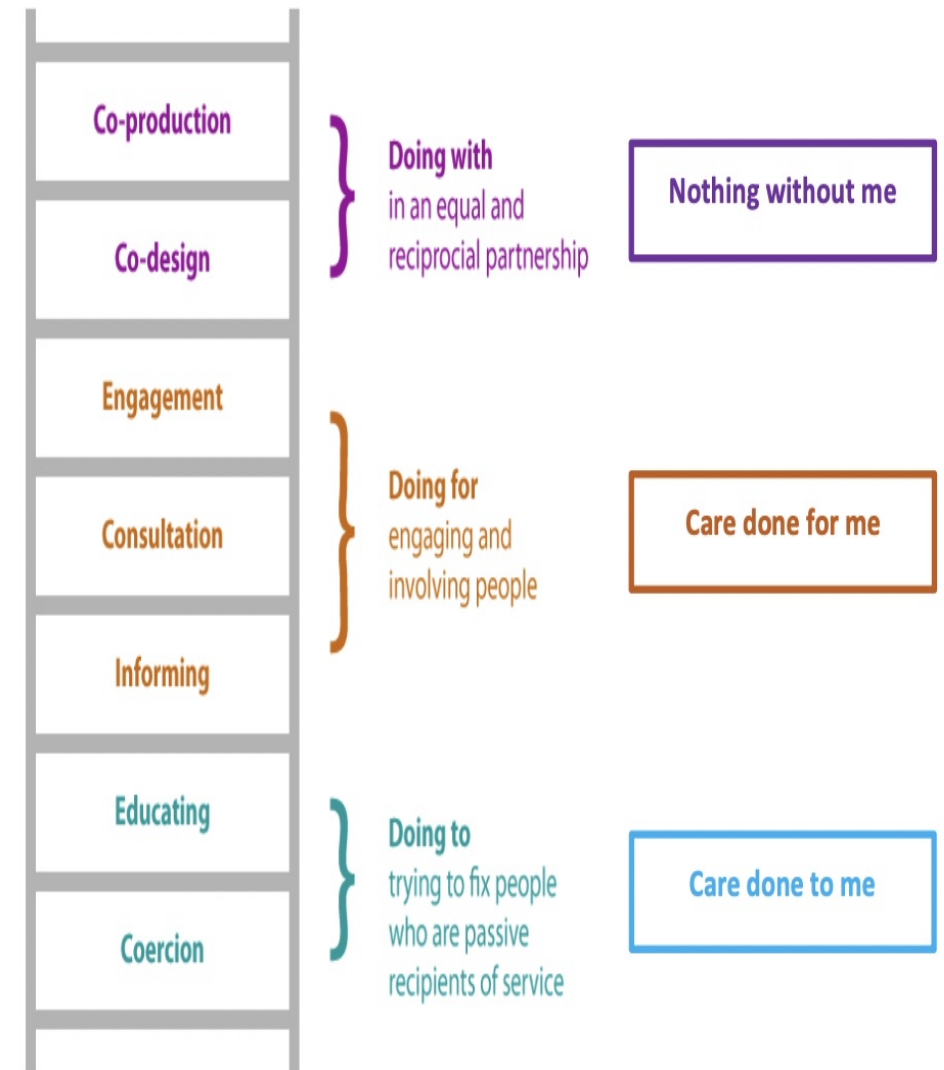
Berwick



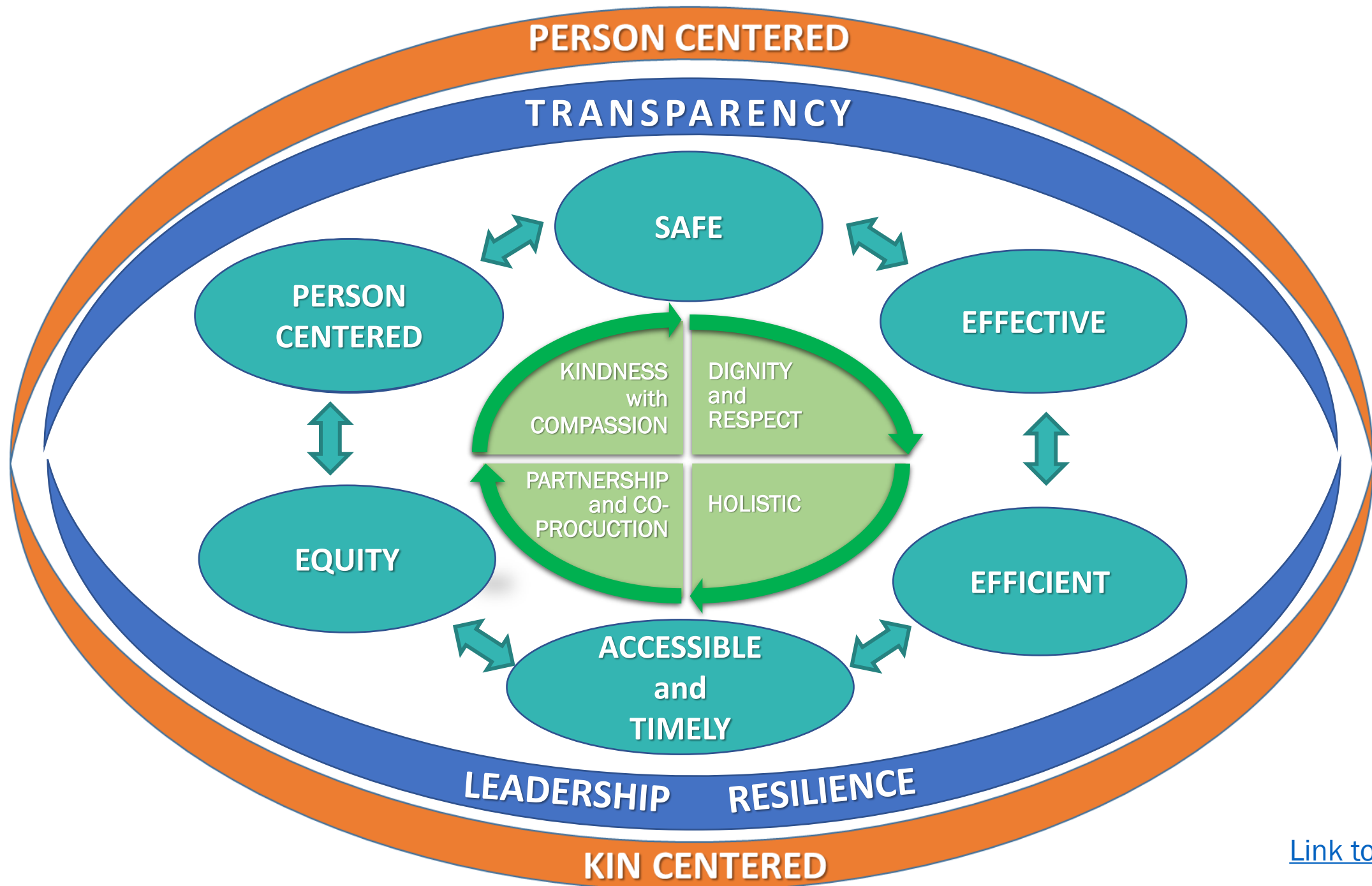
Quality 3.0

Coproduction of health

- Ownership of health
- Kinship
- Integration
- Value creating architecture



**This requires a redefinition of
the domains of quality**



Crowdcomms 1

Which of the domains of quality do you rate most highly?

- Safety
- Person centred care
- Timeliness
- Effective care
- Efficient care
- Equity
- Climate or eco friendly care

**How
do we implement the
new model?**



23 Members FlaQuM-consortium



Flanders Quality Model

FlaQuM

Towards Sustainable Quality of Care

Jaarverslag dienst kwaliteit en procesoptimalisatie



Een greep uit de initiatieven die we samen namen in 2022 om onze kwaliteit van zorg te verbeteren!

Person
centred

We blijven streven naar patiëntenparticipatie

- We voerden 7 gesprekken met ons patiëntenpanel.
- Wat deed ons panel?
 - Het panel gaf verschillende adviezen in het nieuwbouwproject.
 - Het panel gaf advies over uiteenlopende thema's om de kwaliteit van zorg te verbeteren.
 - Na een rondgang met een deelnemer van het panel, voerde technische dienst verschillende verbeteringen uit die de fysieke toegankelijkheid verbeterden.

Weetje: de werking van het panel kreeg na een evaluatie door stakeholders een 8.9/10 en we zijn hier erg trots op!



We zetten in op persoonsgerichte zorg door o.a. te streven naar een Mangomoment cultuur

- Verschillende diensten deelden Mangomomenten met ons, o.a. via de Polaroidactie.
- Via een 10-tal initiatieven spanden afdelingen zich in om nog meer in te zetten op het creëren van Mangomomenten.
- We delen ervaringen met 29 andere zorgorganisaties.
- We delen leuke Mangomomenten via onze sociale media en intern via onze tijdschriften.

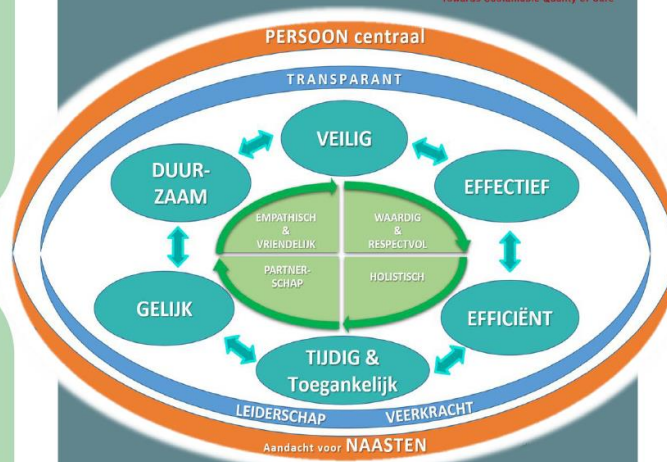
Weetje: via www.mangomoment.org vind je leer informatie.



Kindness

We ontwikkelen een nieuw kwaliteitssysteem

- We gingen samen met jullie aan de slag met de resultaten van de QuickScan enquête.
- Samen met medewerkers en patiënten bepaalden we onze visie op kwaliteitsvolle zorg.



- Tijdens 10 FlaQuM beHAPbaarsessies gingen we samen met medewerkers uit RZ Tienen in dialoog over kwaliteit.
- We namen deel aan 12 co-creatiesessies samen met andere Vlaamse zorgorganisaties om het nieuw kwaliteitssysteem te ontwikkelen.
- Meer weten?
Zie <http://intranet.rztienen.be/smartsite.net?id=4987> en www.FlaQum.org

We blijven inzetten om onze kwaliteit aan de hand van indicatoren te monitoren

- We vernieuwden de indicatordashboards.
- We evalueerden de huidige indicatoren bij de diensthoofden aan de hand van een online vragenlijst.
- We ontwikkelden 4 nieuwe indicatoren (1 ziekenhuisbreed en 3 voor anatomopathologie).
- Externe auditoren kwamen patiëntenidentificatie toetsen.
- Externe auditoren kwamen handhygiëne toetsen.
- Er gebeurde een interne audit met externe controle van het decubitusbeleid.
- We namen deel aan een nieuwe externe meting: ongeplande heropnames.
- We namen deel aan drie studies van het Netwerk Klinische Paden (stroke, heup en colorectale tumoren).

We werken aan een kwaliteitsbeleid binnen ons Plexus ziekenhuisnetwerk

- We ontwikkelden een manier om te leren van elkaar binnen ons ziekenhuisnetwerk via een nieuws auditsysteem.
- Collega's uit Plexus ziekenhuizen brachten een bezoek aan de geriatrische diensten om dit nieuw systeem te testen.
- We ontwikkelden een tevredenheidsenquête voor patiënten die onze dienst spoedgevallen bezoeken.
- We namen de eerste stappen in de uitbouw van een gezamenlijk kwaliteitsdashboard om de kwaliteit op netwerkniveau te monitoren en te leren van elkaar.



Quality
indicators

Quality
learning

Crowdcomms 2

Which of the domains of quality does your organisation measure implement most effectively?

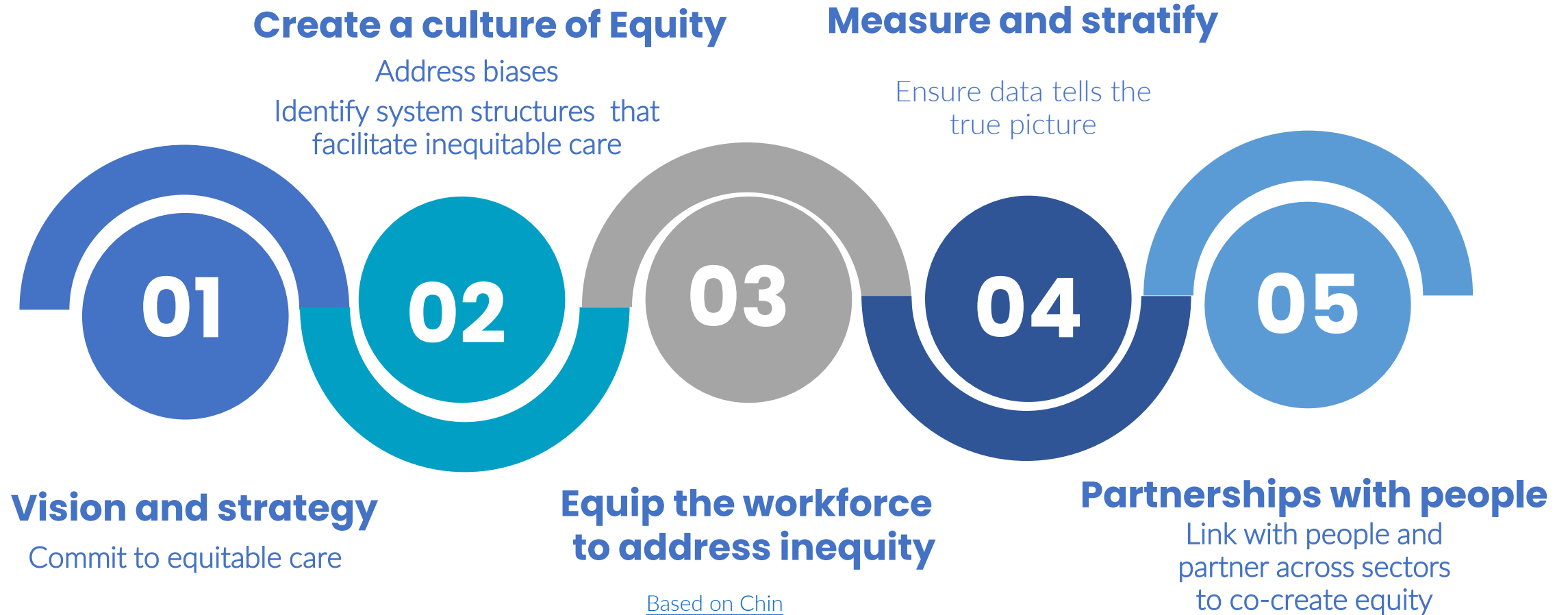
- Safety
- Person centred care
- Timeliness
- Effective care
- Efficient care
- Equity
- Climate or eco friendly care



What can you do
in the future?



Coproduce to decrease inequity



Coproduce to decrease inequity: SQUARE DEALS

S systems	Reassess health care delivery and financing systems and infrastructures to address structural inequities
Q quantify Measure	Collect, report, and disseminate data on disparities to decision-makers and the public
U unify + Integrate	Consider how integrated models of care can address inequity
A acknowledge	Be aware of potential biases and ensure cultural competency
R recognise	Raise the consciousness of potential biases against any form of inequity. Consider how quality improvement interventions affect diverse groups
E engage	People, their families and communities are essential partners in the design of improvement projects and programmes.

SQUARE DEALS

D define	Call out inequities and disparities
E engage coproduce	Engage and partner with communities, stakeholders, and patients to codesign solutions
A ask - be curious	Always be curious about inequity If you do not look or ask you will not find it
L lead for equity	Leadership for equity at every level from Board to frontline clinical teams promotes psychological safety and investment in eliminating inequities
S study analyse	Analyse and track data through an equity lens and integrate equity into quality dashboards

Coproduce to decrease carbon footprint

**SUSTAINABLE
VALUE**

=

OUTCOME FOR PATIENTS AND POPULATIONS

ENVIRONMENTAL + SOCIAL + FINANCIAL IMPACTS

(THE 'TRIPLE BOTTOM LINE')

Sustainable QI (or SusQI) recognises that there are finite environmental, social and financial resources available to deliver a high standard of patient care. The overall goal of sustainable quality improvement is to maximise sustainable value. This means to deliver the best possible health outcomes with minimum financial and environmental costs, while adding positive social value at every opportunity. As in standard cost-benefit analysis, the concept can be expressed as an equation, where value = outcomes / costs:

SusQI

Challenge industrialisation



¹ Mayo Clinic, Rochester, Minnesota, USA

² Imperial College Healthcare NHS Trust, London, UK

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<http://dx.doi.org/10.1136/bmj-2022-073444>

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CHRISTMAS 2022: R-E-S-P-E-C-T

Careful, kind care is our compass out of the pandemic fog

Victor Montori and **Dominique Allwood** argue that industrialised healthcare is humanly and financially unsustainable. The way forward demands a radical change in healthcare to create the conditions for careful and kind care

Victor M Montori,¹ Dominique Allwood²

Healthcare has become industrialised. Healthcare organisations have largely responded to rising demand, increased harm, and growing costs by applying management and improvement approaches from manufacturing and engineering to healthcare

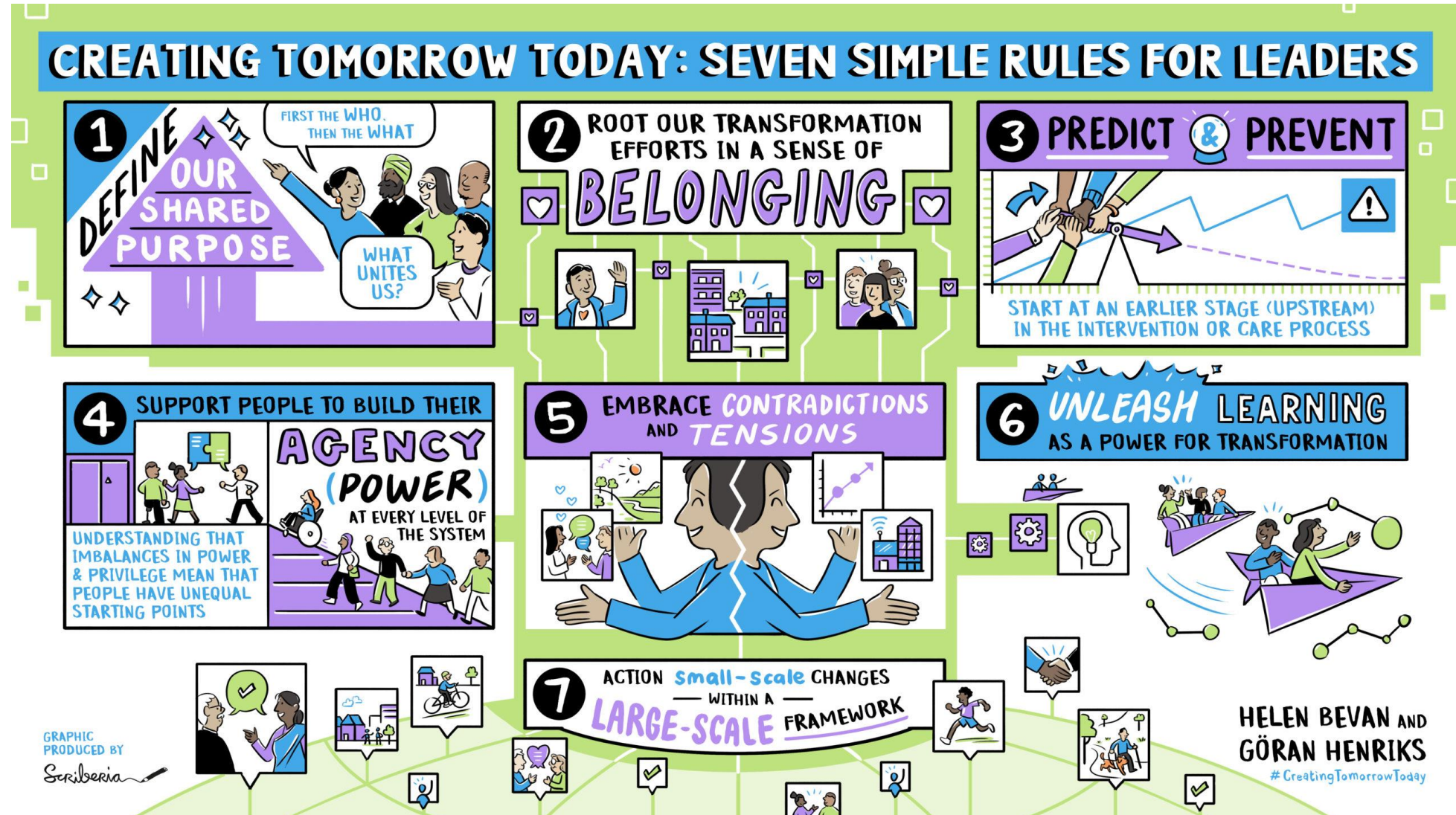
post-pandemic world. Instead of a before and an after, a thick fog now envelops and disorients patients and healthcare professionals.

Some see the way out of this fog as turning towards a higher tech, lower skilled, and even more

[Link to paper](#)



Address alienation with compassionate leadership



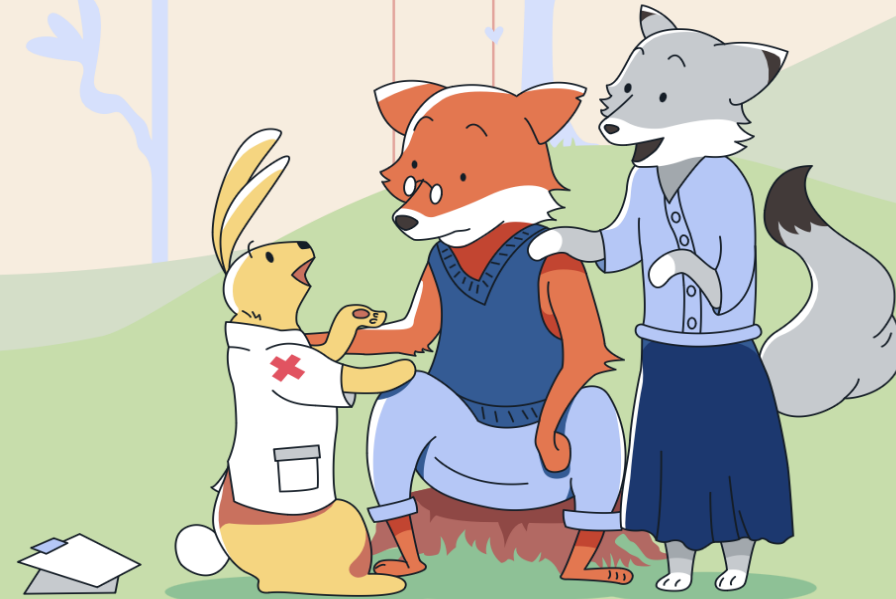
[Link to papers by Helen Bevan and Goran Henriks](#)

Measure compassion

Compassion Research Lab

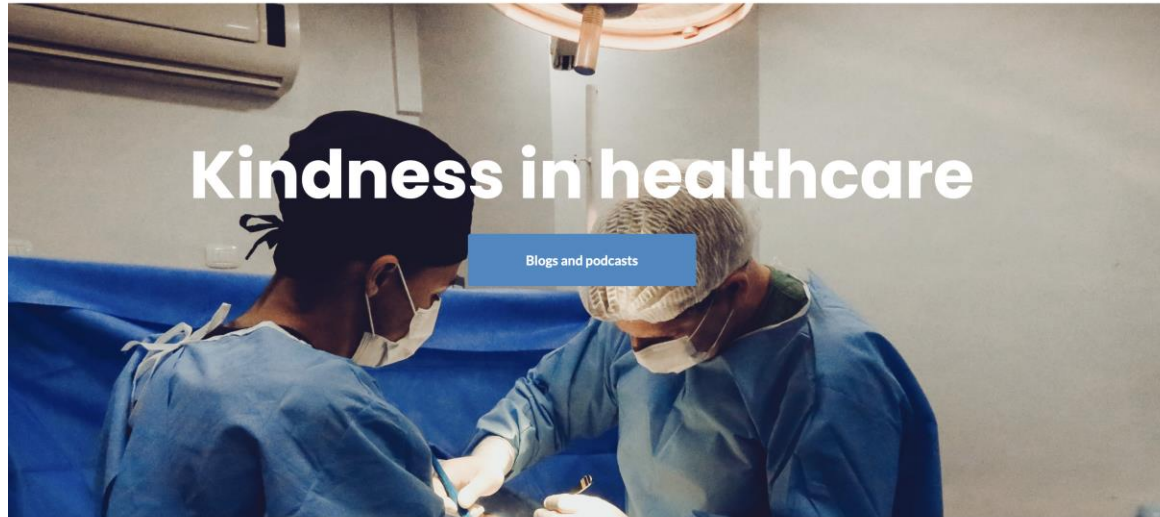
Advancing the art and science of compassion

Get Started




[Compassion research Lab](#)

Implement and measure Kindness



[Kindness Healthcare World](#)

Articles



Loving-kindness meditation may extend life expectancy

A study in the journal Psychoneuroendocrinology and reported in Inc. finds that a meditation technique that encourages you to open your heart to others can slow telomere attrition.

[Read the Article](#)

BMJ.COM

Kindness: an underrated currency

Cultivation of kindness is a valuable part of the business of healthcare. When we reflect on the past decade, it feels as if we have made a big mistake in healthcare. We have allowed the dominant narrative to be...

[Read the Article](#)

Kindness: an underrated currency

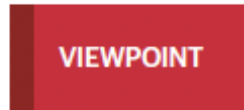
From the British Medical Journal, an editorial discussing recent research into the transformative power of kindness in healthcare, and argues for qualitative measures and outcomes to be equal to the quantitative when considering "our core purpose of delivering the best care possible".

[Gathering of kindness](#)



Co-Design for quality and safety

“Good
Great
clinical



Improving Clinician Well-being and Patient Safety Through Human-Centered Design

Opinion



JAMA Network™

patient;
sister for

“Human
improvement
between patient safety and clinician well-being in health care systems.”

Lauren E. Benishek, PhD
Armstrong Institute for Patient Safety and Quality, Johns Hopkins School of Medicine, Baltimore, Maryland; and Department of

Clinician well-being is on the decline. Regulatory requirements, administrative responsibilities, and the clinical practice environment are among the many factors at the individual, health system, and national levels that affect clinician well-being.¹ The COVID-19 pandemic exacerbated the problem by contributing to a more turbulent and short-staffed environment that is further taxing

decision support alerts too often have little relevance and “overfire,” which becomes fatiguing and causes frustration.⁴ Worse yet, clinicians habituated to these nuisance alerts may ignore warnings providing lifesaving information to disastrous effects.⁵ As health care advances, the current burnout crisis further compels us to consider the strain our patient safety interventions place

quality
interplay
health care



What can you do
by next Tuesday?



Take home Template for coproduction notes

Situation:

e.g., background, setting, context, situation that prompted your response

Lived reality of the person sometimes known as “patient”:

e.g., pattern of person when “sick”/“not sick”, resources, access, supports available

As is system to be navigated:

e.g., access, journey, reliable/not reliable elements, surprises, emotional challenges)

Knowledge of the condition, disease:

e.g., biology, normal and abnormal physiology, natural history in others)

Take home Template for coproduction notes part 2

Knowledge of the experience of having the condition, illness:

e.g., sociology & anthropology of the experience when “sick” and when “not sick”, useful adaptations needed/made, resources required)

Knowledge of the design, improvement of the services that might help:

e.g. requirements, reliability, measurement, minimization of treatment, illness burden

Lived reality of the person sometimes known as “professional”:

e.g. resources, access, constraints, sources of joy, allows contribution to value-creation, support & tools as needed

So, reflections, plans, other:

So what, now what, This case was helpful for me because..., This case reminded me to..., This practice...

Thanks to Paul Batalden

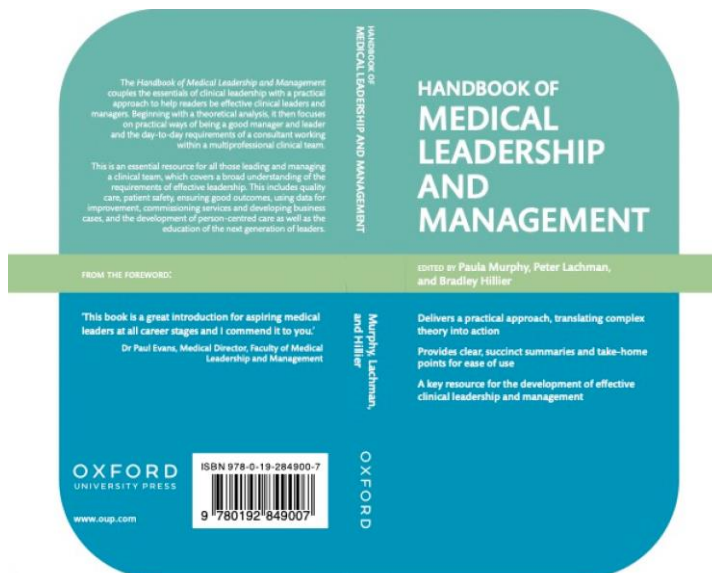
Crowdcomms 3

Which of the core values do you include in your improvement project and measure?

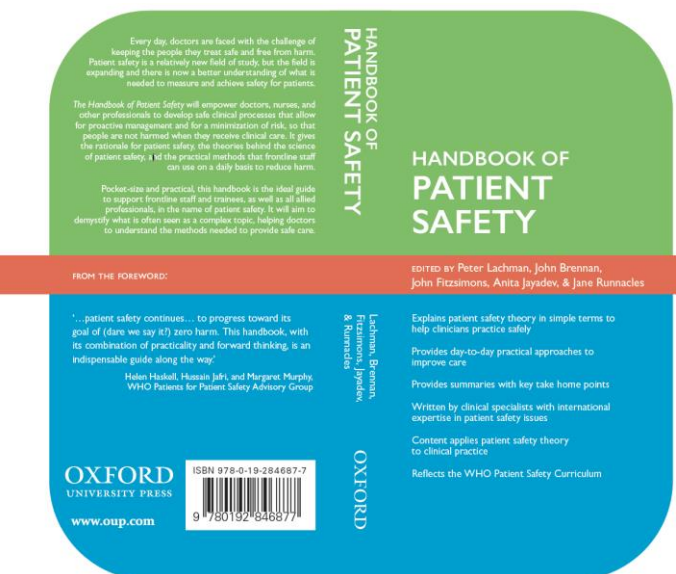
- Kindness
- Respect
- Holistic care
- Coproduction

The future of quality





[Medical Leadership](#)



[Patient Safety](#)

In Press
due end 2023

OUP
Handbook on
Quality Improvement

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