

Transforming organization's structures to improve health outcomes during a period of financial constrain

La Unió Benchmarking Project, a learning experience in a turmoil environment: from data, through information and knowledge to best practices



Addressing the Challenge of Patient-Centered Care and Safety

2016 IHFDURBAN
40th World Hospital Congress

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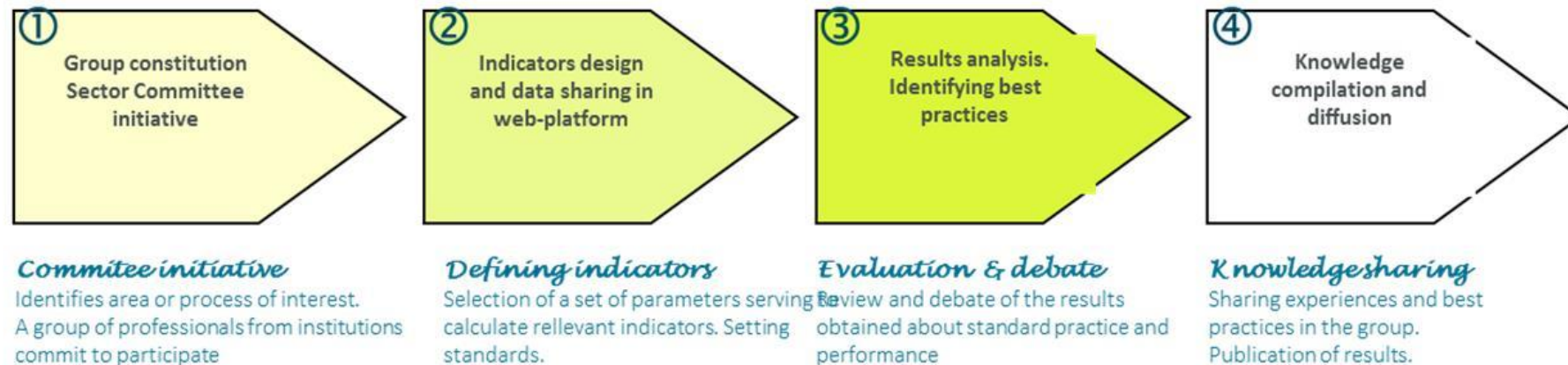


- ehLAUNIO**
Associació d'Entitats Sanitàries i Socials

Benchmarking objectives

- ▶ To identify and serve as an stimulus to adopt best **practices** in clinical and managerial environments, oriented to obtain and maintain excellent results in quality and efficiency terms.
- ▶ Through intense debate initiated in the comparison of the own results with those of the group, measuring relevant indicators previously agreed, pursuing **knowledge growth and shared learning**.

- Need to develop a **collaborative methodology**
- Supported by a **web platform**, transforming data in useful information for sector analysis: <http://benchmark.uch.cat/>
- **6 Discussion groups** conducted by Unió professionals (acute care, primary care, long-term care, mental health, ancillary services and nursing care).
- A total of **200 health professionals** from **40 organizations** have learnt together
- Designed collaboratively more than 150 clinical and managerial indicators



Performance results by units



Joan Maria Ferrer (menú - sortir)

dades

SM

Salut Mental - Centres de salut mental d'adults

global

fòrum

CSMA

CSMIJ

CAS

CD

HA

HMILLE

HS

HDA

HDIJ

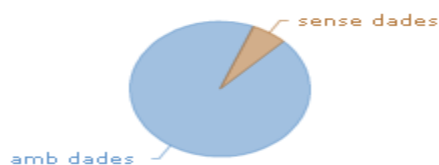
anàlisi

veure com: tècnic del benchmark

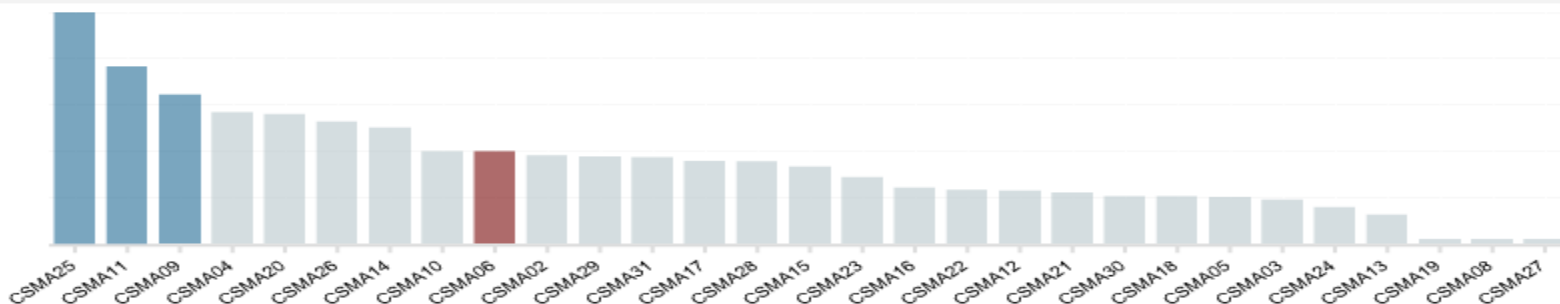
període: 2009

10 entitats

31 dispositius



compliment (dades)



indicador (rànkng / valors)

	CSMA09	CSMA11	CSMA25	CSMA06	mitja	top 5	mín.	màx.
1.4 número de pacients per personal assistencial directe	362,54	293,62	259,09	216,43	272,08	379,39	139,89	391,60
1.5 número de visites per personal assistencial directe	1.542,24	1.941,16	1.327,50	1.268,57	1.474,15	1.970,91	1.009,12	2.129,73
1.7 visites per habitants	169,10	247,97	217,22	157,57	153,55	204,91	104,04	247,97
1.8 primeres visites per 1000 habitants	13,31	16,59	18,00	11,46	12,05	18,28	0,87	21,98
1.9 número de pacients atesos per 1000 habitants	39,75	37,51	42,40	26,88	28,28	39,63	16,60	42,40
2.1 llista d'espera en la 1ª visita	18,00	18,00	33,00	16,00	30,48	17,70	16,00	60,00
2.4 índex d'absentisme en la 1ª visita	0,07	0,16	0,12	0,12	0,20	0,09	0,07	0,33
2.5 índex d'absentisme en les visites successives	0,16	0,16	0,14	0,14	0,17	0,10	0,02	0,26
2.7 rati entre la 1ª visita i les visites successives	14,10	16,75	13,01	14,92	19,03	9,42	7,88	127,10
3.9 abandonament del tractament ambulatori	0,04	0,17	0,23	0,30	0,13	0,01	0,00	0,32
4.1 ingressos econòmics totals per pacients atesos	203,68	239,31	-	320,43	282,07	424,97	150,46	510,07
4.2 dotació econòmica per població	8.096,08	8.976,30	-	7.370,06	7.706,79	10.842,34	4.927,21	14.048,55
4.3 ingressos econòmics totals per visita	47,88	36,20	-	54,67	54,38	82,03	30,47	102,23
6.2 número de reclamacions cada 100 pacients	0,02	0,03	0,04	0,23	0,14	0,00	0,00	0,87
6.3 rati de població assignada per personal assistencial directe	9.120	7.828	6.111	8.051	9.812	7.085	6.111	13.888

Unit of analysis ranking and tendency by indicator and year

Joan Maria Ferrer (menú - sortir)



dades

SM

Salut Mental - Centres de salut mental infantil i juvenil

global

fòrum

CSMA

CSMIJ

CAS

CD

HA

HMILLE

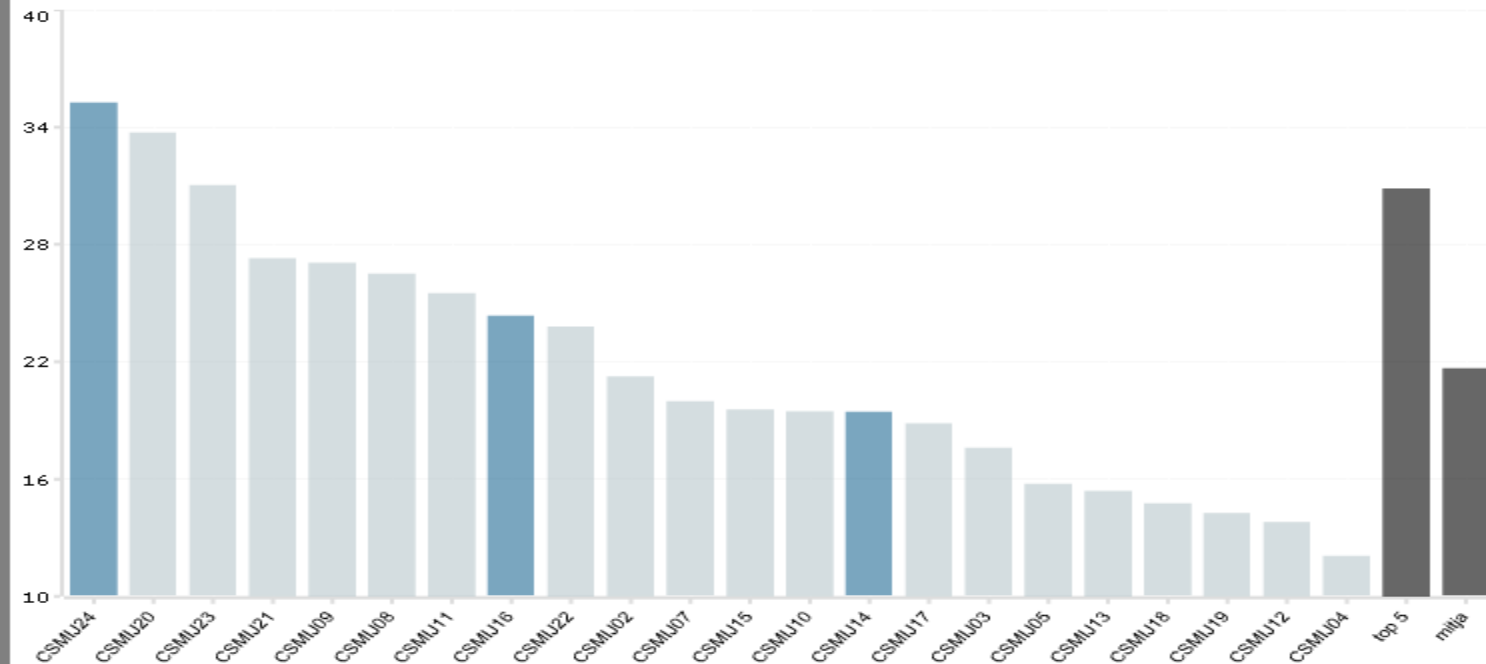
HS

HDA

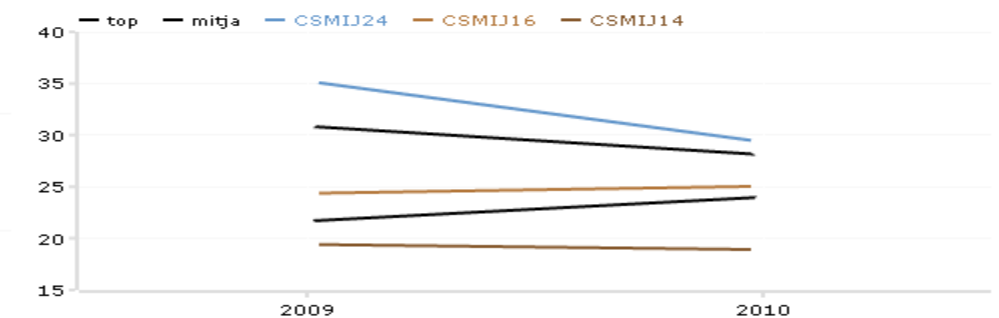
HDIJ

anàlisi

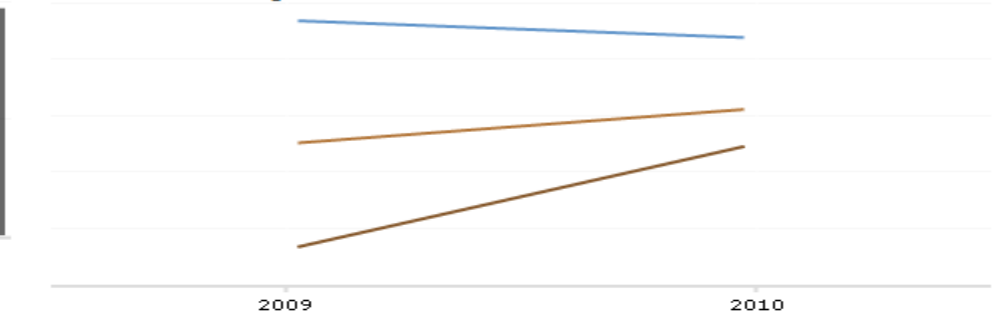
1.8 primeres visites per 1000 habitants



evolució dels valors



evolució del rànking



3.9 abandonament del tractament ambulatori	★★★★★	★★★★★	-
4.1 ingressos econòmics totals per pacients atesos	-	-	-
4.2 dotació econòmica per població	-	-	-
4.3 ingressos econòmics totals per visita	-	-	-
6.2 número de reclamacions cada 100 pacients	★★★★★	★★★★★	★★★★★
6.3 rati de població assignada per personal assistencial directe	★★★☆☆	★★★★☆	★★★★★

Correlation analysis between indicators and/or parameters

dades

SM

Salut Mental

global

fòrum

CSMA

CSMIJ

CAS

CD

HA

HMILLE

HS

HDA

HDIJ

anàlisi

eix Y: paràmetre

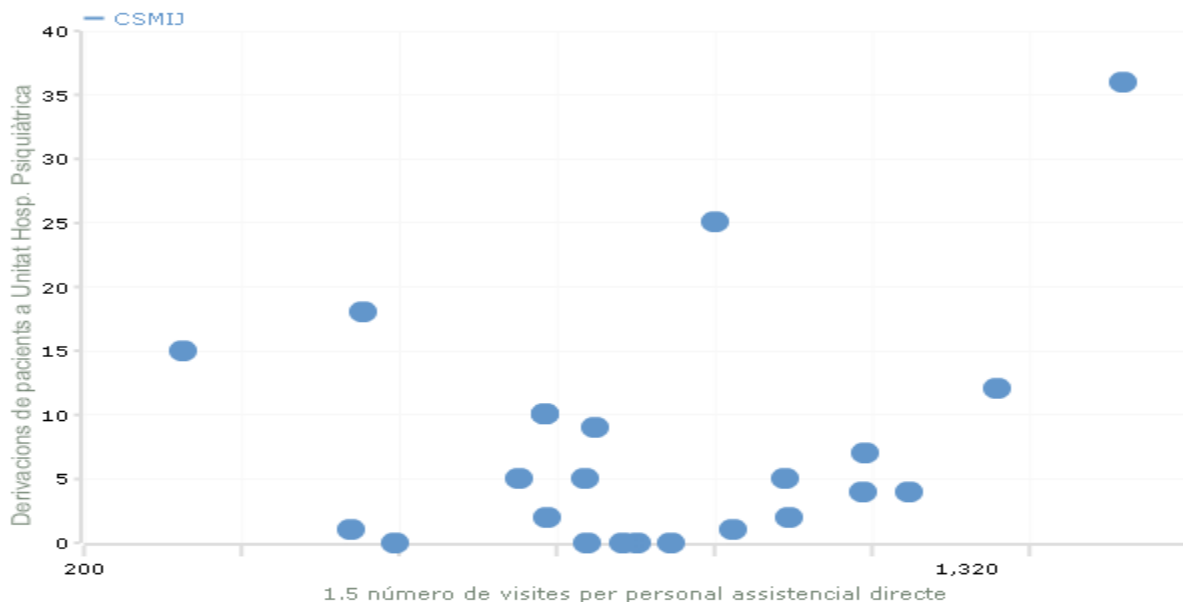
Derivacions de pacients a Unitat Hosp. Psiquiàtrica

eix X: indicador

1.5 número de visites per personal assistencial directe

període: 2009

executar



eix Y: indicador

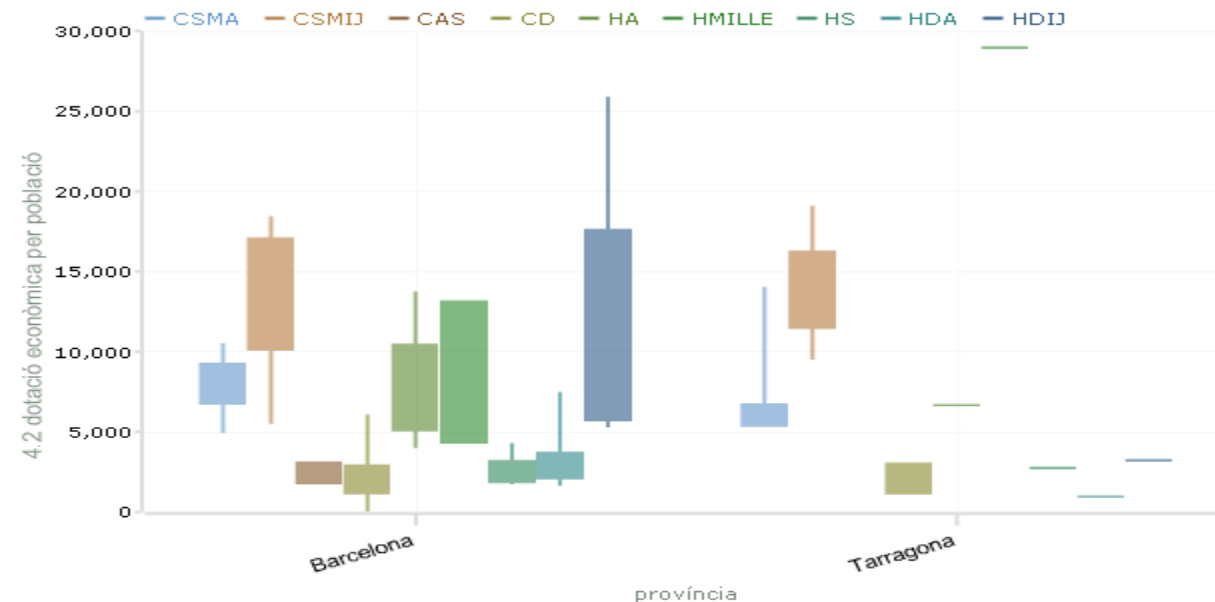
4.2 dotació econòmica per població

eix X: característica

província

període: 2009

executar



Organizations participating in the Acute Care Hospitals Benchmarking Group



CONSORCI SANITARI
de l'Alt Penedès



CLÍNIC
BARCELONA
Hospital Universitari



HOSPITAL DE CAMPDEVÀNOL
Hospital Comarcal del Ripollès



Consorci Sanitari Integral



HOSPITAL DE LA
SANTA CREU I
SANT PAU
UNIVERSITAT AUTÒNOMA DE BARCELONA



CONSORCI SANITARI
Garraf



Hospital
Sant Celoni
Baix Montseny



althaia



Corporació
Parc Taulí



CHV CONSORCI
HOSPITALARI
DE VIC



FSM FUNDACIÓ SANITÀRIA MOLLET



I+AS Institut
d'Assistència
Sanitària



Sant Joan de Déu
HOSPITAL MATERNOINFANTIL - UNIVERSITAT DE BARCELONA



XARXA SANTA TECLA
Sanitària i Social
a Tarragona des de 1171



Mútua Terrassa



hp
Hospital Plató



Parc Sanitari
Sant Joan de Déu



FUNDACIÓ HOSPITAL DE
l'Esperit Sant

18
Organizations

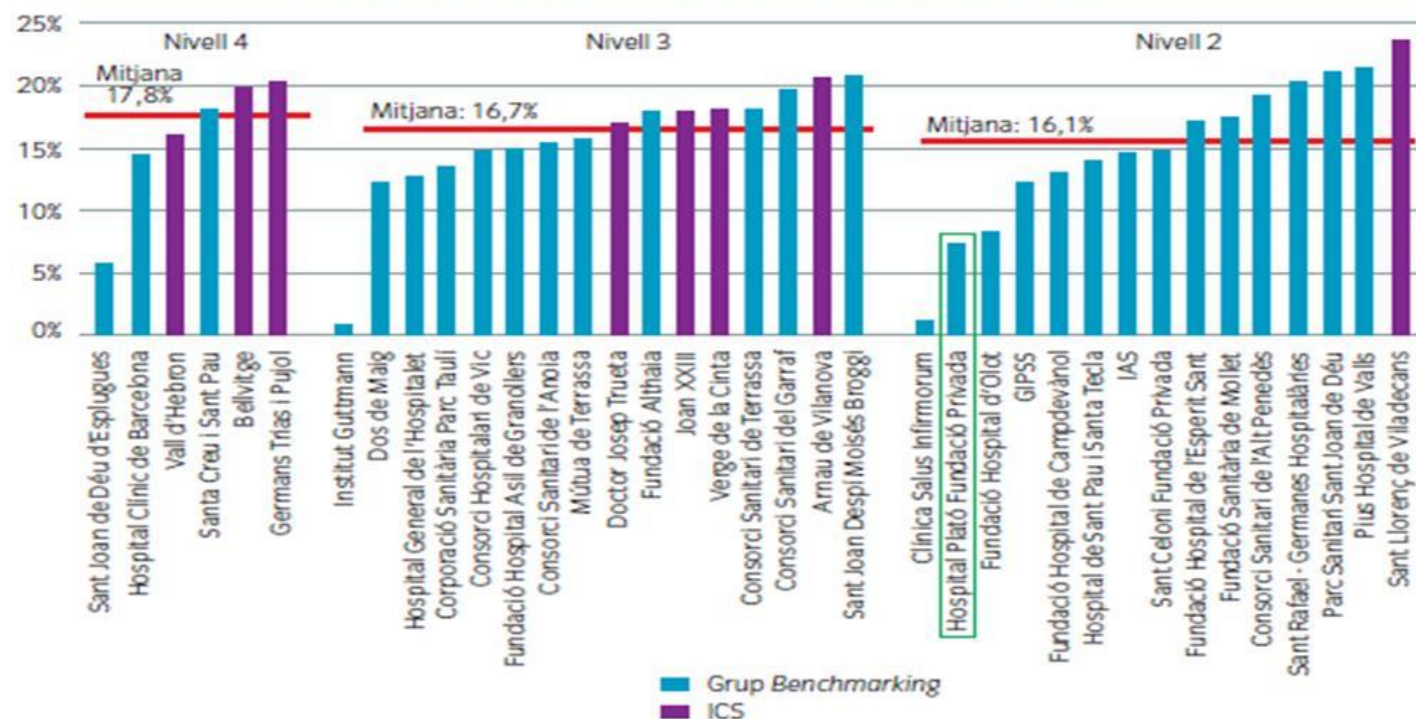
20
Hospitals

238.743
Discharges

4.774
Acute care beds

% of potentially avoidable hospitalizations

Level 2 Acute Hospital benchmark: 7,4 %



Comparison private owned-hospitals with public hospitals in Catalonia. In blue, private hospitals participating in the Benchmarking group

Source: Benchmarking Unió indicators and Central de Resultats (AQuAS), Department of Health in Catalonia

The organization transformed significantly the surgical procedures in an ambulatory setting that reduced hospitalization, length of stay and cost.

Primary Health Care

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IMPROVEMENT EXAMPLE IN PRIMARY HEALTH CARE

Organizations participating in the Primary Care Benchmarking Group



10

Organizations

47

Primary care teams

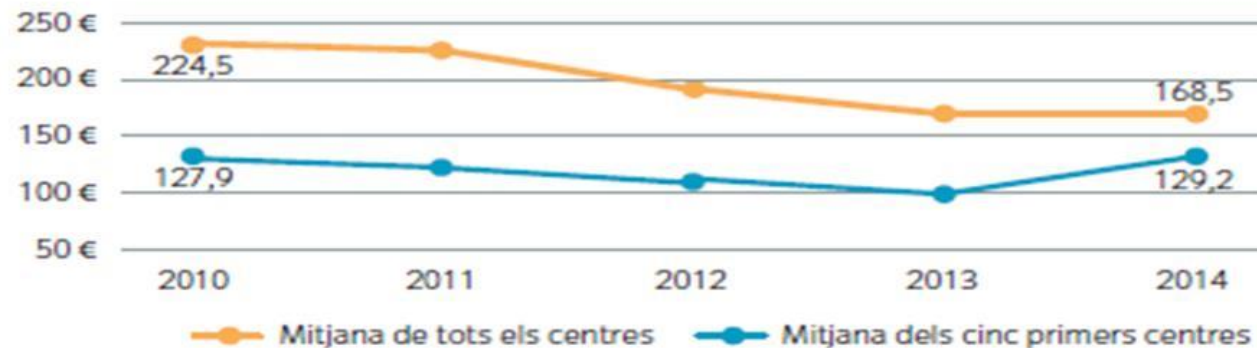
1.097.855 inhabitants

Covered Population
(15% of Catalanian population)

922.322 inhabitants

Population served

Pharmaceutical expense by population served



Example of a Cost Indicator

Pharmaceutical expense has decreased from 224,5€ per capita in 2010 to 168,5 € per capita in 2014, a 25% reduction.

Organizations adopted cost containment practices as medication reconciliation and review of high-volume high-cost drugs in elderly population

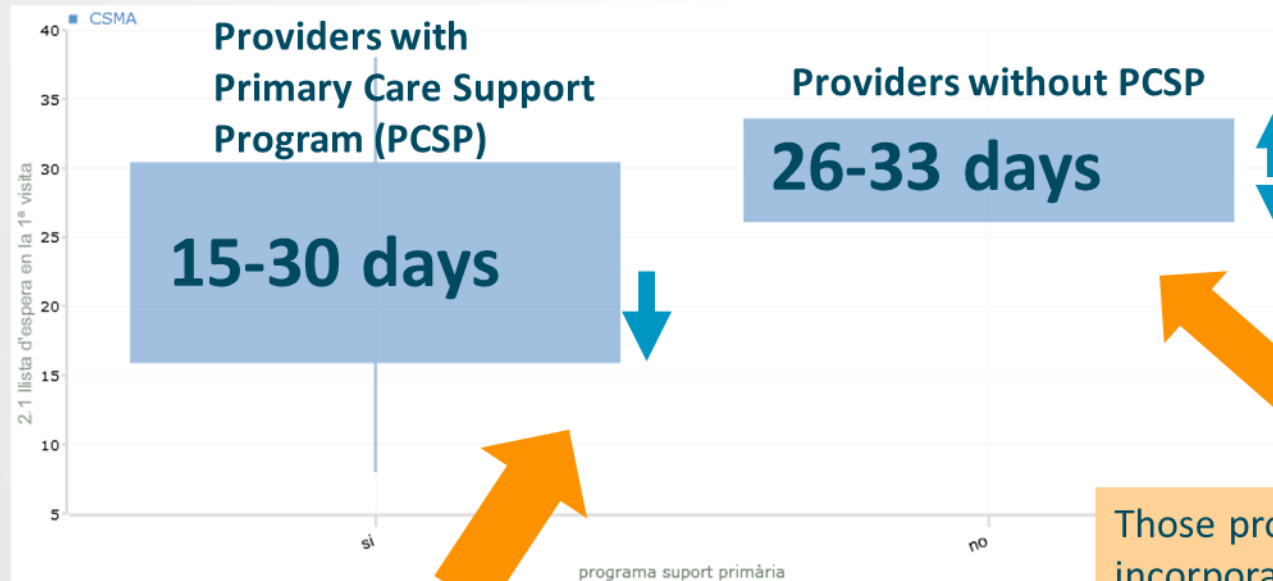
Mental Health Facilities

Facility	Participants	Beds
Hosp. Aguts	11	> 400
Hop. Subaguts	8	> 270
Hosp. Mil·LE	5	> 1250
Covered population		
CSMA	31	> 2.800.000
CSMIJ	26	> 550.000
CAS	5	> 680.000
Outpatient daily visits		
Centre Dia	22	> 700
HD Adults	15	> 400
HD Infantojuvenil	10	> 150
Depressió Major	25	
Programa TMS	26	
Total participants	184	

15 healthcare provider organizations

184 mental health facilities
(include inpatient, outpatient and programs)

Initial visits waiting list (2014)



Outpatient Mental Health centers that supports primary care reduced waiting times for an initial visit . Comparatively, waiting times showed a 30-50% reduction .

Those providers that did not incorporate the Support Program maintained higher waiting times.

MAIN RESULT

- After 5 years, 40 health organizations belonging to the public health network in Catalonia are regularly sharing information in 6 different benchmarking groups, and from the results obtained and compared, they are committed to discuss, analyze and reflect about their best practices, identifying areas to learn from others.

- There is room for health organizations to learn from their results and the benchmarking initiative is a tool for sharing and discussing.
- A healthcare providers association can add value to their members with these initiative that requires a common and confident space to promote open discussion with a learning purpose.
- The project lets also view trends and changes through years in fields like productivity, efficiency and quality. Most importantly, this benchmark exercise promotes changes in those organizations that demonstrate openness to share, learn and adopt best practices.



THANK YOU VERY MUCH
FOR YOUR ATENTION

Benchmarking project
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