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
IF YOU WANT TO GO FAST, GO ALONE. IF YOU WANT TO GO FAR, GO TOGETHER.

- AFRICAN PROVERB
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

Avoid “The Tyranny of the Or”
The IHI Triple Aim

Population Health

- Quality of Care
- Per Capita Cost
IHI’s Strategy to Improve Health and Health Care Worldwide

Accelerate the pace of improvement in health care

AND

Innovate with organizations and communities to improve health

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

- Quality, Cost, and Value
  Help organizations achieve financial sustainability by delivering high-quality, affordable 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?
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

<table>
<thead>
<tr>
<th>Needs</th>
<th>Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on deficiencies</td>
<td>• Focus on strengths</td>
</tr>
<tr>
<td>• Result in fragmentation of responses to local deficiencies</td>
<td>• Build relationships among people, groups, and organizations</td>
</tr>
<tr>
<td>• Make people consumers of services; builds dependence on services</td>
<td>• Identify ways that people and organizations give of their talents and resources</td>
</tr>
<tr>
<td>• Give residents little voice in deciding how to address local concerns</td>
<td>• Empower people to be an integral part of the solution to community problems and issues</td>
</tr>
</tbody>
</table>
Needs-Focused Map

McKnight & Kretzmann, 1996
Assets-Focused Map

McKnight & Kretzmann, 1996
Connecting to Each Other
“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?”
What Matters To Me

My name is Kendra.
I am 7.
I don't like medicine by myself.
I can dress myself with some help.
I can do my 5's.
I love noise. Toys.

24.10.2013
Customize to the Individual

“What’s a good day for you?”
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.
# Treatment Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=261</td>
<td>N=146</td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 1</td>
<td>50%</td>
<td>46%</td>
<td>NS</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 2/3</td>
<td>70%</td>
<td>71%</td>
<td>NS</td>
</tr>
</tbody>
</table>

*SVR=sustained viral response

Successful Expansion into Multiple Diseases

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10 a.m.</td>
<td><strong>Hepatitis C</strong></td>
<td><strong>Diabetes &amp; Endocrinology</strong></td>
<td><strong>Geriatrics/Dementia</strong></td>
<td><strong>Palliative Care</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Arora</td>
<td>• Bouchonville</td>
<td>• Herman</td>
<td>• Neale</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Thornton</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-12 a.m.</td>
<td><strong>Rheumatology</strong></td>
<td><strong>Chronic Pain</strong></td>
<td><strong>Integrated Addictions &amp; Psychiatry</strong></td>
<td><strong>Complex Care</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bankhurst</td>
<td>• Katzman</td>
<td>• Komaromy</td>
<td>• Neale</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Komaromy</td>
<td></td>
</tr>
<tr>
<td>2-4 p.m.</td>
<td><strong>HIV</strong></td>
<td><strong>Prison Peer Educator Training</strong></td>
<td><strong>Women’s Health &amp; Genomics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Iandiorio</td>
<td>• Thornton</td>
<td>• Curet</td>
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<td></td>
<td>• Thornton</td>
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</table>
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.
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

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

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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- Improvement Capability: Build widespread capability for change grounded in the science of improvement.
- Patient Safety: Create reliable systems of safety across the continuum.
- Person- and Family-Centered Care: Co-create health with individuals, families, and communities.
- Quality, Cost, and Value: Help organizations achieve financial sustainability by delivering high-quality, affordable care.
- IHI Triple Aim for Populations:  
  - Improve experience of care
  - Improve the health of populations and communities
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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

- Environment
  - National economic strategy
- Education
- Agriculture and food
- Recreational and culture
- Eating habits
- Exercise
- Social network
  - Sex and peaceful coexistence
  - Social insurance
  - Public assistance
- Children's contact with adults
- Sleeping habits
- Health care
- Smoking
- Work environment
- Unemployment
- Living situation
- Alcohol
- Traffic
- Drugs
- Social support
- Age
- Sex
- Heredity
“Fit to play, fit to learn”

St Ninians Primary School
Stirling
Scotland
Ms Elaine Wyllie
wylliee48s@stirling.gov.uk
• Our School friend ....81 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

Cycle 1a: Begins with ME! Test the Daily mile with Head Teacher and 1 class on 1 day at a Scout Pace (20 running 20 walking)

Cycle 1b: Test the daily mile with one class for 1 day with a willing teacher Primary 6 Class

Cycle 1c: Test the daily mile with 1 class for 1 week adjustments for clothing and footwear

Cycle 1d: Test the daily mile with a measurement system for 2 weeks more running than walking

Cycle 1e: Test the daily mile for 3rd week and get other classes ready for testing

Changes

Feed back to teachers on progress
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