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Motivating improvement - rewarding results: the experience of Trento (Italy)

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Overview:

- 1. The context
- 2. The EFQM Excellence Model
- 3. Enabler improvement
- 4. Measuring results
- 5. Innovation and learning





Inhabitants 480,000

Population density 76.3 per sqm

Per capita GDP 23,000 euros

(+ 20% of the average national figure)

Unemployement rate (%) 3.4 % (Italy = 9.2 %)

Tourist day stays per year 28 million





Birth rate	10.5 x 1,000
Birtirrate	1010 X 1,000

Life expectancy M = 76 yrs

F = 83 yrs

Crude mortality rate 9.3 x 1,000

Infant mortality rate 2.0 x 1,000

Population > 65 yrs 18.0 %

Population > 75 yrs 8.7 %





Trust's Mission

- Health promotion
- Preventive medicine
- Primary and hospital care
- Rehabilitation
- Psychiatric care



The Trust's figures

- 1. 7,000 employees (3,000 nurses e 850 employed doctors)
- 2. 500 GPs, pediatricians and specialists (indipendent contractors)
- 3. 2 hubs and 5 spokes acute hospitals; several outpatient clinics (2,658 appointment lists)
- 4. agreements with several private private hospitals, outpatient clinics and nursing homes
- 5. budget 2002: 790 million euros, in balance



The complexity science: complex adaptive systems

In health care organizations autonomous professionals:

- interact within the organization and outside
- use official and self acquired information
- follow different rules and values
- are oriented to satisfy needs and expectations of several stakeholders
- and "sometimes" have conflicting aims, limits and opportunities



The complexity science: complex adaptive systems

We decide on guidelines:

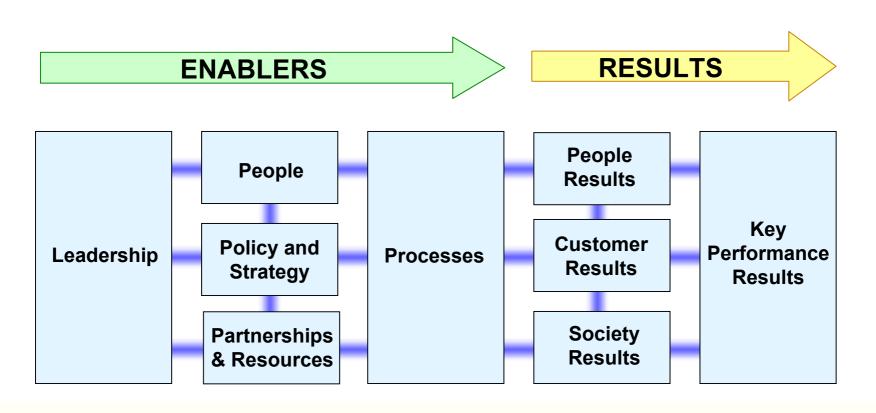
- to define a clear strategy and show a definite commitment
- to use an open and adaptive managerial style
- to give health professional full responsibility and make them accountable for their activities
- to promote governance of organizational links





The EFQM Excellence Model

Each element is important ...



INNOVATION AND LEARNING

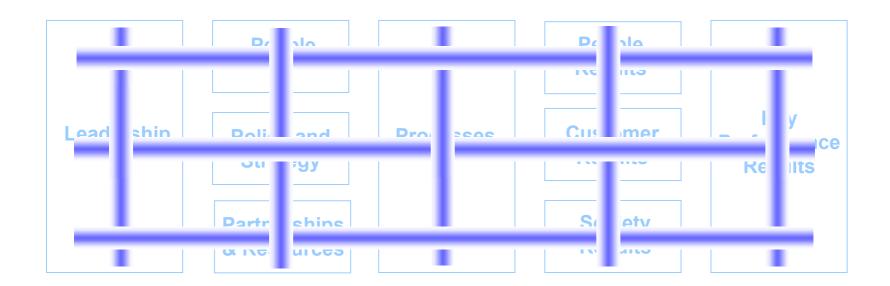


The EFQM Excellence Model

... but the undelying network is also crucial ...!

ENABLERS

RESULTS



INNOVATION AND LEARNING

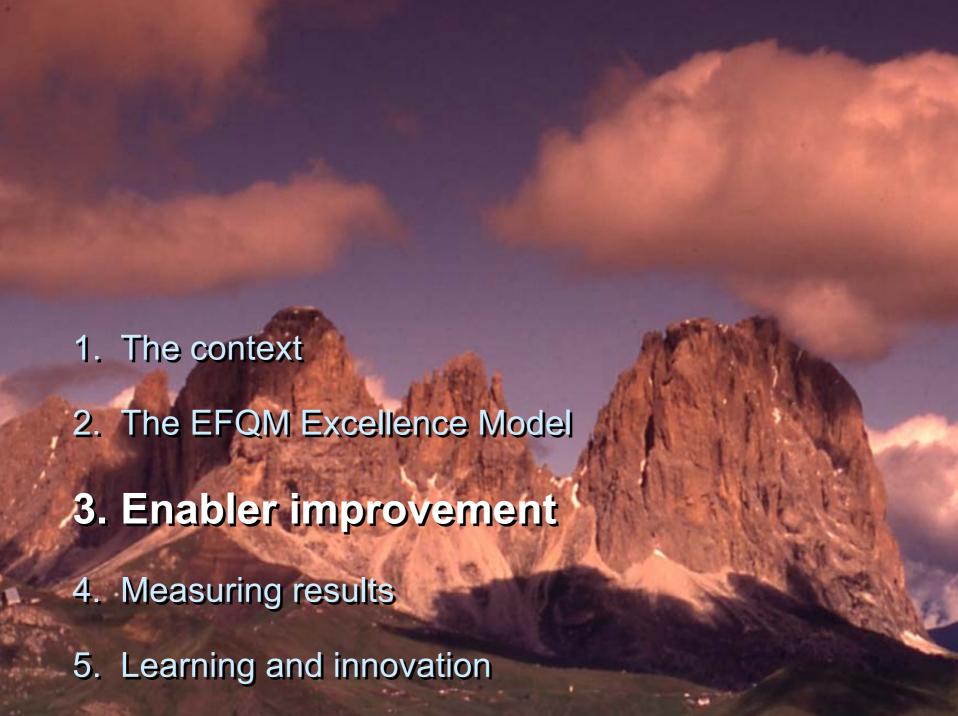


The EFQM Excellence Model

ENABLERS

RESULTS

INNOVATION AND LEARNING





ENABLER IMPROVEMENT

Continuous improvement to modify enablers:

- 1. Strategic planning
- 2. Widespread corporate quality management system
- 3. Change of budgeting process
- 4. Governance of demand and offer
- 5. Health technology assessment
- 6. Continuing education
- 7. Evaluation of human resources
- 8. New Patients' Charter



Enabler improvement - 1 STRATEGIC PLANNING

STRATEGIES:

- 1. Health promotion within health promoting settings
- 2. Continuous quality improvement
- 3. Coherent managerial action



Enabler improvement - 3 CHANGE OF BUDGETING PROCESS

BUDGETING = YEARLY ACTIVITY PROGRAM

The budget is the tool for integrating the most important processes:

- Activities and resources
- Clinical and organizational processes
- Actors: heads of department and staff, doctors, nurses and other professionals
- Routines and innovation



Enabler improvement – 4a GOVERNANCE OF DEMAND AND OFFER

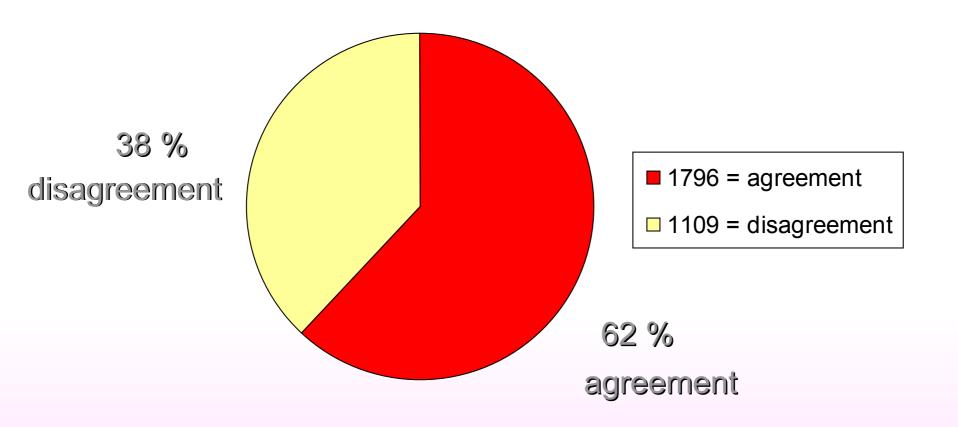
Waiting time by clinical priority:

 Fast appointment system (within 10 days)



Enabler improvement – 4b GOVERNANCE OF DEMAND AND OFFER

FAST VISITS: audit on 2,905 out of 4,039 visit requests



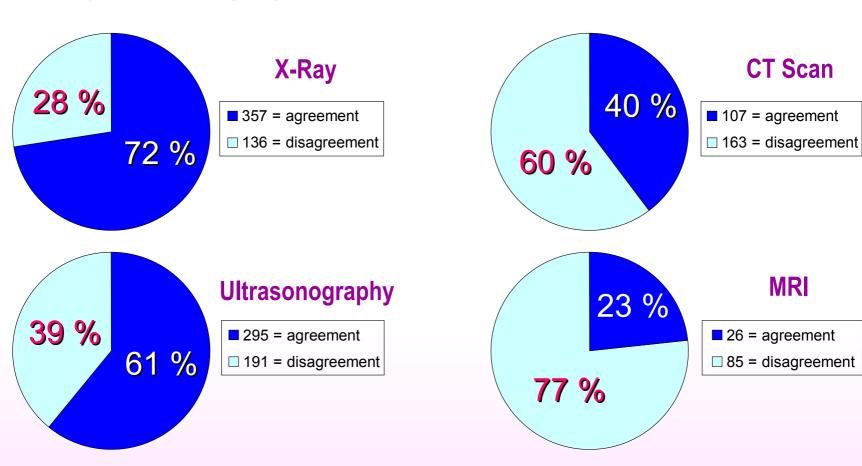


Enabler improvement – 4c **GOVERNANCE OF DEMAND AND OFFER**

MRI

FAST VISITS: audit on 1,360 visit requests

X-Ray and imaging procedures





Enabler improvement – 4d GOVERNANCE OF DEMAND AND OFFER

Survey by phone interview in 2002 (a sample of 1,500):

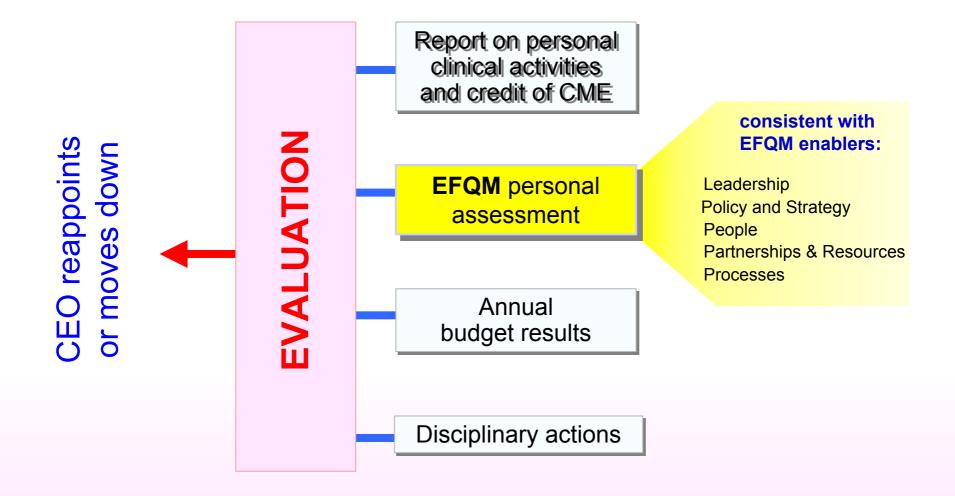
 "Waiting lists management should consider clinical priority indications, not only first come first served principle"

93.8% agrees (74.3% strongly agrees)



Enabler improvement - 7 EVALUATION OF HUMAN RESOURCES

Framework for clinicians evaluation:







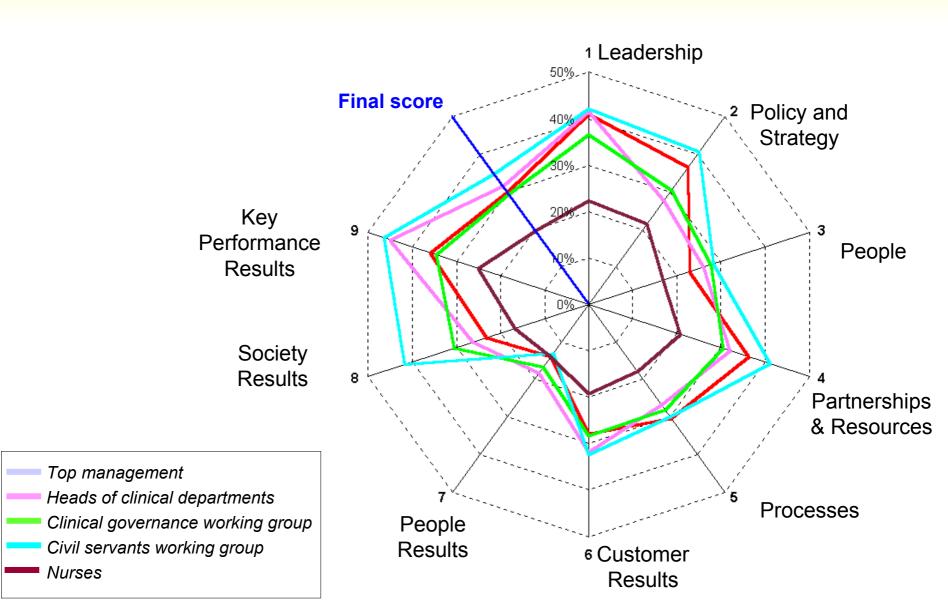
MEASURING RESULTS

Continuous improvement in measuring results:

- 1. Integrated surveys of stakeholder satisfaction
- 2. New controlling system including clinical indicators



The Trust's first self assessment (2001)





Measuring results - 1b STAKEHOLDER SATISFACTION

INTEGRATED SURVEYS: opinions of employees and citizens on Trust's health services are concordant but employees believe that citizens are too critical

Example: opinions on quality of Trust's health services:

	CITIZENS	CLINICIANS	citizen opinion as CONSIDERED by clinicians
satisfied	88 %	89 %	33 %
unsatisfied	12 %	11 %	67 %



Measuring results – 2a NEW CONTROLLING SYSTEM

CLINICAL INDICATORS (2003):

- PROCESS indicators as proxy of outcomes
- OUTCOME indicators

- Each department has chosen at least one indicator
- Efforts have been oriented to reshape information flows



Measuring results – 2b NEW CONTROLLING SYSTEM

CLINICAL INDICATORS (2003):

Angina pectoris in emergency room:

1 — Time for the first ECG (1,107 enrolled patients):

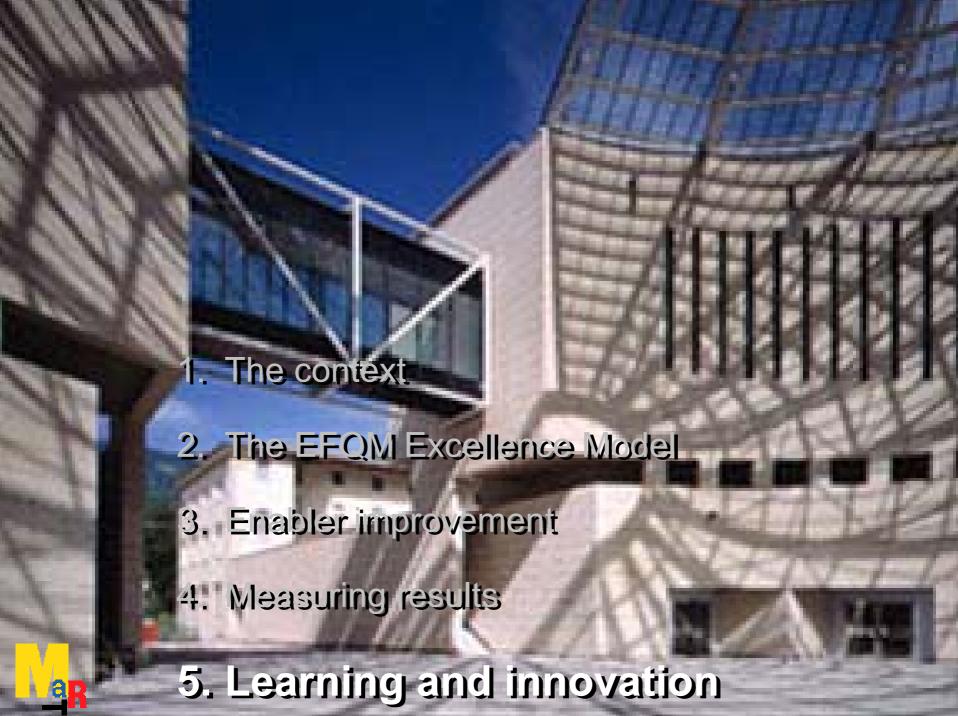
0 - 15 min. = **75** %

16 - 30 min. = **13** %

2 – "Door - needle" time (131 patients admitted to ICU): average time = **70 min.**

Cancer of the rectum:

% of complete and partial remissions after preoperative radiotherapy





LEARNING AND INNOVATION

Four words seem to describe the present status of the Trust development:

- COMMITMENT
- COHERENCE
- CONCRETENESS
- PATIENCE



LEARNING AND INNOVATION

We have to cope with three main issues:

- to insist on efforts to link clinicians and managers in the system governance
- to involve an increasing number of people in a conscious way
- to clarify expected professional, organizational and relations behaviour and improve the rewarding system



LEARNING AND INNOVATION

