

# Joy

*Singapore Healthcare Congress*



**Maureen Bisognano**  
President and CEO

# Hello and Welcome!



**18 - 20 August**  
*Sands Expo & Convention Centre, Singapore*



Join us at the premier congress for healthcare management

- Singapore Healthcare Management Congress
- Singapore Healthcare Supply Chain Management Congress
- Singapore Healthcare Enterprise Risk Management Congress



# Joy

---

- Gratitude
- Hope
- Awareness of abundance
- Deep satisfaction from serving others



# Welcome to IHI

---

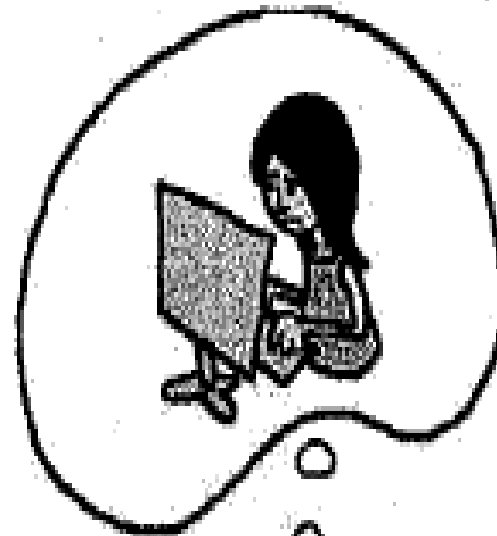
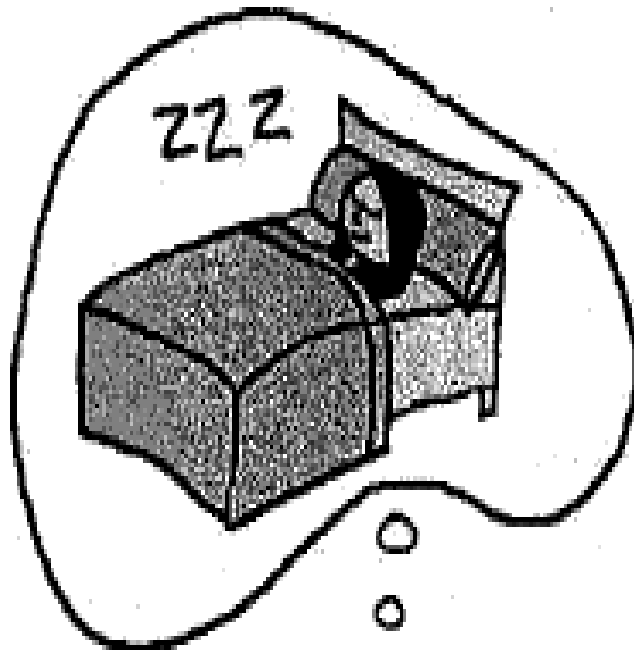


We will improve the lives of **patients**,  
the **health** of **communities**,  
and the **joy** of the health care **workforce**.

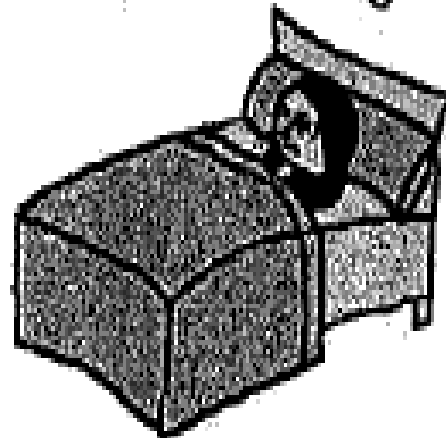


# How was your day?





work



home



# 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





## Physician Burnout

### A Potential Threat to Successful Health Care Reform

Lisalotte N. Dyrbye, MD, MPH

Tait D. Shanafelt, MD

**D**ISCUSSIONS OF BARRIERS TO SUCCESSFUL IMPLEMENTATION of the Patient Protection and Affordable Care Act have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.<sup>1</sup> Many aspects of patient care may be compromised by burnout. Physicians with burnout are more likely to report making medical errors, score lower on instruments measuring patient care, and have a higher likelihood of retiring early.

and have a higher likelihood of retiring early. Burnout has existed for decades and patient care is affected. Burnout is associated with decreased patient care, including decreased patient satisfaction, decreased adherence to medical guidelines, and decreased patient safety. Burnout is also associated with decreased physician satisfaction, decreased work-life balance, and decreased personal and professional achievement. Burnout is associated with decreased patient care, including decreased patient satisfaction, decreased adherence to medical guidelines, and decreased patient safety. Burnout is also associated with decreased physician satisfaction, decreased work-life balance, and decreased personal and professional achievement.

such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,<sup>2</sup> reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.<sup>3</sup> If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that will exacerbate the challenge physicians have balancing their personal and professional life. Thus, health care

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.

reform that are likely to improve patient care and reduce physician workload and stress. The introduction of a



# Burnout in the NICU setting and its relation to safety culture

Jochen Profit,<sup>1,2</sup> Paul J Sharek,<sup>2,3,4</sup> Amber B Amspoker,<sup>5,6</sup>  
Mark A Kowalkowski,<sup>7</sup> Courtney C Nisbet,<sup>2,4</sup> Eric J Thomas,<sup>8</sup>  
Whitney A Chadwick,<sup>9</sup> J Bryan Sexton<sup>10,11</sup>

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmjqs-2014-002831>).

For numbered affiliations see end of article.

## Correspondence to

Dr Jochen Profit, Perinatal Epidemiology and Health Outcomes Research Unit, Division of Neonatal and Developmental Medicine, Department of Pediatrics, Stanford University School of Medicine, MSOB Rm x115, 1265 Welch Road, Stanford, CA 94305, USA; [profit@stanford.edu](mailto:profit@stanford.edu)

## ABSTRACT

**Background** Burnout is widespread among healthcare providers and is associated with adverse safety behaviours, operational and clinical outcomes. Little is known with regard to the explanatory links between burnout and these adverse outcomes.

**Objectives** (1) Test the psychometric properties of a brief four-item burnout scale, (2) Provide neonatal intensive care unit (NICU) burnout and resilience benchmarking data across different units and caregiver types, (3) Examine the relationships between caregiver burnout and patient safety culture.

**Research design** Cross-sectional survey study.

**Subjects** Nurses, nurse practitioners, respiratory

resulting in feelings of irritability, fatigue, detachment and cynicism.<sup>1</sup> In service professions, stress originates from frequent intense interactions with clients with complex problems.<sup>2</sup> These high demands, combined with lack of support, result in burned-out employees.<sup>3</sup> Hallmark features of burnout include a combination of emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment.<sup>4</sup>

In healthcare, various causes of burnout have been described, and include chronic stress from working with patients suffering from complex physical, psychological and social problems<sup>2,4</sup>; unsupportive or inad-



# Burnout Affects Patients

---

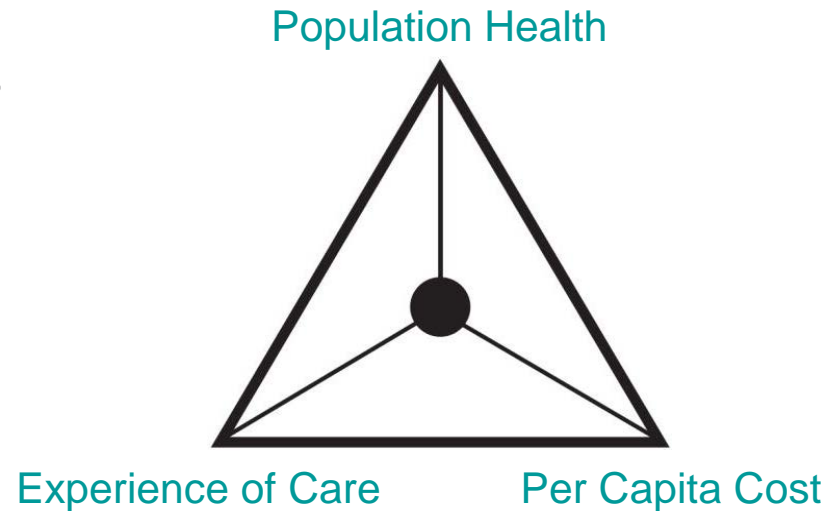
- More mistakes
- Less adherence to physician advice
- Less sympathy
- Less patient satisfaction



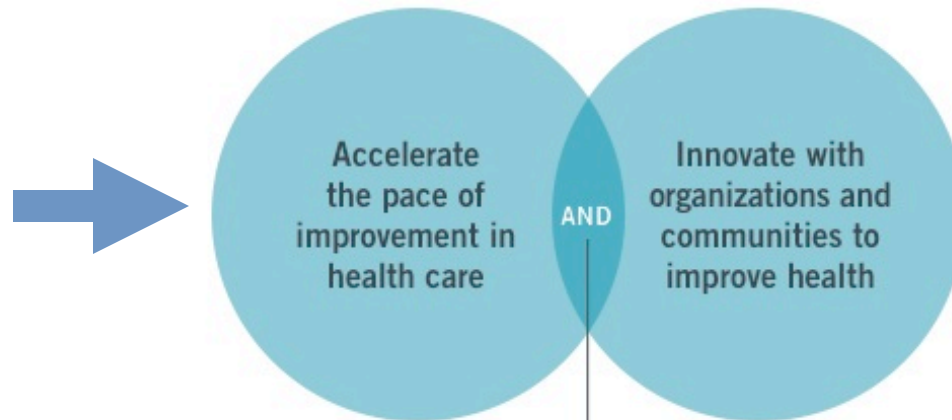
# The Challenge

---

- 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.



## IHI's Strategy to Improve Health and Health Care Worldwide



### 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

#### 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 Design Principles

- Design systems that expect and embrace change
- Change the balance of power
- Cultivate joy in work
- Make it easy
- Move knowledge, not people
- Cooperate and collaborate
- Assume abundance
- Return the money



# *Move Knowledge, Not People*



- 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.





ECHO Whale



PCA Espanola



Baton Rouge



Pecos Valley MC



DOH Las Cruces



SBRT-First Choice South Vc



Memorial HDX7000



LAS VEGAS ECFH



# Treatment Outcomes

Outcome	ECHO	UNMH	P-value
	N=261	N=146	
Minority	68%	49%	P<0.01
SVR* (Cure) Genotype 1	50%	46%	NS
SVR* (Cure) Genotype 2/3	70%	71%	NS

\*SVR=sustained viral response

NEJM : 364: 23, June 9-2011, Arora S, Thornton K, Murata G

# Successful Expansion into Multiple Diseases

	Mon	Tue	Wed	Thurs	Fri
8-10 a.m.	<u>Hepatitis C</u> <ul style="list-style-type: none"> <li>• Arora</li> <li>• Thornton</li> </ul>	<u>Diabetes &amp; Endocrinology</u> <ul style="list-style-type: none"> <li>• Bouchonville</li> </ul>		<u>Geriatrics/ Dementia</u> <ul style="list-style-type: none"> <li>• Herman</li> </ul>	<u>Palliative Care</u> <ul style="list-style-type: none"> <li>• Neale</li> </ul>
10-12 a.m.	<u>Rheumatology</u> <ul style="list-style-type: none"> <li>• Bankhurst</li> </ul>	<u>Chronic Pain</u> <ul style="list-style-type: none"> <li>• Katzman</li> </ul>	<u>Integrated Addictions &amp; Psychiatry</u> <ul style="list-style-type: none"> <li>• Komaromy</li> </ul>		<u>Complex Care</u> <ul style="list-style-type: none"> <li>• Neale</li> <li>• Komaromy</li> </ul>
2-4 p.m.	<u>HIV</u> <ul style="list-style-type: none"> <li>• Iandiorio</li> <li>• Thornton</li> </ul>		<u>Prison Peer Educator Training</u> <ul style="list-style-type: none"> <li>• Thornton</li> </ul>	<u>Women's Health &amp; Genomics</u> <ul style="list-style-type: none"> <li>• Curet</li> </ul>	

# Centering Pregnancy



Boston Medical Center



# Norah

- Young woman from Boston – 24 weeks pregnant with her first child.
- Her husband is still back in Nigeria and she's hoping he'll be here for the birth.



# Centering Model

- Norah, like all the young women who participate in the group visit, takes her own vital signs, weighs herself, and enters all the info into her record.
- She shares the record with the physician and midwife – it's flipped! – and then moves to the back of the room to be examined before the group portion of the visit begins.
- While the exams are conducted, there is a lot of chatter, a lot of questions asked and advice given, and a lot of relationship-building.



# What Matters to Norah

- *“I’m very afraid of labor. I’m terrible with pain. I’m scared. I don’t think I’ll be able to do it.”* The midwife said, *“those of you who have had babies before, what advice do you have for Norah?”*
- Relaxed
- Ice cubes
- Confidence



# Centering Results

- Reduced the risk of preterm birth by 33%<sup>1</sup>
- Reduces racial disparities for preterm births
  - Hispanic women in Centering demonstrated lower preterm birth rates than those in traditional care models (5% vs. 13%)<sup>2</sup>
  - Reduced the odds of preterm births by 41% in African American women<sup>3</sup>
- Nearly twice the number of Centering Healthcare participants breastfed (46%) than those in a comparison study (28%)<sup>4</sup>

<sup>1</sup>Ickovics, et al. *Obstetrics and Gynecology*, 2007

<sup>2</sup>Tandon, et al. *J. Midwifery & Women's Health*, 2012

<sup>3</sup>Ickovics, et al. 2007

<sup>4</sup>*J of Midwifery & Women's Health*, 2004





# Kendra

From “What’s the matter?” to “What matters to you?”



My DAD'S NAME IS  
SMARTIN

My MOM'S NAME IS  
DEBORAH

# What Matters To Me

My NAME IS KENDRA

I AM 7

I Don't like  
medicines by my

↓

## I CAN Dress my self WITH some help

↓

I CAN DO HI 5

↓

I LOVE NOISE  
TOYS

24.10.2013



# Barbara

78 year old woman admitted to an NHS hospital after falling at home. Lived alone, but had frequent visits from carers and was mobile. Became withdrawn in hospital; medical staff considered antidepressants and a nursing home upon discharge.

“What matters to me” displayed above her bed led to conversation:

- Lived in Rio de Janeiro for 42 years
- Spoke fluent Portuguese
- Had been in the Women’s Air Force
- Had an MBE (Member of the Most Excellent Order of the British Empire)

The staff saw Barbara with all of her assets. She began to work well with therapists, and was discharged to her own home.



# 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



# A New Model

- Different tasks performed by different carers might be perceived by a manager as an “efficiency”
- But the nurses saw something else – the fragmentation of patients
- So Jos developed a new model of care – he called it Buurtzorg (Dutch for “neighborhood care”)



# Buurtzorg – Neighborhood Care

- 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 – Growing the Model

- It started with 4 nurses in 2006
- Now there are 8,000 nurses, providing 60% of the home care throughout the Netherlands
- 8,000 nurses with a “back office” of only 45 staff
- Built not on “managing,” but on trust



# Buurtzorg – Results

- Better outcomes
- Highest satisfaction rates from patients 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



(From left) Rosalie Kane, University of Minnesota School of Public Health; Jos de Blok, founder and CEO of Buurtzorg, The Netherlands; Robert Kane, University of Minnesota School of Public Health; and Michele Kimball, AARP Minnesota.

UNIVERSITY OF MINNESOTA  
FALL 2011

**AARP**  
Real Possibilities

AARP INTERNATIONAL  
**THE JOURNAL**

## 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."

Print Preview

11/7/13



# A Different View of the Netherlands



## IHI's Strategy to Improve Health and Health Care Worldwide



### 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

#### 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

#### 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.

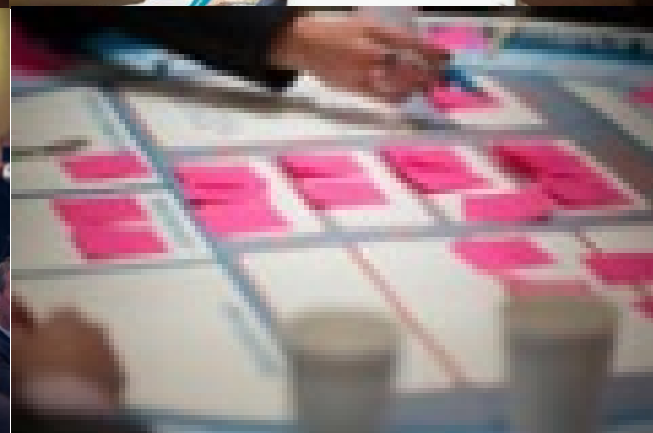
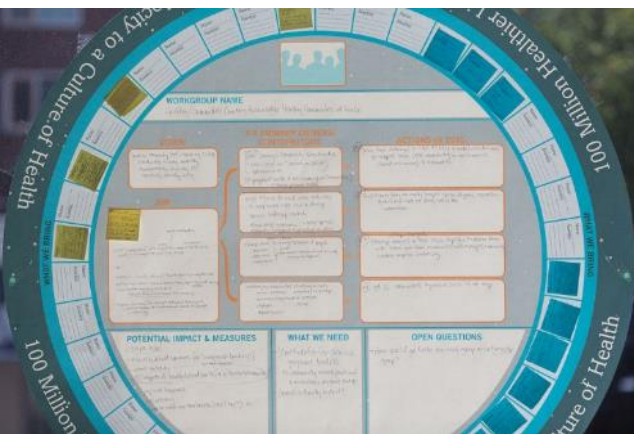
SUPPORTING OUR CUSTOMERS WHEREVER THEY ARE ON THE JOURNEY

# 100 Million Healthy Lives

- Early Years
- Bellin Health
- The Wonderful Company
- Chile



# 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.**





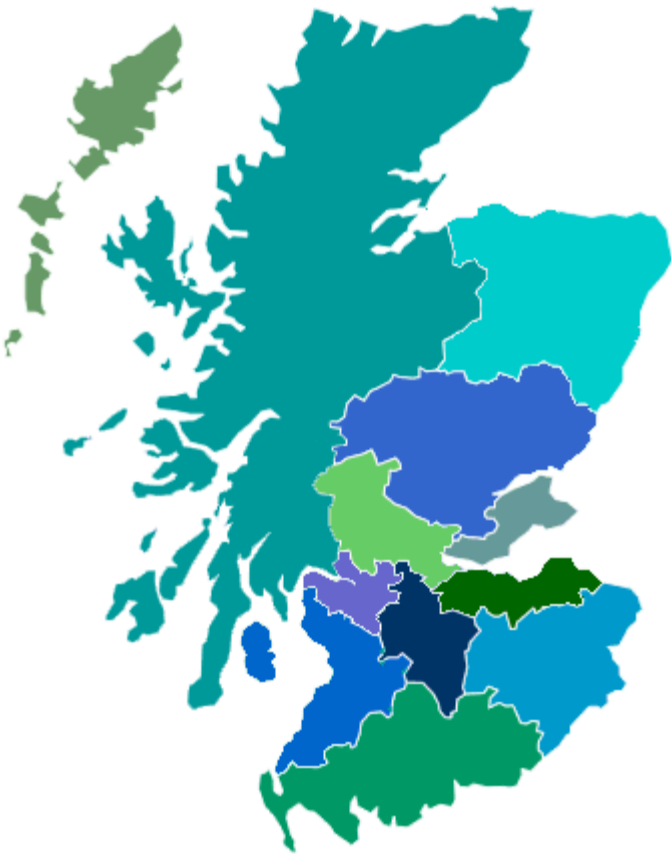
Institute for  
Healthcare  
Improvement

# Early Years, Biggest Outcomes



# Issues in Scotland

---

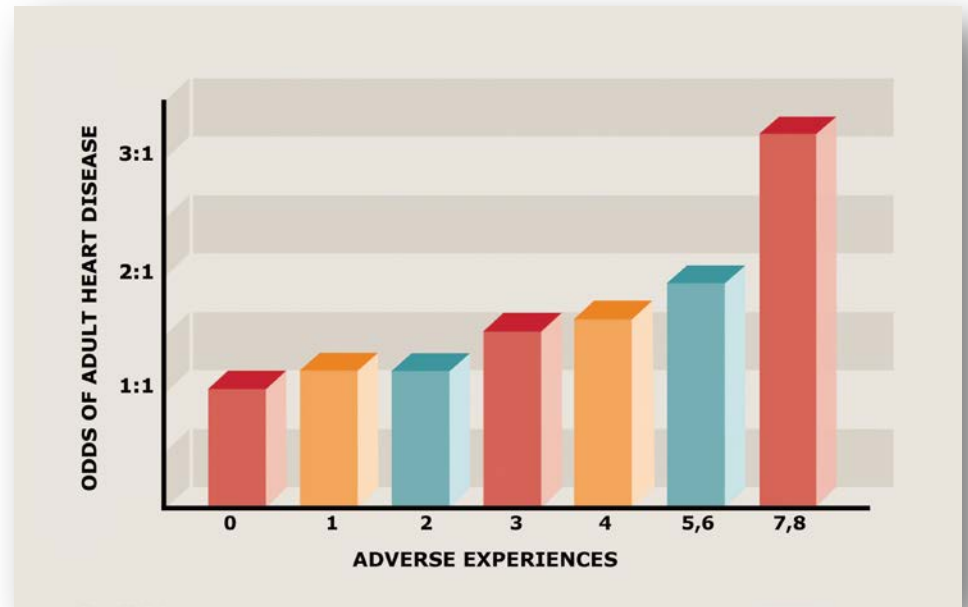


- Community planning and single outcomes agreement
- Births = circa 58,000 pa
- Premature mortality
- Health inequalities
- Social inequality
- Pockets of poverty and deprivation
- Early Years experience has a substantial impact on outcomes



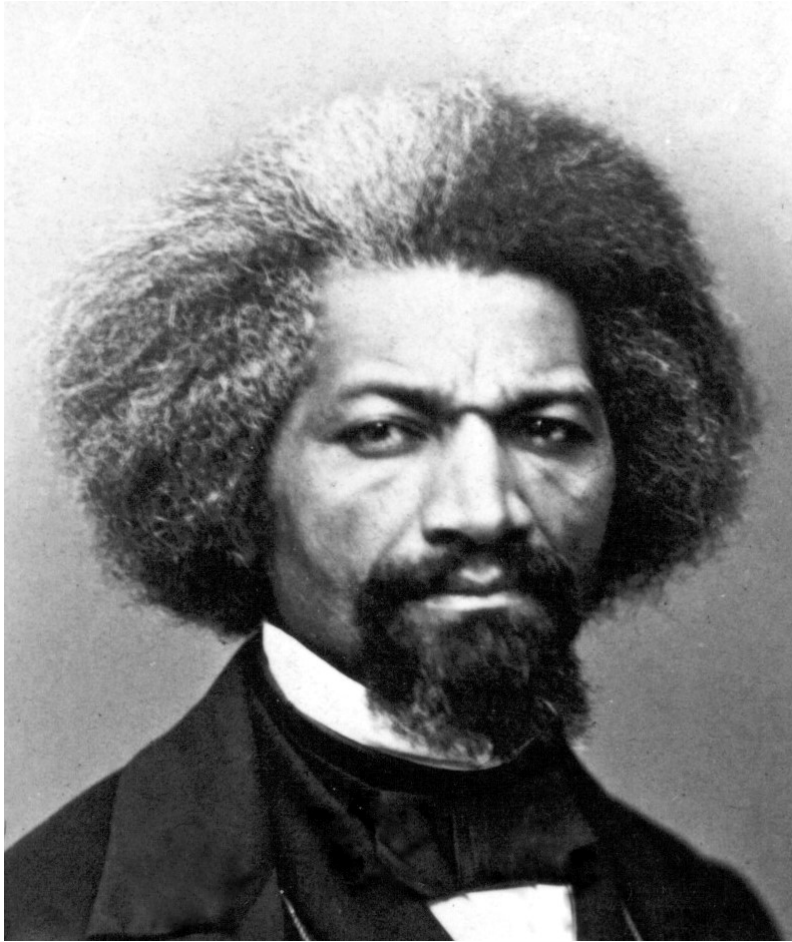
# Why Early Years?

- There is a 90-100% chance of development delays when children experience 6-7 risk factors
- 3 to 1 odds of adult heart disease after 7-8 adverse childhood experiences



# Power of Prevention

---



“It is easier to build strong children than to repair broken men.”

- Frederick Douglass

# Ambition – to make Scotland the best place in the world to grow up.

---



Provide the leadership system to support quality improvement across the Early Years Collaborative

# Learning Sessions

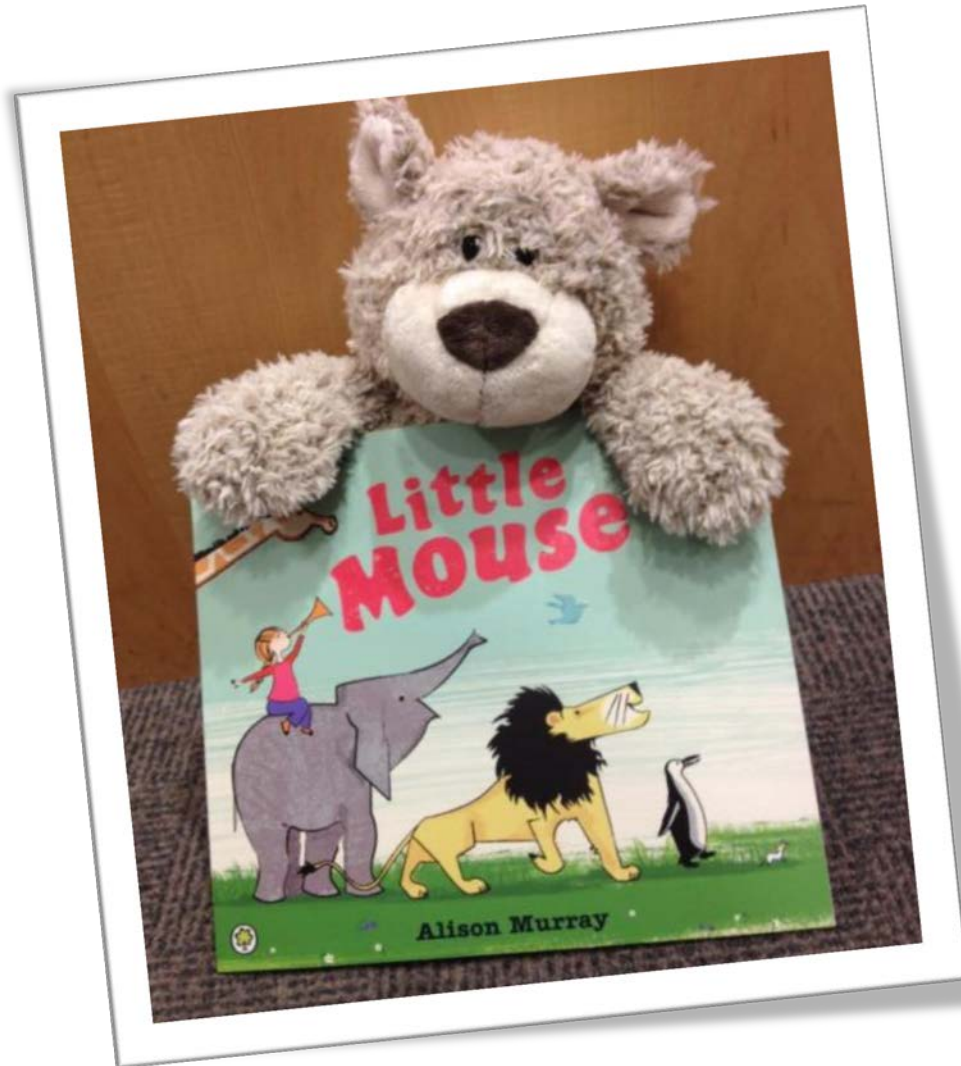
---



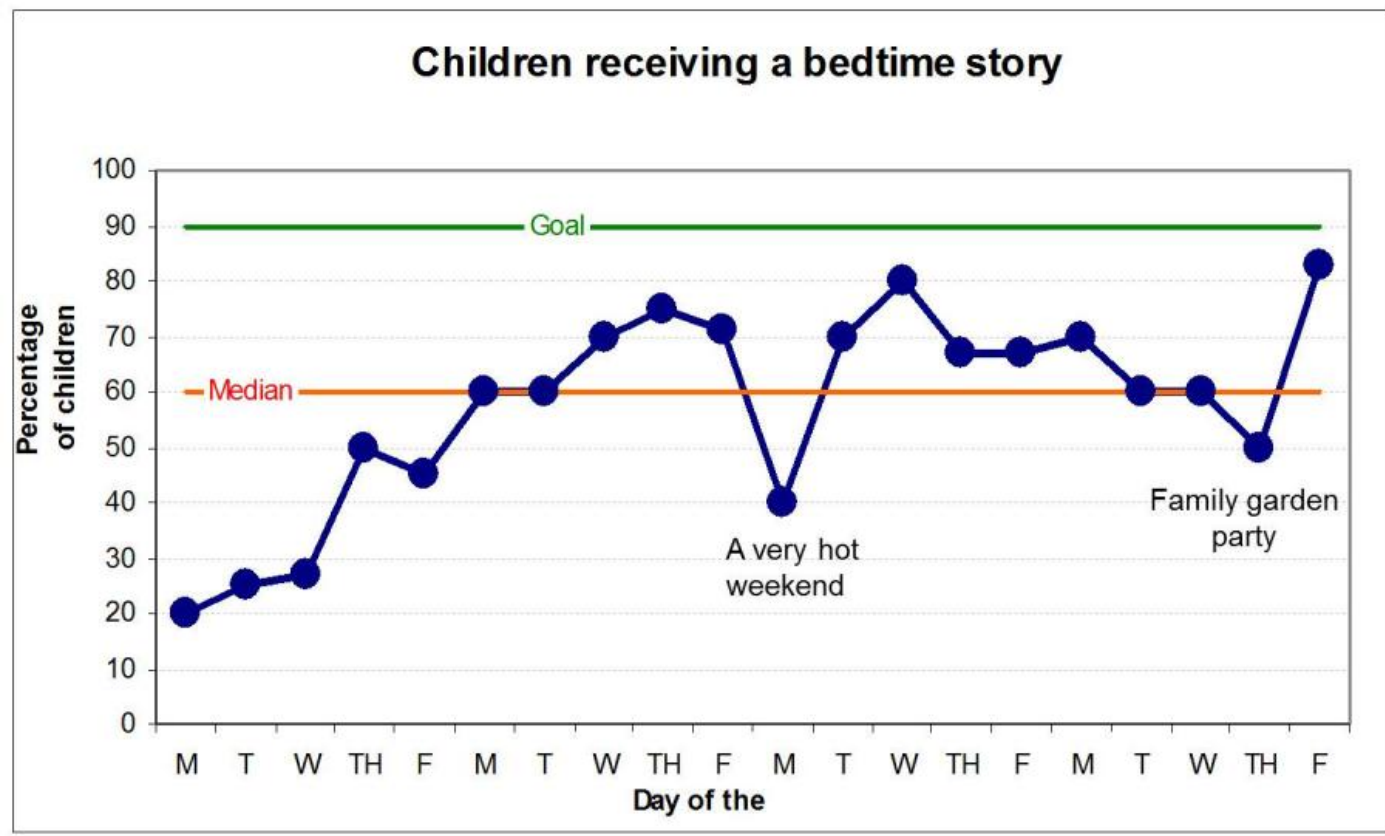
# Involving Parents

---





# 90% of children at Grassmarket Nursery School will receive a bedtime story



# What they're saying:

---

"He wants me to do stuff with him like his garage. Now he takes my hand."

"Now he wants to sit with me. He didn't do that before, he just ran around..."

"He sits and cuddles in. He's bonding with me. He is listening to me."

"He is starting to turn the pages by himself and he is noticing if I miss a page."



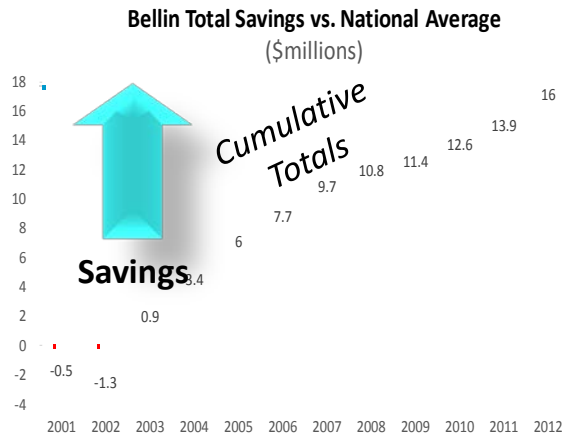


*bellin*  
*health*

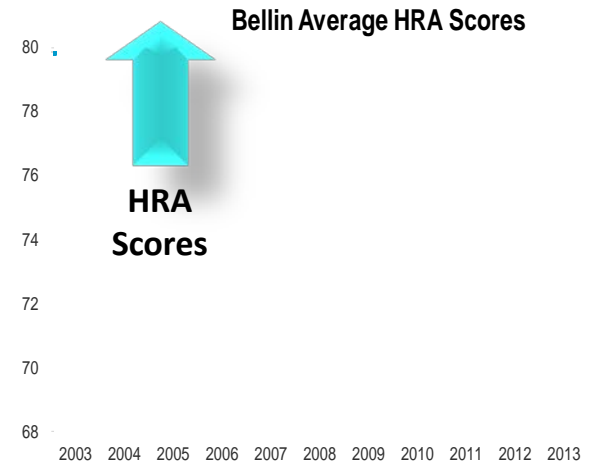


# Bellin Staff

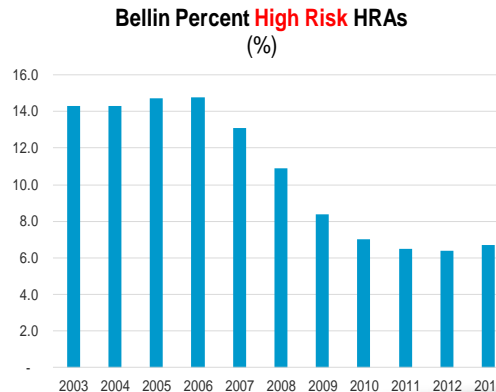
**We lower employers' health care spend... increasing savings**



**We help employers create a healthier workforce... by increasing overall HRA scores.**

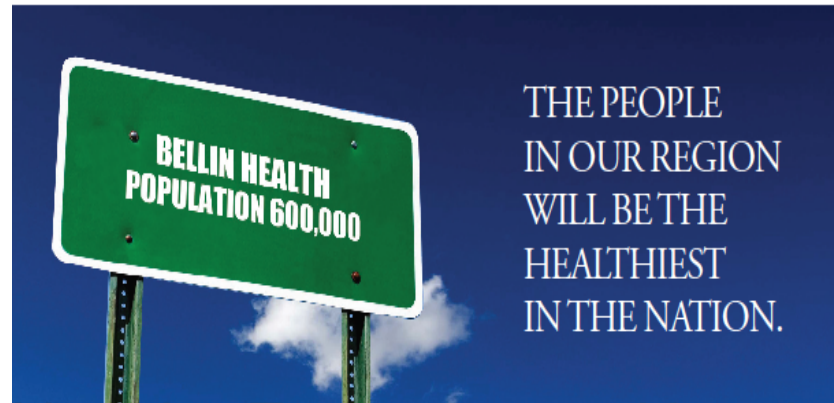


**We help employers create a healthier workforce... by reducing the number of employees with high risk health conditions**



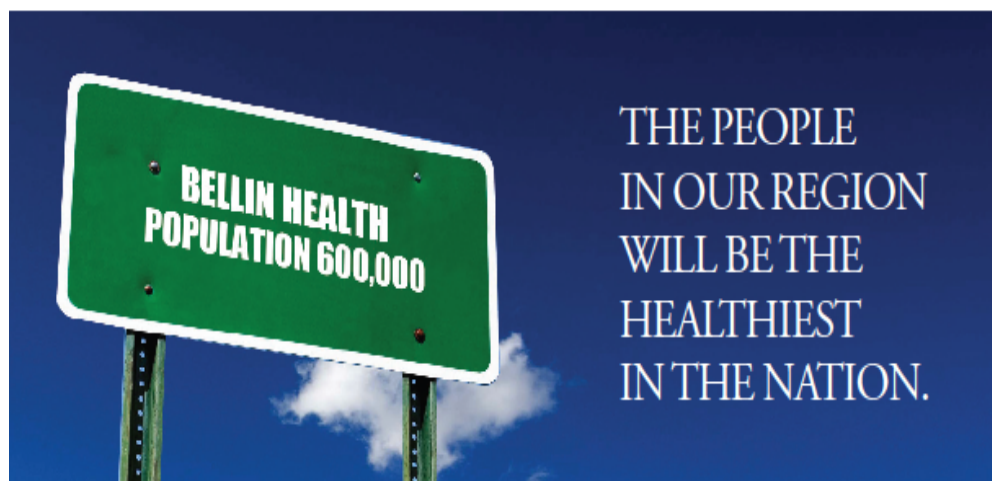
**High Risk Employees**

# Employers



Healthy Employees = Healthy  
Business

# Accountable Care Organization

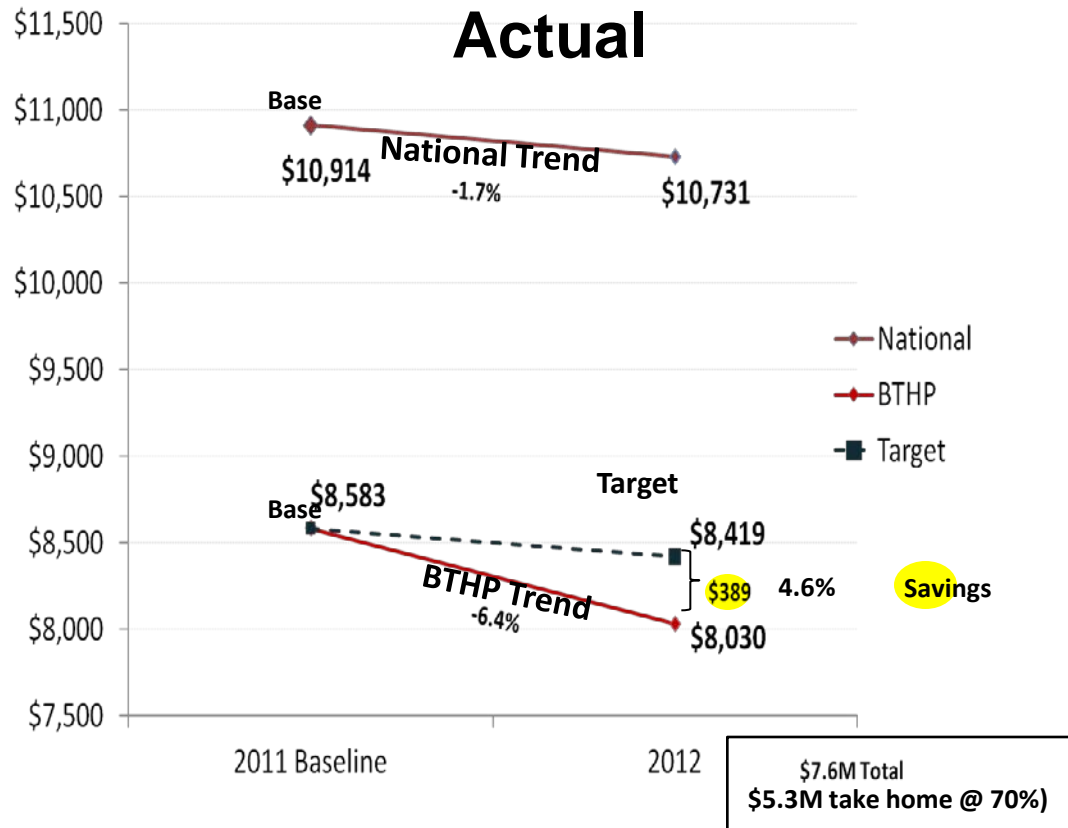


**bellin**health

Healthcare Partner of  
The Green Bay Packers



## Pioneer ACO PY1 (2012) Actual



# Community



**bellin**health

Healthcare Partner of  
The Green Bay Packers



## HEALTH AND WELLNESS

How we're working to help people live longer, healthier lives.



## Establishing wellness clinics

Wonderful offers employees and their families an on-site health and wellness center, staffed by a nurse practitioner and an occupational health technician. The clinic provides preventative care, immunizations, flu or tetanus shots and treatment for minor illnesses or injuries. They also offer screenings for diabetes, high blood pressure and high cholesterol.

## The Wonderful Company Core Values

### We act differently

With courage and fearlessness, we are relentless in our quest to inspire healthier food and beverage choices. As a privately held organization, we have the freedom and the power to make quick and effective decisions.

### We are harvesting a better world

We use the power of business to make the world a better place.

### We play to win

Our employees set ambitious goals and meet challenges with unified purpose and unmatched energy.

### We nourish, naturally

We believe that what you put into your body matters. The most nutritious — and best-tasting — foods are those from nature.



# Learning from Chile...





## COND. PRIMARIOS

## COND. SECUNDARIOS

## INTERVENCIONES

### ASISTENCIA

School absenteeism

**Aim:** to reduce absenteeism by 20%

Children motivation

Parents' motivation

Actions by the School Leadership Team

Panel of attendance

Monthly incentive

Parents diploma

Chronic absenteeism address at parents' meeting

Text message when absent

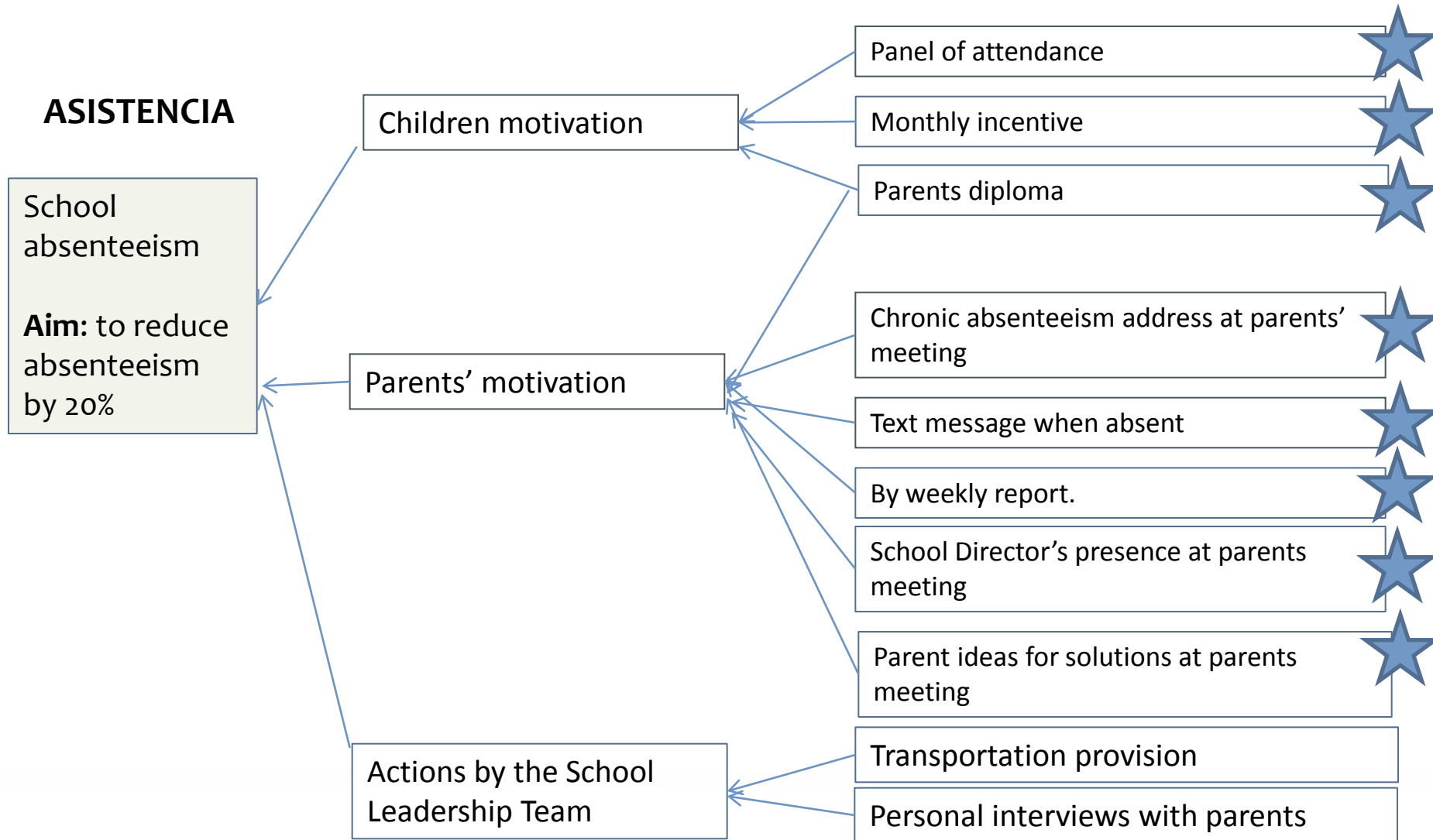
By weekly report.

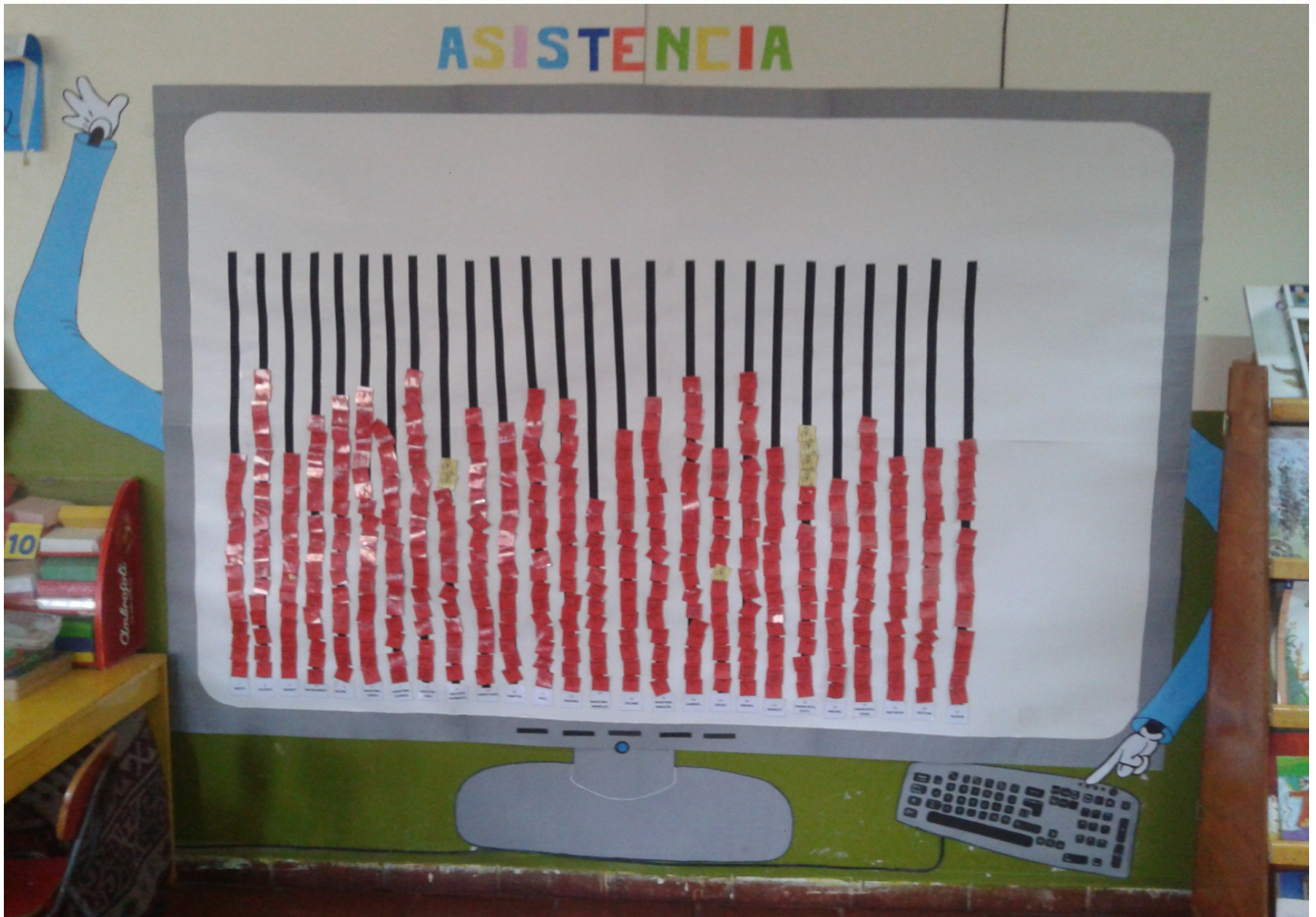
School Director's presence at parents meeting

Parent ideas for solutions at parents meeting

Transportation provision

Personal interviews with parents







Days missed over the last 2 weeks

Name

Month

<b>REPORTE DE ASISTENCIA</b> <b>Escuela G242 "El Rulo"</b>	
Nombre de alumno/a: Sala: Mes:	Lopez Leiva Emilie Andrea PreK-1 Marzo
<div style="border: 2px solid yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p><b>4</b> días</p> </div> </div> <p>¿Cuántos días he faltado durante este mes?</p>	<div style="border: 2px solid yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p><b>0</b> días</p> </div> </div> <p>El niño que tuvo la mejor asistencia durante este mes, ¿cuántos días faltó?</p>
<div style="border: 2px solid yellow; border-radius: 50%; width: 80%; margin: 0 auto; padding: 5px;"> <p>Recordar que el Ausentismo Crónico ocurre cuando el niño falta 2 o más días por mes</p> </div>	

Number of days that the child with the best record of assistance has missed over the last 2 weeks

Reminder of 'chronic absenteeism'

# OBESITY PREVENTION

## Plan & Do

Goal: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms

Sugar sweetened  
beverages

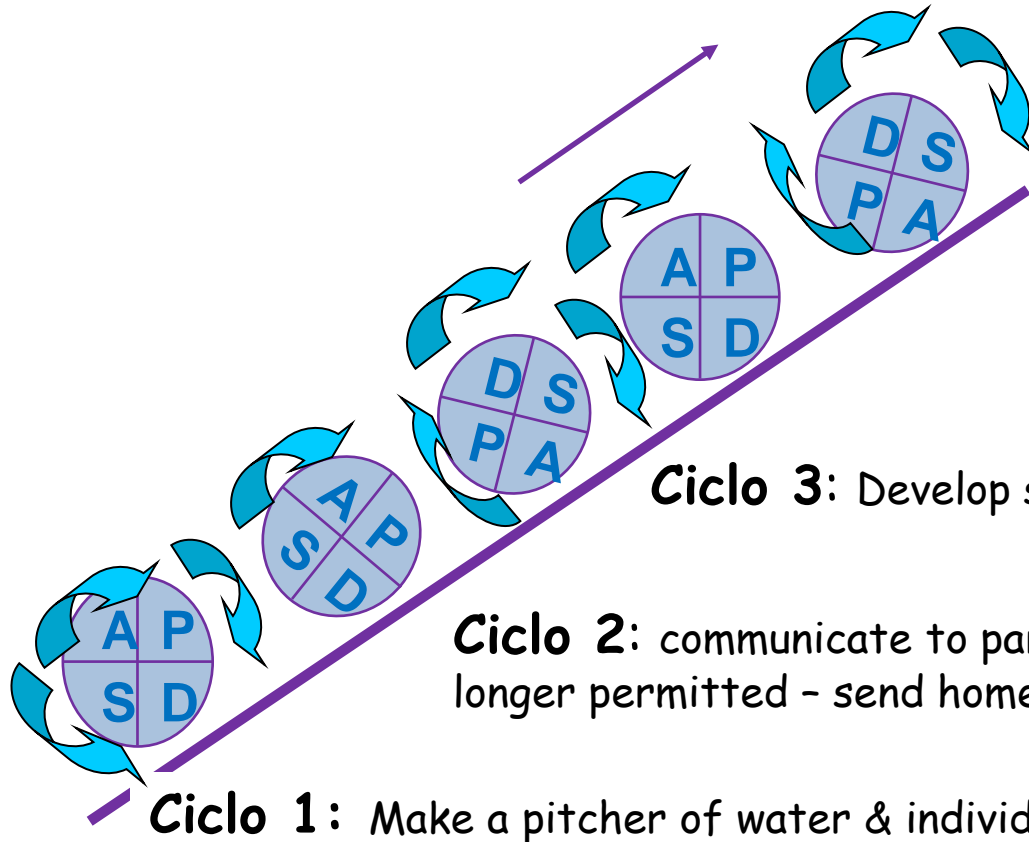


Water consumption



## Plan & Do

**Goal:** To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms

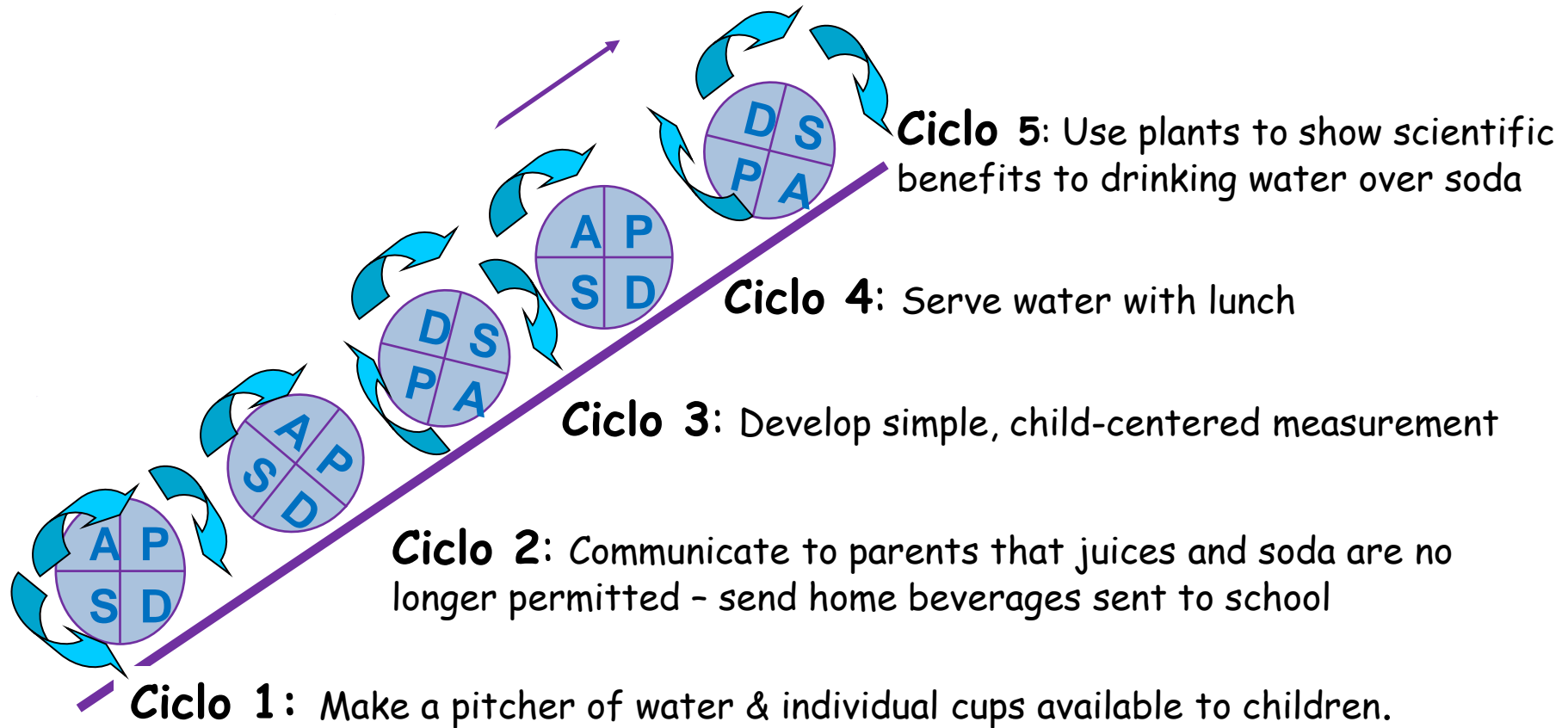


Prueba de  
Cambio "Agua"



## Plan & Do

**Goal:** To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms





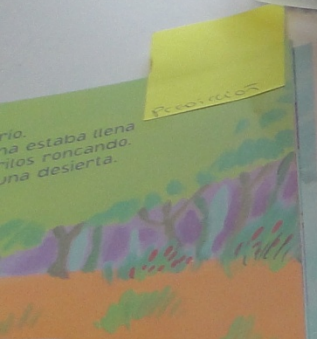
Agua



Nada



Bebida

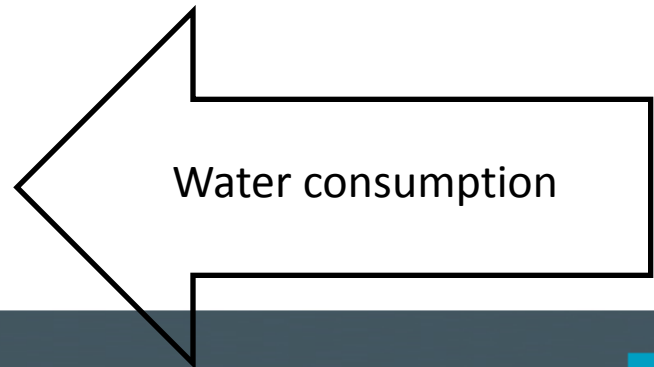
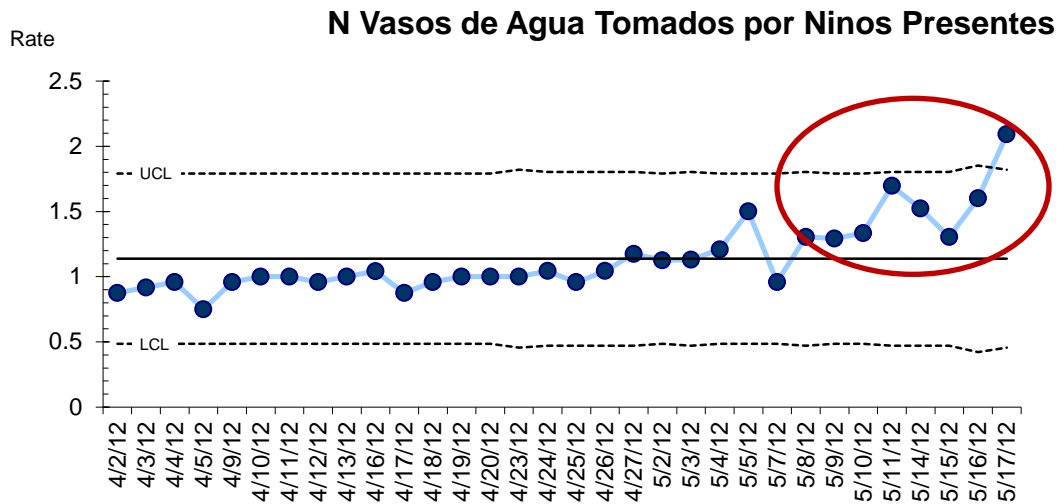
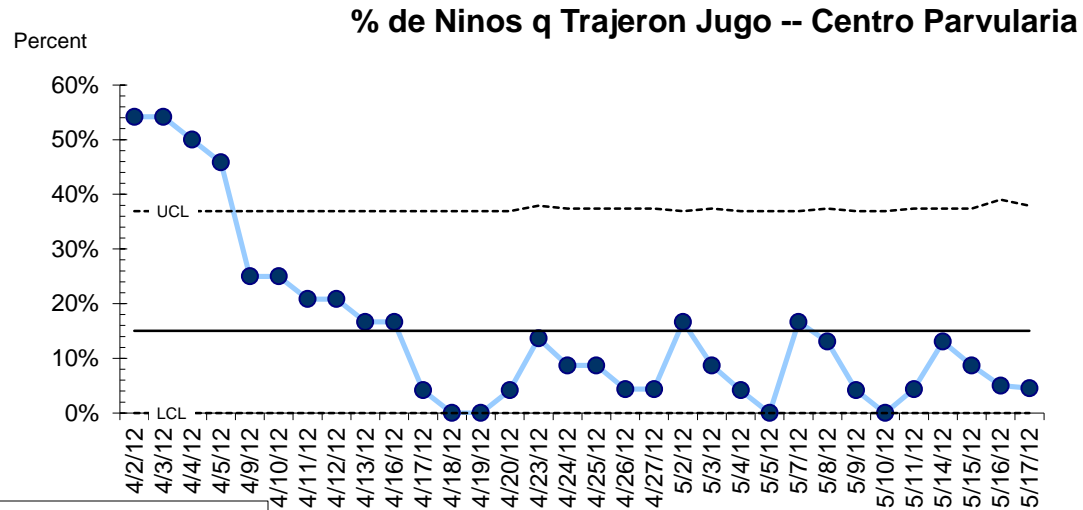
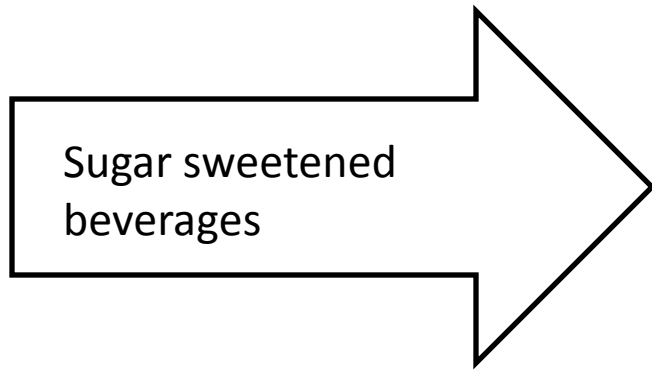


# PDSA Health – Obesity prevention

## Classroom Centro Parvulario

### Plan & Do

**Goal:** To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms



THE FUN COOKING MAGAZINE FOR FAMILIES

SUMMER 2013



# CHOP CHOP

## CELEBRATE SUMMER!

Fresh Recipes for Sun-Ripened Everything



**PLUS**

GROW HERBS  
THE EASY WAY  
MEXICAN CORN  
ON THE COB

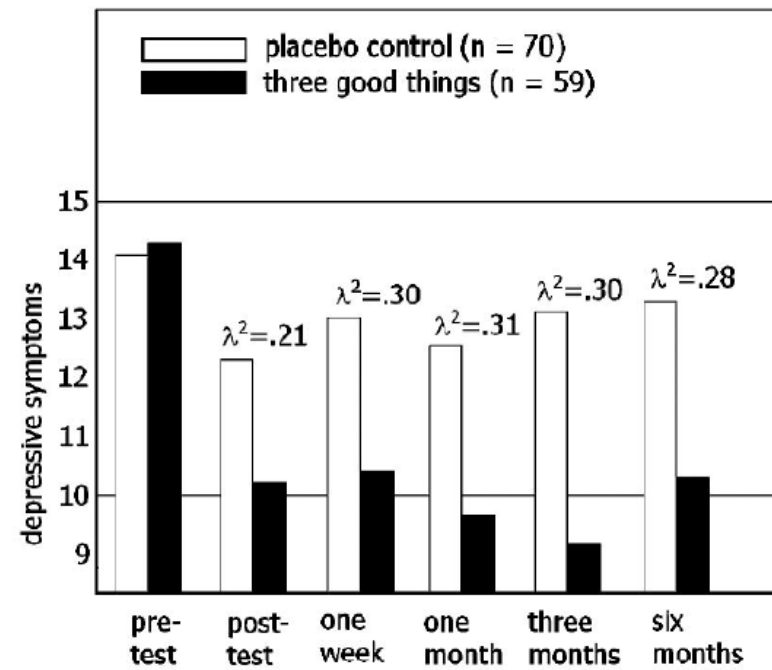
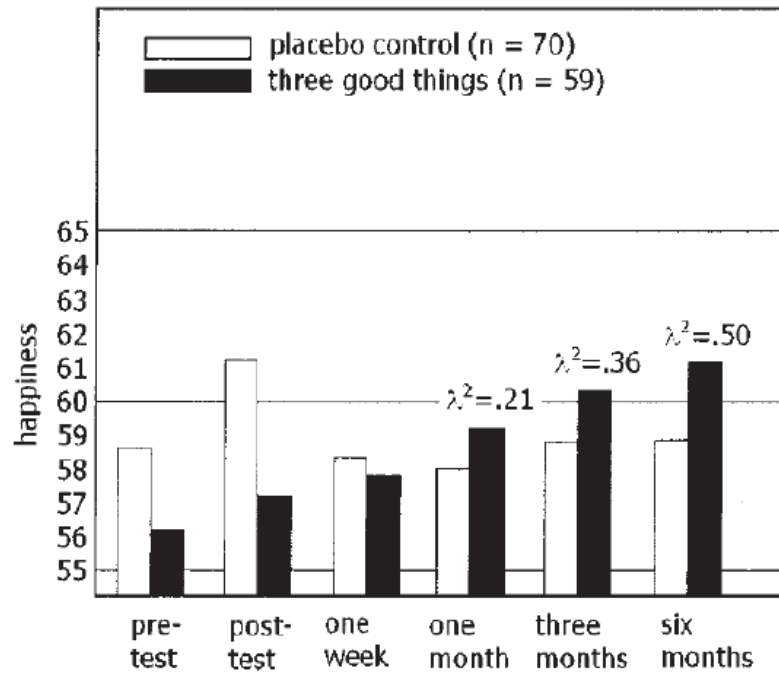
**Melon Salad**  
and 5 other fruit recipes  
(not including tomatoes!)

**Salad on a Stick**



# Three Good Things

Seligman, Steen, Park & Petersen, 2005



# Find your joy

---

- “It’s never too late to be the person you might have been”

-George Eliot

- or “The best is yet to come”



# Thank You!

Maureen Bisognano

President and CEO

Institute for Healthcare Improvement

20 University Road, 7<sup>th</sup> Floor

Cambridge, MA

[mbisognano@ihi.org](mailto:mbisognano@ihi.org)

