F P K S Forskningsnetværk for patientsikkerhed og Kvalitet i Sundhedsvæsenet

Seminar: Data driven leadership of quality improvement in health care - assumptions, rules and facts

13. juni 15:30-18:30, Kræftens Bekæmpelse Strandboulevarden 49, Kbh.

Clinicians, leaders, researchers, patients and policy makers use data to improve care. Measurement can provide a powerful means of learning through improvement initiatives, both within the initial setting and subsequently for spreading improvement across wider healthcare systems. However, when done badly measurement can be wasteful, or even harmful. Healthcare is inundated with data that are not or cannot be used for quality improvement, and many quality improvement initiatives are not equipped with the resource and skills needed to use data well for improvement.

In this seminar, we explore recommendations for selecting, presenting and interpreting quality data and we seek to highlight how leaders use the data in strategic and operational decisions.

Foredrag og diskussion på engelsk/dansk, oversættelse efter behov.

Programme

15:30	Welcome & Introduction / Christian von Plessen, centerchef, formand for FPKS, Center for Kvalitet
15:40	Thomas Woodcock / Improvement Science Fellow, Leadership in Applied Health Research and Care (CLAHRC) Imperial College
16:25	*A very short break*
16:30	Jacob Anhøj / overlæge, patientsikkerhed, Rigshospitalet
17:10	Knut Borch-Johnsen / Knut Borch-Johnsen, vicedirektør, lægefaglig chef, Holbæk Hospital
17:50	Questions and Answers. Moderator Mickael Bech, professor, KORA
18:30	End of seminar / call for proposals / Henning Boje Andersen, professor, næstformand/webmaster FPKS *Sandwiches / Networking*

Deltagergebyr: kr 350 (studerende: 0 kr)

Tilmelding senest 11. juni: http://www.tilmeld.dk/FPKS2017

NB: Efter seminaret afholdes samme sted kl. 18.45 den årlige generalforsamling i Forskningsnetværket. Kun medlemmer har stemmeret/taleret – nye medlemmer velkomne og kan registrere sig (gratis) på: http://www.fpks.dk/medlemskab

ABSTRACTS

Thomas Woodcock: The interpretation and use of healthcare performance data

Several methods are used to monitor variations in healthcare performance, including Statistical Process Control (SPC) and Hospital Standardized Mortality Rate and others. These methods of monitoring data are increasingly used in healthcare improvement initiatives, and are often well suited to this purpose. However, the methods are used with varying fidelity, with many healthcare improvement teams lacking the necessary skills, knowledge and capacity to the most from the data. Commonly occurring problems include irrelevant or poor quality data, failure to analyse and act on the data effectively, and inability to demonstrate improvement convincingly to others.

Much can be done to avoid many of these problems however. Leaders have the ability to enact and encourage good practice in measurement, and to influence others in doing so. At present, there is variation in leaders' understanding of performance data, presenting a challenge and an opportunity for the improvement community

Jakob Anhøj: The problem with red, amber, green: the need to avoid distraction by random variation in organisational performance measures

Many healthcare organisations track performance measures using red, amber, green data displays. By "red, amber, green" we are referring to graphical data displays that use colour coding of individual data values based on whether this value is on the right (green) or wrong (red) side of a target value. Amber or yellow is used to indicate data values that are somewhere between "right" and "wrong". The problem with red, amber, green data displays is that at best they are useless, at worst they are harmful. When used in deciding when and how to take action, red, amber, green displays encourage overreaction to random variation, and do not facilitate the identification of non-random shifts in the data.

Instead, we suggest that healthcare managers use control charts for display of data over time. Control charts are simple diagnostic tools that allow the distinction of random from non-random variation in data over time. This distinction is crucial for the choice of improvement strategy.

Knut Borch-Johnsen: How may healthcare leaders use data to monitor and improve quality?

Hospital management used to be the noble art of finding the right balance between funding and needs. Keep your budget and deliver on the activity contract – and the hospital management was in "safe haven". To be able to do this, we as managers need data showing whether we are on the right track. Years have been spent on developing monitoring systems providing real-time, relevant and sufficient data to manage safely without being overwhelmed by data-overload.

These days are long gone. For many years quality and patient safety have been high on the agenda, but at "the end of the day" we all too often saw that "money talks". One reason was the absence of real-time, high quality and clinically relevant data on quality of care and patient safety.

The change from the accreditation-based system monitoring of adherence to guidelines to the new quality program based on results and clinically relevant indicators represents a new paradigm, but also requires new methods and organization of our work in the local and central quality units.In this presentation, I will focus on how we work with this from the floor level to the hospital-management level – with a strict focus on data-driven leadership.