HOW TO STAY ELEGANT AND EFFICIENT WITH SPARSE RESOURCES - USING COMMON SENSE AND LOGICS FOR HEALTHCARE QUALITY MANAGEMENT

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CONFERENCE & WORKSHOPS:

Building a Quality and Patient Safety

Culture in Health Services: Experience and

Prospects



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Presentation setup

- The healthcare environment
- Logic and semantics
- Why things don't work
- What to do and mainly HOW to make it work



HC ENVIRONMENT - LOOK FOR attributes / "blocks"

WITH A PERFECT "PUBLIC" RECORD & OUTCOMES

(accountable)

MANAGED (leadership confident, wise, un-selfish)

with a CODE/GENOME (development/growth, off-springs, existing and used framework - common mindset, with a memory) LEAN (elegant, streamlined, transparent, efficient)

STANDARD (minimizing unexpected and avoidable burdens = using PATHWAYS)

SPECIALIZED (focused, doing limited No. of things but excellently = KNOWHOW)

COMMITED (philosophy existing, patient centred, altruistic)

INNOVATING (horizon-scanning OPEN (willing and able to

BUT used with a time-lag, "conservatism in the best sense") share, dísclose, teach)

RELAXED (low staff fluctuation, happy smiling people)

Bourek A. - www.bourek.eu



In "bad" times (if not always)

Reuse (modify) existing

• Don't look at the "rich", learn from the "poor" (e.g. Developing a hospital quality improvement initiative in Lesotho www.emeraldinsight.com/0952-6862.htm)



Prioritization matrix

- Potential impact of improvements on outcomes
- Improvement feasibility
- Local and national-level support
- Issues urgency

- Decentralize projects to multidisciplinary QI teams (bottomup) aproach
- Suport QI teams



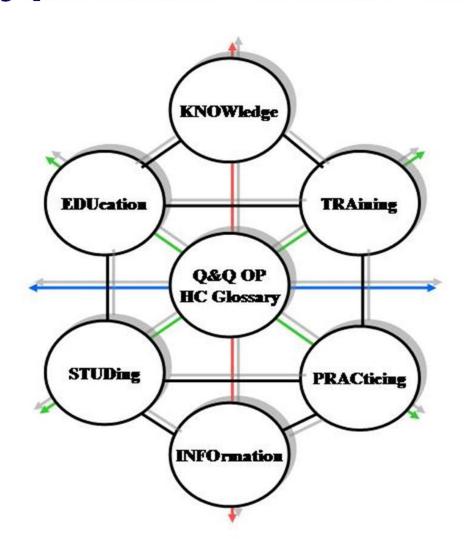
"Just in time" training

- Develop "SMART" objectives (-specific, -measurble, -attainable, realistic, -time-bound)
- Use simple data capture systems
- Use short PDSA cycles
- Identify Service bottlenecks
- Develop goals
- Prioritize goals
- Develop interventions
- Manage and interpret data
- Motivation tools



Glossary centred learning

Ambiguity prevention = efficient collaboration





HC Quality

- Patient-centered
- Safe
- Effective
- Timely
- Efficient
- Equitable



Changing behavior – habits

Produce "on-demand" not "for the shelf"



Why things don't work

- Healthcare today is a complex process and the service is deliveded by "many" caregivers
- We do not teach and practise teamwork
- The patient and his family is not an organic part of the team
- The "product" has no ownership and no "common" value



Why things don't work

Why so many attempts for implementation fail /1996 – 2014: our experience with > 50 projects/



- →We expected active data collection (on the side of physicians and medical staff)
- →We combined healthcare evaluation with scientific grants and goals
- →We undervalued common clinical parameters and analyses of potential benefits of computerization
- →We did not respect organizational rules of the system



Characteristics of difficult problems

Difficult problems have some typical characteristics that can be summarized as follows:

- Intransparency (lack of clarity of the situation)
 - commencement opacity
 - continuation opacity
- Polytely (multiple goals)

inexpressiveness

opposition

transience

- Complexity (large numbers of items, interrelations, and decisions)
 - enumerability
 - •connectivity (hierarchy relation, communication relation, allocation relation)
 - heterogeneity
- **Dynamics** (time considerations)

temporal constraints

temporal sensitivity

phase effects

dynamic unpredictability



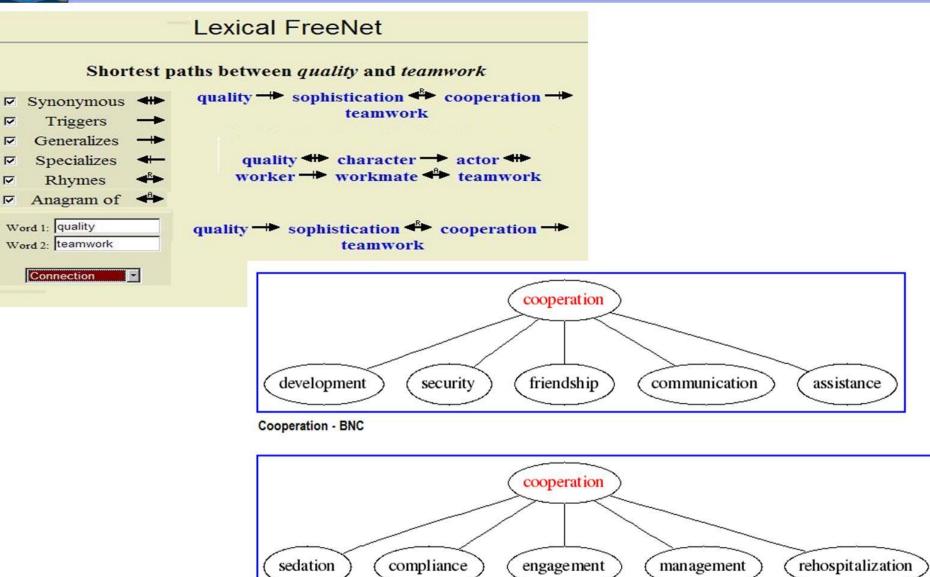


TRIZ (pronounced [triz]) is a Russian acronym for "Teoriya Resheniya Izobretatelskikh Zadatch" (Теория решения изобретательских задач), a Theory of solving inventive problems or Theory of inventive problems solving (TIPS)(less known as Theory of Solving Inventors' Problems), developed by Genrich Altshuller and his colleagues since 1946.

TRIZ is a methodology, tool set, knowledge base, and model-based technology for generating innovative ideas and solutions for problem solving. TRIZ provides tools and methods for use in problem formulation, system analysis, failure analysis, and patterns of system evolution (both 'as-is' and 'could be'). TRIZ, in contrast to techniques such as brainstorming (which is based on random idea generation), aims to create an algorithmic approach to the invention of new systems, and the refinement of old systems.

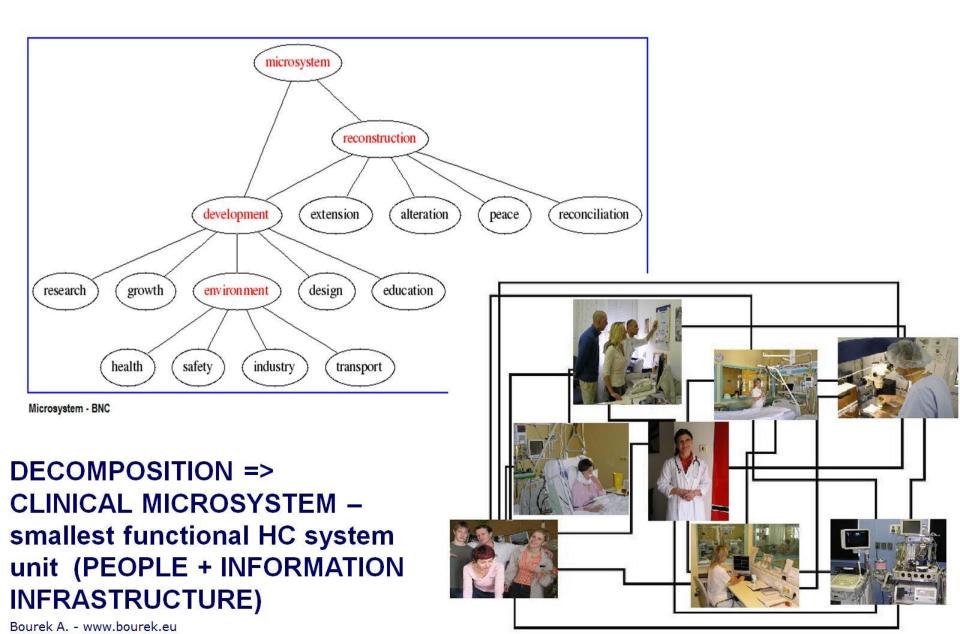
ref.: WIKIPEDIA 2007





Cooperation - MEDLINE







HOW to make it work?

START with pathways:

- 1. Devised bottom-up (by users for users)
- 2. Respecting the HC logics and language
- 3. Get all stakeholders "together"
- 4. Provide a meaning of "team"
- 5. Make feel the "ownership" of the HC process and it's results



Complex services must rely on data











Data must be processes to information and knowledge



Visualisation - Interpretation

ASSESSED LEVEL

Single patient

- episodes / technology

Single patient

- overall results

Group of patients

– episodes / technology

Group of patients

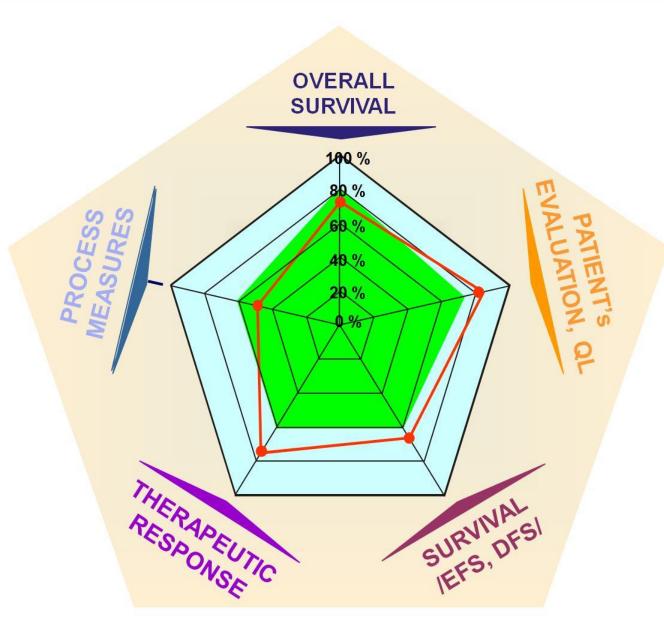
- overall results



Evaluated subject

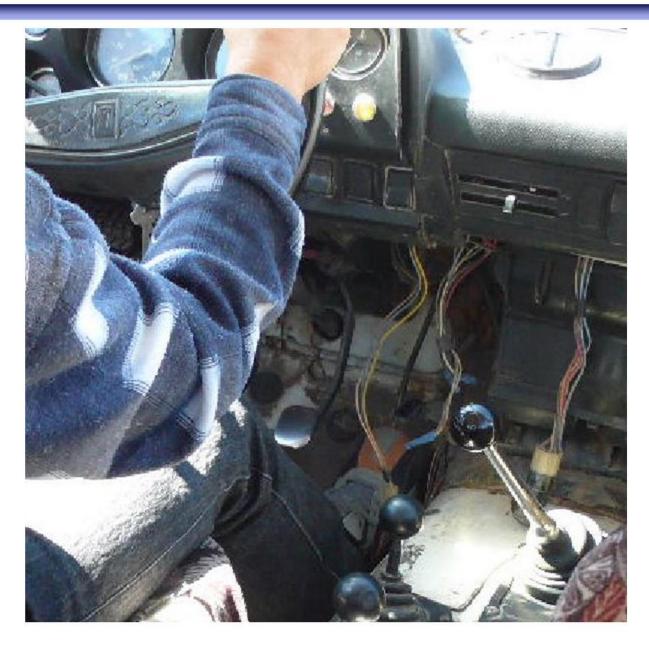


Reference standard



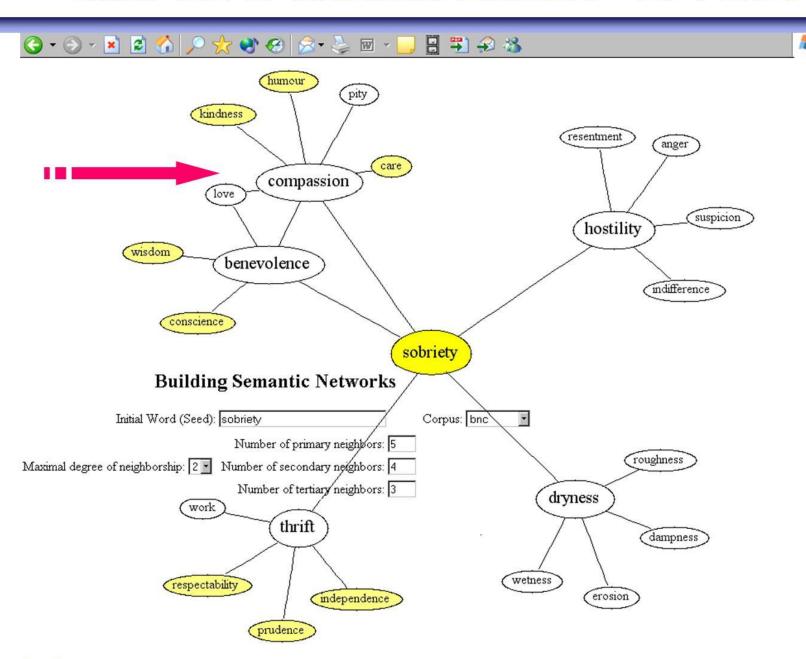


KEEP IT SIMPLE / TRANSPARENT





"SIMPLE & TRANSPARENT" EFFECT

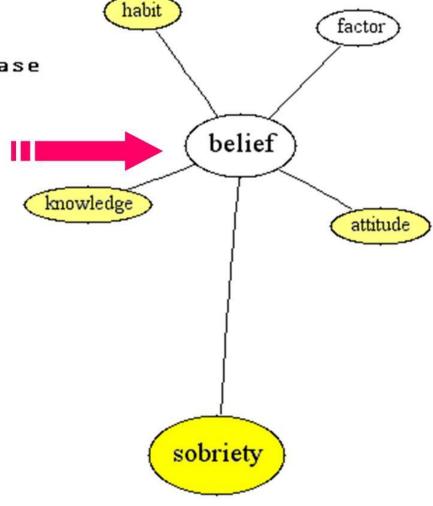




"SIMPLE & TRANSPARENT" EFFECT

STANFORD semantic laboratory

"temperance" not in database OHSUMED



OHSUMED sobriety



Chastity - (lean process)

Chasteness

Synonyms

Restraint [n]

discipline in personal and social activities.

"he was a model of polite restraint"; "she never lost control of herself".

Example: inhibition self-restraint temperance continence

Austerity Temperance Sobriety

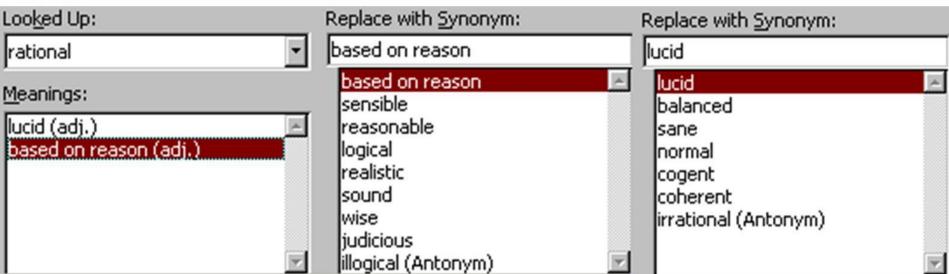


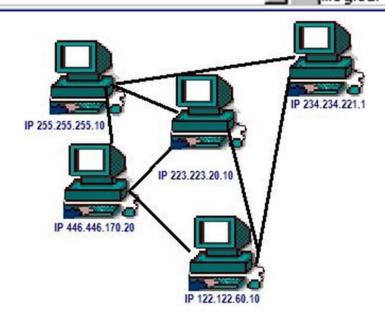
IS DEVELOPED ONLY BY TEAM-WORK

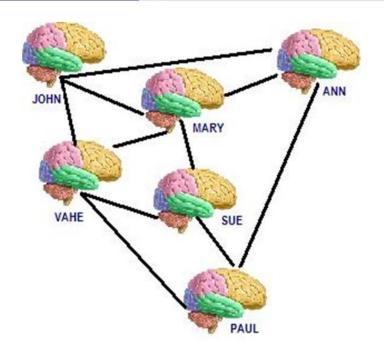
(rational responsible behavior culture)



Rational care









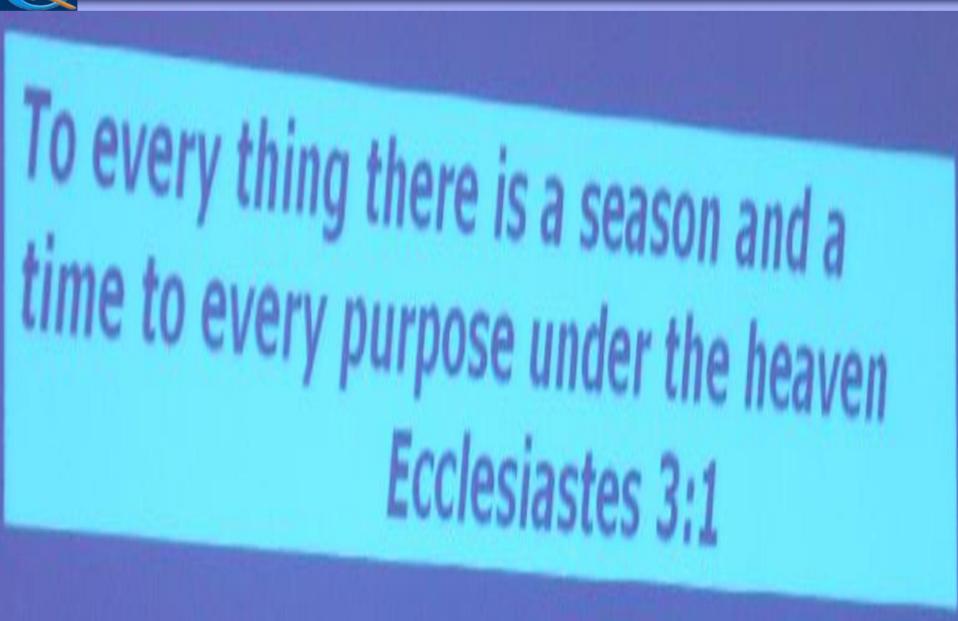
EFFECTIVE INTERVENTIONS

- ADVANCES IN MANAGEMENT
- ADVANCES IN INFORMATION SHARING
- ADVANCES IN EDUCATION
- ADVANCES IN ACCOUNTABILITY

• Σ ADVANCES IN TEAM-WORK



ART of TIMING / TACTICS

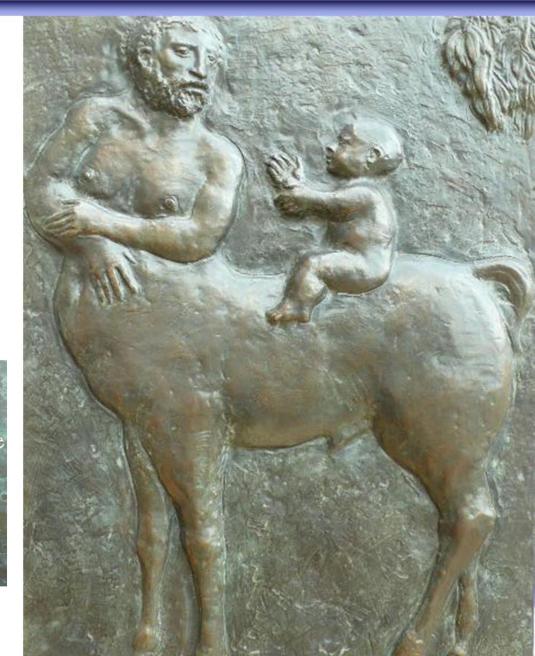




RIGHT INSTINCTS badly NEEDED!

ANATOMISCHE LES De centaur Cheiron onderwijst de kleine Asklepios in de beginselen van de geneeskunst

ontwerp en uitvoering: Theo van de Vathorst



IT DOES NOT MATTER



IT DOES NOT MATTER WHICH QUALITY APPROACH YOU USE AS LONG AS IT ADHERS TO COMMON QUALITY LOGICS



Why do it?

What you are is what you have been. What you will be is what you do now.

THE BUDDHA, Tibetan Book of Living and Dying



να έχετε καλή ημέρα

http://www.med.muni.cz/cekz

http://www.ESQH.net

σας ευχαριστώ για την προσοχή σας