



**RESONANCE**

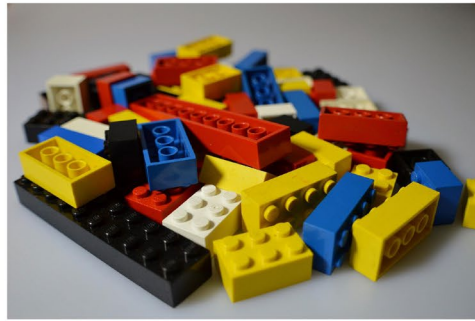
**THE MICROSYSTEM FESTIVAL CELEBRATING 20 YEARS**

**Feb 28 – March 2 Jönköping, Sweden**

# Measuring Performance – Now and Then

Peter Kammerlind

Mari Bergeling



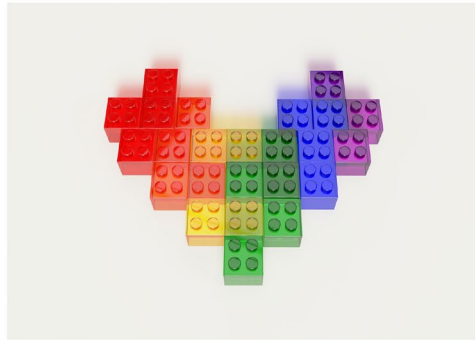
Data

What?



Sorted

How?



Presented  
visually

Where?



Explained with a  
story



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# **B3. Methods & Measures as Improvement Fuel:**

## **Using the Clinical Value Compass**

**European Microsystem Festival  
Jonkoping Sweden  
February 28, 2008**

**Eugene C. Nelson, DSc, MPH  
Peter Kammerlind, MD**



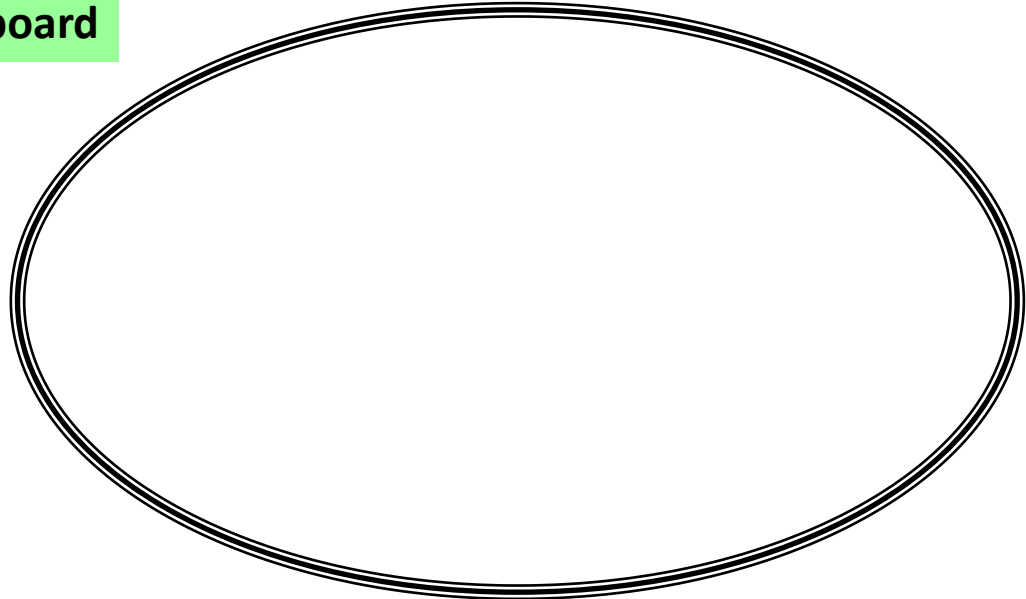
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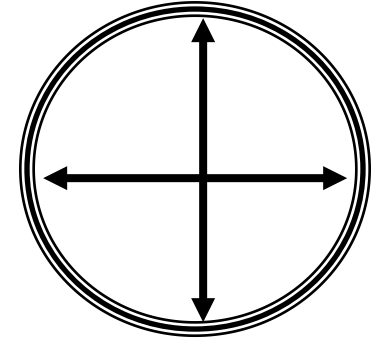
# Value Compass Thinking



Process Dashboard

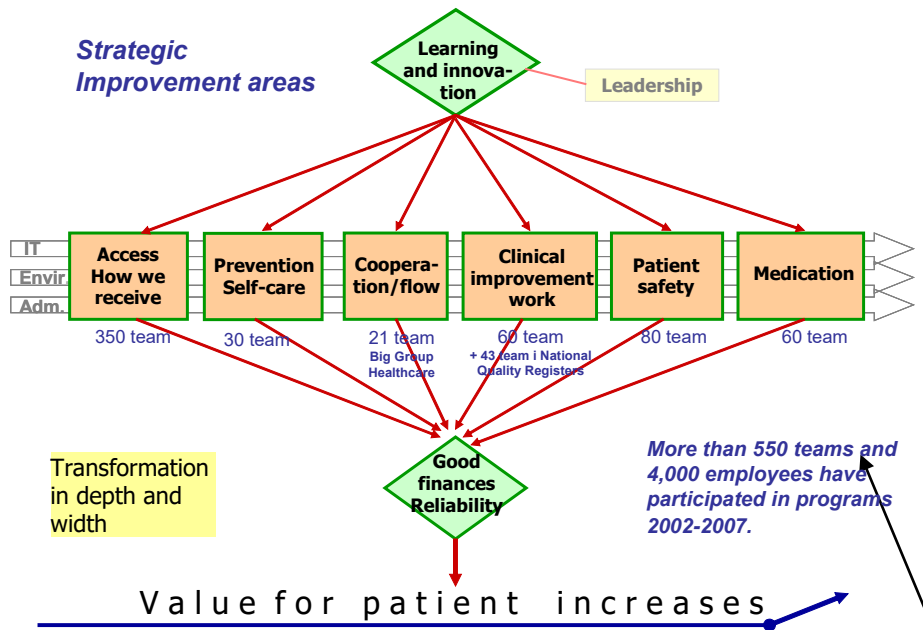


Compass Outcomes



**Aim: Clarify system of causes and effect and metrics for your “process” Dashboard and your “outcomes” Compass**





**Overall Strategic Aims of Jönköping County Council/Health care services:**

With Good financing we mean activities that create values leading to satisfied customer/-patients with high quality of life.

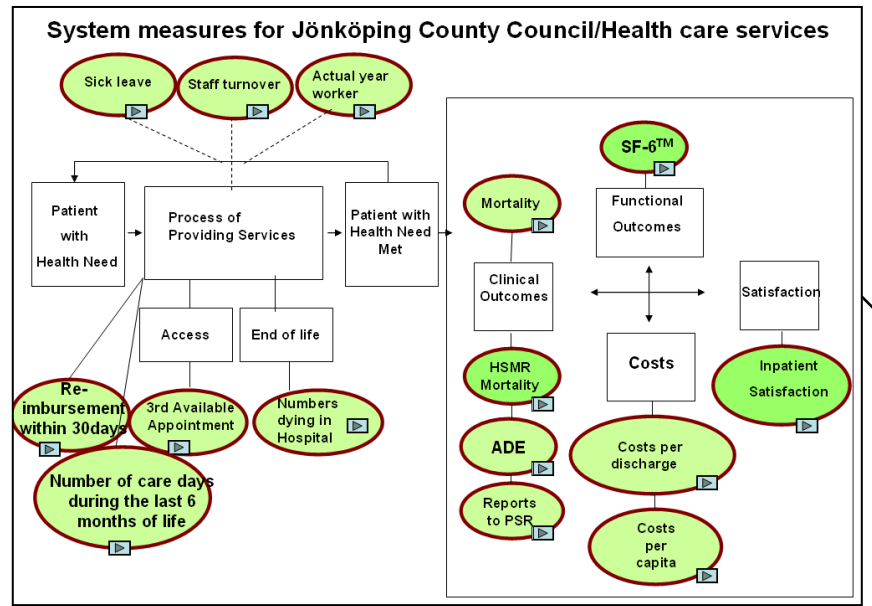
This requires that health care...

- has access.
- is based on a overall view regarding patient flow and processes.
- reaches/performs the best clinical results with the best safety.
- is performed to lowest possible costs.

To live up to this demand it is of necessity to have motivated and participated employees.

Strategic areas that we are working with, in Jönköping

Strategic aims for the County council of Jönköping



Guidelines from the national boarder

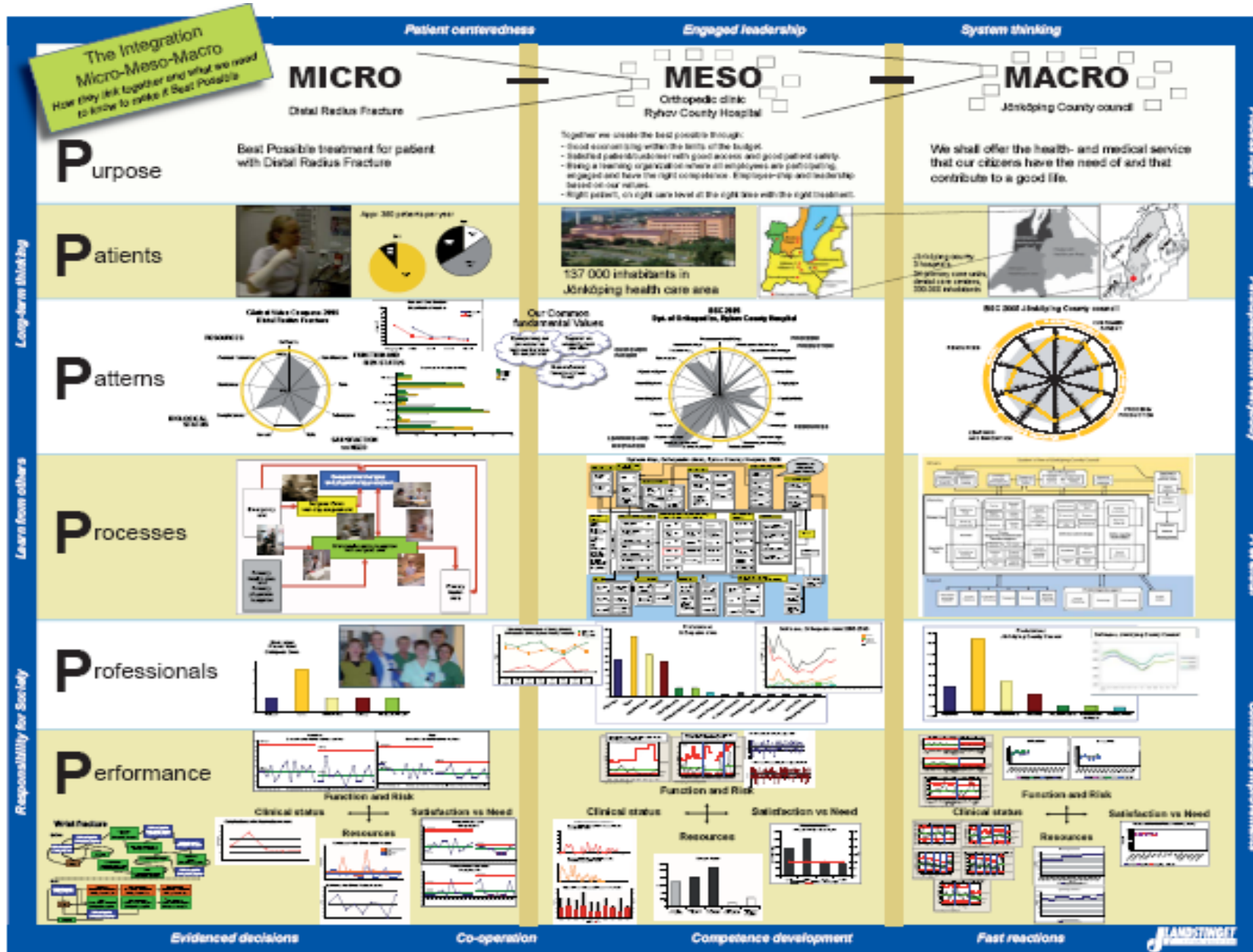
Value compass



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Poster 2006



# Measurement for management



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# The Measurement Challenge

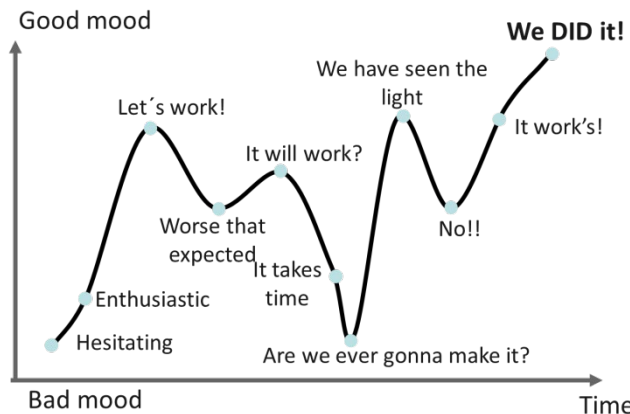
*Q Manage Health Care*  
Vol. 12, No. 4, pp. 202-216  
© 2003 Lippincott Williams & Wilkins, Inc.

## Surveying Improvement Activities in Health Care on a National Level—The Swedish Internal Collaborative Strategy and Its Challenges

Jesper Olsson, Lic Eng, RN; Peter Kammerlind, Lic Eng, MSc;  
Johan Thor, MD, MPH; Matthias Elg, PhD

*In order to map improvement activities in Swedish health care, we surveyed the managers of all primary health care centers (n = 958) and clinical hospital departments (n = 1355) nationwide in the spring of 2003, with a response rate of 46%. The majority reports that their staff view improvement work positively. The most common driver of improvement is work environment problems.*

**S**tudies of contemporary health care systems document frequent long delays and waiting times for medical services, a high incidence of medical errors,<sup>1,2</sup> and crowded wards (more patients than beds and rooms), where employees are expected to produce ever more services. Meanwhile, medical research and innovations emerge at a constant or even increasing pace thus enabling care and cure for an increasing number of people. In



*“We are increasingly realizing not only how critical measurement is to the quality improvement we seek but also how counterproductive it can be to mix measurement for accountability or research with measurement for improvement.” \**



right indent)

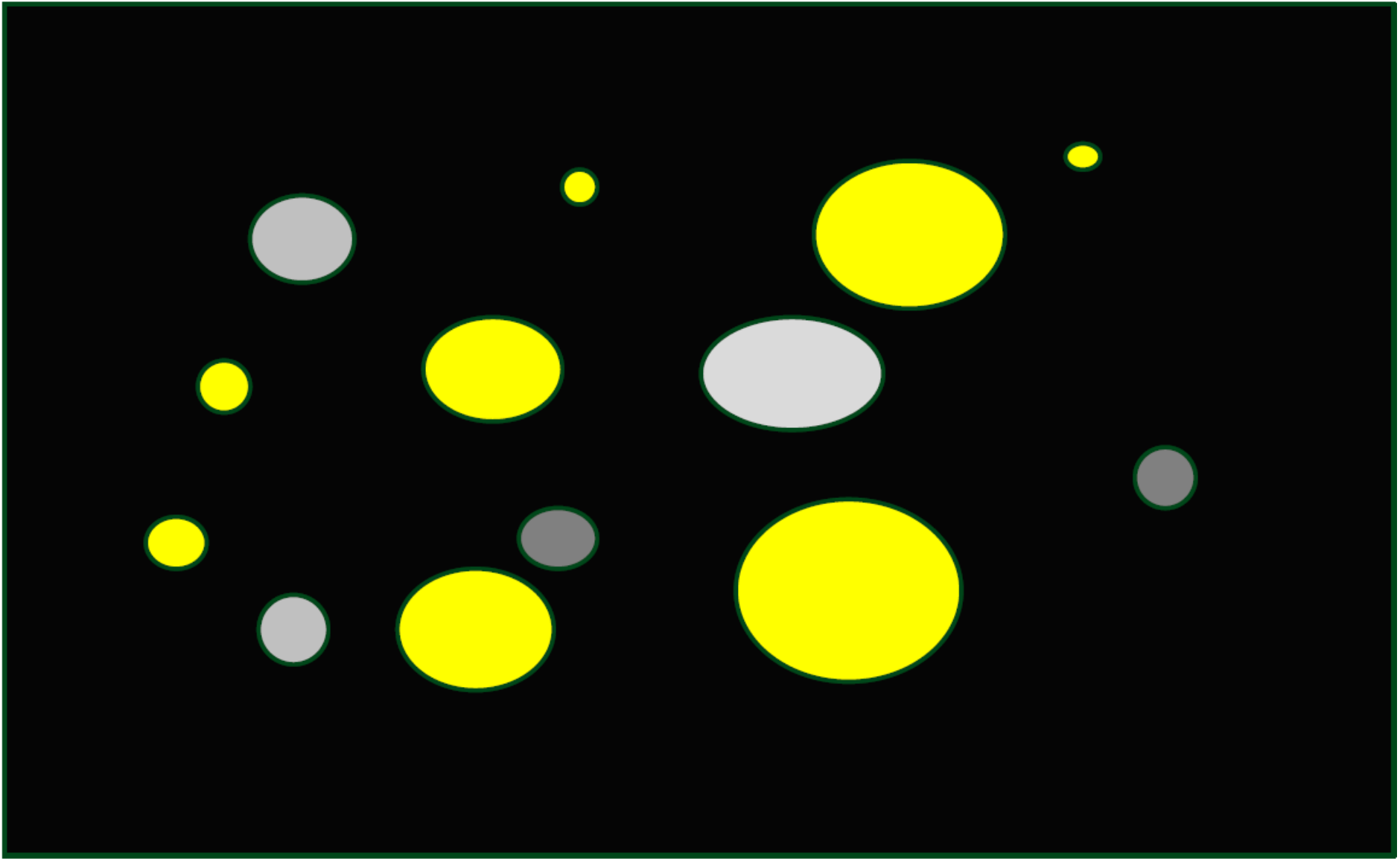


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\* Journal on Quality Improvement vol. 23, no. 3, (March 1997), 135-147.





Fredrik Westander 2017



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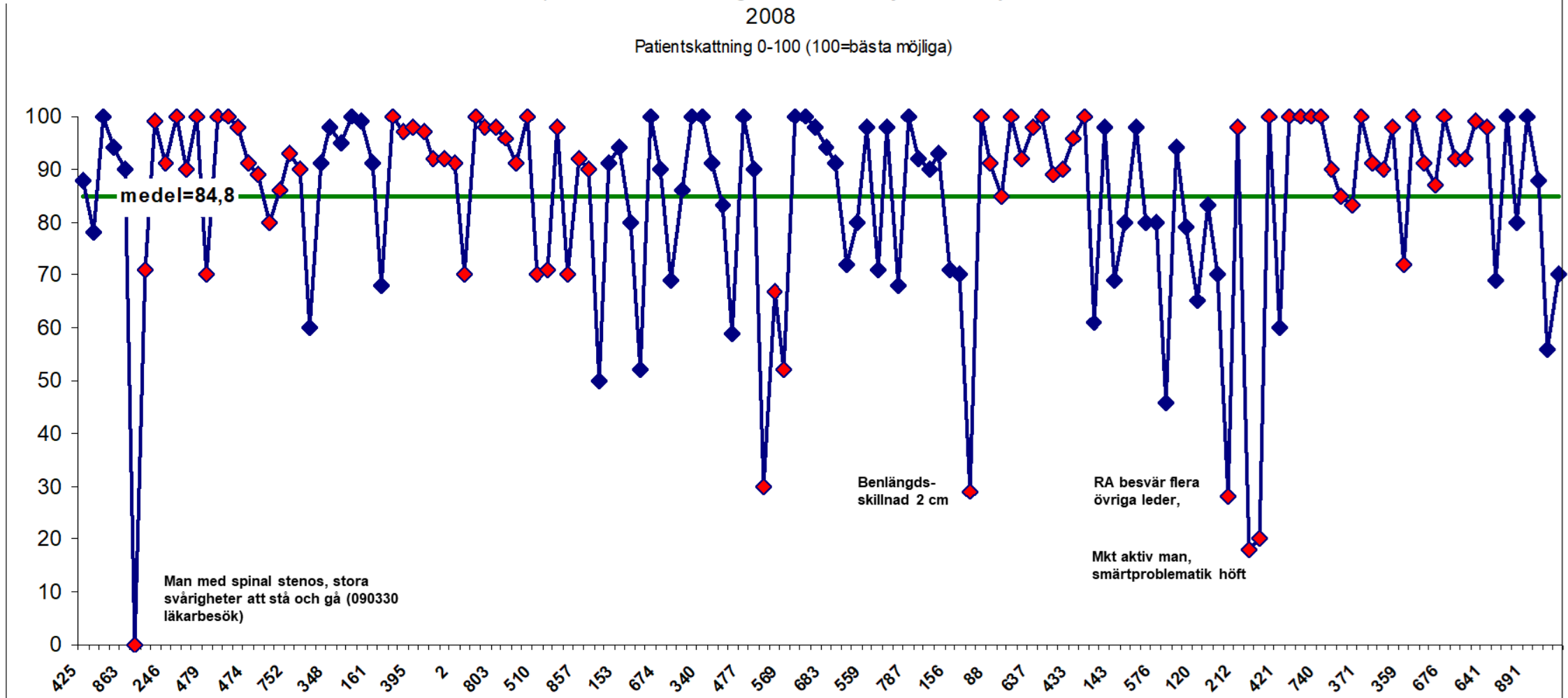
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# From average value to details

## PROM – one year after surgery

Ortoped- och reumatologkliniken, Länssjukhuset Ryhov  
2008

Patientskattning 0-100 (100=bästa möjliga)



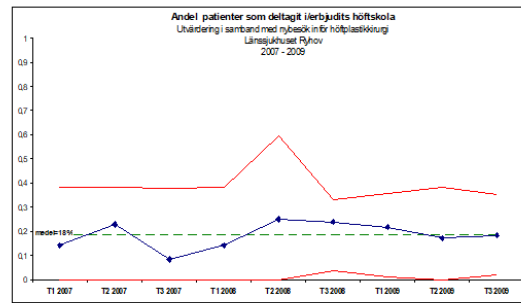
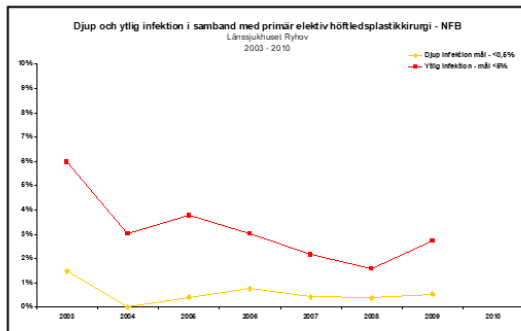
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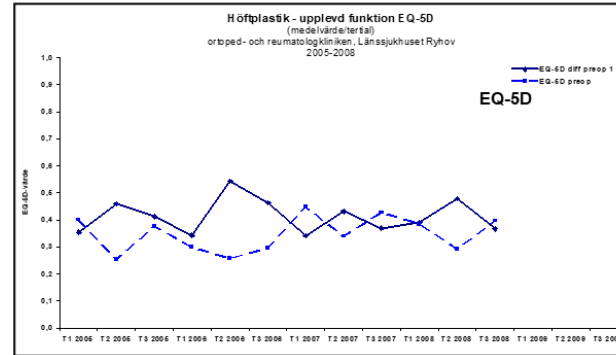
# Clinical Value Compass – Hip Surgery

# mesosystem

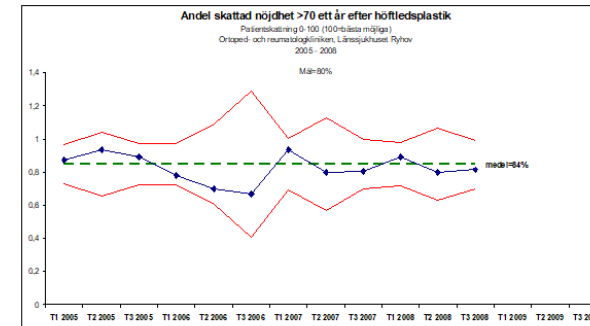
## Clinical status



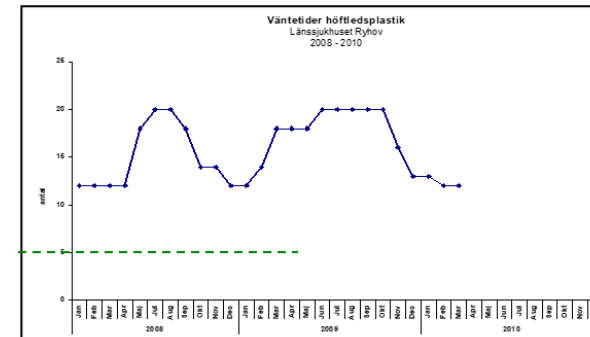
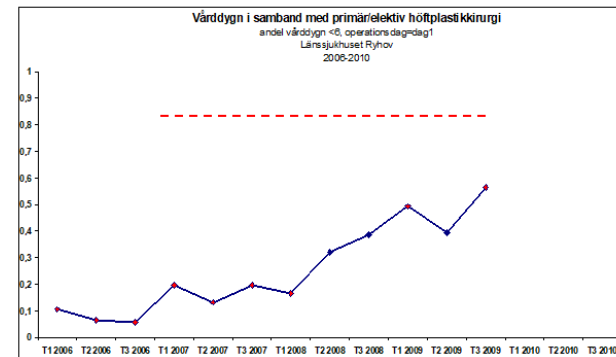
## PROM



## PREM



## Costs

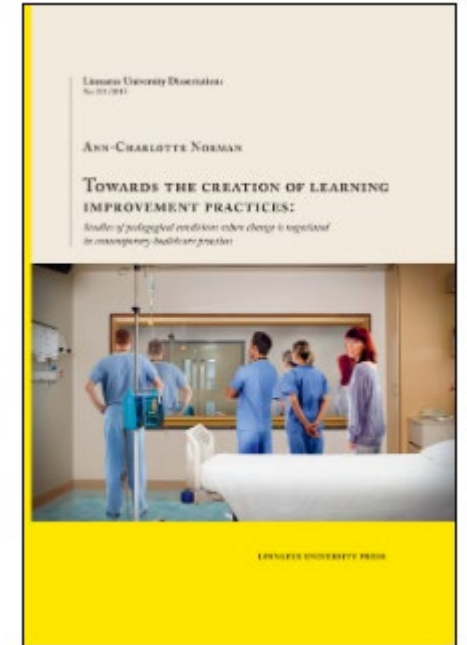


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- Presentation
- Ritual
- Dialoge
- Critical evaluation
  
- Pedagogical leadership



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# Five steps to...

- Balance
- Micro-meso-macro
- Time
- Vizualisation
- Improvement



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# Building Capacity

- Measurement for management
  - 100 teams, ten waves (March 2007-2014)
- Measurement for management – national top management program
  - 15 top management teams (16 of 21 swedish county council), October 2006- May 2009
- Improvement Advisor
  - 75 participants (10 of 21 county councils)
- Basic Statistics and analysis
  - 200 participants

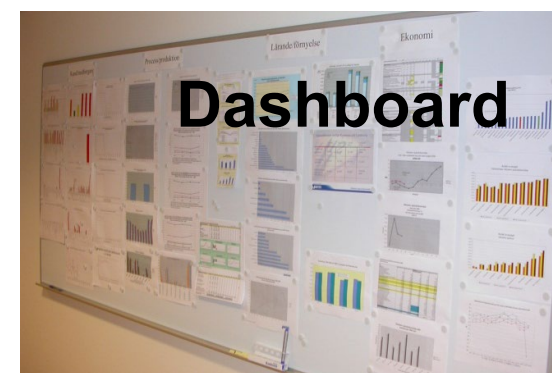


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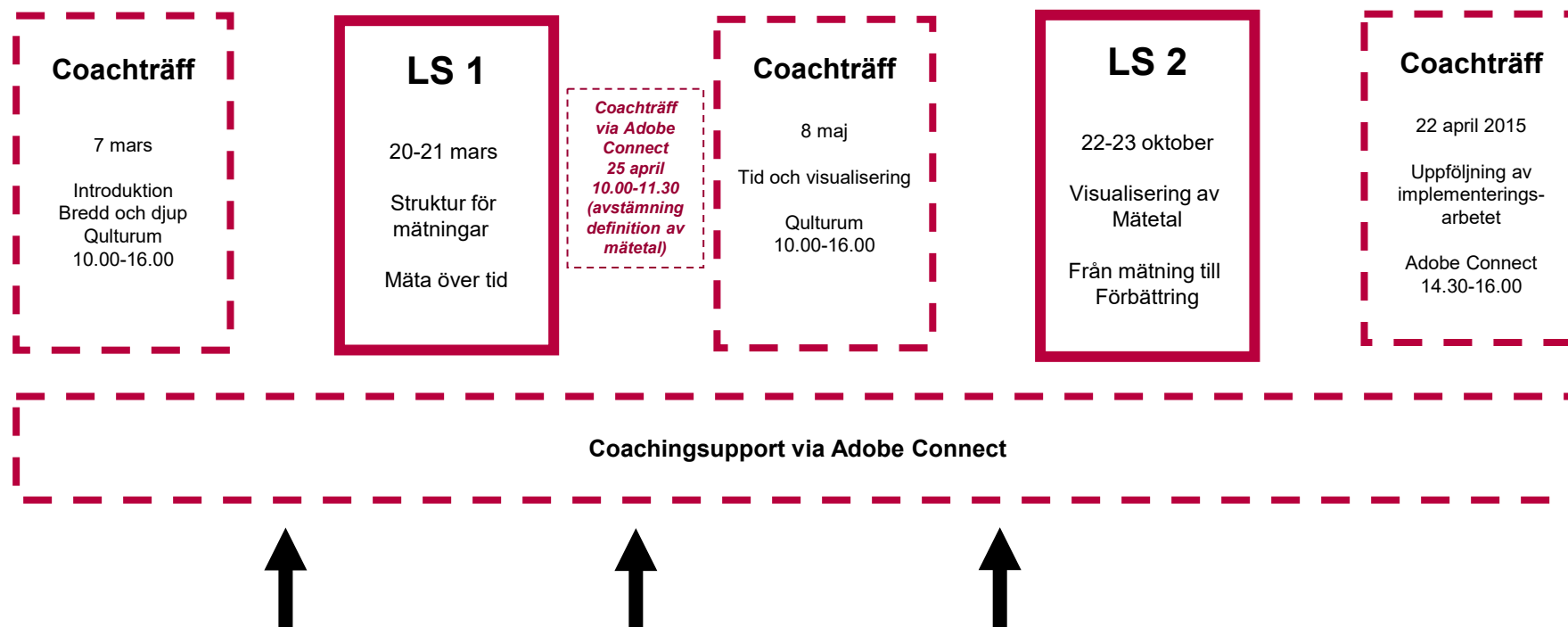
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# Measurement for Management



## Learning seminars

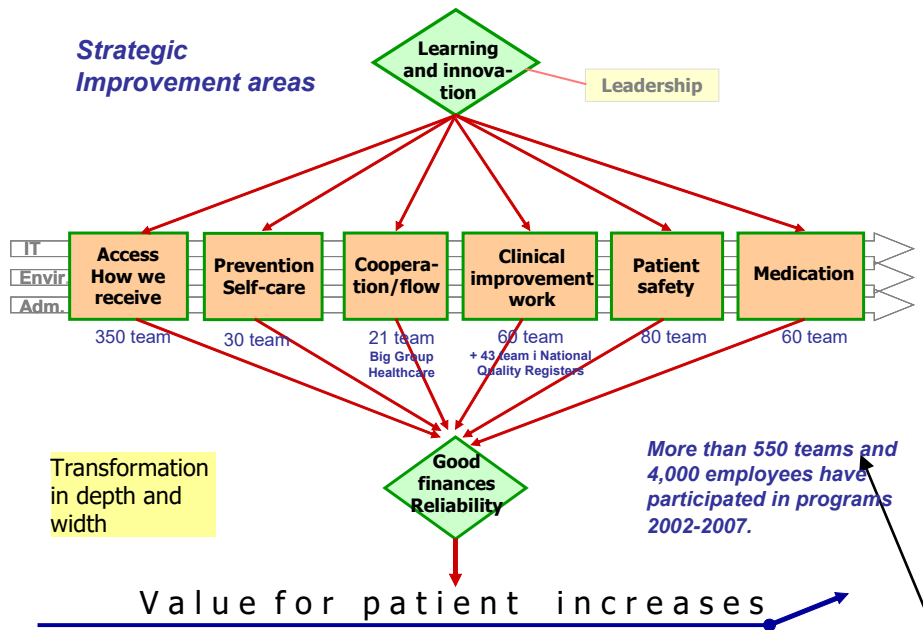


Homework – improve the infrastructure for measurement



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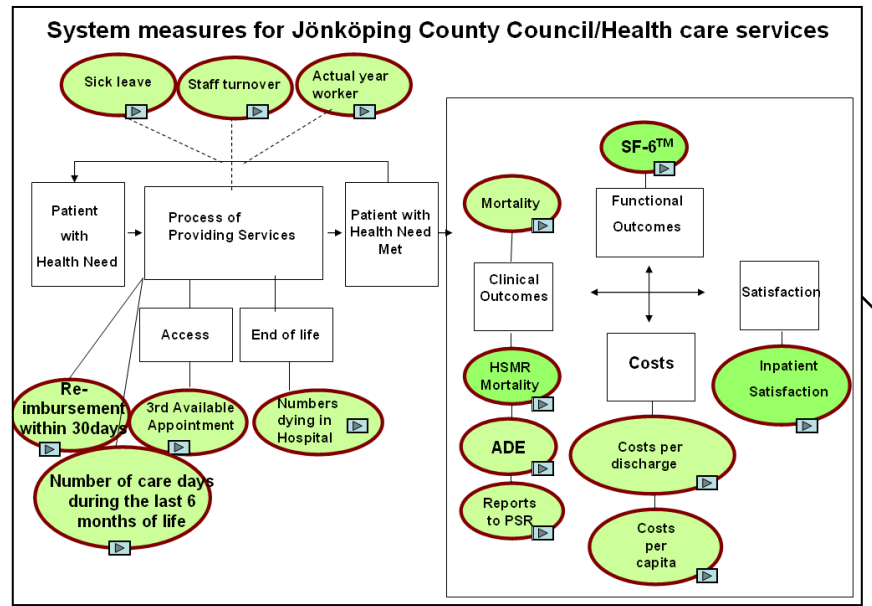
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Value compass



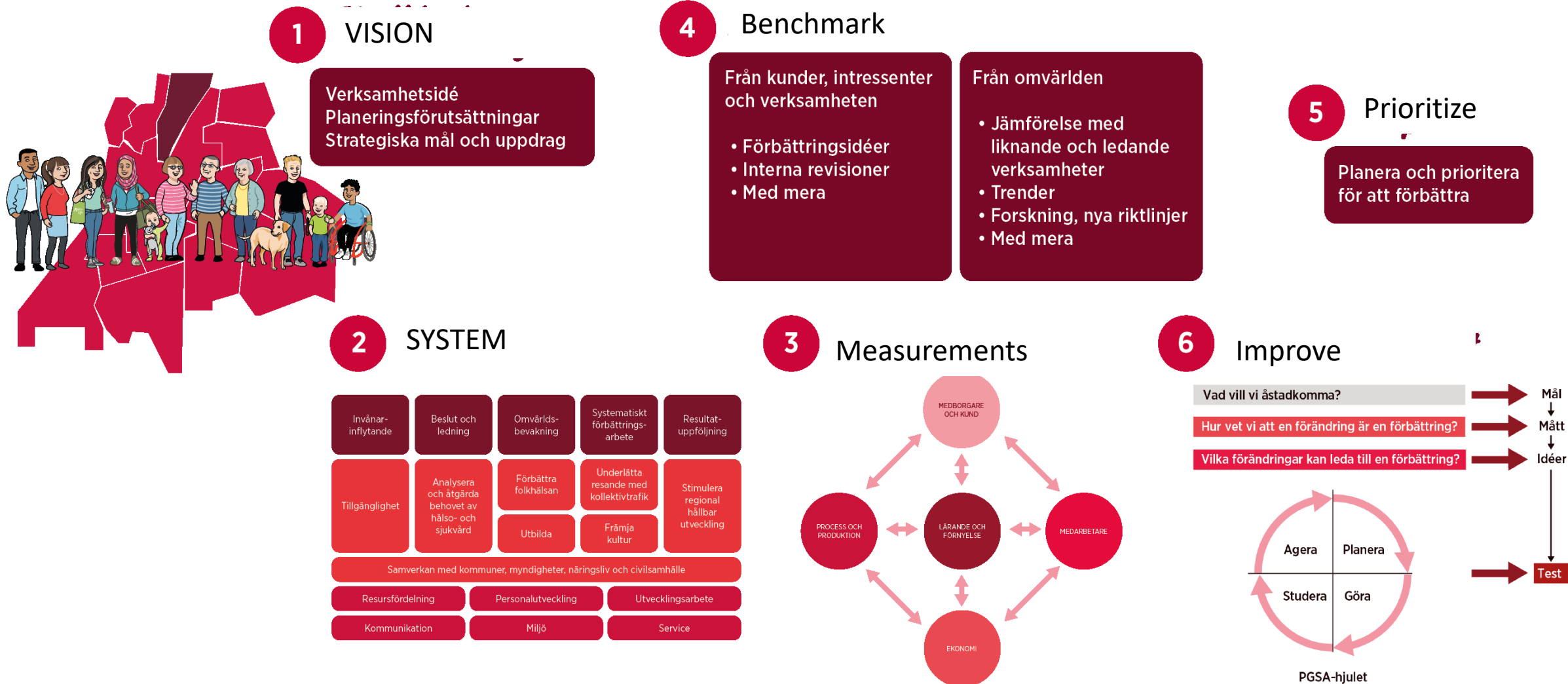
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# Quality as an organization strategy

## Så leder och utvecklar vi Region Jönköpings län



# Visualization – Dashboards on the wall

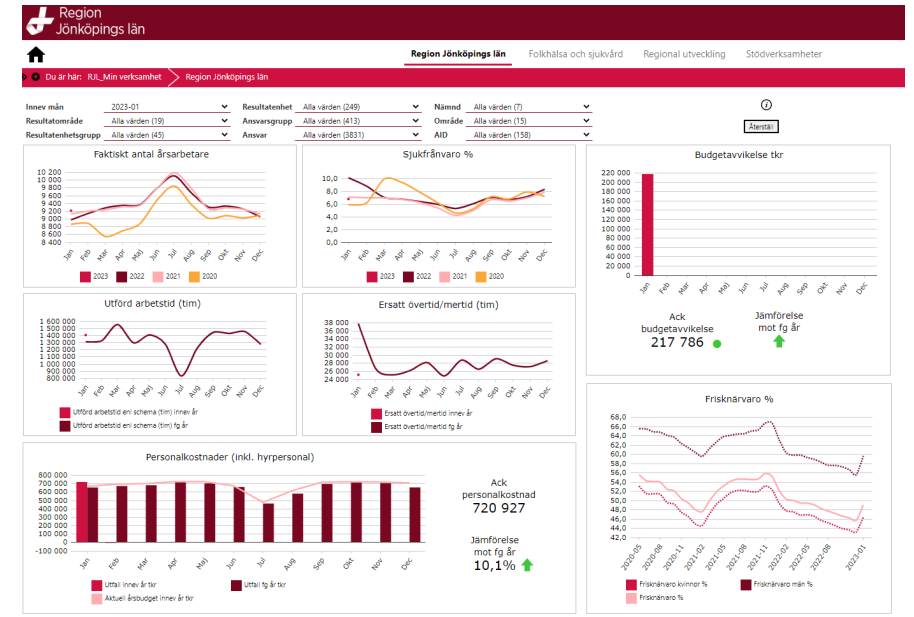
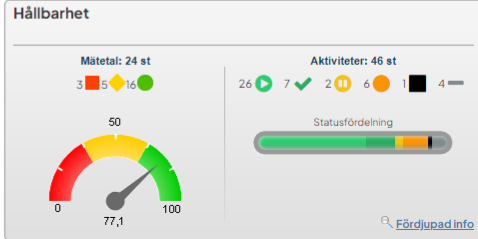
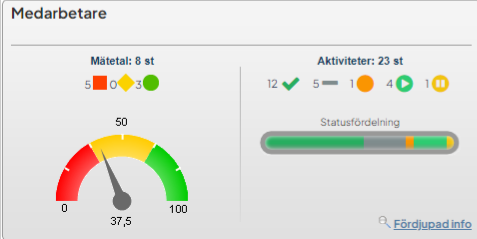
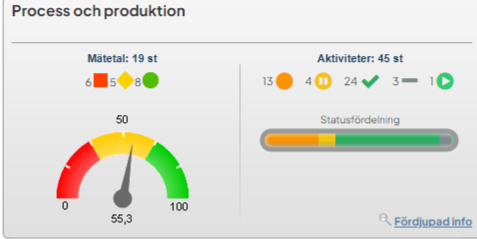


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Perspektiv



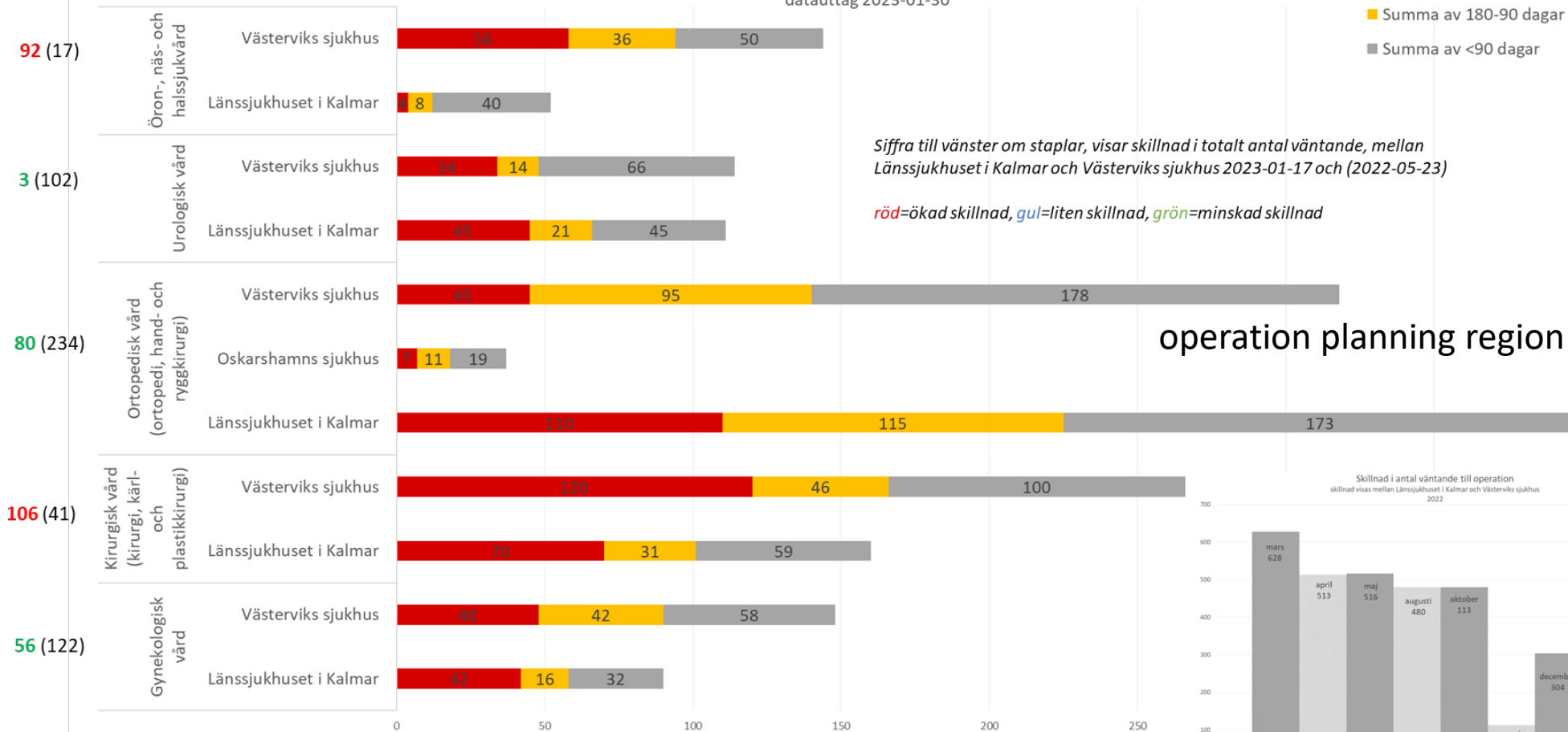
Invärdare och kund	Verksamhet	Medarbetare	Ekonomi
<p><b>Förvaltningens/nämndens mål</b></p> <p>Vården är tillgänglig utifrån behov och prioriteringar. Patienter, närstående och andra intressenter får möjlighet till aktiv delaktighet.</p>	<p><b>Förvaltningens/nämndens mål</b></p> <p>Hållbar utveckling och förnyelse av verksamhet med en starkt innovationsförmåga.</p> <p>Processer är ändamålsenligt utformade, följs kontinuerligt upp och utvecklas.</p>	<p><b>Förvaltningens/nämndens mål</b></p> <p>Medarbetare är engagerade, ansvarstagande och har ändamålsenlig kompetens.</p>	<p><b>Förvaltningens/nämndens mål</b></p> <p>Våra resurser är anpassade utifrån behov med hänsyn tagen till medicinska prioriteringar.</p>
<p><b>Mått</b></p> <ul style="list-style-type: none"> <li>Andel och antal väntande till första besök inom 90 dagar</li> <li>Andel och antal väntande till operation/åtgärd inom 90 dagar</li> <li>Andel och antal återbesök inom måldatum</li> <li>Andel och antal patienter på akutmottagning som träffat läkare inom en timme</li> <li>Patientupplevelser - andel nöjda patienter</li> </ul>	<p><b>Mått</b></p> <ul style="list-style-type: none"> <li>Andel digitala värdmöten</li> <li>Andel öppet tillgängliga kvalitetsindikatorer som är bättre än rikets värde/målnivå</li> <li>Andel och antal akuta återinläggningar inom 5 och 30 dagar.</li> </ul>	<p><b>Mått</b></p> <ul style="list-style-type: none"> <li>Resultat ur medarbetarenkät HME och HSE</li> <li>Sjukfrånvaron inom Region Kalmar läns alla verksamheter (önskat värde lågt)</li> <li>Andel medarbetare som i medarbetarenkäten uttrycker stolthet över att arbeta i Region Kalmar län</li> <li>Kostnader för bemanningsbolag i förhållande till personalkostnader</li> </ul>	<p><b>Mått</b></p> <ul style="list-style-type: none"> <li>Nettokostnadsutveckling inklusive köpt vård och läkemedel</li> </ul>



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Antal väntande, ej bokade operationer  
data ur BO, rapporterade i Väntetidsuppföljningen i Cosmic  
datauttag 2023-01-30

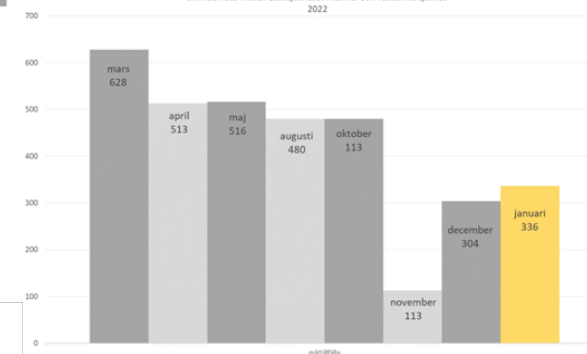


Siffror till vänster om staplar, visar skillnad i totalt antal väntande, mellan Länssjukhuset i Kalmar och Västerviks sjukhus 2023-01-17 och (2022-05-23)

röd=ökad skillnad, gul=litet skillnad, grön=minskad skillnad

operation planning region Kalmar county

Skillnad i antal väntande till operation  
skillnad visas mellan Länssjukhuset i Kalmar och Västerviks sjukhus  
2022



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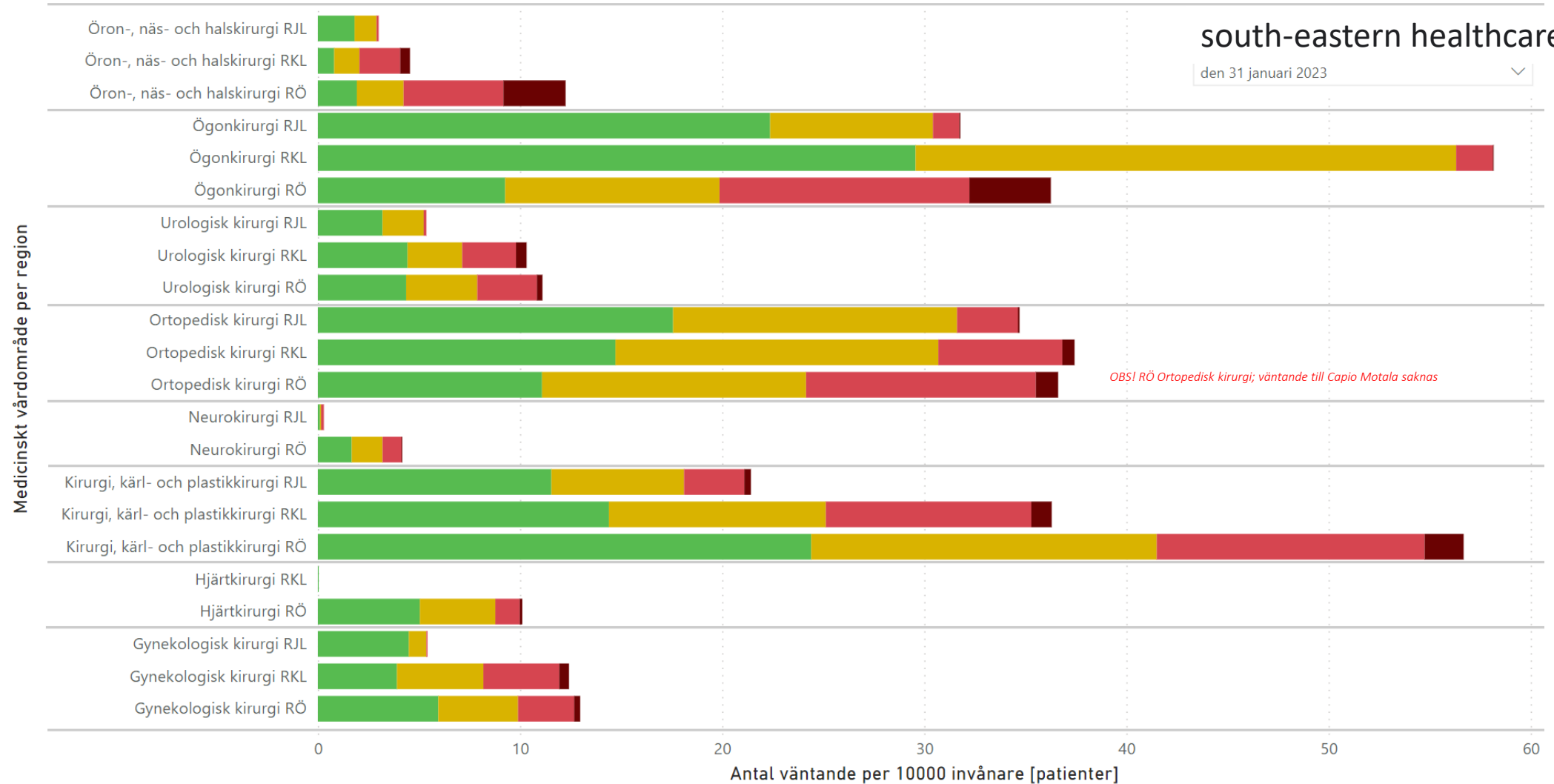


# Antal väntande till behandling per region och medicinskt vårdområde relativt befolkningsmängd

● Inom 60 dagar ● Mellan 60 och 180 dagar ● Mellan 180 dagar och 730 dagar ● Mer än 2 år

south-eastern healthcare region

den 31 januari 2023

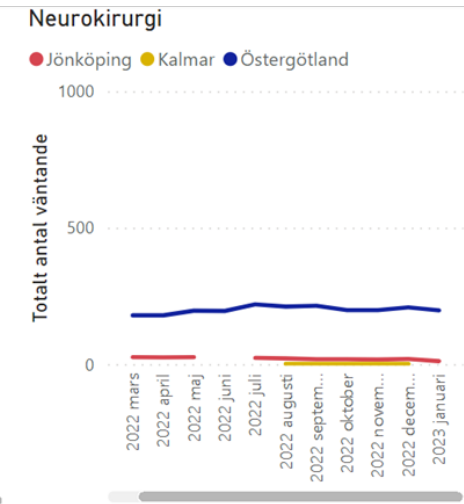
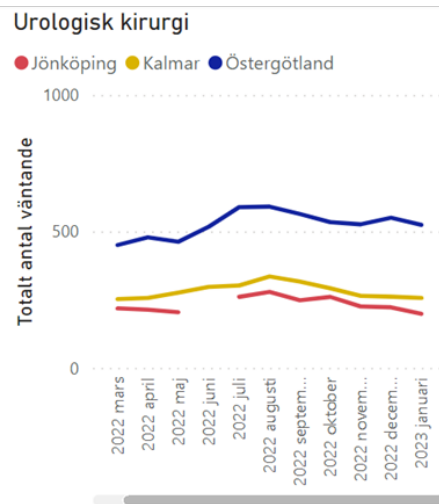
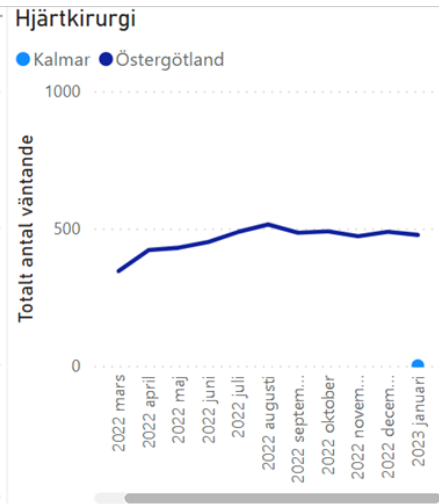
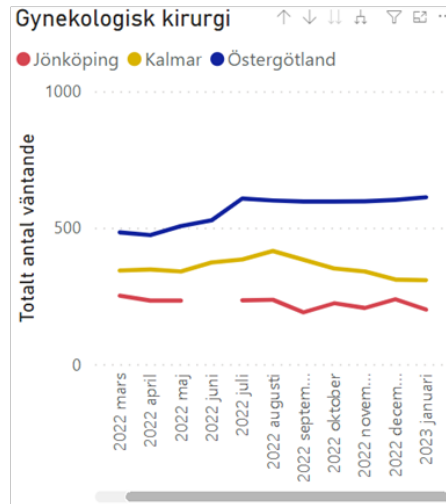


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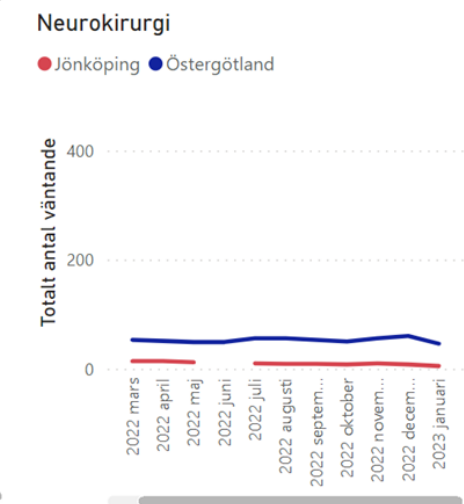
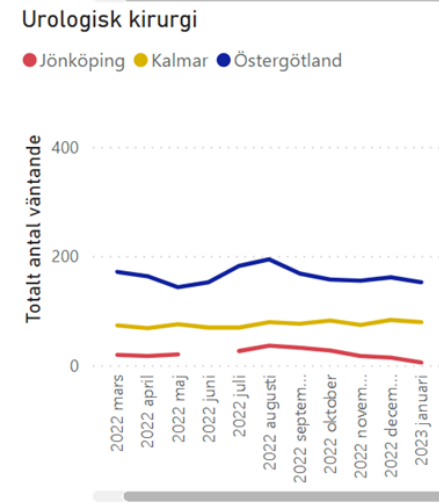
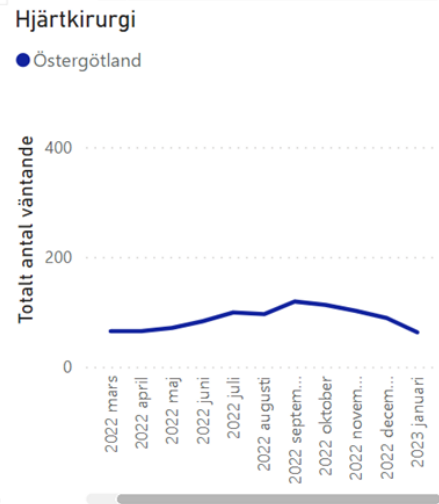
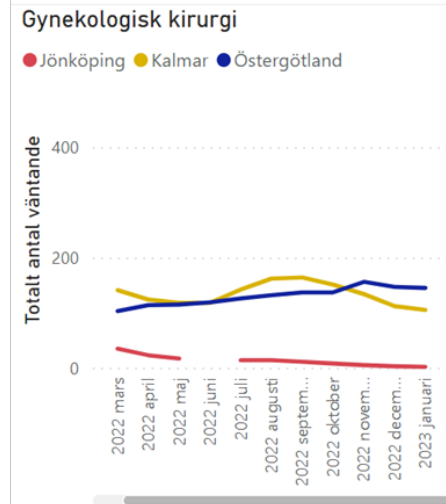
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## Förändring i antal väntande per medicinskt verksamhetsområde

Totalt antal väntande



Väntande >180 dagar



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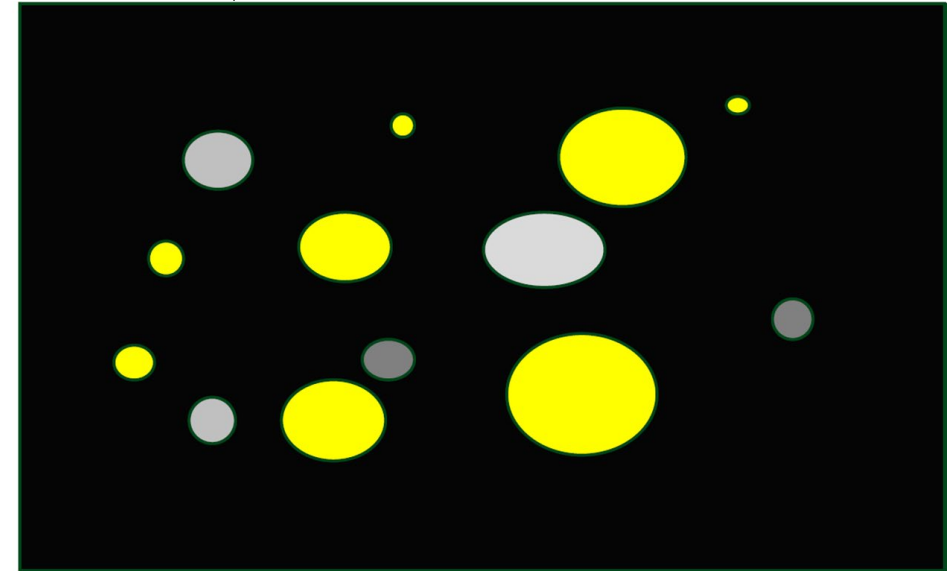
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# System map

Källa: Cliff Norman

Tillgänglighet i specialiserad vård

Kunskapsområden ur Kunskapsstyrning, Socialstyrelsen  
Grön text = programområden, Blå text = samverkansgrupper



Ur [Vården i siffror](#), data som presenteras i rapport för sjukhus, 2017-10-11

■ = bättre än riket  
■ = sämre än riket  
● Ekonomi  
● Ekonomi



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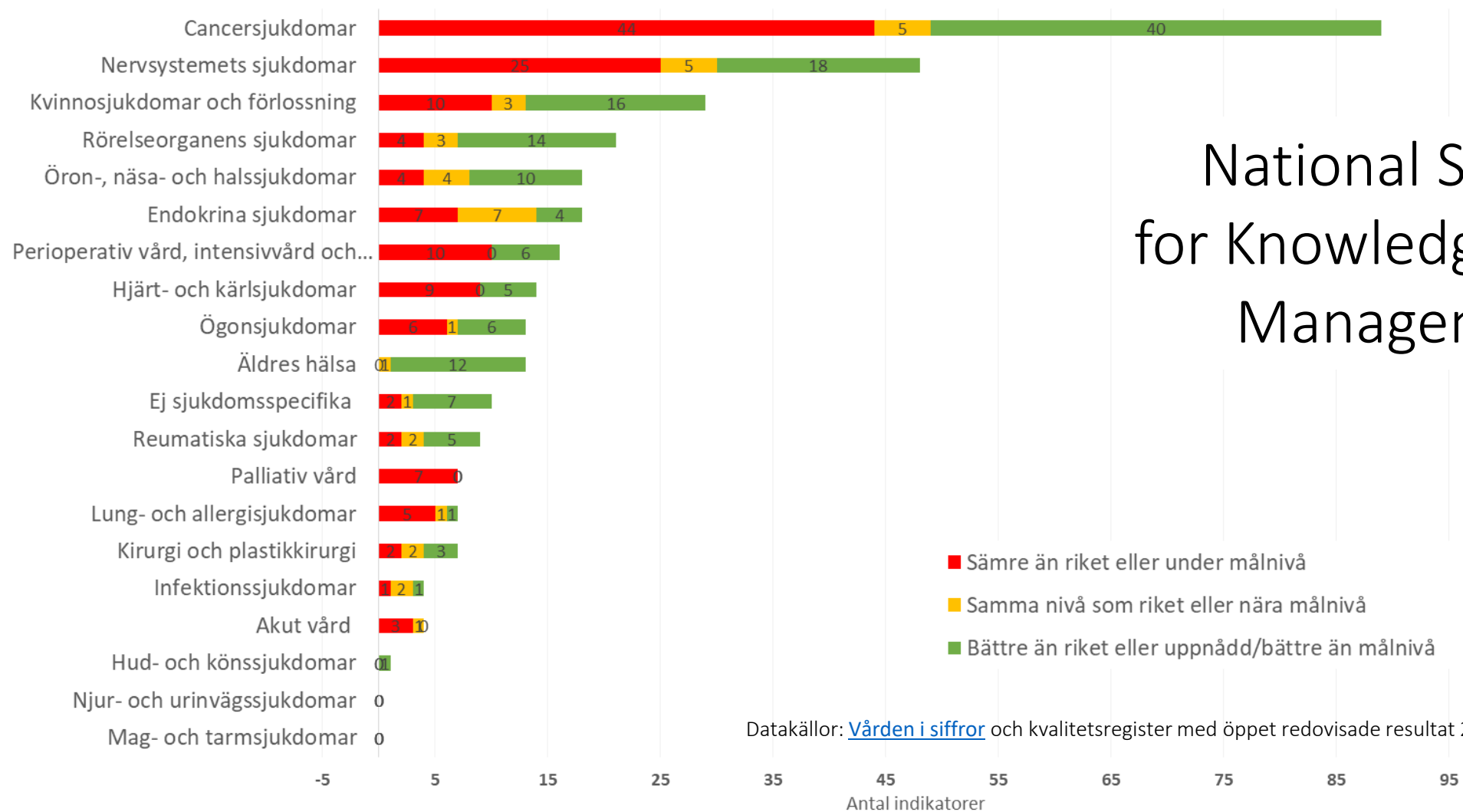
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# Öppet tillgängliga kvalitetsindikatorer per programområde halvår 1 2022

Hälso- och sjukvårdsförvaltningen

Region Kalmar län

data avser 2020-2022, datauttag september 2022



## National System for Knowledge-based Management

Datakällor: [Vården i siffror](#) och kvalitetsregister med öppet redovisade resultat 2020-2021



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# Important questions on micro – meso - macro

- What?
- How?
- Where?



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Every NUMBER has a story

Every STORY has a number



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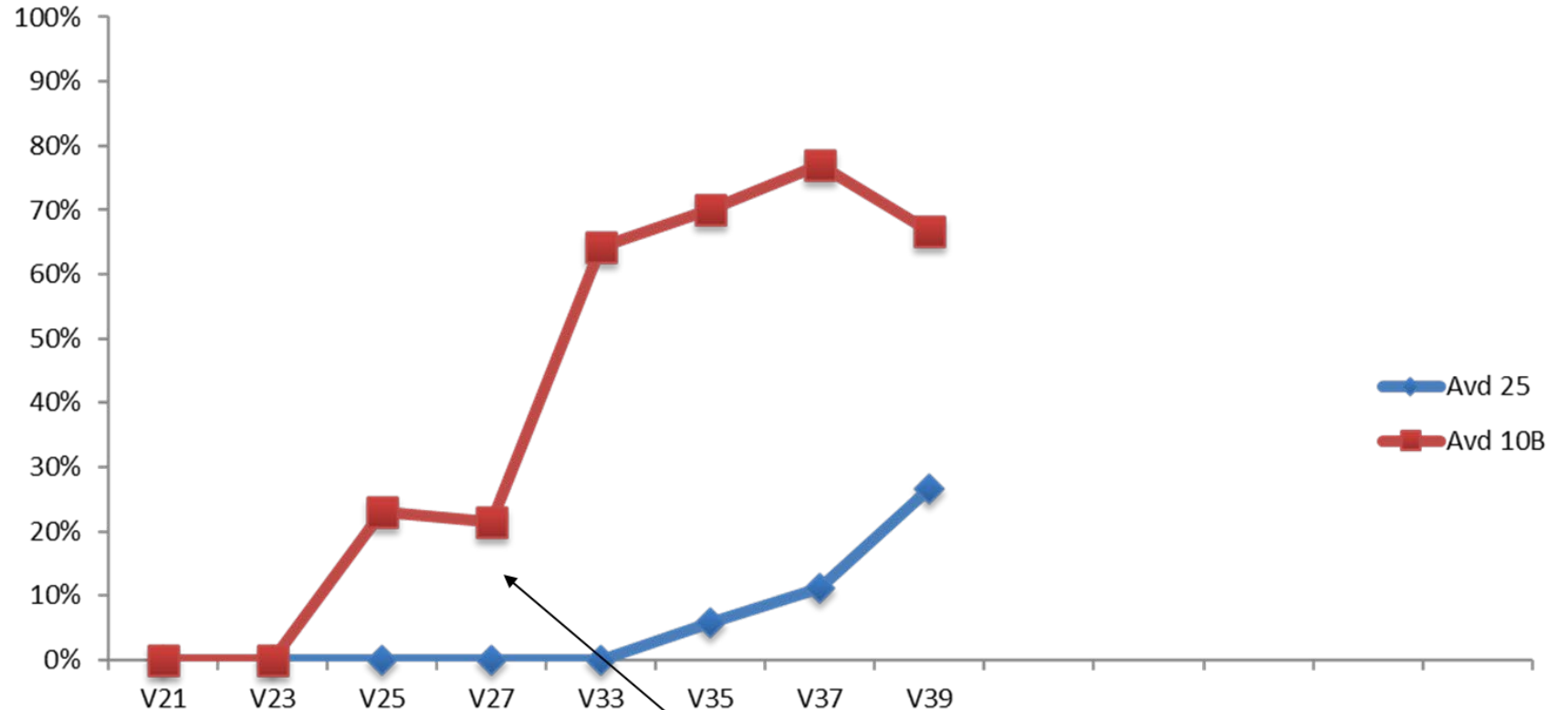
# Self Assessment, DSM Diagnostic and Statistical Manual of Mental Disorders

## PROM



The red folder

avd 25 & 10B



Department 10B introduce the red folder

Department 25 see the red folder....



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