

TQM and Patient Safety Experiences from Sweden Tokyo the 26th of March 2005



#### Michael Bergström Project Director, MD

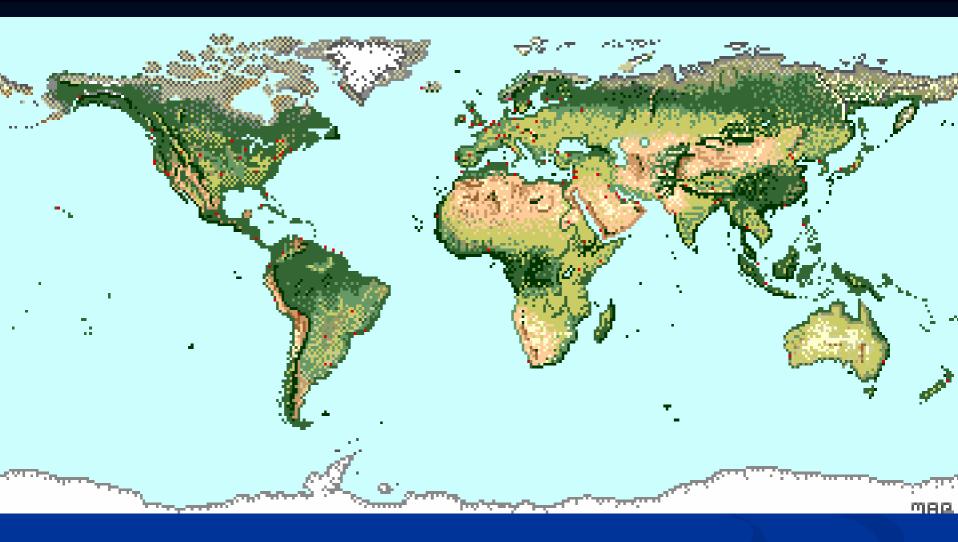
Global Knowledge Explorer Change Agent Health Care Division Swedish Association of Local Authorities and Regions



Sveriges Kommuner och Landsting

#### **Thanks for the invitation!**





My perspective...

**The Swedish Association of Local Authorities and Regions (SALAR)** The Swedish Association of Local Authorities and Regions is an association for municipalities, county councils and regions in Sweden, whose activities are founded in local and regional democracy. Health and Social Care Division Dep of Improvement



## Health Care in Sweden

- 9 millions in 1700 km x 400 km (20/sq km)
- 18 county councils + 3 regions Healthcare
- 290 Municipalities Social care, Care for the elderly
- Public & Private (small) sector
- 900 Health Care Centers, 80 General (merging) and 8 Regional Hospitals
- Equal care and availability for all
- Oldest inhab > 65 years in the world (17,3%)
- Lowest infant mortality (0,40%)(together with Iceland, Japan, Finland & Norway)

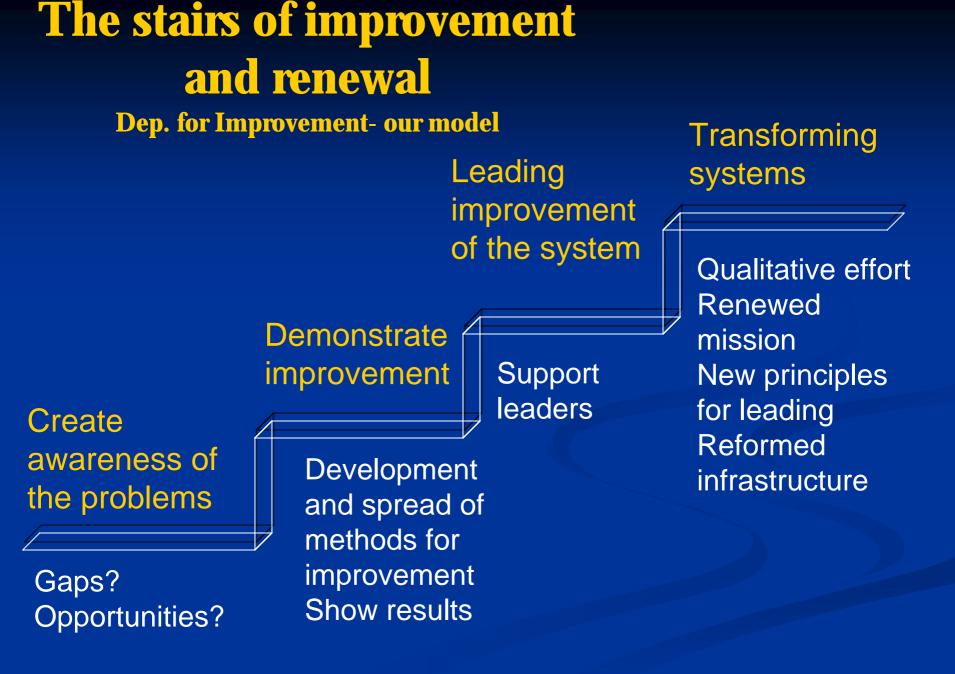
#### **Challenges makes priorities**

Demographic changes – tensions
Improved access in health care – new care guarantee
Improved health – reduced absence due to sick-leave

#### Quality efforts in the Swedish Health Care since 1990

- Quality Circles
- Medical Audit, Clinical Audit
- National Quality Registries (>50)
- QDL Quality Development, Leadership -The Swedish Health Care Quality Award
- Clinical Value Compass

- Breakthrough series
- Leadership networks
- Balanced Score Card
- Idealized design of Clinical Offices Practices
- Pursuing Perfection
- University Collaboration for Improvement Knowledge
- Patient Safety
- Transformation...



### **Actions for improvement!**

Examples from work in Sweden

- 1. Breakthrough Series
- 2. Patient Safety
- 3. Quality Registries
- 4. Getting improvement into the education for future health care professionals
- 5. Transforming systems

#### 1.The Breakthrough Series (Genombrott)

- To close the gap between what we know and what we do
- A collaborative for teams motivated to improve on an agreed topic from organisations with leadership support
- A series of learning seminars where evidenced ideas and improvement model are provided

(learnt from Institute for Healthcare Improvement IHI in USA)

#### **Breakthrough Series in Sweden**

#### National topics focused in collaboratives since 1997

- Reducing Waits and Delays
- Better diabetes care
- Better care in the end of life
- Better flow
- Better care for patients with dementia
- Safer care
- Better care for cancer patients
- Preventing hospital acquired infections (ongoing)

Lessons: Good results, training of projectleaders to run many collaboratives accelerates improvement.

#### Nations using BTS in Europe

**Sweden** Norway Denmark **The Netherlands** Russia

# 2. Patient Safety is rising on the agenda

Acknowledgement to Carina Svensson, SALAR

## **Our direction**



To go from incident reporting systems to designing for safety and prevention of system failures

Patient safety is a system property

Actions for patient safety... Providing facts Promoting spread of information and knowledge Conducting and supporting learning projects Influencing attitudes and behaviours

# **Providing facts**

We learn from studies in USA, England, Canada, Australia and Denmark that patient safety is a substantial problem.

*Swedish scientific studies are underway.* Examples; PhD student Karin Pukk at the Karolinska Institute and Synnove Odegaard

National Conferences 2nd conference in Sep 2005

#### A trypical year...

3 377 HSAN-cases 161 <sup>4</sup>

21 000 Cases to the Patient Board

1059 Lex Maria 9000 Injuries are reported to LÖF

> 1000 reports to the Swedish Medical Insurance

#### Intern/local/regional reporting of deviations



Risks Side-effects

Complications 🖉

Events

No injuries Injuries



1,4 miljoner careepisodes 26 million doctors visits in clinical practices,

200 million patient contacts

# Promoting spread of information and knowledge

 Courses in cooperation with the Universities of Linköping and Mälardalen

 Arranging conferences
 Elective courses at the Karolinska Institute for future health care professionals on patient safety

#### Conducting and supporting learning projects

A safer care collaborative (Säker vård)

#### Measures of a culture of safety

 "Care-related infections shall be stopped" (VRISS) a BTS - project

#### **Influencing attitudes and behaviours**

#### Patient Safety

- is a basic part of the quality of care
- is a responsability for everyone but especially for the leaders
- seldom gets better through punishing an individual person
- is created in the interaction between humans, technology and the organisation

#### 3. National Quality Registries in Sweden

About **50 national quality registries** Data from individuals, about diagnosis, treatment and outcome are collected from departments

> Started by physicians in disciplines Voluntary participation Decentralised Not for national control – for learning

#### Good Value – Example – Hip replacement

- Follow up in registries has quickly revealed less good methods and prothesis
- 10% reoperation rate in Sweden, 18% in the USA, 15% in Norway, 24% in Finland...
- Reduces suffering for thousands and thousands of patients.
- Saved 1,4 miljarder Swedish Kronor (200 million USD) over ten years

Reduces variation on comparative basis and the development is towards more transparency.

#### The recent development indicates

- Registries are getting more used for improvement over time through our support
- A growing enthusiasm in the registries
- A better coverage (of participating departments and practices)
- And that the health care leaders are becoming more aware of the importance of the registries

#### **Three Competence Centers**

Combines registries with improvement support:

 The Swedish Heart and Arthery Centre Uppsala Centre for Clinical Reserach (UCR), Uppsala

 The National Centre for Orthopedic Registries and Support (NKO),Lund
 EyeNet Sweden, Karlskrona

# 4. Getting improvement into the education for future health care professionals

- Everyone in healthcare need to be engaged in improving the processes and systems
- It is very important to provide learning of improvement thinking and methods on all levels for future health care professionals

The University Collaboration for Improvement Knowledge 2002-2004 in Sweden; – faculty development 4 universities, designing courses and assignments at four universities.

Example; The Karolinska Institute

#### Results

- More than 20 teachers at 4 universities had faculty development
- 5 new courses designed on QI incl. Patient Safety
- Extensive testing of Personal Quality Improvement Workbook and personal projects
- Spread and further learning in progress
- It takes time...

#### **5.Transforming Systems**

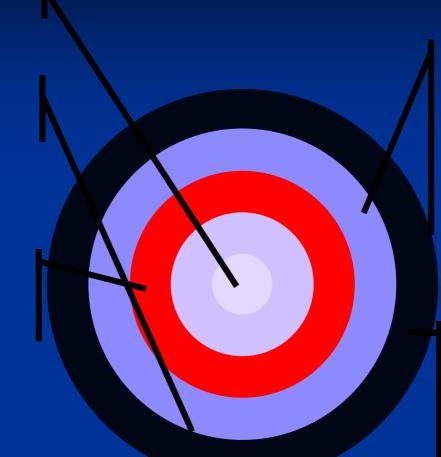
**Olsson J, Stenberg J** 

Patient

Patient & caregiver

Microsystems Jönköping NHS, U.K





Complex Adaptive Systems, J Sterman, Y Bar-Yam, P Senge Litterature Study MMC, KI Systems Dynamics MIT Systems Jönköping Kaiser Permanente IHC, Utah IHI, Boston Köpenhamns amt Västerbottensläns landsting

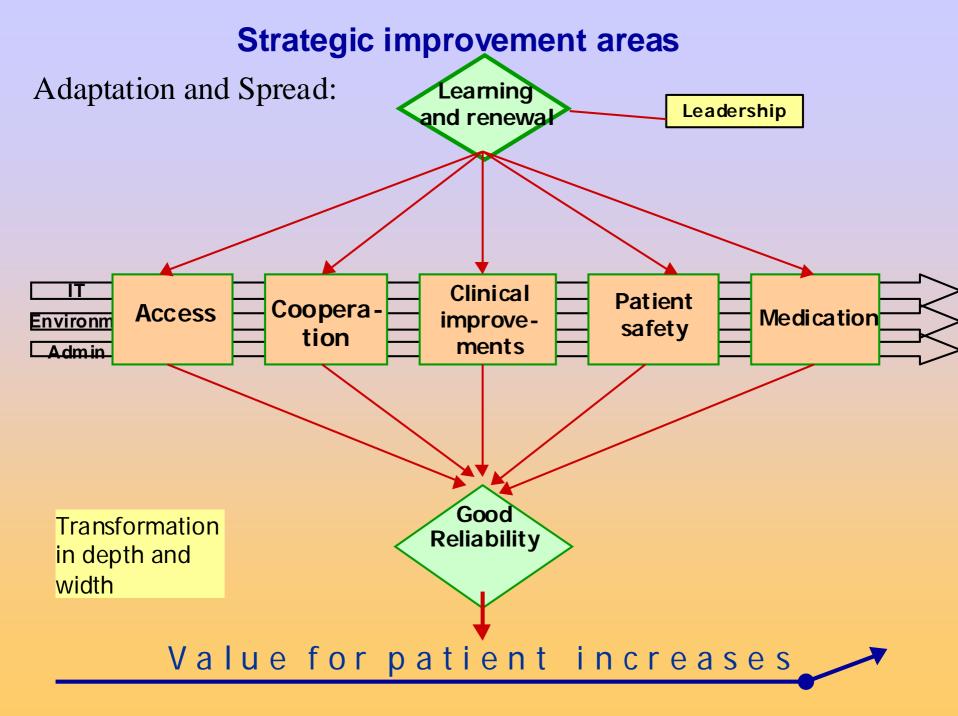
Nations Dep of Human & Health Services, Washington Sundhetsstyrelsen, DK Sundhetsministeriet, DK



# Lessons learned from study of transforming systems

- A very clear patient focus
- Patient Safety is prioritized
- Align your mission with patient focus
- Align your systems for leadership & control
- Leaders base their decisions from measurable results from the frontline
- Build new arenas and alliances for multiprofessional participation
- Use research and collaborate with researchersTime...

**Example : Pursuing Perfection** (creating the healthcare system of tommorrow) A joint effort started 2001 12 health care systems: 6 in USA, 4 in UK, 1 in the Netherlands and 1 in Sweden - the County Council of Jönköping in Sweden Jönköping are working on achieving worldclass in 15 processes Organized by IHI, Boston, USA



#### Lessons so far (in my view)

- Total leadership committment devoted to aims
- Change on all levels at the same time
- Measure for improvement on system level as well
- Good support with methods and tools is needed
- International colloration is successful

Attention is the currency of leadership

James Reinertsen

# Successful improvement needs A clear patient focus A committed leadership Improvement support Motivated staff

It is better to act your way into new thinking, than to think yourself into a new action

Michael Bergström

Thank you for your attention ! Michael Bergström, Project Director Change Agent, Global Knowledge Explorer, MD Health Care Division **Swedish Association of Local Authorities** and Regions michael.bergstrom@skl.se Sveriges Kommun Landsting