

15th HPH conference (Vienna, April 11-13, 2007)

# EFQM MODEL FOR HEALTH PROMOTION IN TRENTINO

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*Azienda Provinciale  
per i Servizi Sanitari*  
Provincia Autonoma di Trento



OSPEDALI  
PER LA PROMOZIONE  
DELLA SALUTE  
una rete dell'OMS

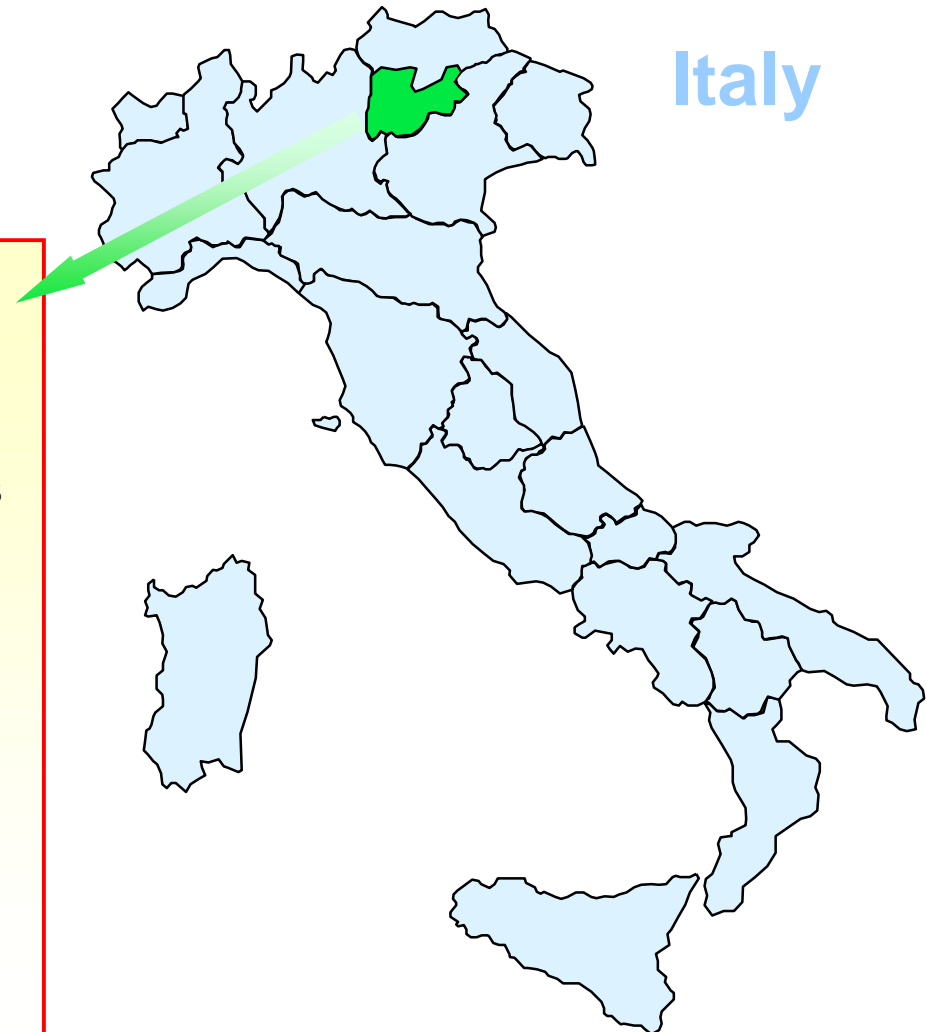


*Joint Commission*  
INTERNATIONAL  
Ospedale S. Chiara



# THE AUTONOMOUS PROVINCE OF TRENTO

Birth rate	10.2 x 1,000
Life expectancy	M = 77 yrs F = 84.6 yrs
Crude mortality rate	8.8 x 1,000
Infant mortality rate	2.5 x 1,000
Population > 65 yrs	19.0 %
Population > 80 yrs	5.5 %
Inhabitants	502,478





# AZIENDA PROVINCIAL PER I SERVIZI SANITARI HEALTH TRUST FIGURES

- 7,400 employees (of which about 4,000 healthcare professionals)
- 500 self-employed professionals of which 390 general practitioners, and 79 community paediatricians
- 2 hub hospitals, 11 health care districts (5 of which have hospital facilities, and outpatients facilities); 2,600 bookable medical tests, and clinical priorities lists
- Agreements with private hospitals, outpatients clinics, and nursing homes
- Total expenditure 2006 928 million euros

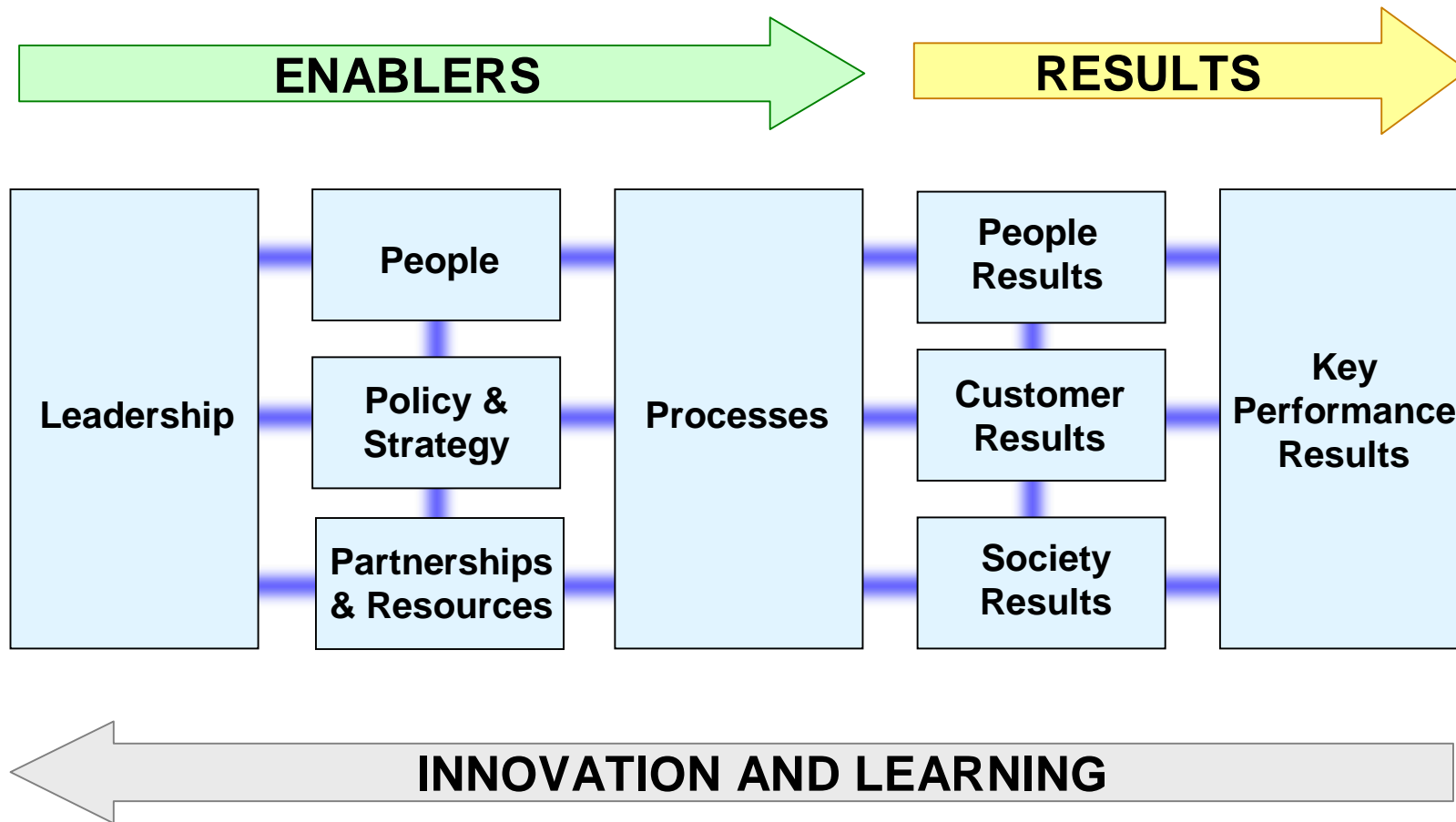


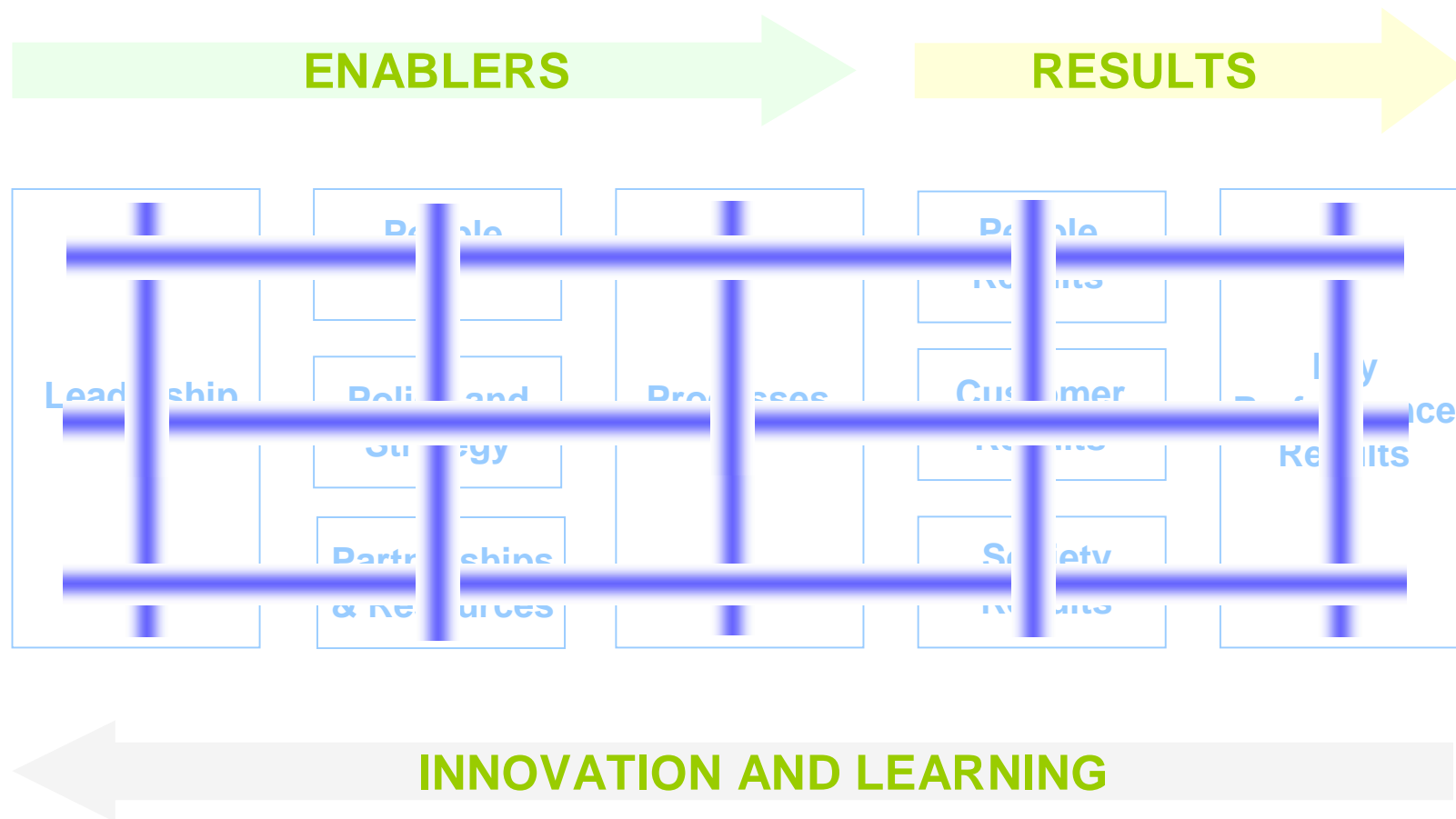
# AZIENDA PROVINCIAL PER I SERVIZI SANITARI HEALTH TRUST MISSION

- Health promotion
- Preventive medicine
- Primary care
- Hospital care
- Rehabilitation and long term care
- Mental health



# THE EUROPEAN FOUNDATION QUALITY MODEL FOR EXCELLENCE





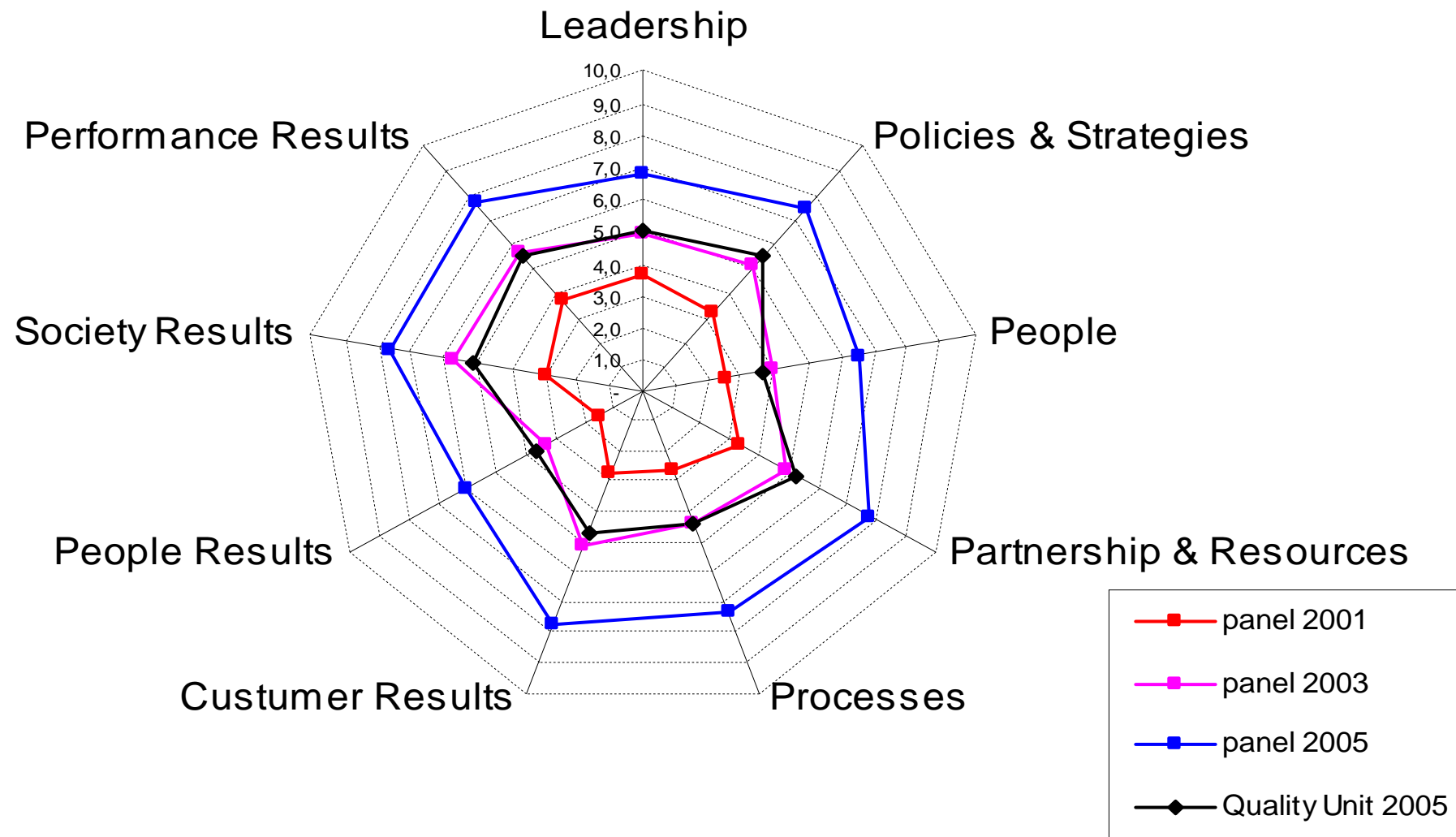


# HEALTH PROMOTION AND THE EFQM MODEL FOR EXCELLENCE

- The HPH Strategy can be integrated in the EFQM model to illustrate how health promotion is implemented and “working” in practice
- The EFQM model has an orientation towards patient centered outcome which concurs with the HPH approach
- As corporate improvement framework the EFQM model provides recognition at different stages of comprehensive or key processes (i.e. safety of workers) improvement
- The EFQM model is attachable to main corporate processes and on-going HPH projects



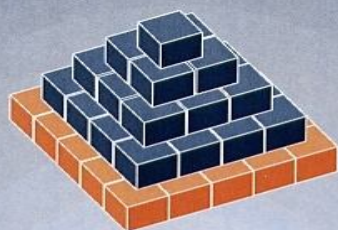
# SELF-ASSESSMENTS







# EFQM RECOGNITION LEVELS ACHIEVED



**Committed  
to Excellence  
in Europe**



**AZIENDA PROVINCIALE  
PER I SERVIZI SANITARI**

October 2004



Certificate number: C2E2004118



is awarded to

**Azienda Provinciale Per I  
Servizi Sanitari - Trento**

September 2006

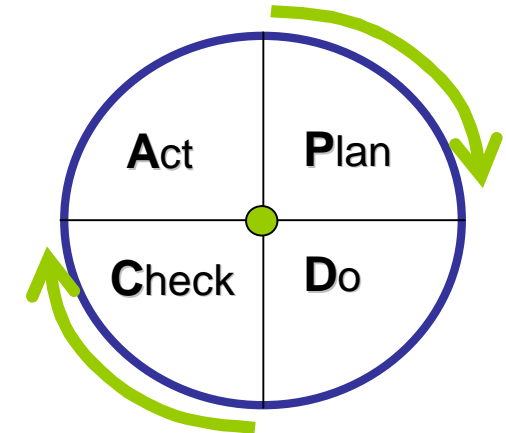
  
Chris Lebeer,  
CEO of EFQM

Issued by   
Associazione Italiana Cultura Qualità

Certificate number: R4E2006123294979



# FACTOR 1 - LEADERSHIP



- ☐ Trust Strategic Development Plan focusing on:
  - promoting health of patients and staff
  - improving the health promotion potential of the organization
  - providing services for the community
  
- ☐ Chief Executive Officer facilitating regular progress update meetings
  
- ☐ Direct involvement of people in sustaining health promotion culture and activities



# STRATEGIC PLANNING

## **STRATEGIC DIRECTION**

Health promotion within  
health promoting settings

## **GOAL:**

*In the 2005-2009 quinquennium we will have to include  
health promotion activities in all care packages*



## FACTOR 2 – POLICY & STRATEGY

- ☐ Clear definition of roles & responsibilities of people
- ☐ Budget planning for projects and activities
- ☐ Different methods for communicating and sustaining health promotion policy
- ☐ Policy and procedural arrangements involving health promotion during Joint Commission International accreditation



# FINANCIAL MANAGEMENT

**ACTIVITIES** to be performed  
with available **RESOURCES**

## FINANCIAL OVERVIEW (A+B+C)

## A PLANS

## B

## C PORTFOLIO

### Budget planning

- CEO budgetary guidelines
- Day-to-day running costs forecast
- Long term planning

### Year end statement

- CEO final report
- Audited report

- Patients safety
- Staff safety
- Staff training
- Building works
- Medical equipment
- IT
- Human resources
- Goods and services

Figures broken  
down:

- Central directorates
- Hospitals, health districts
- Operational unit and services (wards, etc.)

Major projects:  
IT, organisational,  
Autonomous  
Province of Trento  
objectives, etc.)



## FACTOR 3 – PEOPLE (1/2)

### Measures adopted by management

#### ☐ **To increase staff skills:**

- courses on specific health-promotion issues, such as pain-free hospital and smoke-free hospital
- permanent education

#### ☐ **To improve staff working conditions:**

- meetings and surveys to assess and evaluate workers' needs and levels of job satisfaction
- flexible working hours
- staff safety
- career prospects



## FACTOR 3 – PEOPLE (2/2)

### **Staff directly involved with**

- ☐ Suggestions to management for the adoption of new protocols based on direct observance (for example in health promotion standards for patients and hospital environment)
- ☐ Internal audit procedures
- ☐ Participation in multi-disciplinary working groups



## FACTOR 4 – PARTNERSHIP & RESOURCES

- ❑ Hospitals and community services network to ensure shared disease management pathways for continuity of care among hospitals, primary care, rehabilitation facilities and nursing homes with:
  - Local government and institutions
  - Social services and schools
  - Volunteer groups, patients and users associations
  - Bussinesses
- ❑ Links with other Italian regional networks
- ❑ Manufacturers & Suppliers: cooperation in the design and manufacture of medical devices to improve safety of patients and staff
- ❑ External partnerships: initiatives to improve effective communication to patients and general public





## FACTOR 5 – PROCESSES (1/2)

- ❑ **Designing, managing and improving processes in order to sustain local Health Trust policies:**
  - Planning new services for specific health promotion issues (mental health and hospital services)
  - Developing clinical pathways based on modern concepts of health promotion with particular attention to needs of chronic patients
  - Involving patients and other stakeholders in projects (patient charter) and audit on specific services (multi-dimensional assessments, home care services)
  - Introducing projects after experimentation into ordinary activities



## FACTOR 5 – PROCESSES (2/2)

### ☐ **Information and communication:**

- Surveys to assess relationship with patients, community and staff
- Information for patients (services availability, factors influencing health, patients' rights)

### ☐ **Patient management:**

- Personal needs analysis
- Procedures for patient clinical assessment (admission, treatment and discharge) and reviewing
- Guidelines on informed consent
- Personalized care plans for discharged patients



## FACTOR 6 – RESULTS (1/3)

Results	Activities	Health promotion issues and measures
Customer results (perception)	<ul style="list-style-type: none"><li>• General population surveys (phone interviews)</li><li>• Patients and users surveys (questionnaires, meetings, focus groups, audits)</li></ul>	<ul style="list-style-type: none"><li>• Surveys considered different aspects of health promotion (accessibility to services, availability of information, relationships with clinicians, user-friendly services)</li><li>• Ongoing involvement of about 200 associations proved relevant to the development of patient charter</li></ul>
Customer results (performance)	<ul style="list-style-type: none"><li>• Migrant-friendly hospital</li></ul>	<ul style="list-style-type: none"><li>• 102 culturally-mediated interventions in 16 languages were performed in 2006</li><li>• Meetings with foreign patients and their communities</li><li>• Media initiatives</li></ul>
Customer results (performance)	<ul style="list-style-type: none"><li>• Citizens' complaints analysis</li></ul>	<ul style="list-style-type: none"><li>• Evaluated issues included: accessibility, timeliness of services, comfort and amenities, completeness and clarity of information, personalisation, privacy and humanization of treatment</li></ul>



# FACTOR 7 – RESULTS (2/3)

Results	Activities	Health promotion issues and measures
People results (perception)	<ul style="list-style-type: none"><li>• General and specific satisfaction surveys (questionnaires, meetings, focus groups, audits)</li></ul>	<ul style="list-style-type: none"><li>• As part of an overall approach to identify staff needs and expectations, surveys took into consideration health promotion issues (degree of realisation of health promotion policies, staff safety, working conditions)</li><li>• Specific surveys (competencies, education and safety)</li></ul>
People results (performance)	<ul style="list-style-type: none"><li>• Worker safety measures</li></ul>	<ul style="list-style-type: none"><li>• Occupational accidents, preventive and corrective actions</li></ul>



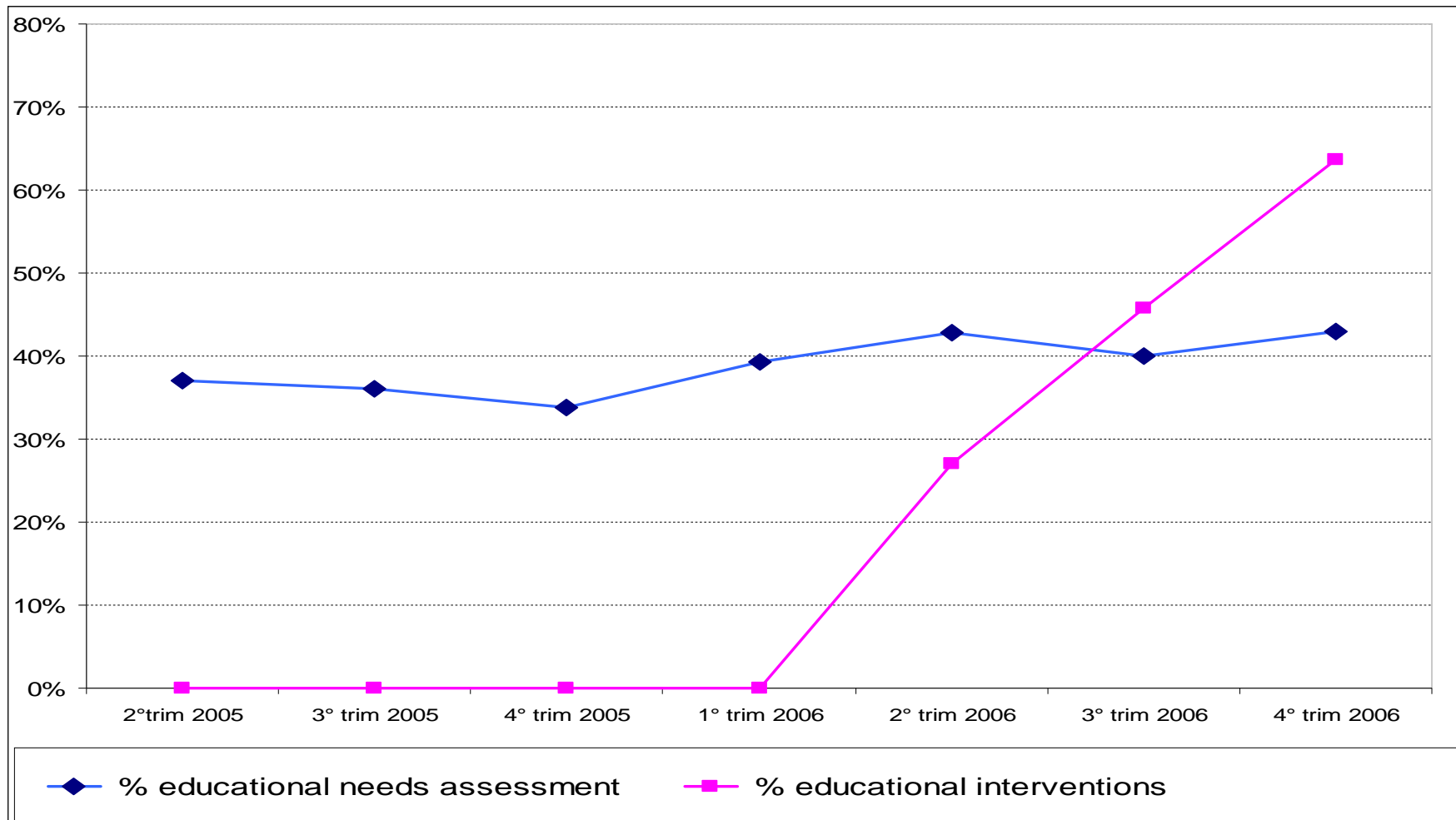
## FACTOR 9 – RESULTS (3/3)

Results	Activities	Health promotion issues and measures
Performance results measurement	<ul style="list-style-type: none"><li>• Patients assessments: risk factors and needs assessment</li><li>• Health Promoting Hospitals Projects results</li></ul>	<ul style="list-style-type: none"><li>• Assessments: educational needs and pain management</li><li>• Specific assessment measures</li></ul>
Key corporate performance results	<ul style="list-style-type: none"><li>• Results on community health level (disability-free life expectancy)</li><li>• Hospital services performance</li></ul>	<ul style="list-style-type: none"><li>• Health promotion overall results are reflected in key corporate performance results</li></ul>



# ASSESSMENTS: EDUCATIONAL NEEDS AND PAIN MANAGEMENT

Assessment of patients educational needs and interventions  
completeness levels as recorded on medical sheets





# BALANCED SCORECARD

- ❑ The Balanced Scorecard as *management system* enables to translate vision and strategy into action
- ❑ It evaluates the performance from a multidimensional perspective: internal processes, stakeholders, economic performance, and training\*
- ❑ It offers a balancing between clinical, administrative and financial areas

Structure:

- 3 Perspectives
- 8 Key Performance Areas
- 20 Indicators

Key Performance Areas (KPA)	Key Performance Indicators (KPI)	2005	Goal	2006	Difference	KPA weight	KPI weight	% Reached goal	Points
<b>Internal processes perspective</b>						<b>100</b>			<b>71</b>
Improving clinical and organization appropriateness of hospital services	1. Number of medical sentinel DRGs	8,736	8,736	8,942	<b>2.4%</b>	<b>45</b>	9	<b>21%</b>	<b>16</b>
	2. % of surgical sentinel DRGs	99.6%	99.6%	99.7%	<b>0.03%</b>		9	<b>100%</b>	
	3. % of surgical DRGs in surgical wards	69.6%	69.6%	68.6%	<b>-1,5%</b>		9	<b>24%</b>	
	4. Mean DRG weight	1.10	1.10	1.08	<b>-1.9%</b>		9	<b>-27%</b>	
	5. Beds occupancy rate	74,4%	75,1%	74,8%	<b>-0.4%</b>		9	<b>60%</b>	
Increasing outpatients and community care	6. % of white codes in Emergency Room	43.2%	41%	40%	<b>-3%</b>	<b>35</b>	15	<b>100%</b>	<b>35</b>
	7. Home care number of users (first 9 months 2006)	11,180	16,000	16,342	<b>2%</b>		10	<b>100%</b>	
	8. Number of ambulatory specialty services (first visits)	639,744	646,141	645,203	<b>-0.1%</b>		10	<b>97%</b>	
Ensuring public health	9. % of measles vaccination coverage (24 months)	84.7%	85%	85.9%	<b>1%</b>	<b>20</b>	6	<b>100%</b>	<b>20</b>
	10. % of antinfluenzal vaccination coverage (over 65 years)	68.2%	67.0%	67.5%	<b>1%</b>		6	<b>100%</b>	
	11. % of mammographic screening adhesion	84.8%	70%	89.3%	<b>28%</b>		4	<b>100%</b>	
	12. % of PAP test screening adhesion		59%	59.5%	<b>1%</b>		4	<b>100%</b>	



Key Performance Areas (KPA)	Key Performance Indicators (KPI)	2005	Goal	2006	Difference	KPA weight	KPI weight	% Reached goal	Points
<b>Stakeholders perspective</b>						<b>100</b>			<b>71</b>
Services timeliness	13. Critical specialty services waiting times **					<b>40</b>	36	<b>72%</b>	<b>26</b>
	14. Waiting times for critical admissions (1st sem 06) **						4	<b>0%</b>	<b>-</b>
Passive orthopaedic mobility reduction	15. Number of orthopaedics admissions in Autonomous Province of Trento ***	8,201	8,600	8,578	<b>-0.3%</b>	<b>40</b>	20	<b>95%</b>	<b>19</b>
	16. % of orthopaedics admissions outside the Autonomous Province of Trento as percentage of all orthopaedics admissions ***	33.6%	33%	32.9%	<b>-0.3%</b>		20	<b>100%</b>	<b>20</b>
Autonomous Province of Trento satisfaction	17. Annual Autonomous Province of Trento satisfaction level on projects performed to reach assigned objectives	85%	100%	80%	<b>-20%</b>	<b>20</b>	20	<b>80%</b>	<b>16</b>

\*\* Indicator 13 and 14: data being very complex are not reported here

\*\*\* Indicator 15 and 16: Autonomous Province of Trento residents only

Key Performance Areas (KPA)	Key Performance Indicators (KPI)	2005	Goal	2006	Difference	KPA weight	KPI weight	% Reached goal	Points
<b>Economic performance perspective</b>					<b>100</b>			<b>71</b>	
Ensuring efficiency	18. Total consumption	87,417,945	92,191,764	95,106,664	<b>3%</b>	<b>80</b>	80	<b>37%</b>	<b>44</b>
	19. Human resources (departments and self employed professionals appointments)	6,872	7,057	6,947	<b>-2%</b>	<b>15</b>	15	<b>100%</b>	
Ensuring direct medicine delivery	20. Gross saving in medicines acquisitions (nov 06 – feb 07)		280,000	261,257	<b>-7%</b>	<b>5</b>	5	<b>67%</b>	<b>3</b>



# RESULTS

Perspective	MAXIMUM POINTS	REACHED POINTS
Internal processes	25	18
Stakeholders	65	53
Economic performance	10	5
<b>TOTAL</b>	100	<b>75</b>

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