Leading Together

Tenth National Quality Colloquium

August 16, 2011

Maureen Bisognano
President and CEO
IHI
IOM’s Six Aims

- **Safe** – no needless deaths
- **Effective** – no needless pain or suffering
- **Patient-Centered** – no helplessness in those served or serving
- **Timely** – no unwanted waiting
- **Efficient** – no waste
- **Equitable** – for all
Ten “New” Rules to Redesign and Improve Care

1. Care is based on continuous healing relationships
2. Care is customized according to patient needs and values
3. The patient is the source of control
4. Knowledge is shared and information flows freely
5. Decision making is evidence-based
6. Safety is a system property
7. Transparency is necessary
8. Needs are anticipated
9. Waste is continuously decreased
10. Cooperation among clinicians is a priority

Source: Adapted from the Institute of Medicine, 2001.
Experience of Care

Per Capita Cost

Health of a Population

The IHI *Triple Aim*
2 Choices?

- Cut Costs
- Ration Care
A Third Way

- [x] Cut Costs
- [x] Ration Care
- [ ] New Designs
“Discovery consists in seeing what everyone else has seen, and thinking what no one else has thought.”

-Albert Szent-Gyorgi
Our Challenges

• **Structural challenges in this time of reform**

• **Health needs and challenges in the populations we serve**

• **Managing the complexity in caring for patients**
Making Sense of It All
Our Challenges

• Structural challenges in this time of reform

• Health needs and challenges in the populations we serve

• Managing the complexity in caring for patients
Figure 1. Growth in the Number of People Age 65 and Older

<table>
<thead>
<tr>
<th>Year</th>
<th>65+ (in millions)</th>
<th>Under 65 (in millions)</th>
<th>% Under 65</th>
<th>% 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>76</td>
<td>96</td>
<td>4%</td>
<td>96%</td>
</tr>
<tr>
<td>1910</td>
<td>92</td>
<td>95</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>1920</td>
<td>106</td>
<td>95</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>1930</td>
<td>123</td>
<td>95</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>1940</td>
<td>132</td>
<td>93</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>1950</td>
<td>151</td>
<td>92</td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td>1960</td>
<td>179</td>
<td>91</td>
<td>9%</td>
<td>91%</td>
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<tr>
<td>1970</td>
<td>203</td>
<td>90</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>1980</td>
<td>227</td>
<td>89</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>1990</td>
<td>249</td>
<td>87</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>2000</td>
<td>281</td>
<td>84</td>
<td>13%</td>
<td>84%</td>
</tr>
<tr>
<td>2010</td>
<td>300</td>
<td>80</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>2020</td>
<td>325</td>
<td>79</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>2030</td>
<td>351</td>
<td>79</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>2040</td>
<td>377</td>
<td>79</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>2050</td>
<td>404</td>
<td>80</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Note: The total population data for 1900 to 2000 include unknown age data. Therefore, the data used to determine the proportion of the population under age 65 and age 65 and older does not sum to equal the total population.

A Youth Bulge

• The world is in a demographic transition – from high rates of fertility and mortality, to lower birthrates and longer lives.

• But since mortality rates are falling before fertility rates are, a “youth bulge” results.

• We need new designs to ensure the health of these growing populations.
Southcentral Foundation, Anchorage, AK

The “Five Year Gestation”

Southcentral Foundation
Nuka System of Care

Customer Owned and Driven Alaska
Native redesign built on changed
community and primary care platform

December 2010
Obesity Trends* Among U.S. Adults
BRFSS, 1985
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 1995
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2000
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2005
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2009

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
THE GLOBAL OBESITY PROBLEM

Obese adults in population %
- 30 – 40%
- 20 – 30%
- 10 – 20%
- 5 – 10%
- 0 – 5%
- No data

An obese adult is classified as having a Body Mass Index equal to or greater than 30

SOURCE: World Health Organization, 2005
The “Hot Spots”

• “Super” utilizers of health services

• 5% of patients account for 49% of US health spending

• Patients at the end of life need improved palliative and hospice care
Our Challenges

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• Health needs and challenges in the populations we serve

• Managing the complexity in caring for patients
Increasing Complexity

- In the mid 1970s, the average patient in a hospital required 2.5 staff FTEs for care...
- ...20 years later, the average patient needs 19.5 FTEs†
- A physician today has over 13,600 possible diagnostic options and the opportunity to select from over 6000 prescription options in the US

†Source: Atul Gawande, MD
The Path Forward

• New ways to lead

• Vibrant and important aims

• More ways to learn
The Four Leadership Questions

• Do you know how good you are?
• Do you know where you stand relative to the best?
• Do you know where the variation exists?
• Do you know the rate of improvement over time?
New Leadership Skills

**Personal**

Leading Through:
- Attention
- Listening
- Sensing
- Learning
- Action
- Signs and symbols

**Structural**

Leading With:
- Structural huddles
- Gemba walks
- Cultural changes
  - Safety
  - Harm
  - Patient-centered
  - Improvement and innovation
- Spread strategy
Structured Huddles

• A huddle is a “communication vehicle...a fast, focused, highly collaborative process.”†

• Huddles should be frequent and short.

• They enhance communication; generate and help manage knowledge; and help continuously improve care delivery.

Huddles
at Cincinnati Children’s Hospital Medical Center
Gemba Walks
Ghana: Rapid scale-up of systems improvement across nation’s health facilities

Project is ahead of schedule, with simultaneous spread in northern regions (NCHS and Ghana Health Service) and middle regions (NCHS hospitals Collaborative).
The Path Forward

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Experience of Care

Health of a Population

Per Capita Cost

The IHI TripleAim
Experience of Care

Health of a Population

Per Capita Cost

The IHI Triple Aim
Institute of Medicine’s Six Aims

- **Safe** – no needless deaths
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**Primary Drivers**

- Scottish Government Sets PSA as Strategic Priority
- Boards Endorse Safety as Key Strategic Priority
- Deliver the programme
- Build a Sustainable Infrastructure for Improvement
- Align SPSP with national improvement programmes and measures

**Secondary Drivers**

- National Board development strategy
- Ownership of agreed upon set of outcomes and measures
- Quality and safety comprises 25% of agenda
- Development of infrastructure that supports improvement and measurement
- Clear improvement aims in strategic plan
- Segment hospitals, customize approach
- Work with IST, QIS and HES to develop unified improvement approach
- In-country support for Boards
- Spread strategy community hosp., primary care
- Develop experts in imp. methods and coaching
- In-country measurement system, culture survey
- Safety work migrates to appropriate agency
- Training programmes developed in Scotland
- Work with IST, QIS and HES to develop unified improvement approach
- One Team
- Align aims and measures with national programmes
- Develop a portfolio and execution model
- Build connection to safety in national work
- Define within clinical governance framework
Scottish Patient Safety Program (SPSP)
Critical Care Central Line BSI Rate
November 2007 through December 2010
(Goal: 0 CL BSIs)

Central Line BSI rate (BSIs per 1000 central line days)

T1 Median = 2.7

T2 Median = .71 (74% decrease)
Scottish Patient Safety Program (SPSP)
VAP Rate
March 2008 through December 2010
(Goal: 0 VAPs)

T1 Median = 8.4
T2 Median = 4.6 (45% decrease)
Scottish Patient Safety Program (SPSP)
Critical Care C. Diff Rate
January 2008 through December 2010
(Goal: 50% reduction)

C. Diff Rate per 1000 patient days

T1 Median = 1.6

T2 Median = 0.44 (73% decrease)
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Patient-Centered Flow

• Patient demand is growing
• Our ability to safely and efficiently serve all patients depends on:
  – Right Patient
  – Right Place
  – Right Time
  – Right Care Team
  – No Delays
• Most activity in the hospital is scheduled; urgent/emergent work is “predictable”
Flow and Safety

• Inseparable initiatives in a hospital

• Getting the “Rights” right
  – Right Bed, Nursing Care, Time, Plan, Treatment

• No longer a passive system – best care requires active management of these critical aspects of the patients experience.

• Best route to optimize the best care model is to control the variables in care delivery.
Initial Results of Re-Design

- **Weekday Waiting Times** – 28% reduction in spite of a 24% increase in case volume

- **Weekend Waiting Times** – 34% reduction in spite of a 37% increase in case volume

- **Throughput increase of 4.8% = 1 OR room** in a setting of 20 rooms

- **Overtime hours** decreased by an estimated 57% between September 18, 2006 and the first week of January 2007. If OR operating costs are estimated at $250/room hour, then these savings are equivalent to $10,750/week, or $559,000 annually.

- **Overall growth** sustained at ~7% / year for past two years, no additional operating rooms added
Greater Production Capacity Through Flow and Patient Placement – What Has it Meant?

- Has allowed for an additional 78 patients per day to be treated within our current bed capacity that would not have been possible under “pre-flow improvement processes”

- Improved flow and patient placement have allowed us to avoid the construction of 102 additional beds ($100+ million) that would have been required to meet today’s volume in our FY2002 workflow system
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How do we make care more patient centered?
The Burden of the Illness

Published: October 19, 2009

Patient Voices: A.L.S.

Amyotrophic lateral sclerosis, also known as Lou Gehrig's disease, affects parts of the nervous system that control voluntary muscle movement. The average life span of someone with A.L.S. is five years after diagnosis. Here, six men and women speak about how their lives have changed as a result of this devastating illness. (Join the discussion here.)
Collaborative Care at ThedaCare

- Collaborative rounding on your admission
- Evidence-based care
- The nurse as manager of care
- Electronic Records
- Design of physical space

Results:
- Reduced inpatient costs by 25%
- Reduced lengths of stay by over a day
- Reduced errors
- Increased patient satisfaction.
| HEALTHCARE TEAM |
|-----------------|-----------------|
| **Encircle Health.** | **TheedaCare Physicians** |
| **A Partnership with TheedaCare™** | **Family Medicine** |
| | **Appleton North** |
| | **Suite 1300** |
| | **920.738.4500** |
| | **Fox Valley Pulmonary Medicine, L.L.C.** |
| | **Pulmonary Medicine, Critical Care, & Sleep Disorders** |
| | **Suite 1700** |
| | **920.734.9000** |
| | **Fox Valley Surgical Associates** |
| | **Suite 1600** |
| | **920.731.8131** |
| | **Women’s Health Specialists, S.C.** |
| | **Suite 1650** |
| | **920.749.4000** |
| | **Morton Pharmacy** |
| | **Suite 1500** |
| | **920.862.6333** |
| | **TheedaCare Orthopedics Plus** |
| | **Suite 2500** |
| | **920.831.5050** |
| | **TheedaCare Physicians** |
| | **Internal Medicine** |
| | **Appleton** |
| | **Suite 1200** |
| | **920.731.5811** |
| | **TheedaCare Physicians** |
| | **Infectious Diseases** |
| | **Appleton** |
| | **Suite 3350** |
| | **920.831.1841** |
| | **TheedaCare At Home** |
| | **920.969.0819** |
| | **Appleton Medical Center** |
| | **Outpatient Treatment** |
| | **Suite 3300** |
| | **920.738.6504** |
| | **Appleton Medical Center** |
| | **Imaging** |
| | **Suite 1800** |
| | **920.738.6521** |
| | **Appleton Medical Center** |
| | **Sleep Lab** |
| | **Suite 3200** |
| | **920.225.7890** |
| | **Appleton Medical Center** |
| | **Endoscopy** |
| | **Suite 2800** |
| | **920.720.2300** |
The IHI *Triple Aim*

- Experience of Care
- Per Capita Cost
- Health of a Population
Removing Waste

• Dr. Patty Gabow at Denver Health, a safety-net system, introduced a waste reduction focus several years ago.

• Her team has reduced expenses there by $71M, $30M in the last year – she said, “We’re getting good at getting better.”
Waste Identification Tool

http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/Tools/HospitalInptWasteIDTool.htm

http://www.ihi.org/IHI/Results/WhitePapers/HospitalInpatientWasteIDToolWhitePaper.htm
The IHI *TripleAim*

- Health of a Population
- Per Capita Cost
- Experience of Care
Ideal Collaboration Between Patients and Providers

- The greatest, untapped resource for improving health care is the knowledge, wisdom, and energy of the individuals, families, and communities who face challenging health issues in their every day lives.

- People must be engaged as co-producers of health care for themselves and their communities, not merely as patients or consumers of services.

- Local communities must retrieve their own historical, cultural, and religious traditions of health and healing, and bring those into dialogue with contemporary medical systems.

-Bill Doherty
University of Minnesota
Jönköping County Obesity Initiative

Walking bus
School nurse
Cooking class
Dentist
Camp
Healthiest cafeteria
Nutritionist
The “Five Year Gestation”

Southcentral Foundation
Nuka System of Care

Customer Owned and Driven Alaska
Native redesign built on changed community and primary care platform

December 2010
Salutogenesis
Aaron Antonovsky

From the Latin “salus” which means health, and the Greek “genesis” which means origin.

A “health-ease” instead of a “dis-ease” continuum
The Path Forward

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• Vibrant and important aims

• More ways to learn
IHI Open School Chapter Community

US Chapters in 45 states
International Chapters in 43 countries

326 Chapters
IHI Open School Measures

- **60,000** students and residents registered on IHI.org
- **9,000** faculty and deans registered on IHI.org
- **22,000** students and residents have completed an online course
- **1,500** students and residents have earned their Certificate of Completion

*Since the IHI Open School was created in September 2008*
Thank You!

Maureen Bisognano
President and CEO
Institute for Healthcare Improvement

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