

What Matters to You?

Swedish Physiotherapy Conference



**Maureen Bisognano
President and CEO**

“All Teach... All Learn”

- We're here to join together to find new ways and best practices
- Our assets will be curiosity and generosity
- We share a commitment to best care for our patients, and better healthcare for all





Our Shared Challenges

- Across the world, we're facing significant financial constraints, an aging population, and the increasing burdens of chronic disease.
- We'll need to move to the Triple Aim of improving the experience of care, improving the health of the population, and lowering per capita costs.
- “More and faster” won't get us there...we need new ways to think about care.
- Many answers here ... “all teach, all learn”.



The Speed of Change

- An aging workforce, and an increasing demand for carers
- Technological advances
- Speed of research and development

Change is happening ten times faster at 300 times the scale—3,000 times the impact from 100 years ago!

....and even faster in healthcare!



Embrace “The Genius of the And”

“A truly visionary company embraces both ends of a continuum: continuity and change, conservatism and progressiveness, stability and revolution, predictability and chaos, heritage and renewal, fundamentals and craziness. And, and, and.”

– Jim Collins



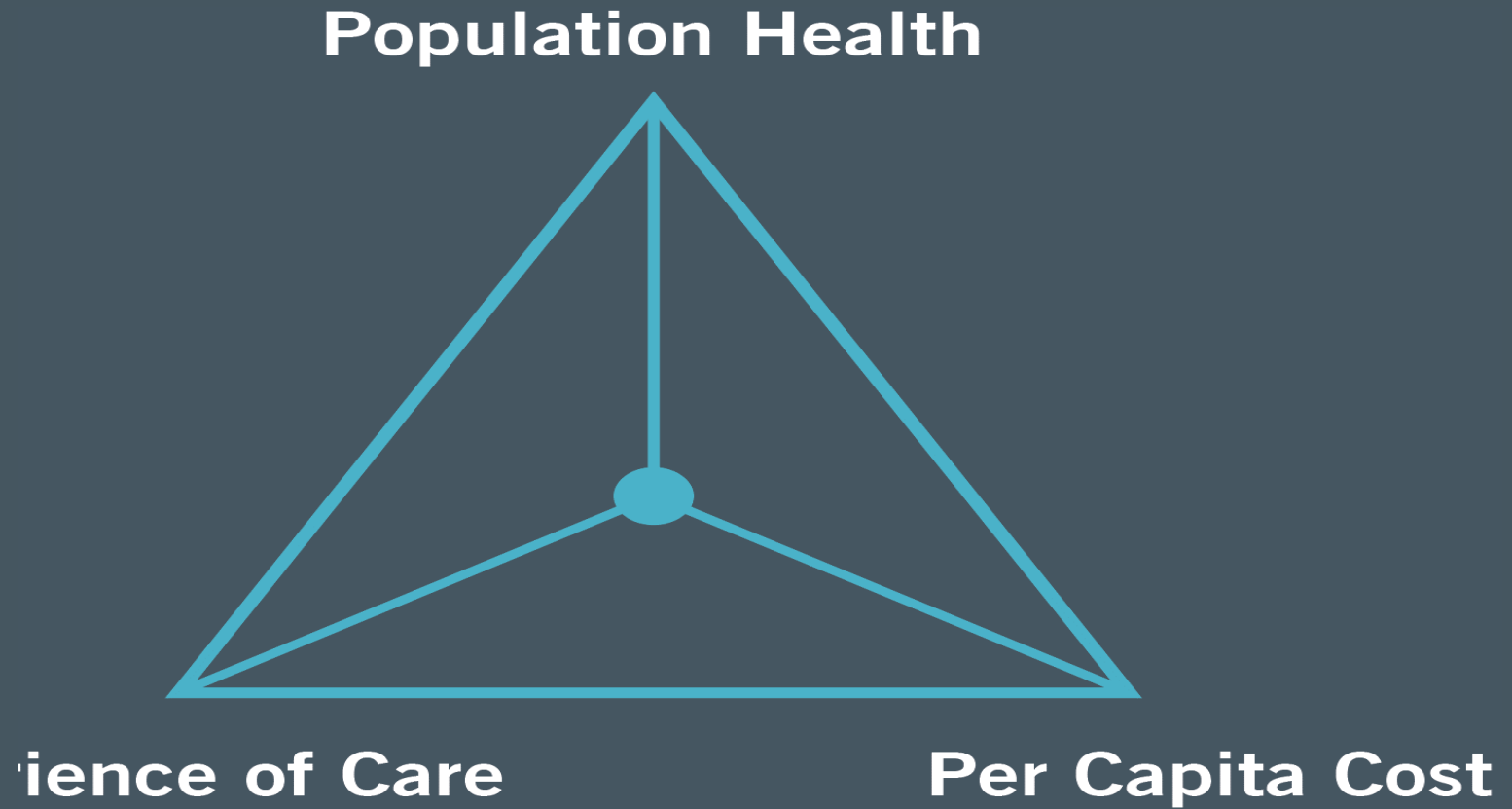
Avoid “The Tyranny of the Or”

Where progress is slow and incremental, we see, as Jim Collins might say “black or white” thinking. We see what Collins describes as the “Tyranny of the OR” – polarized decision making; painful and false choices between:

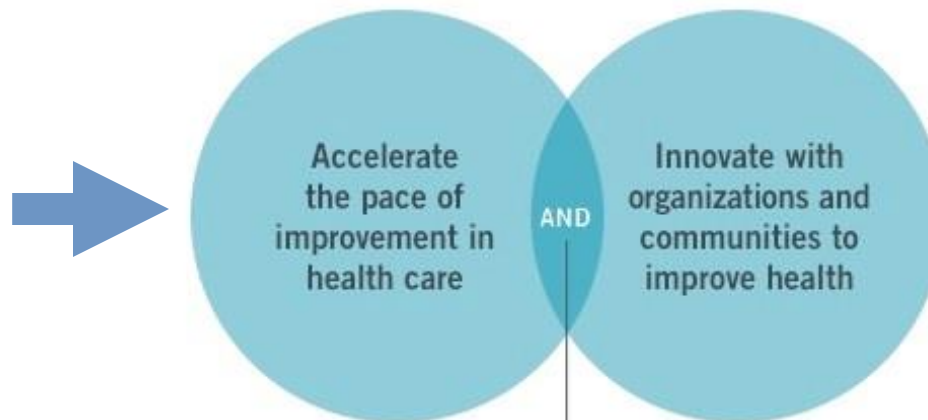
- Short-term OR long-term
- Cost OR quality
- Clinical care OR administration
- Win OR lose
- Me OR you



The IHI Triple Aim



IHI's Strategy to Improve Health and Health Care Worldwide



HOW WE WILL TRANSFORM HEALTH CARE AND CHART THE PATH TO HEALTH CREATION

Improvement Capability

Build widespread capability for change grounded in the science of improvement.

Patient Safety

Create reliable systems of safety across the continuum.

IHI Triple Aim for Populations

- Improve experience of care
- Improve the health of populations and communities
- Reducing the per capita cost of care

Leveraging IHI's Core Strengths:

Innovating new models and methods

Convening globally to harvest, share, and spread learning

Partnering with others to accelerate the pace and scale of improvement

Driving measurable results worldwide within health care and across communities

Tools for the Journey:

Deep appreciation of the broad determinants of health

Cross-sector, cross-industry networks

A willingness to be generous with power

A diverse group of collaborations and innovation communities for shared learning and collective impact

An audacious, shared goal to galvanize action

SUPPORTING OUR CUSTOMERS WHEREVER THEY ARE ON THE JOURNEY



Radical Redesign Principles

- *Change the Balance of Power*
- *Standardize What Makes Sense*
- *Customize to the Individual*
- *Promote Wellbeing*
- *Create Joy in Work*
- *Make it Easy*
- *Move Knowledge, Not People*
- *Collaborate/Cooperate*
- *Assume Abundance*
- *Return the Money*



Create Joy in Work

- Gratitude
- Hope
- Awareness of abundance
- Deep satisfaction from serving others



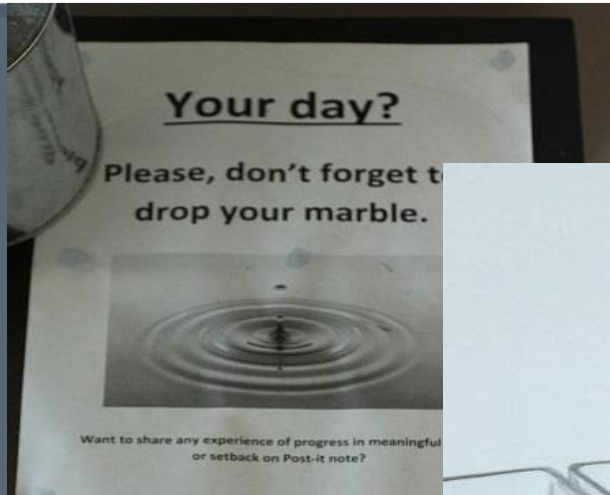
Welcome to IHI

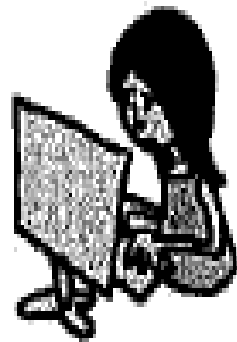
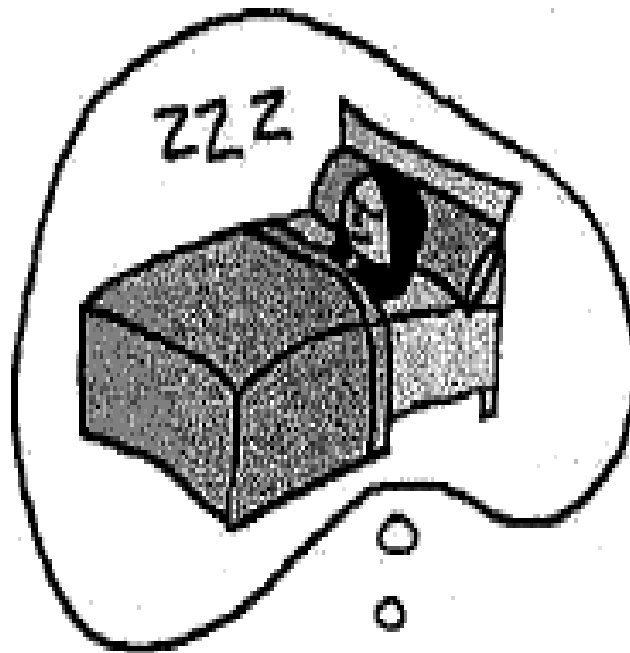


We will improve the lives of **patients**,
the **health** of **communities**,
and the **joy** of the health care **workforce**.

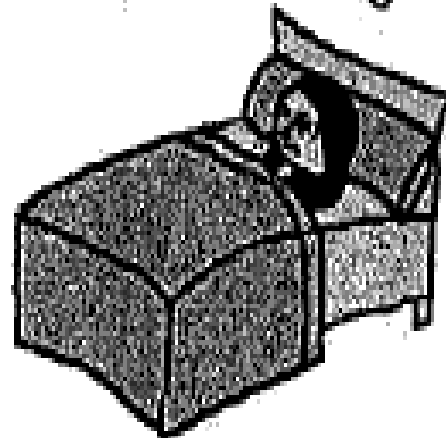


How was your day?





work



home



In the past week, how many of you...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Drank too much coffee?
- Slept less than 5 hours in a night?
 - Over 40% of Americans regularly sleep less than 5 hours a night
 - 2X as likely to die of heart disease
 - 1.7X as likely to die of all causes (Cappoccino, 2007)



Work in healthcare is...

- Physically demanding
- Emotionally draining
- Intellectually challenging



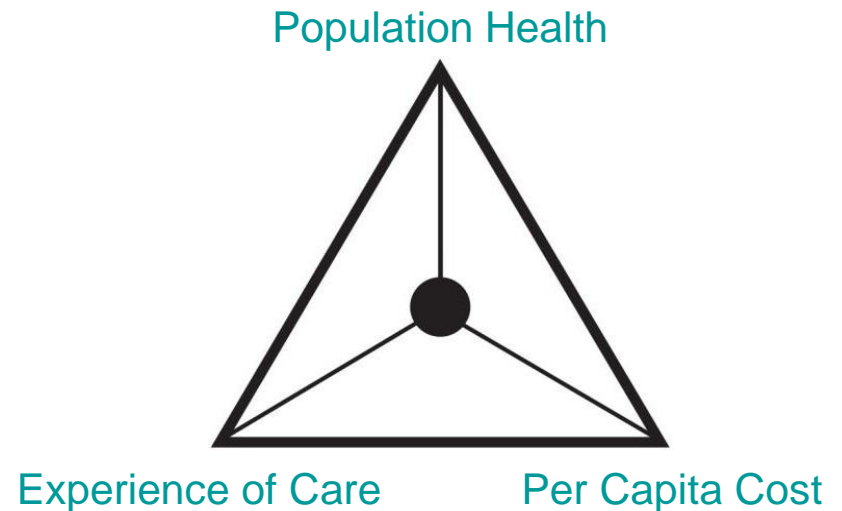
Burnout Affects Patients

- More mistakes
- Less adherence to physician advice
- Less sympathy
- Less patient satisfaction



The Challenge

- And yet, the need to innovate and improve has never been greater.
- We need new tools to improve quality at a lower cost and to build strong relationships to foster joy.

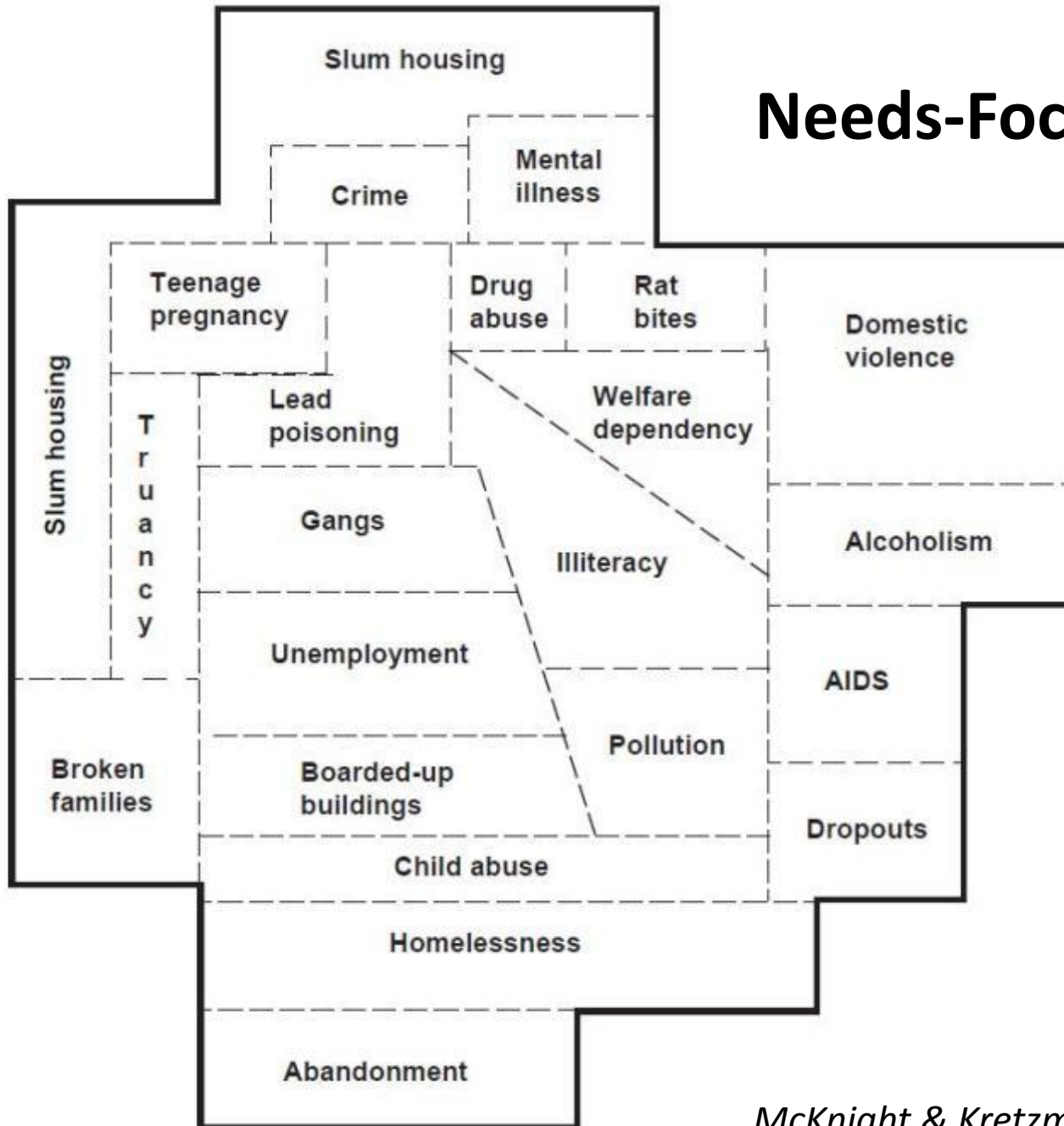


Assume Abundance: Community Asset Mapping

Needs	Assets
<ul style="list-style-type: none">• Focus on deficiencies	<ul style="list-style-type: none">• Focus on strengths
<ul style="list-style-type: none">• Result in fragmentation of responses to local deficiencies	<ul style="list-style-type: none">• Build relationships among people, groups, and organizations
<ul style="list-style-type: none">• Make people consumers of services; builds dependence on services	<ul style="list-style-type: none">• Identify ways that people and organizations give of their talents and resources
<ul style="list-style-type: none">• Give residents little voice in deciding how to address local concerns	<ul style="list-style-type: none">• Empower people to be an integral part of the solution to community problems and issues



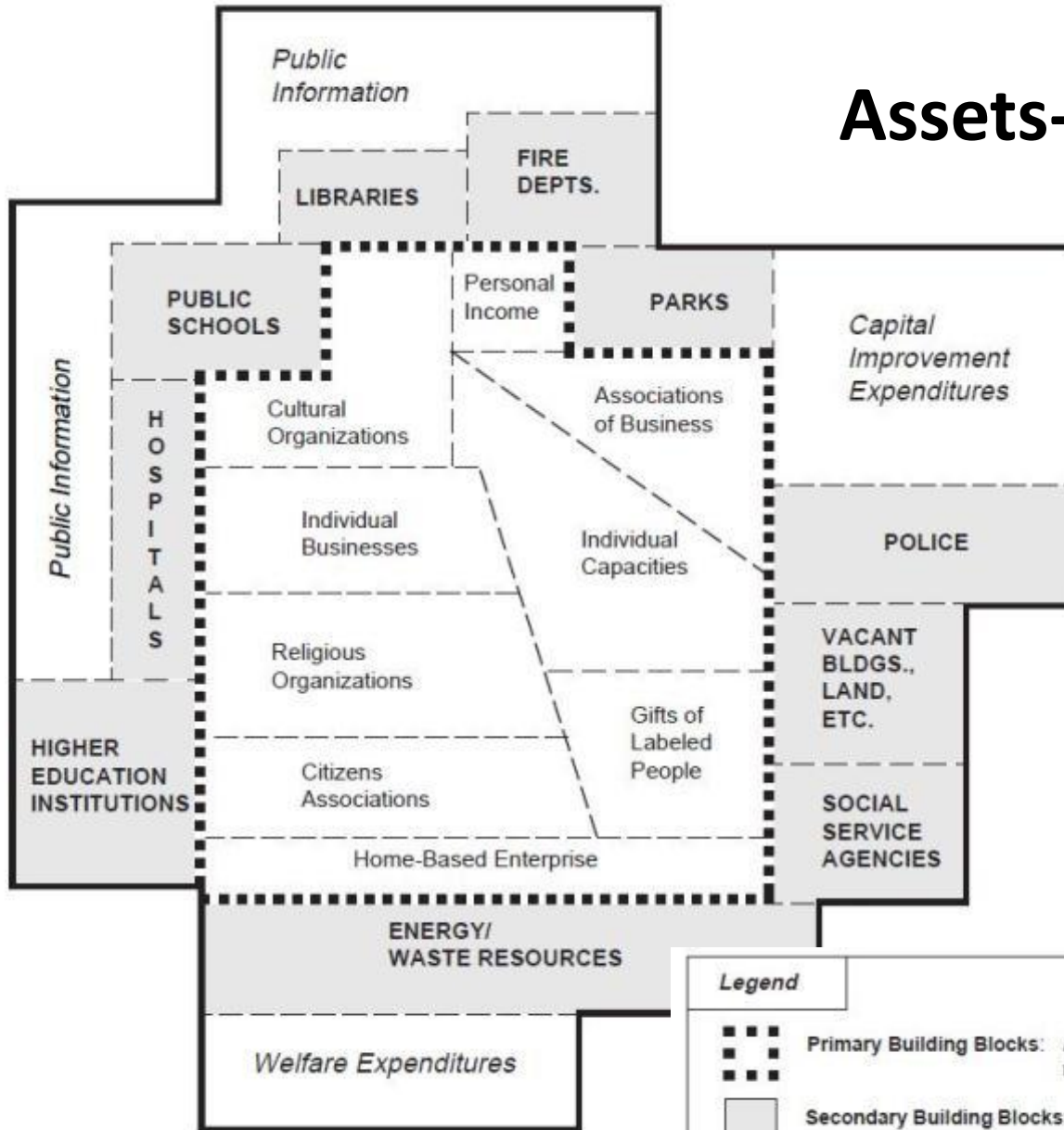
Needs-Focused Map






McKnight & Kretzmann, 1996



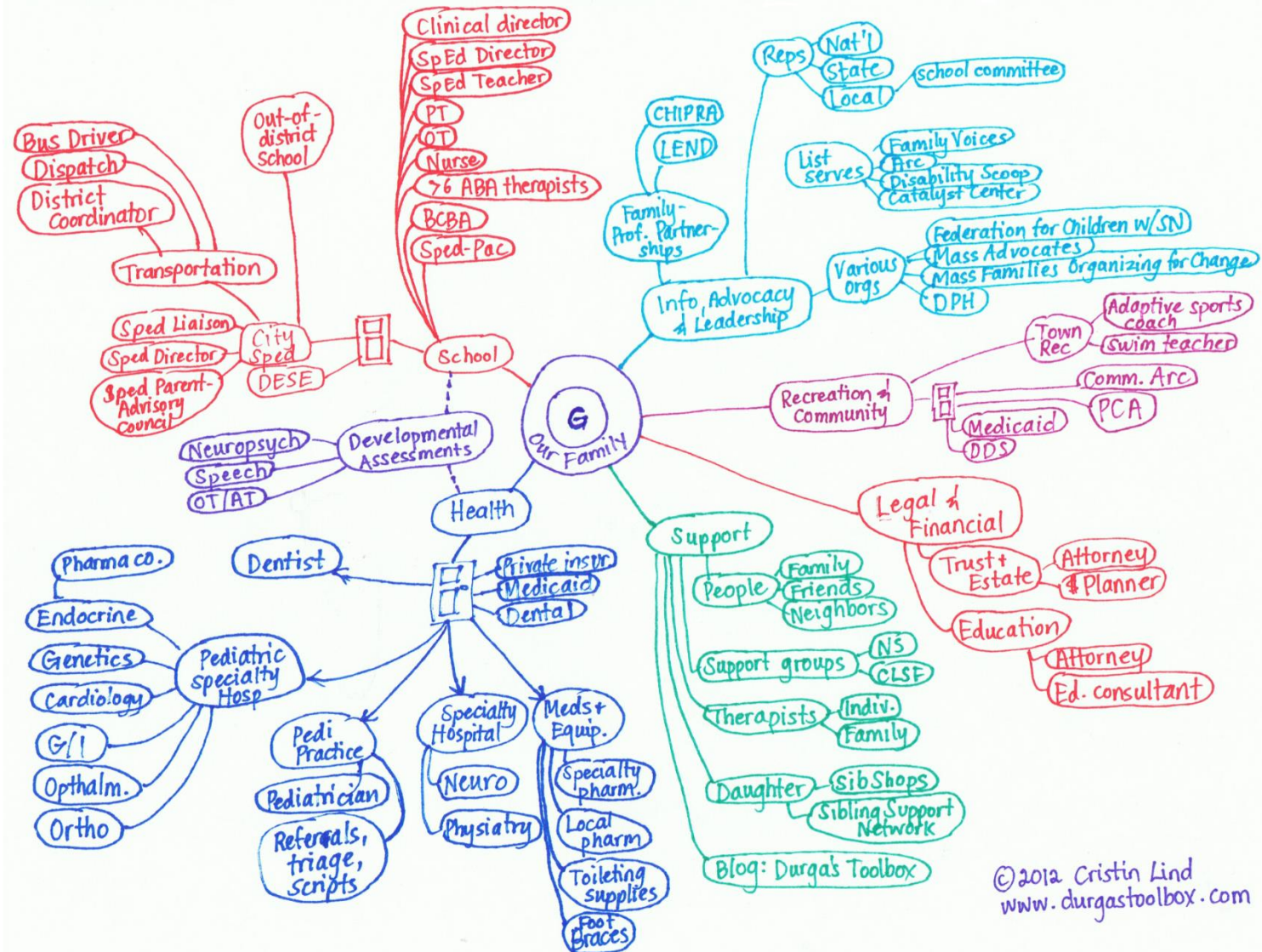
Assets-Focused Map



Legend

-  **Primary Building Blocks:** Assets and capacities located inside the neighborhood, largely under neighborhood control.
-  **Secondary Building Blocks:** ASSETS LOCATED WITHIN THE COMMUNITY, BUT LARGELY CONTROLLED BY OUTSIDERS.
-  **Potential Building Blocks:** Resources originating outside the neighborhood, controlled by outsiders.

Connecting to Each Other



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www.durgastoolbox.com



Make it Easy

“The sicker the patient, the fewer professionals they’ll need to interact with. We’ll take on the burden of coordination”

- Lee Chien Earn, CEO, Changi General Hospital, Singapore

“We’ll take on the complexity of care”

- Amir Dan Rubin, Stanford



Khoo Teck Puat Hospital, Singapore



Collaborate/Cooperate

Kendra:

- From “What’s the matter?” to “What matters to you?”



My DAD'S NAME IS
EMARTIN

My MOM'S NAME IS
DEBORAH

What Matters To Me

My NAME IS KENDRA

I AM 7

I Don't like
medicines by my

↓

I CAN Dress Myself WITH some help

↓

I CAN DO HIS

↓

I LOVE NOISE
TOYS

↓

TOYS

24.10.2013



Customize to the Individual

“What’s a good day for you?”



Move Knowledge, Not People



- Hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. Primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.
- IHI is working with 20 Federally Qualified Health Centers across the US to use Project ECHO technology (video-teaching, coaching and mentoring) to improve flow in these clinics and to build improvement skills.





ECHO Whale



PCA Española



Baton Rouge



Pecos Valley MC



DOH Las Cruces



SBRT-First Choice South Va



Memorial HDX7000



LAS VEGAS ECFH

Treatment Outcomes

Outcome	ECHO	UNMH	P-value
	N=261	N=146	
Minority	68%	49%	P<0.01
SVR* (Cure) Genotype 1	50%	46%	NS
SVR* (Cure) Genotype 2/3	70%	71%	NS

*SVR=sustained viral response

NEJM : 364: 23, June 9-2011, Arora S, Thornton K, Murata G

Successful Expansion into Multiple Diseases

	Mon	Tue	Wed	Thurs	Fri
8-10 a.m.	<u>Hepatitis C</u> <ul style="list-style-type: none"> • Arora • Thornton 	<u>Diabetes & Endocrinology</u> <ul style="list-style-type: none"> • Bouchonville 		<u>Geriatrics/ Dementia</u> <ul style="list-style-type: none"> • Herman 	<u>Palliative Care</u> <ul style="list-style-type: none"> • Neale
10-12 a.m.	<u>Rheumatology</u> <ul style="list-style-type: none"> • Bankhurst 	<u>Chronic Pain</u> <ul style="list-style-type: none"> • Katzman 	<u>Integrated Addictions & Psychiatry</u> <ul style="list-style-type: none"> • Komaromy 		<u>Complex Care</u> <ul style="list-style-type: none"> • Neale • Komaromy
2-4 p.m.	<u>HIV</u> <ul style="list-style-type: none"> • Iandiorio • Thornton 		<u>Prison Peer Educator Training</u> <ul style="list-style-type: none"> • Thornton 	<u>Women's Health & Genomics</u> <ul style="list-style-type: none"> • Curet 	

Make it Easy

Jos de Blok – The Netherlands



- Jos's vision started in 2006 while working with community nurses
- Home care in the Netherlands had been fragmented with a system of paying by task and by hour
- Different tasks were performed by different levels of carers



Buurtzorg – Neighborhood Care

- Skilled nurses working in teams of 12 or less, caring for everyone in a neighborhood of 10,000
- The teams function autonomously – they know what's best for their patients and families
- It's an organizational model without management or hierarchy, lowering overhead costs and generating savings that can be re-applied to patient care



Buurtzorg – Results

- Better outcomes
- Highest patient satisfaction rates anywhere in the country
- Average costs are 40% less than other home care organizations
 - Indicating a potential national savings of €2B
- The model has flipped from the organization's needs driving the structure to the patient's needs and the nurses' knowledge creating the structure



Buurtzorg – Spreading Worldwide

UNIVERSITY OF MINNESOTA
FALL 2011

A New Way of Delivering Home Health Care

By Robert L. Kane

At a Distinguished Lecture on October 10, 2011, Jos de Blok, the founder and CEO of Buurtzorg, a home care program in the Netherlands, described how his program has attracted national and international attention. Buurtzorg provides home health care and personal care, as well as preventive services. The model represents an innovative approach that is cost-effective, attractive to professionals, flexible, and good for patients.

A nurse by training, de Blok decided that the then current way of delivering home care through large bureaucratic organizations met the needs of neither the users nor the staff. He sensed dissatisfaction among nurses because of the inadequate autonomy and limited opportunity to use their professional skills. An excessive bureaucracy imposed too many rules that created staff and client dissatisfaction. Instead of a hierarchical model with heavy administrative costs and numerous people dedicated to overseeing others, de Blok proposes a simple model of nurse empowerment.

Each independent team (with a maximum of 12 nurses) is



(From left) Rosalie Kane, University of Minnesota School of Public Health; Jos de Blok, founder and CEO of Buurtzorg, The Netherlands; Robert Kane, University of Minnesota School of Public Health; Michele Kimball, AARP Minnesota.

11/7/13

AARP
Real Possibilities

Print Preview

AARP INTERNATIONAL

THE JOURNAL

Buurtzorg Nederland: Nurses Leading the Way!

Jos de Blok / Michele Kimball
Founder, Buurtzorg Nederland / Director, AARP Minnesota

Buurtzorg ("neighborhood care") is an innovative approach in the Netherlands which was set up to deliver home care. It originated in 2006 from the staff's dissatisfaction of traditional home care organizations. Bureaucratic duties, working in isolation from other care providers, and, above all, neglect of their professional competencies, were amongst the numerous complaints. Since then Buurtzorg has become a major success story in the Netherlands drawing accolades from the Dutch Ministry, patient organizations and others.

In 2010 AARP Minnesota met with the Dutch Agency to learn about their innovative approach to home care. The following article coauthored by Buurtzorg CEO Mr. Jos de Blok and AARP State Director Michele Kimball, describes the Dutch model, its expansion and success in the Netherlands and the promise it holds for the State of Minnesota and the United States.

Jos de Blok: The Beginning - Neighborhood Care the Way It Was Meant To Be

"What started as a team of 4 nurses in 2006, has grown to 580 teams of 6,500 nurses in 2013."



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Deep appreciation of the broad determinants of health

Cross-sector, cross-industry networks

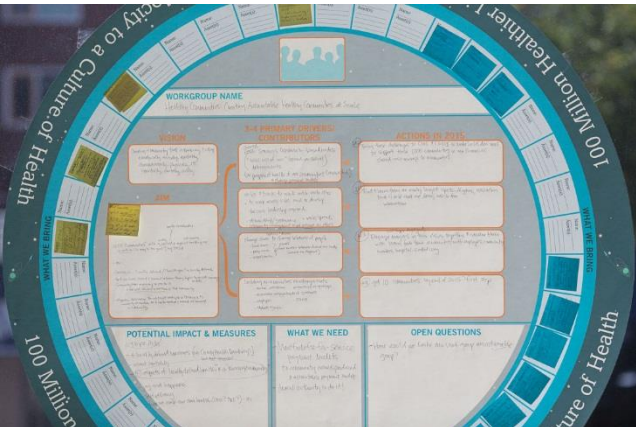
A willingness to be generous with power

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SUPPORTING OUR CUSTOMERS WHEREVER THEY ARE ON THE JOURNEY

100 Million Healthier Lives



100M Lives Campaign

Goals

- Learn together with our communities
- Accompany them on the journey
- Empower them with tools, capability and vision
- Remove the barriers from their path,
- Commit to achieving escape velocity through a deep spirit of collaboration.

We invite you to partner with us in the Guiding Coalition for Health as we learn together how to support and empower 1000 communities and 100 million people to improve health at scale across the world.



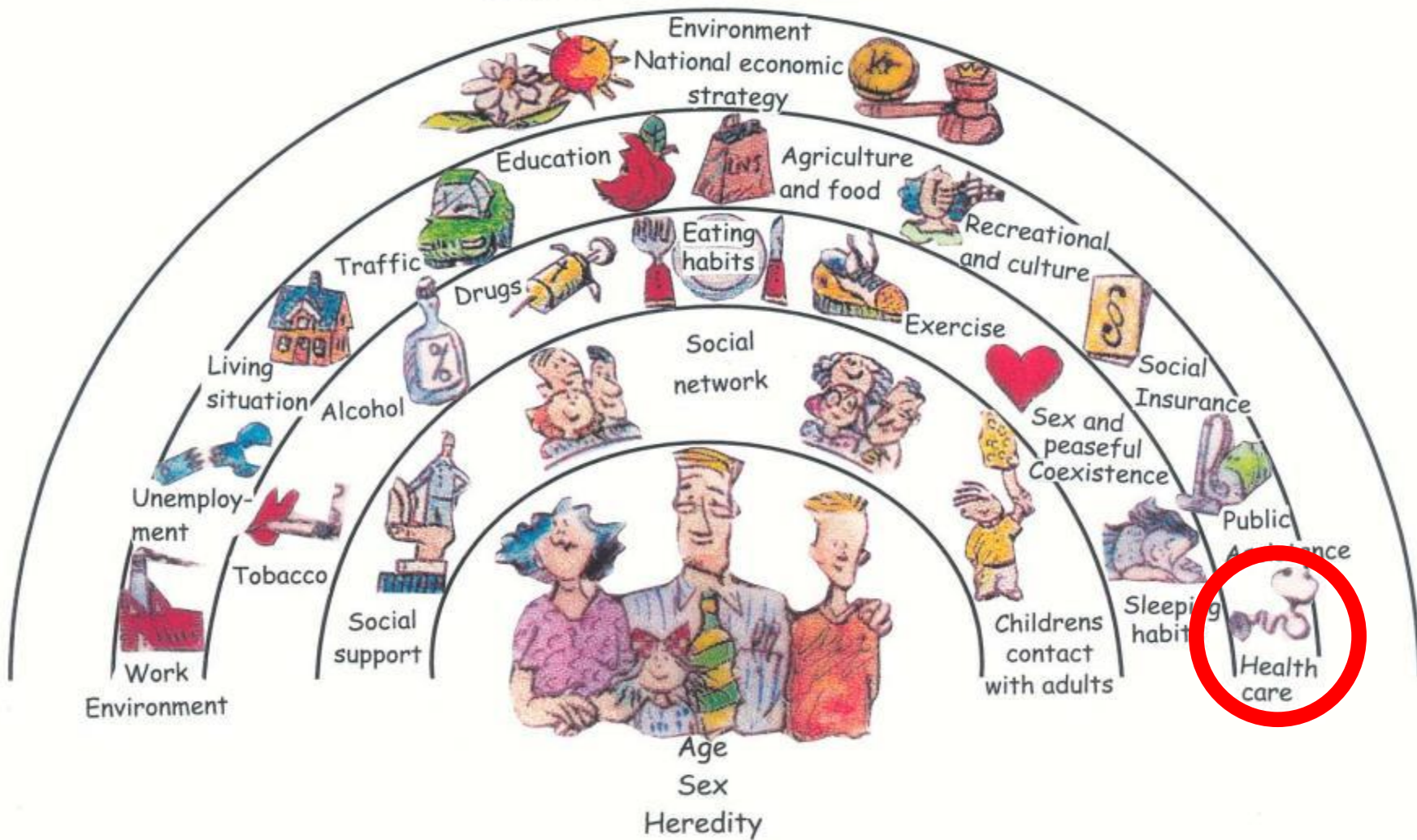
Determinants of Health

The World Health Organization defines the social determinants of health as:

“The conditions in which people are born, grow, live, work, and age...including the health system.”



Determinants of health



“Fit to play, fit to learn”



St Ninians Primary School
Stirling
Scotland
Ms Elaine Wyllie
wylliee48s@stirling.gov.uk



- Our School friend81 years old
- He has his own castle and estate
- Hosts Famous Five nurture days
- 2 chess clubs + individuals
- Storytelling, poetry, recitation penny whistle



I wonder? (Test 1)

- Could the children run round the field a few times each day to get fit?
- Took 1 class on 1 day out to run round the field a few times to see what would happen?
- Many 'couldn't run the length of themselves.'
- Almost all of the children could only manage scout's pace. It was true – they were not fit.



Improvement Science

Test 1: The field was measured – **5 laps = 1 mile**

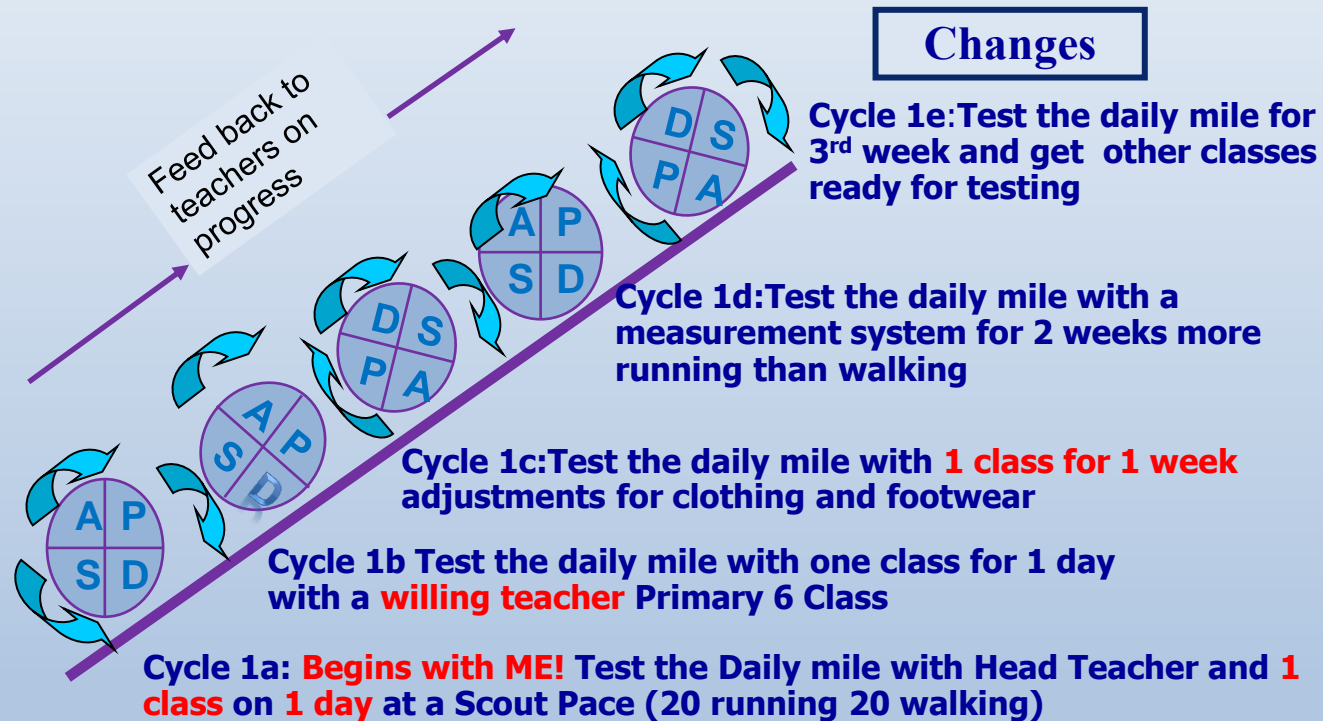
Test 2: One Primary 6 class (children age 9-11) ran a few laps round the field for 1 week February 2012
adjustments for clothing and footwear

Test 3: Can we do it consistently with a measurement system

Test 4: Can we do more running than walking

Result: After the 3 weeks, the improvement was so evident that the teacher **and** the children wanted to continue running each day

Aim: To create an opportunity to get children fitter by running a mile everyday at St Ninians School, Stirling in Scotland by June 2012



**Process Change:
To introduce the Daily Mile with the Primary 6 Class**

How the Daily Mile Works

- Children go out in almost all weathers
- Context driven time chosen by the teacher
- Easy to fit in to the day
 - fifteen minute turnaround max
 - no need to change into exercise kit
 - no training for teachers – it is simple
 - it's FREE!
- Regularly refreshed – e.g. links to national sporting events and to the curriculum
- Integrated with policy educational activities (IDL) many links made



Measurement

- Each child/class plans their own approach to the Daily Mile and tracks their own performance.
- Measurement and goals vary and are suggested by the children and the class teacher.
- Qualitative feedback from pupils, teachers and parents.



The Impact

- Inclusive of all children
- Improved focus
- Children thrive on being outdoors – experiencing the fresh air, the weather, the sights and the sounds
- ALL 420 children in the school are fit and able to get the most out of their PE sessions
- Running and building relationships
- Children are very positive about it and proud of it



Impact cont....

- 3 years on -57 Primary One children and **not one is overweight**
- Children clearly more resilient
- Access by all
- Athletics - we have had multiple successes nationally at cross country , road relay
- Children 'have a beautiful running style'
- Photo finish on Sports day!!



Parental feedback

- Parents are grateful that the school keeps their children fit and that it relieves feelings of guilt
- Children are sleeping better
- Children are eating better
- Parents from two classes not doing the Daily Mile regularly enough!
- Parents lead our running club
- The new school



Feedback from staff

- The children love being outside
- Cross-curricular learning benefits – e.g. Maths / Topic work
- It supports the rhythm of the classroom and the day
- The children's confidence has increased
- Children are focused and ready to learn when they come back into the classroom
- Relationships



The Outcome

The Daily Mile has resulted in transformational change for the children's physical, mental and emotional health and wellbeing.

The Importance of Curiosity

- IQ – Intelligence Quotient

processing complex data sets and having the mental capacity to problem solve at speed

- EQ – Emotional Quotient

the ability to perceive, control and explain emotions; risk-taking, creating resilience and empathy

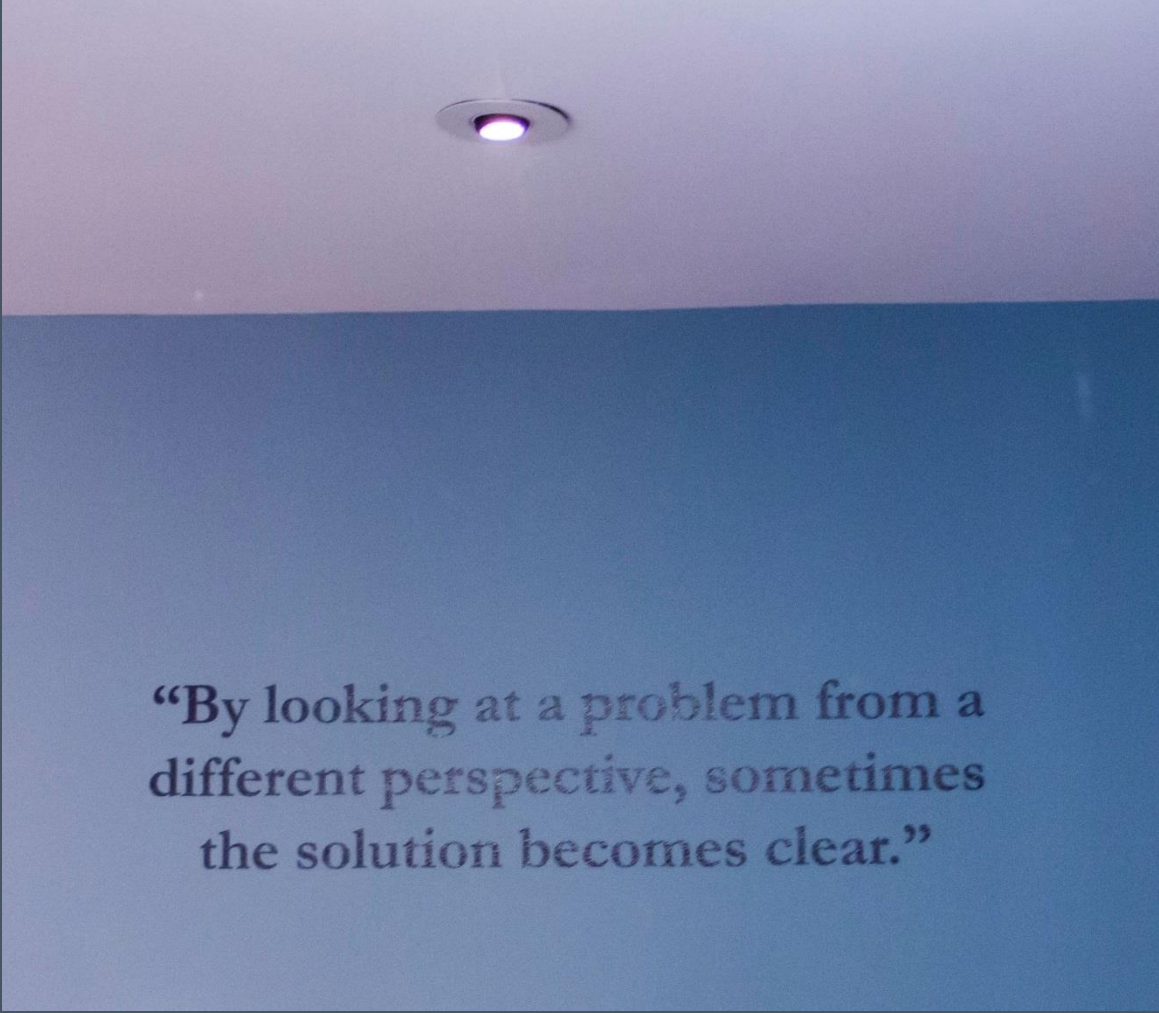
- CQ – Curiosity Quotient

inquisitive, open to new experiences, finding novelty exciting



“By looking at a problem from a
different perspective, sometimes
the solution becomes clear.”





“By looking at a problem from a different perspective, sometimes the solution becomes clear.”



Improving With Your Team

- Innovate
- Spread
- Exnovate
- Undiffuse



So Remember...

- Use your CQ and reach to learn
- Use your IQ and EQ to teach



Thank you!

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