

Abstract of Quality Award Application for Herning Central Hospital, Herning, Denmark

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A. Introduction

Since 1994 Herning Central Hospital has worked thoroughly with quality development. This has involved systematic actions and given satisfactory results which we would like to present briefly in the following. This extract is written on the basis of our self-assessment and our application for the 1999 Quality award for the Public Sector in Denmark.

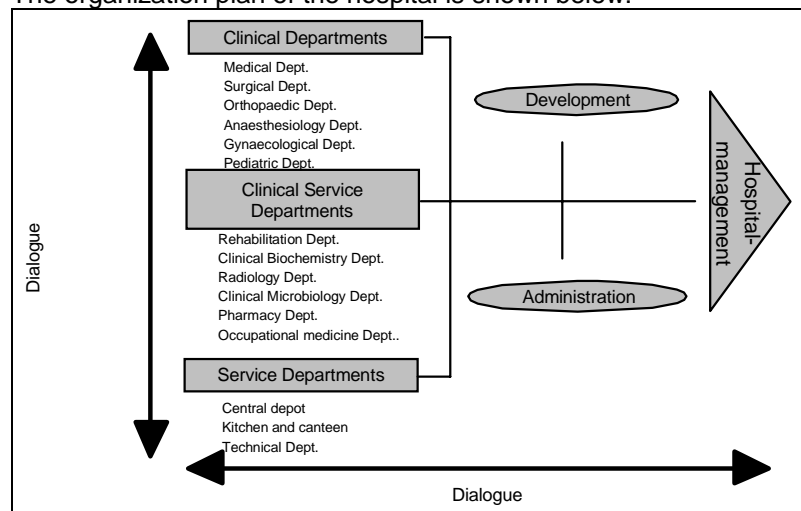
In January 1999 the hospital received the "On-the-way Quality Award" awarded by the Quality Award for the Public Sector in Denmark - an appreciation we are very proud of and which motivates the organization in its continuous efforts to make improvements to the benefit of patients and employees as well as our finances.

B. Presentation of Herning Central Hospital

Herning Central Hospital is one of five hospitals in Ringkoebing County, Denmark. The hospital serves a population of about 110,000 inhabitants, and in certain specialities covers the whole county of 270,000 inhabitants.

The hospital is situated near the center of Herning. The oldest buildings are from 1910 and extensions have been built subsequently, the latest of which will be ready for use in April 2000. The total building area is 65,000 m². The number of beds is about 400, and the number of full-time employees about 1,280.

The organization plan of the hospital is shown below:



The hospital has the following clinical departments: internal medicine, surgery, orthopedics, gynaecology/obstetrics, paediatrics, oncology, radiology, clinical biochemistry, microbiology anaesthesiology, rehabilitation, pharmacy and occupational medicine. The hospital supports the whole county in paediatrics, occupational medicine, microbiology and oncology.

The management is composed of three persons: a managing director, a chief executive physician and a chief executive nurse. The clinical departments are led by a managing consultant and a nursing officer in collaboration.

The activities of the hospital in 1998 were as follows:

In-patients: 20,553
Out-patients: 63,663
Operations: 14,717

C. The Most important Enablers

Criterion 1. Leadership

On the basis of The Health Plan for Ringkoebing County the management of the hospital formulated "The Goals for Herning Central Hospital" in 1993. In extension of this, our quality goals and quality policy were established, and they are still our ultimate measure of value. On this basis each department presents their goals and plans for the coming year at the yearly strategic meeting with the management of the hospital. The plans are then printed in the annual budget and the results are discussed at periodic meetings during the year

Through a training cascade, including the appointment of a quality coordinator and the training of 10 internal quality advisers, we succeeded in training all employees in Total Quality Management (TQM) from 1995-1998. The process demanded a total of 20,000 work hours - a resource allocation which did not affect the total activity of the hospital negatively. On the contrary, there was a considerable increase in activity during the period. After this process the management of the hospital decided that all new employees in their introduction to the hospital should have ½ day's training in TQM, and this is done once a month.

Quality Goals for Herning Central Hospital:

- Herning Central Hospital's quality goals are that our patients receive examination, treatment and nursing of a quality making Herning Central Hospital a secure choice at a high level of quality.
- In collaboration with patients and employees Herning Central Hospital will therefore continuously and systematically improve examination, treatment, nursing and services to a continuously improved level.
- Everywhere in the organization the employees' work has to be in accordance with our quality improvement philosophy, so that Herning Central Hospital always has a good allocation of resources and a good image.

The hospital management constantly encourages the organization to implement improvement projects in different fields: Competence profiles, process analyses, clinical data bases, and satisfaction assessments. Every department has focused on three processes that are to be systematically improved during 1999/2000.

Criterion 2. Policy & Strategy

Each year the budget planning process follows a fixed plan covering a period of 2½ years. The plan was developed by employees due to problems with a badly arranged budget and follow-up process. Meetings for the budget process are planned a year in advance and a meeting system based on Lotus Notes has been implemented.

Apart from the quality policies mentioned in Section 1 on management, a lot of horizontal quality policies are used. These policies are typically established through a broad collaboration of employees and managers.

The development of policies and strategies is based on a broad amount of information from all interested parties of the hospital, and permanent boards and heads of department have responsibility for continuous adjustment.

Horizontal policies:

- personnel policy
- IT-policy
- Safety policy
- Purchasing policy
- Hygiene policy
- Clothing policy
- Research policy

Criterion 3. People

Systematic assessment of employee satisfaction during the last four years has been a natural part of the management's tools for planning improvements. One of the many results of this has been the focus on the working environment. In this field a lot of employees are involved in structured work on place of work assessments.

In 1997 thorough work on improvements in the recruiting process has resulted in a systematic recruitment procedure described in a booklet called "Good bye and Welcome". We also have fixed procedures for the introduction and training of new colleagues, both centrally and in the respective departments. Annual personnel development dialogues are held to reduce staff turnover and to identify the continuous training and development needs of the employees. These are supplemented by internal seminars, courses, etc., and a close collaboration with the training department of the county.

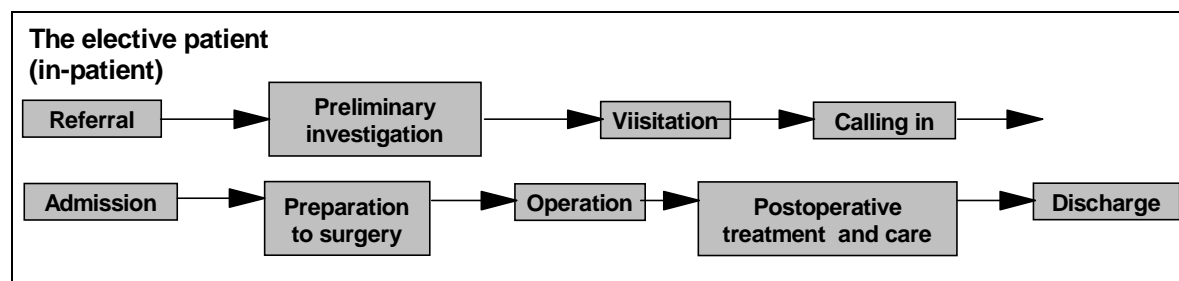
We do not use job descriptions at Herning Central Hospital; instead we use competence profiles developed by different groups of employees. At the moment we have about 35 competence profiles that describe an employee's basic, professional, social, organizational and critical competences. Those form the basis for an appointment and the personnel development dialogue.

Communication in the organization is ensured in close cooperation with the central joint council and the department joint councils. In addition, there are a number of permanent committees where colleagues collaborate on subjects such as hygiene, food, EDP, and so on. Our house magazines "CH News" and "CH Quality" are information sources reaching a lot of people. Last, but not least, we have to mention Lotus Notes which serves as our internal communication system (as well as the county's), and as an electronic calendar and information processing.

Criterion 4. Resources

It is a management goal to increasingly implement information technology to realize productivity and effectivity benefits, especially in relation to our most important resource: the scarce amount of time. The main server in our IT-system is an AS-400-server, supporting Lotus Notes, administrative programs and clinical data bases. In addition, some of the clinical departments have more specialized computer programs, for instance the X-ray department which from the year 2000 will implement a Picture Archiving and Communication System (PACS). At the moment we have started implementing databases in Lotus Notes to handle written manuals in the departments, as well as a thorough investigation of organizational consequences of the future introduction of electronic health care records (EHRC).

The management has decided to look at all new equipment in the hospital by means of the method of medical technology evaluation. This decentralized process involves employees so that influence is secured and competence sustained.



Criterion 5. Processes

The primary processes in Herning Central Hospital are patient processes, since all our activity is related to patients in contact with hospital staff.

A patient's sequence of events also comprises administrative, service-oriented, clinical and training support processes.

Throughout the implementation of TQM-training we put great emphasis on thinking in terms of processes and inter-organizational collaboration. Process analysis is thus an essential tool, and since 1994 about 50 processes have been described and optimized by using this tool, also resulting in schematic patient care pathways.

Examples of supporting processes:

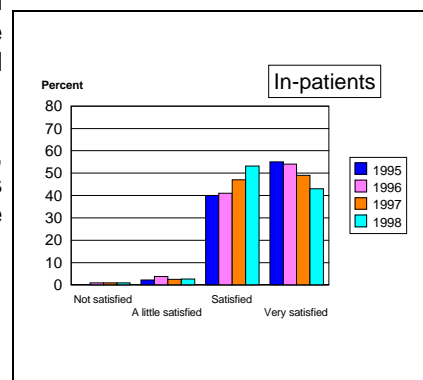
- Clinical:
 - X-ray
 - anesthesia
- Administrative:
 - Patient health records
 - Post handling
- Service oriented:
 - Food
 - Cleaning
 - Patient transportation

D. The Results

Criterion 6. Patient Satisfaction

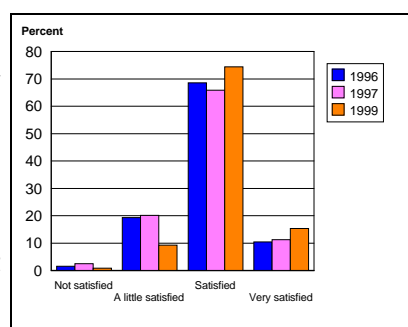
Since 1995 the hospital has performed 4 patient satisfaction assessments based on questionnaires. Each time 120 to 250 ambulatory patients and about 400 in-patients participated. With a response rate of 46% among in-patients, 95% rated 4 or 5 on the question about their overall satisfaction with the quality at Herning Central Hospital, which we consider very satisfactory. The investigation is reported to all departments and will be repeated for the fourth time in 1999.

We also measure the quality of the discharge process, adherence to the visiting rules, and the number of patients choosing Herning Central Hospital under the rules of "free choice of hospital" (across county boundaries).



Criterion 7. People Satisfaction

In 1996, 1997 and 1999 the hospital has performed assessment of employee satisfaction in the whole organization. The aim was to have an ideal tool to measure the satisfaction and create an even better work place. The questionnaire comprising 40 questions has been developed through interviews with employees. With a response rate of 48% among employees, 88% rate 4 or 5 in 1999 on their general satisfaction with Herning Central Hospital as their place of work. The difference between importance and satisfaction is used for prioritizing unfulfilled needs. The frequency of the assessment is under continuous reevaluation, and the method in the year 2000 will be further improved. We plan to set goals for the wanted level of satisfaction.



The rate of absence due to illness is investigated regularly - together with employee turnover - and statistics show that Herning Central Hospital has a lower rate than the average of all hospitals in Ringkoebing County, apart from the cleaning department. In 1999 focus has been put on this department, establishing self-governing groups.

Criterion 8. Impact on Society

Through the years a lot of initiatives have been started to reduce the amount of resources used. Examples of this are, among other things, the introduction of a CTS-system (central check and steering), the use of low-energy bulbs. In 1999 the hospital received an environmental certificate from the utilities board of the Municipality of Herning. The hospital also motivates its employees, in collaboration with the city council of Herning, to reduce car traffic by providing bicycles to some of its

employees. Job pools and policies on smoking, alcohol, and AIDS are an integral part of our policies with respond to our social responsibility.

Criterion 9. Herring Central Hospital's results.

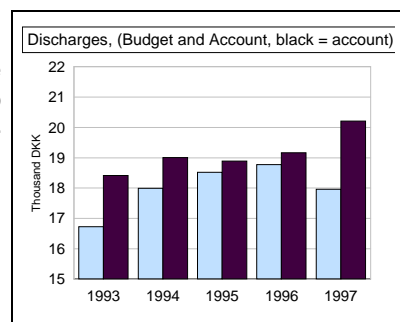
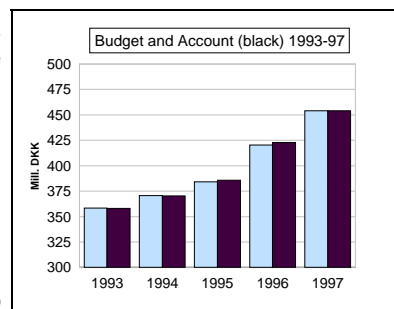
The accounts in relation to our financial resources show an increasing activity within the framework of the budget.

Our level of activity is measured by the number of discharges and shows an increase during the period 1993-97 from 18,412 to 20,211. The reason, among other things, has been a decrease in the average length of a stay from 6.3 to 5.9 days.

Fifteen clinical data bases are used to collect clinical data, typically categorized according to diagnoses. In this way we have the opportunity to follow the professional quality of the treatment, e.g in connection with complications and infections.

The seven "Service goals" from the Budget with respect to quality are a natural part of our regular reporting.

In Denmark we use numbers of DRG (Diagnosis Related Groups) to document the different hospitals' productivity. The idea is that the hospitals' patients are grouped according to diagnosis, treatment, age and type of discharge (ambulatory/in-patient), to which a certain resource allocation is attributed. Herring Central Hospital has a DRG-number of 0.83, which means 17% lower than the average of all hospitals in Denmark. Also the hospital is the most cost-effective of the five hospitals in the County.



E. The Future and Conclusion

Our assessment process resulted in 126 improvement projects which, together with the feed-back from the assessors, resulted in a top-ten list. Within these areas we are working on creating an even better hospital in 1999-2000. In this connection, we should especially mention our intensified work with electronic tools for calendar and information management systems as well as electronic health care records.

- Service goals:**
1. Response to patients
 2. Waiting time for ambulatory examination
 3. Waiting time for treatment as in-patient
 4. Waiting time in out-patient clinic
 5. Time for sending discharge-letters
 6. Collaboration with primary sector
 7. Number of cancelled operations

At the hospital we have found the model "The Quality Award for the Public Sector" extremely useful for strategic development. Therefore we have decided to use the model for structuring and motivating continuous improvements in the different departments. In the year 2000 we will make a pilot project in four departments, broadly representing the organization, with subsequent evaluation. The plan is to involve both management and employees in the process, and we are looking forward to it.

- Top-10 list for improvement in the years 1999-2000:**
1. Education
 2. Value-based leadership/leadership-quality
 3. Patient care pathways. Electronic Health Care Records (EHRC)
 5. Working environment
 6. IT-strategy
 7. Documentation
 8. Functional units
 9. Communication
 10. Recruiting/maintaining