



Executive vice president
Erik Jylling
Danish Regions

Quality in Danish Health Care – Moving from accreditation to an improvement approach

Agenda

1. **The Danish Healthcare System**
2. The National Quality Programme
3. Shift in Steering Model
4. Key Element 1
8 National Goals
5. Key Element 2
Learning and Quality Teams
6. Key Element 3
The National Leadership Programme



The Danish Healthcare System

**Universal
Coverage**

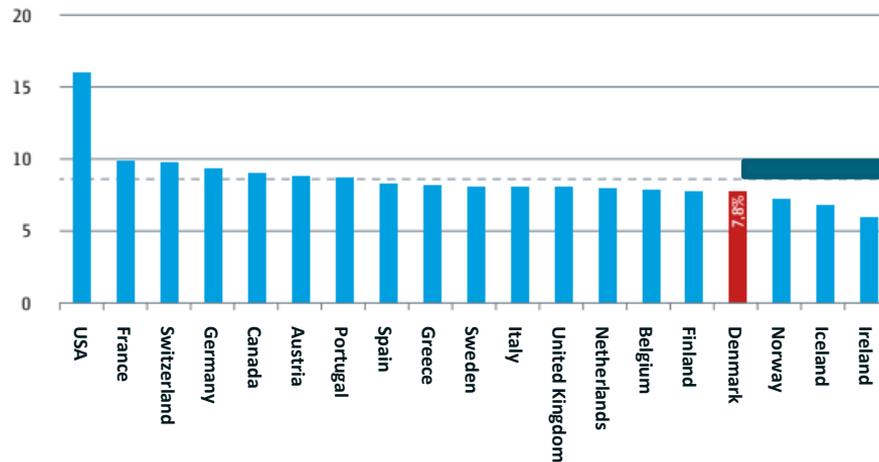
**Free & Equal
Access**

**Financed
by general
taxes**

**A high degree of
decentralization**

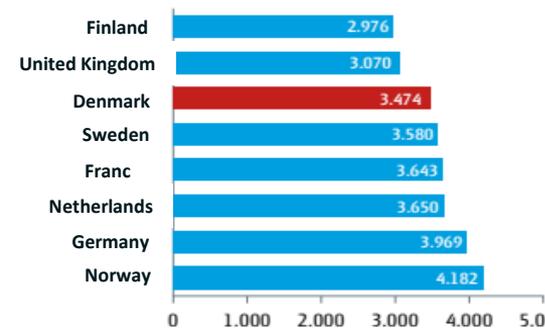
Healthcare expenses below OECD average

Healthcare expenses, % of GDP 2018



Source: OECD Health Data – 8,6 OECD average

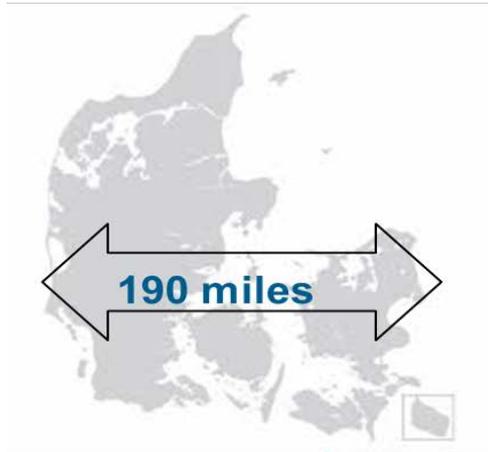
Health expenses per inhabitant 2018 - dollars



Organization of the Healthcare System

National Level

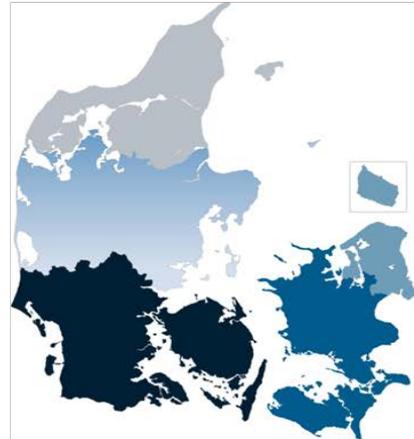
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Ministry of
Health

Regional Level

.....



5 Regions
5,8 millions inhab.

Local Level

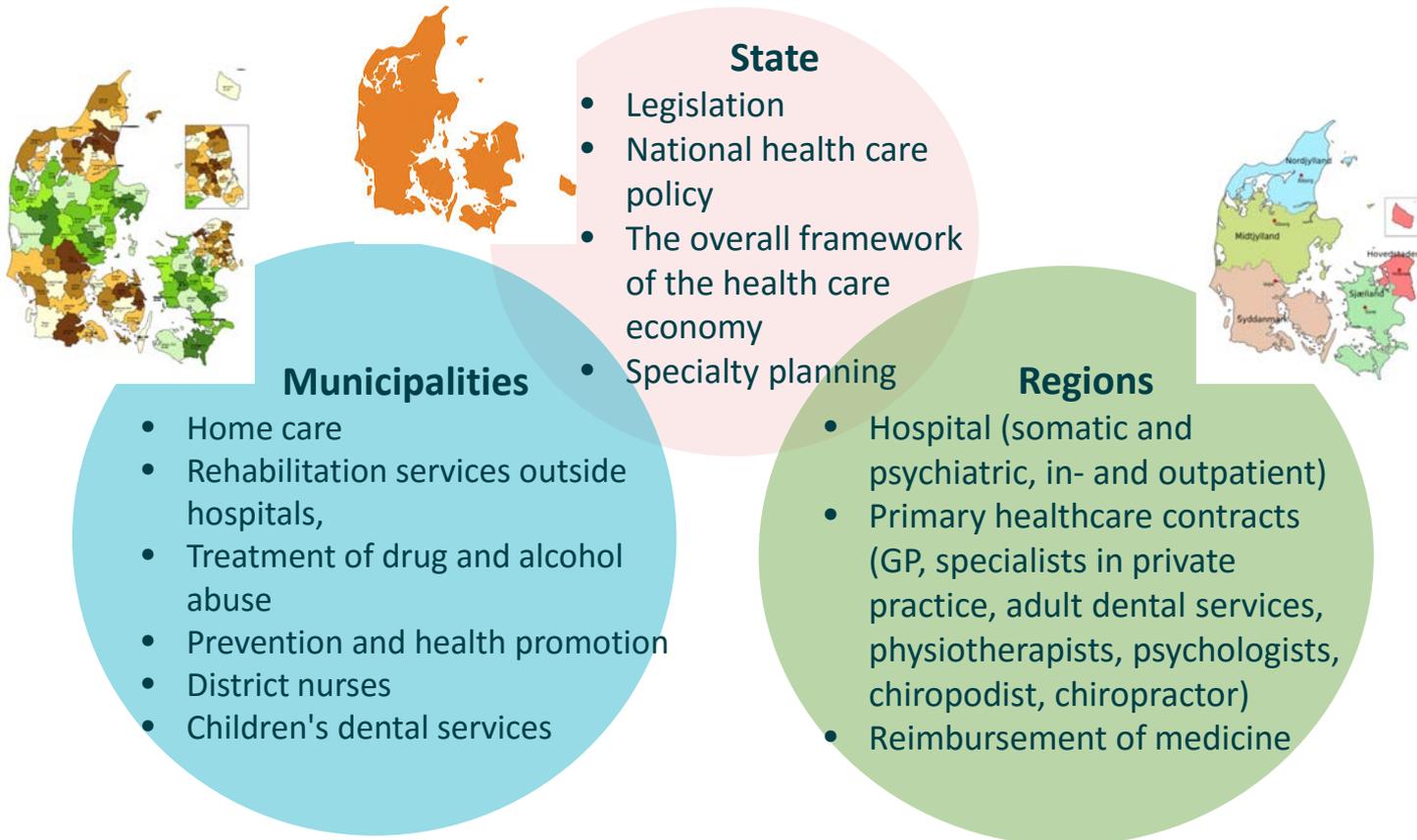
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98 Municipalities

The Danish Healthcare

Who is responsible for what?

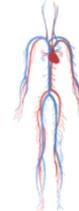


Disruptive Forces

The Basic Change in Health Care Conditions



AGING POPULATION,
FEWER CAREGIVERS



AN INCREASE IN
CHRONIC DISEASES



NEW HEALTH
TECHNOLOGY



INFORMATION
REVOLUTION



CONSCIOUS HEALTH
CONSUMER

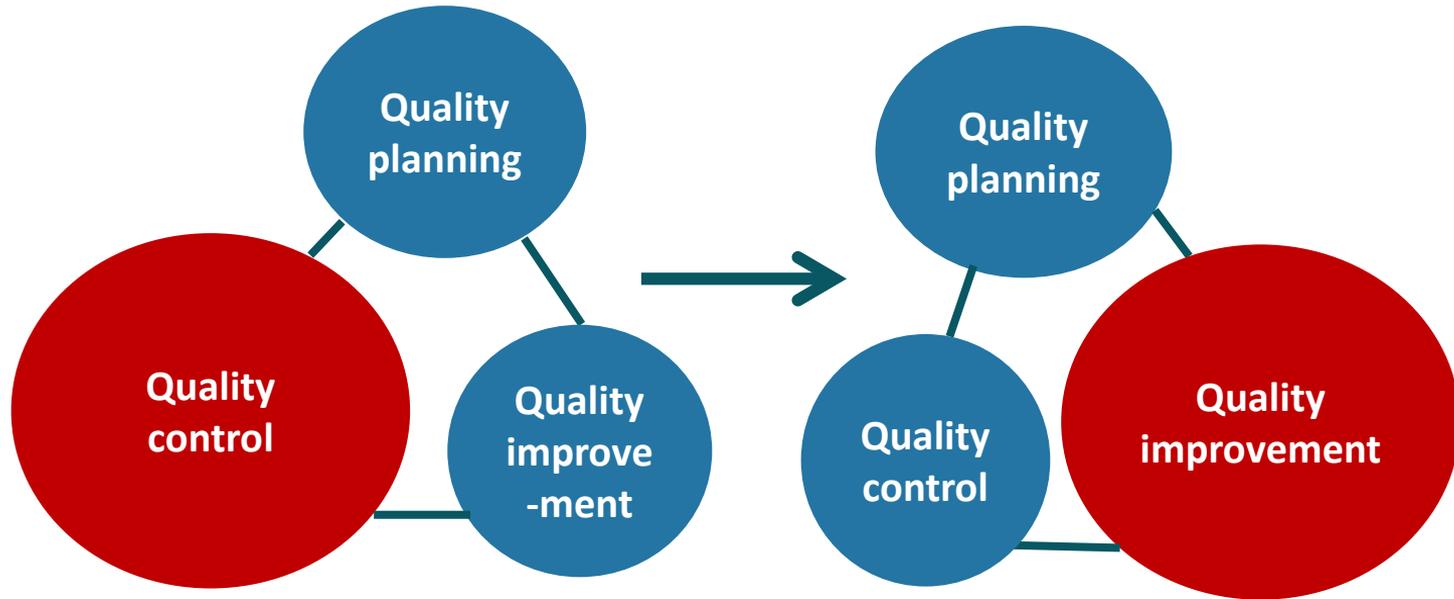
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The National Quality Program

From quality control to quality improvement



Guiding Principles of the Quality Programme

- **A shared quality programme** for the 5 regions og 98 municipalities
- **Across sectors**, includes the entire patient pathway (primary- and secondary care)
- **Value and outcome for the patient** is the overlying principle
- Improvement work according to the **local need for quality improvement** (bridging local quality gaps)

THE DANISH HEALTHCARE QUALITY PROGRAMME



The Stepping Stone



The Danish Model for Accreditation

- Focus on quality control and assesment of hospitals
- Systematisation of the quality work
- Strong management focus to comply with the standards

We must take these winnings with us going forward!

“

Political agreement to end hospital accreditation

“Quality work must be simplified and focused. The time has come to strengthen it by putting the patient at the centre, rather than focusing on compliance with a variety of standards. Accreditation has been justified and useful, but we move on. We need a few national targets to be met locally with strong commitment from the staff and with room for local solutions.”

Bent Hansen, Former president of Danish Regions,

April 2015



Keep the Winnings

Gains from accreditation

- Improved Quality
- Professionalism, necessary standards and systems in place
- Strong leadership focus on quality



The down side to accreditation

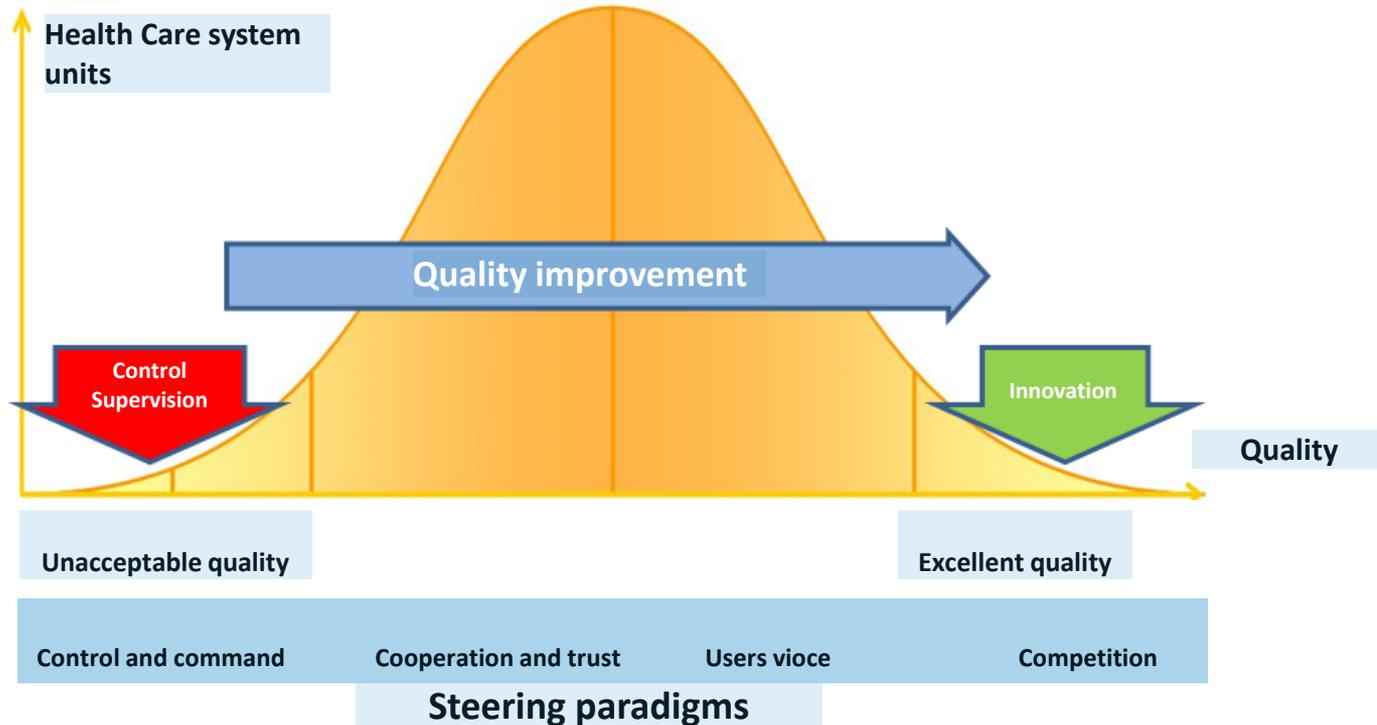
- Lack of meaning from a clinical perspective
- Introduced a number of registrations, documents and policies
- Focused on control instead of actual improvement work
- Demotivated staff

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System for Improvements



A Shift Towards a Dynamic, Patient and Clinical Oriented Approach

The core of the new quality programme is an ambition to continuously raise the quality of health care

- It demands that we ...
 - Implement best clinical practice quickly
 - Learn from each other across sectors and regions
 - Work systematically with real time data
 - Have leaders that can drive improvement
 - Have confidence in the health care professionals

Data for Value and Health Outcome for the Patient

To assess quality improvement and health outcomes of our services we need to:

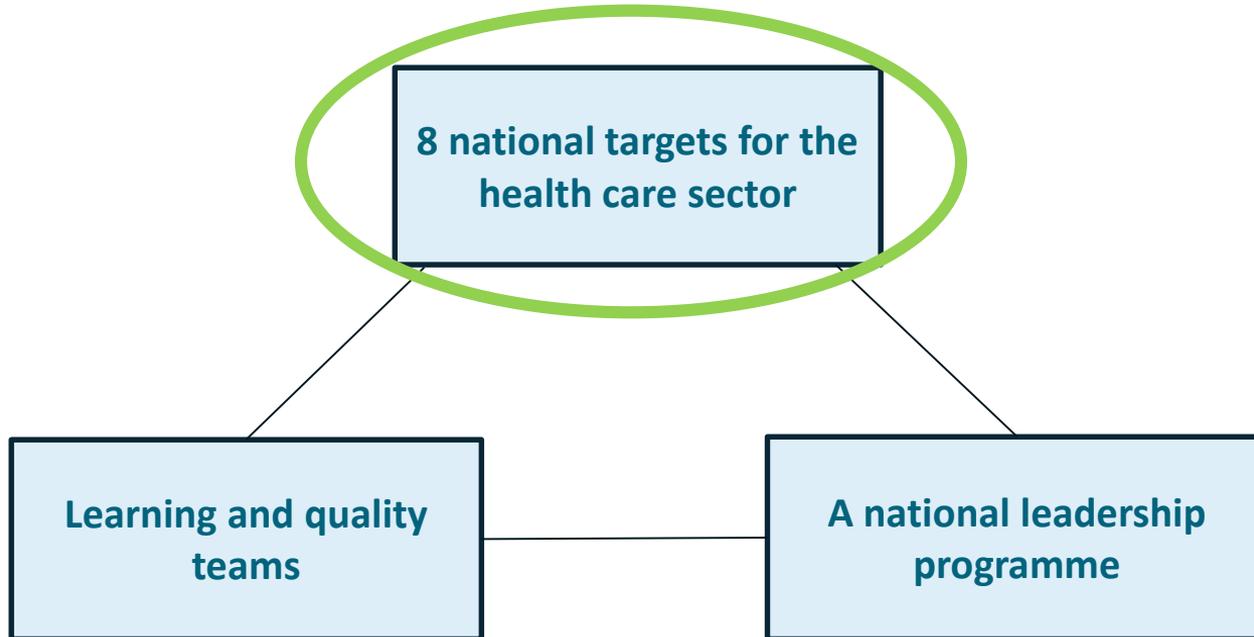
- Make data on **Patient-Reported Outcome** available – also across sectors
- Use more timely data – directly into Business Intelligence Systems
- New types of data?
- Danish National Clinic registers

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Key Elements in the Quality Programme



NATIONAL GOALS: BETTER QUALITY, CONTINUITY OF CARE, AND GEOGRAPHICAL EQUALITY IN THE HEALTHCARE SYSTEM


**BETTER
CONTINUITY OF
PATIENT CARE
IN CLINICAL
PATHWAYS**



**STRONGER
MEASURES FOR
CHRONICALLY
ILL AND ELDERLY
PATIENTS**



**HIGHER
SURVIVAL RATE
AND IMPROVED
PATIENT
SAFETY**



**HIGH QUALITY
TREATMENT**



**QUICK
ASSESSMENT
AND
TREATMENT**



**GREATER
PATIENT
INVOLVEMENT**



**ADDITIONAL
HEALTHY LIFE
YEARS**



**MORE
EFFICIENT
HEALTHCARE
SYSTEM**

INDICATORS

ACUTE
READMISSIONS
WITHIN 30 DAYS

WAITING TIME FOR
REHABILITATION

NUMBER OF
HOSPITAL DAYS
AFTER COMPLETED
SOMATIC
TREATMENT

UPDATED MEDICINE
INFORMATION
(GENERAL
PRACTITIONER)

EMPLOYEE
RETENTION IN THE
WORKFORCE

ACUTE HOSPITAL
ADMISSIONS PER
COPD/DIABETES
PATIENT

PREVENTABLE
ADMISSIONS
AMONG ELDERLY
PATIENTS

DEMENTIA USE OF
ANTIPSYCHOTICS

OVER-OCCUPANCY
IN MEDICAL
DEPARTMENTS

5-YEAR
SURVIVAL RATE
AFTER CANCER

CARDIOVASCULAR
MORTALITY

HOSPITAL-
ACQUIRED
INFECTIONS

SURVIVAL AFTER
SUDDEN CARDIAC
ARREST

ATTAINMENT OF
QUALITY GOALS IN
CLINICAL QUALITY
DATABASES

USE OF BELT
RESTRAINTS
ON PATIENTS
ADMITTED TO
PSYCHIATRIC
WARDS

WAITING TIME
FOR PLANNED
HOSPITAL
SURGERY, AND
FOR PSYCHIATRIC
CARE

SOMATIC/
PSYCHIATRIC
PATIENTS
ASSESSED
WITHIN 30 DAYS

CANCER
PATHWAY PACKAGE
COMPLETED
WITHIN THE
PREDETERMINED
TIME FRAME

PATIENT
SATISFACTION

PATIENT-
EXPERIENCED
INVOLVEMENT

AVERAGE LIFE
EXPECTANCY

DAILY SMOKERS IN
THE POPULATION

AVERAGE LENGTH
OF STAY
PER HOSPITAL
ADMISSION

HOSPITAL
PRODUCTIVITY

REGIONAL / MUNICIPAL LOCAL INTERMEDIATE GOALS

A "Traffic light" model

TABLE 1 Overview of indicator colour markers, development from 2015-2016

GOALS	INDICATORS	ENTIRE COUNTRY	NORTH DENMARK	CENTRAL DENMARK	SOUTH DENMARK	CAPITAL	ZEALAND
<p>BETTER CONTINUITY OF PATIENT CARE IN CLINICAL PATHWAYS</p>	Acute readmissions within 30 days, percent ¹	6.6 →	5.3 ↗	6.9 ↘	3.5 ↗	6.9 ↘	9.8 ↘
	Waiting time for rehabilitation, days ¹	13 ↗	13 ↗	13 →	13 ↗	13 ↗	11 ↗
	Number of hospital days after completion of somatic treatment, days ¹	5.3 ↗	2.7 ↗	3.0 ↗	2.3 ↘	11.1 ↗	2.6 ↗
	Updated medicine information (March 2016-March 2017), percent ²	12 ↗	14 ↗	15 ↗	9 ↘	10 ↘	14 ↗
	Retention of physically ill employees in the workforce, percent	81.4 ↗	77.6 ↘	80.1 ↗	79.7 ↗	83.5 ↗	81.8 ↗
Retention of mentally ill employees in the workforce, percent ⁴	50.4 ↘	40.7 ↘	46.7 ↘	46.8 ↘	55.2 ↗	51.7 ↗	
<p>STRONGER MEASURES FOR CHRONICALLY ILL AND ELDERLY PATIENTS</p>	Acute hospital admissions per 1,000 COPD patients, number ¹	566 ↗	476 ↗	533 ↘	466 ↗	679 ↗	617 ↗
	Acute hospital admission per 1,000 type 2 diabetes patients, number ¹	365 ↗	308 ↗	353 ↘	296 ↗	436 ↗	389 ↗
	Preventable admissions per 1,000 elderly patients (65+), number ¹	61.1 ↗	50.3 ↗	53.6 ↗	59.1 ↗	72.5 ↗	61.8 ↗
	Over-occupancy rates in medical departments of public hospitals, percent ^{4,7}	0.47 ↗	1.14 ↘	0.84 ↗	–	0.20 ↗	0.16 ↗
	Share of patients with dementia, antipsychotics, percent	20 ↘	16 ↘	19 ↘	21 ↗	23 ↘	17 ↗
<p>HIGHER SURVIVAL RATE AND IMPROVED PATIENT SAFETY</p>	5-year survival rate after cancer (2012-2014), percent	61 ↗	60 ↗	61 ↗	61 ↗	63 ↗	59 ↗
	Cardiovascular mortality (2014-2015), deaths per 100,000 patients	128 ↘	128 ↗	126 ↘	123 ↗	131 ↘	133 ↘
	Hospital-acquired infections – number of bacteraemias per 10,000 patient days at risk ¹	7.7 ↗	8.6 ↘	6.2 ↗	8.9 →	7.8 ↗	7.0 ↗
	Hospital-acquired infections – clostridium difficile, number per 100,000 patients	65.2 ↗	54.1 ↗	56.4 ↘	54.1 ↗	84.6 ↗	61.5 ↘
	Share of patients surviving at least 30 days after sudden cardiac arrest, percent ⁴	28 ↘	26 ↘	30 ↘	27 ↗	–	30 ↘
<p>HIGH QUALITY TREATMENT</p>	Fulfillment of quality goals in clinical quality databases, percent ⁵	60.2 ↘	59.9 ↗	66.1 ↘	63.0 ↗	54.4 ↘	53.8 ↘
	Persons admitted to psychiatric wards with belt restraints, percent	6.3 ↘	6.4 ↘	9.0 ↘	6.5 →	5.0 ↘	5.8 →

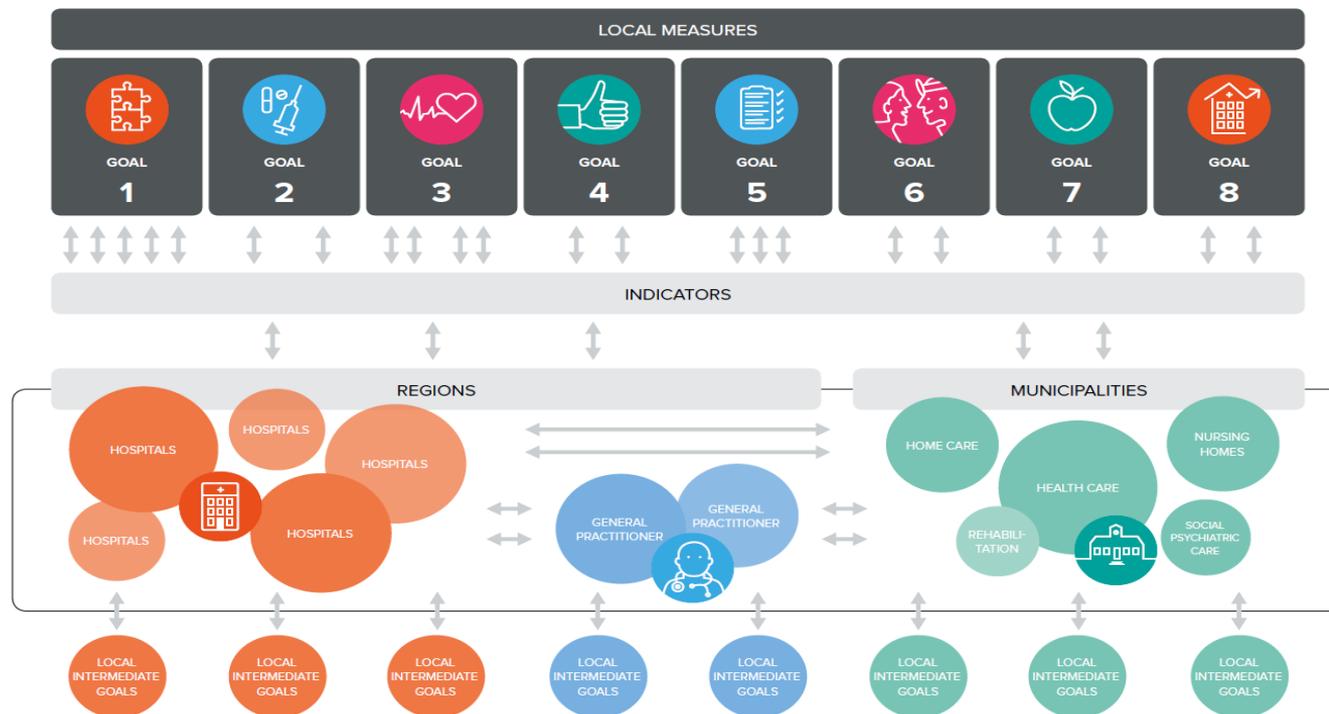
These markers indicate the following:

- Positive development, and above the national average
- Either a positive development and below the national average – or – negative development and above the national average
- Negative development and below the national average
- Positive development from 2015 to 2016
- Unchanged development from 2015 to 2016
- Negative development from 2015 to 2016

Source: Danish Health Data Authority, ¹Danish Regions ²National Danish Survey of Patient Experiences ³Statistics Denmark ⁴Danish National Health Profile.

1. Implementation of a Health Platform in Capital Region from May 2016 may have influenced the estimate.
2. Colour markers are solely based on ranking according to the national average.
3. This level is relatively low and reflects that fact that there are still general medical practices with limited updating.
4. Indicators are estimated from 2013 to 2015.
5. Colour markers are solely based on developments from 2015 to 2016.
6. The indicator does not yet have data from Capital Region, since the region used a different calculation method up until 2017.
7. The indicator does not have data from South Denmark due to missing registrations.

A programme for all sectors of Health Care in Denmark

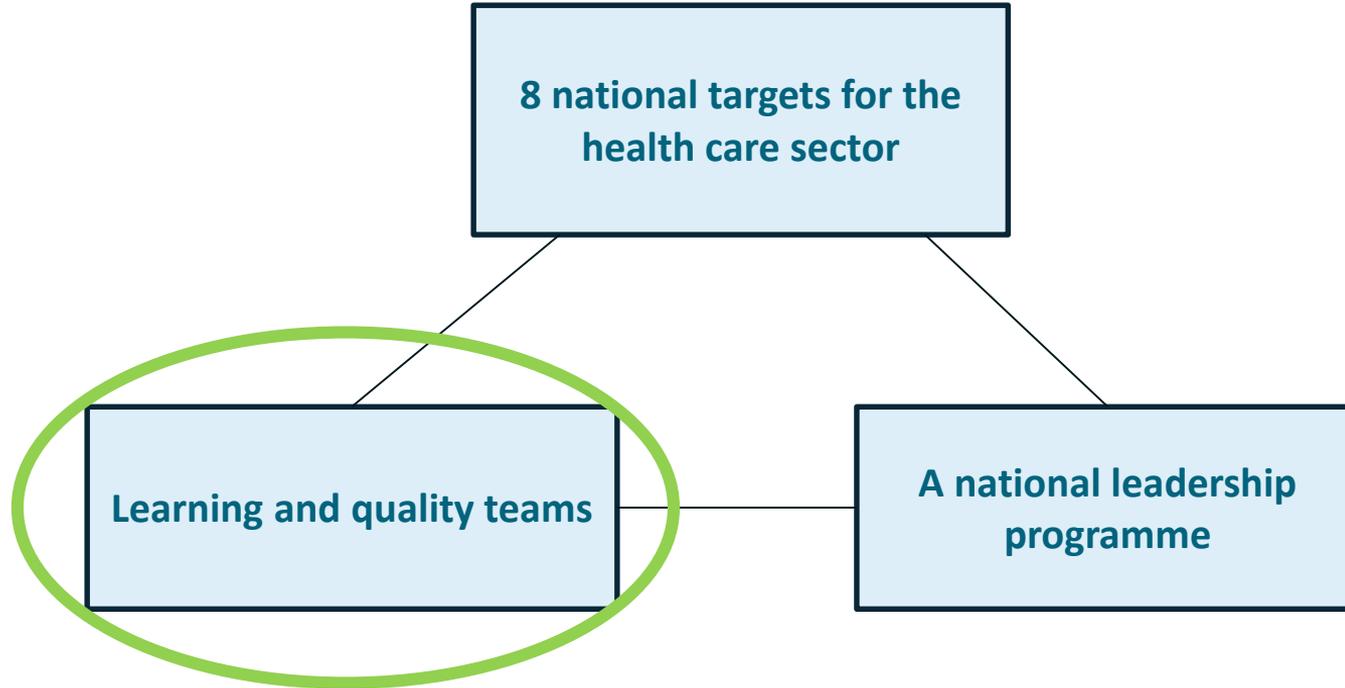


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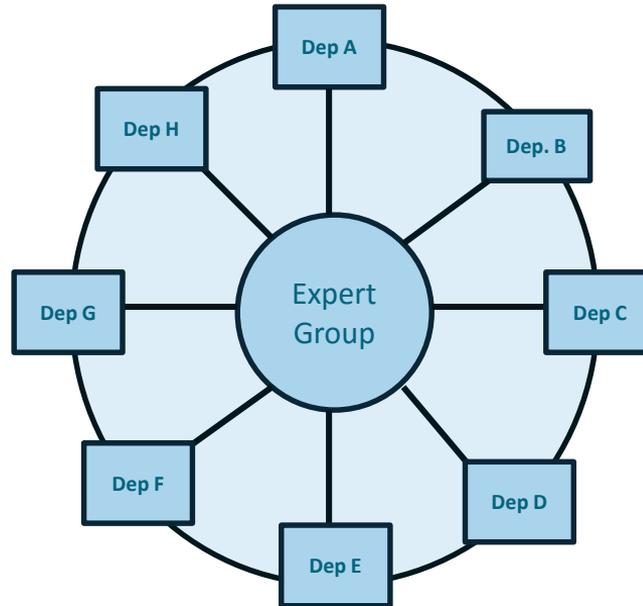
Key Elements in the Quality Programme



Learning and Quality Teams

Departments:

- Do systematic datadriven improvement work
- Involve patients and patients perspective in the improvement process
- Local adaption of bundels



Expert group:

- Consists of leading clinicians in the field, improvement experts, patient representatives and peer-experts.
- Sets goals for improvements and defines bundels to be implemented
- Support the teams

Learning and Quality Teams



Specialised paliative treatment



Stroke



Rational antibiotic therapy in hospitals



+65 year old patients with hip fracture



ADHD



Perioperative treatment of acute high risk abdominal surgery



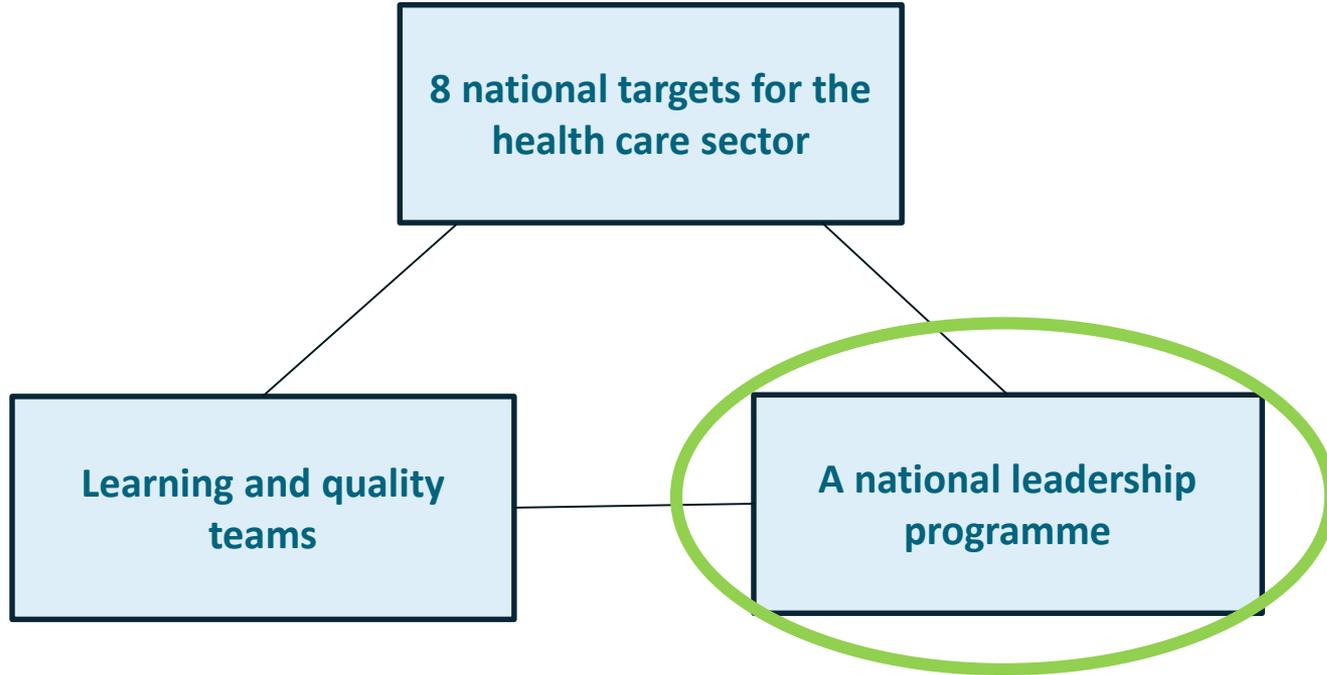
Type 1 diabetes in children and youth

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Key Elements in the Quality Programme



A national leadership programme

- A national leadership programme for ‘leaders of leaders’ in health care
- Hospital and primary care leaders trained together
- Building capacity and capability of quality improvement leadership
- One programme a year in 4 years



Leadership is the Key!

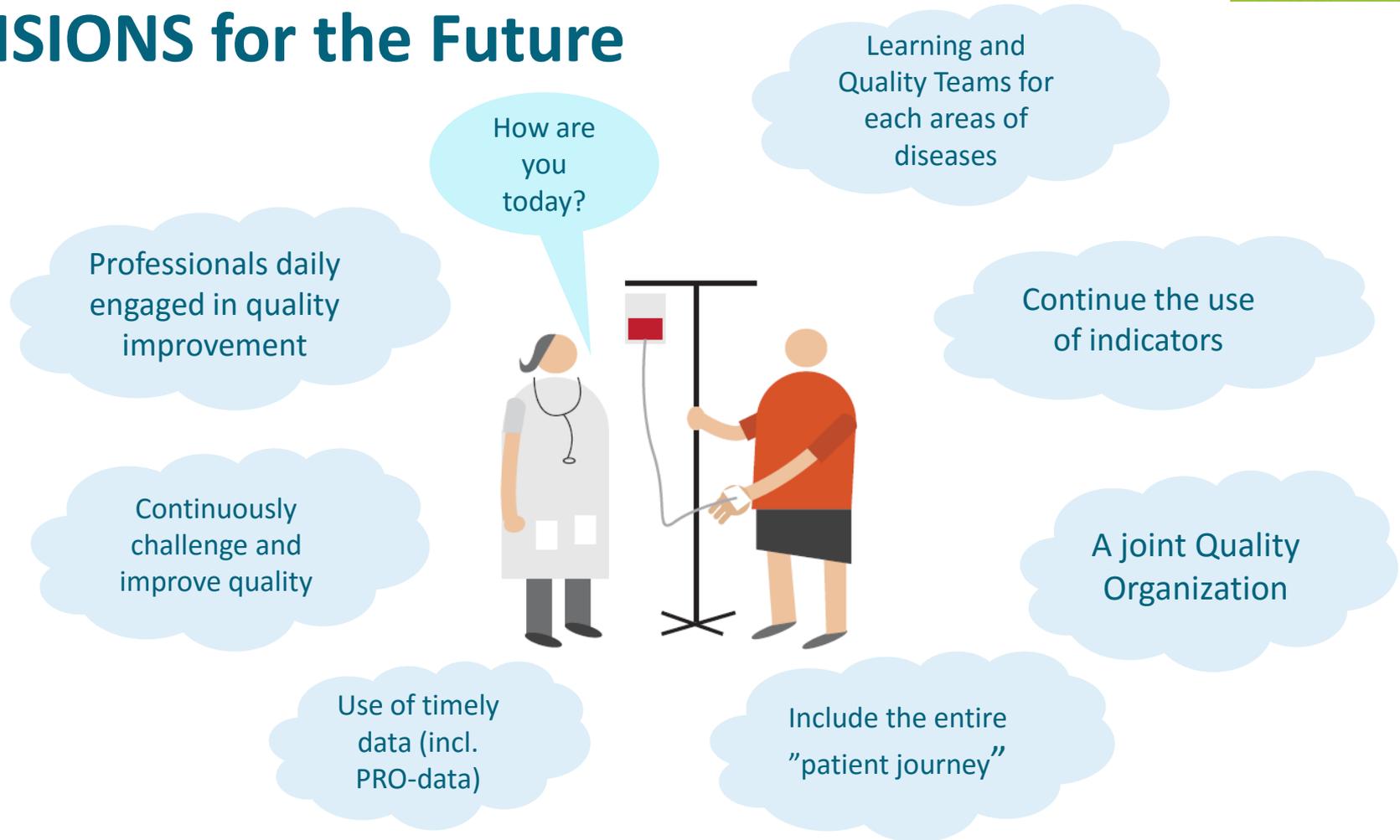
Leaders on all levels need to

- Know their own data and practise
- Know the golden standard
- Be patient centered
- See quality improvement as an inherent part of doing their job
- Cooperate with others to improve the entire patient pathway, not just their own 'business'

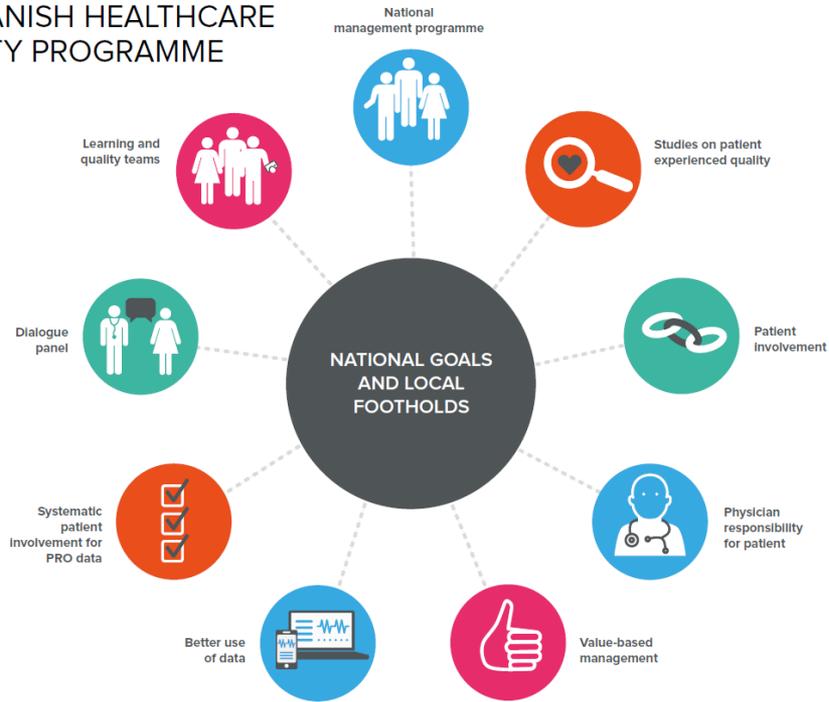
The National Leadership Programme Relates to the Other Key Elements



VISIONS for the Future



THE DANISH HEALTHCARE QUALITY PROGRAMME



Thank you for your attention

WWW.REGIONER.DK