



Bottom Up: making *IT* work in healthcare:

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Perceptions of Systems: The Nature of Management,
Communication and Creativity

UKSS 2010 – St. Annes College, Oxford



The Hospital

- City centre Oslo Hospital
- 280 beds
- 7 clinical department (orthopaedic and general surgery, rheumatology, internal medicine, psychiatric acute ward and district centre, elderly psychiatry and child psychiatry)
- 1500 employees
- 12800 inpatient and 96000 outpatient visits
- 43000 radiology and over 1 mill lab tests



The problem (sorry - challenge)

Improving quality

Improving patient safety

Improving staff motivation and participation

Not making a loss!

Through not creating more work
and by using existing IT systems



The hypotheses

- People accept change if they are part of it especially if they suggest it (i.e. bottom up).
Improvement requires change
- People will be happier working in an environment where roles and responsibility are clearly defined, and where they perceive the system is "under control" i.e. well defined activities and processes (well managed?)



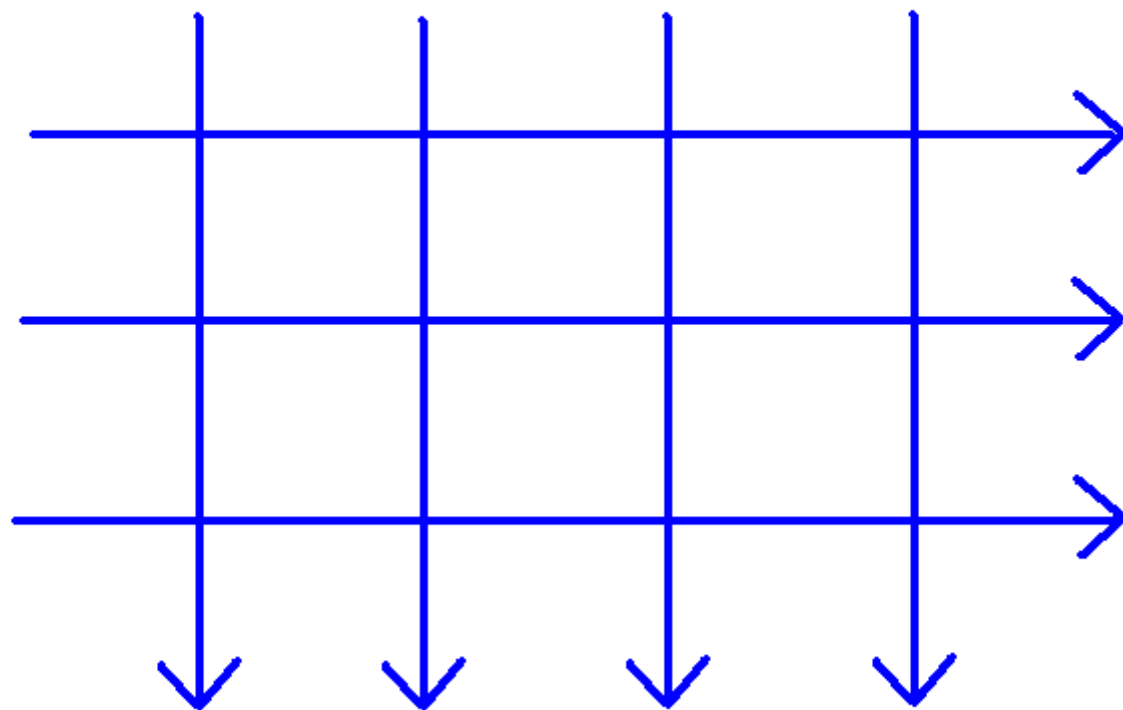
The method

- A four year development and implementation of both IT tools and new processes
- Bottom up. i.e management support but not management involvement (*)



Process management
Development and improvement

Line Management
Human resource dimension





The method

- A four year development and implementation of both IT tools and new processes
- Bottom up. i.e management support but not management involvement (*)
- Action research based method (EPiC)
- A touch of lean (lots of waste in a hospital)



The method cont

- A measurement tool (DIA-LIS)
- Process change and development
- Process mapping

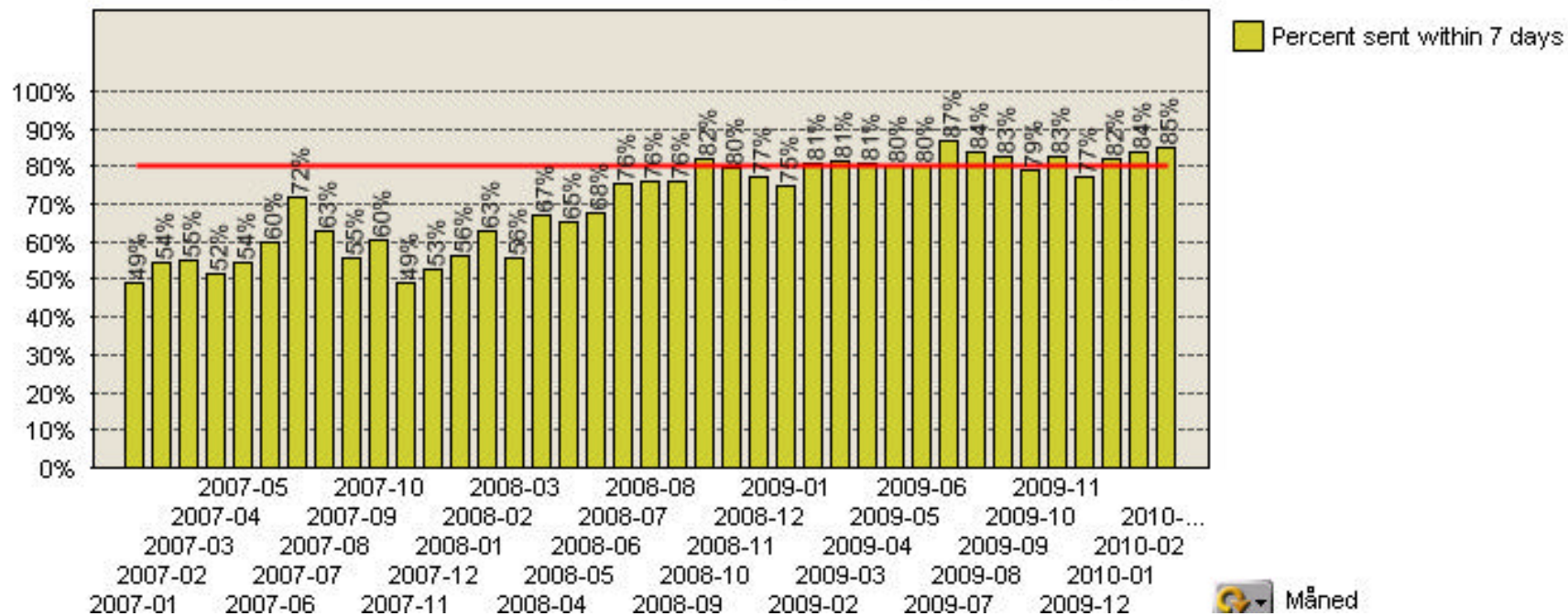


Results

- Clinical summary (epikrise)
- Waiting lists and treatment guarantee failure
- Bed blockers
- Sick leave
- Total target achievement

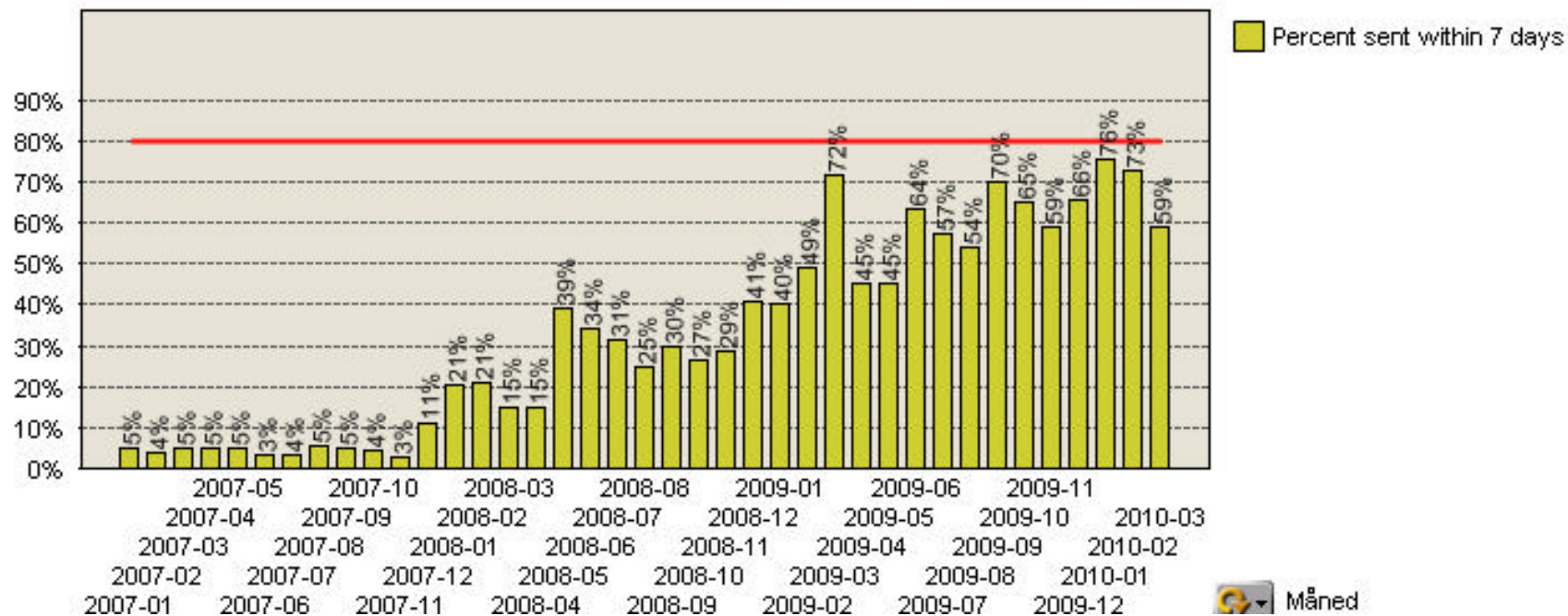
Clinical summary – All departments

Clinical summary completion (%)



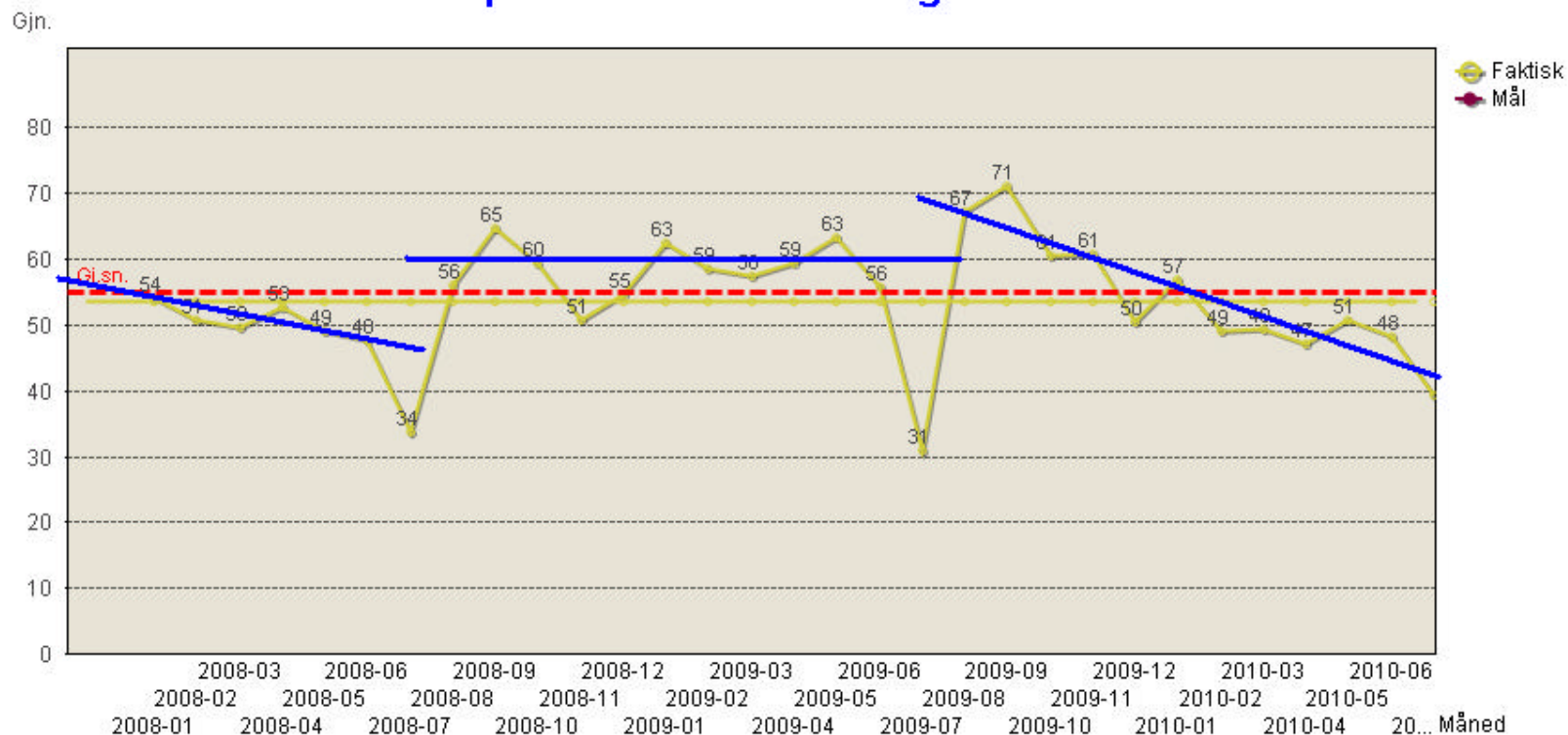
Clinical summary – DPS

Clinical summary completion (%)



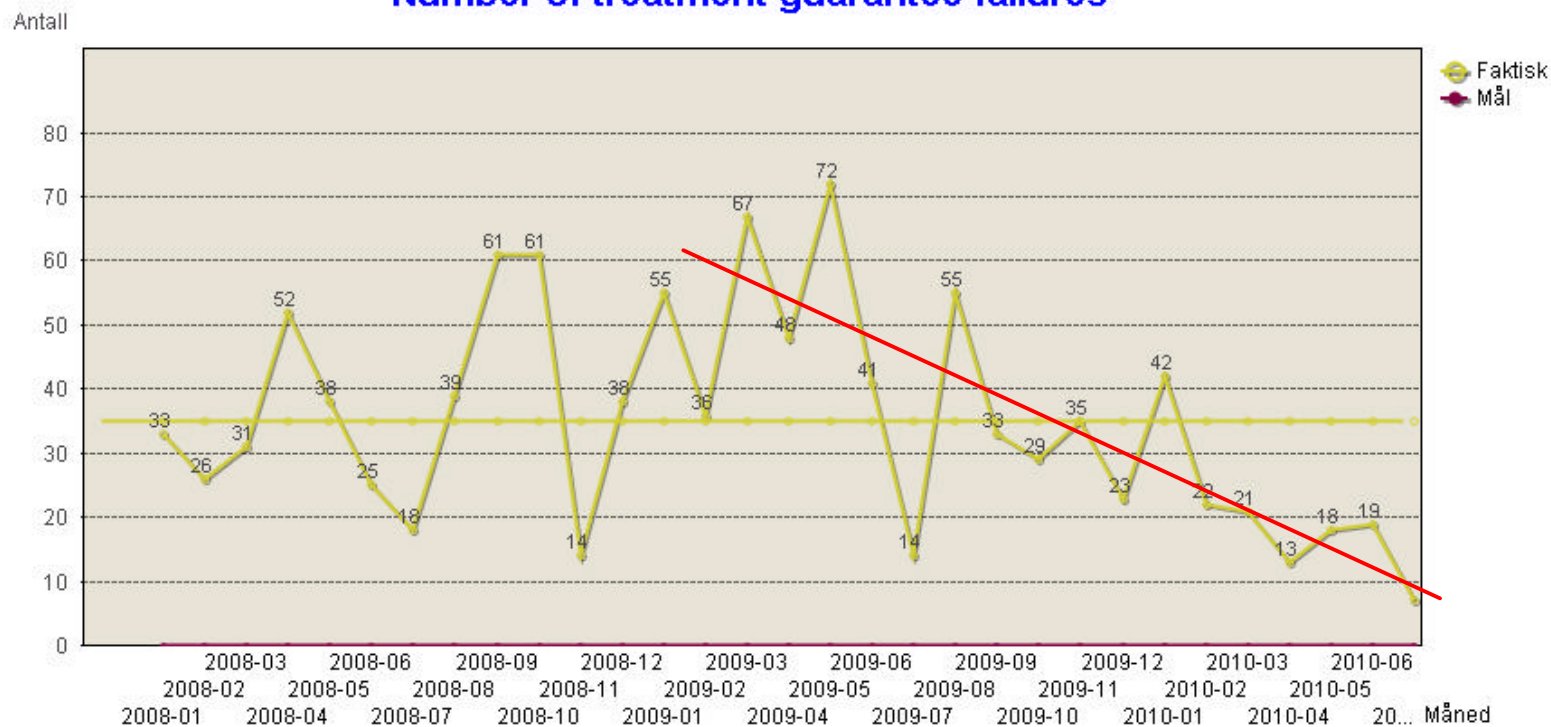
Waiting times

All patients with treatment guarantee



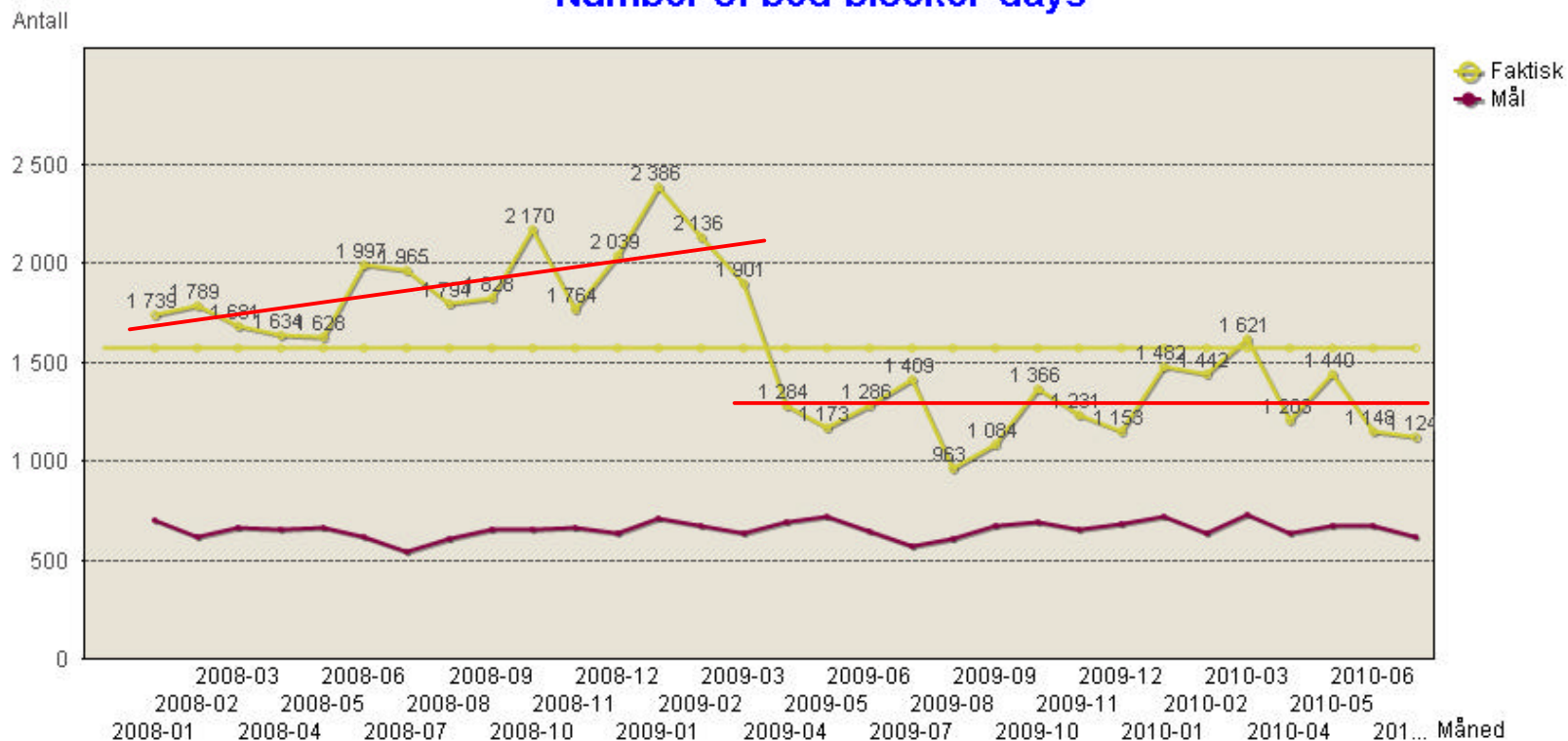
Guarantee failure

Number of treatment guarantee failures



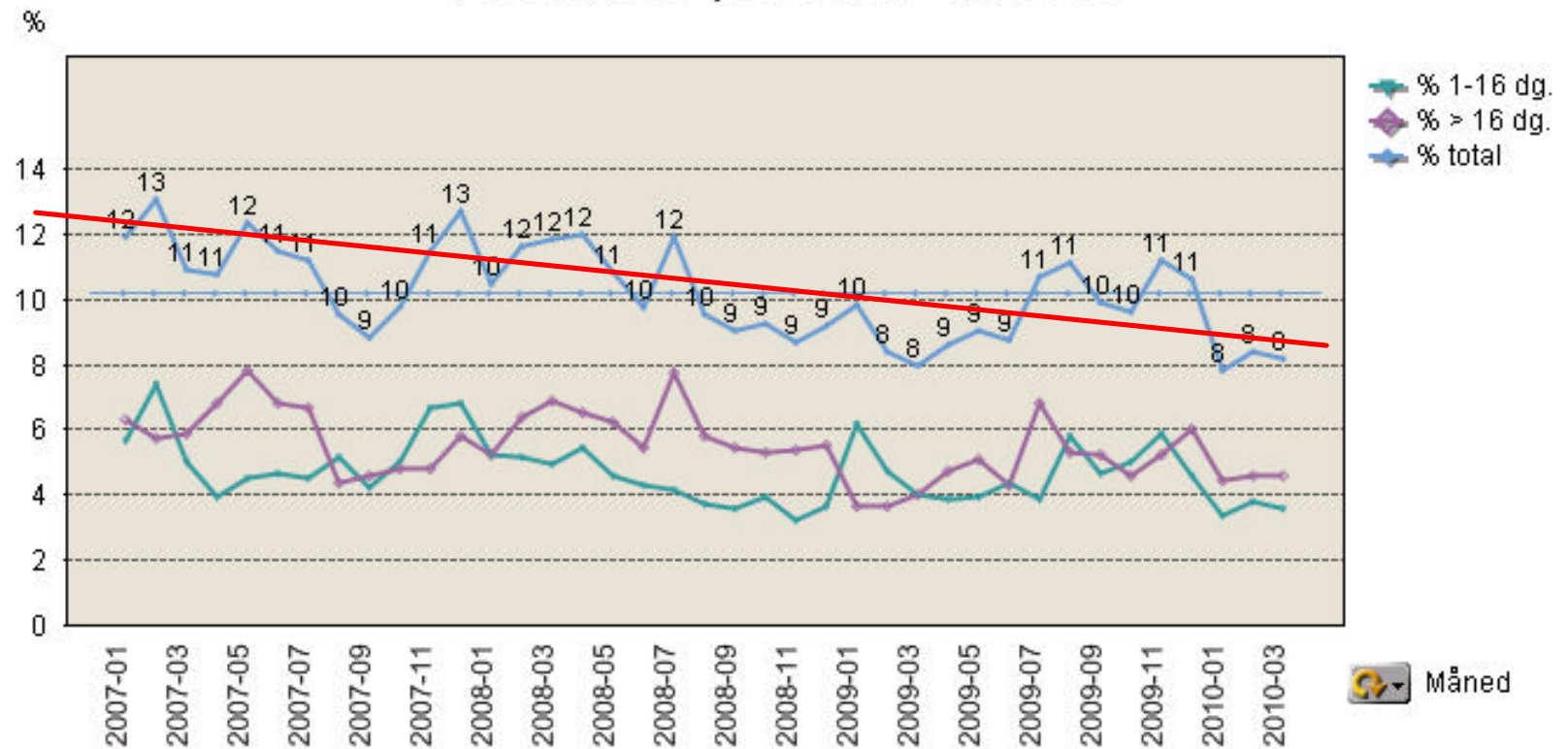
Bed-blockers

Number of bed-blocker days



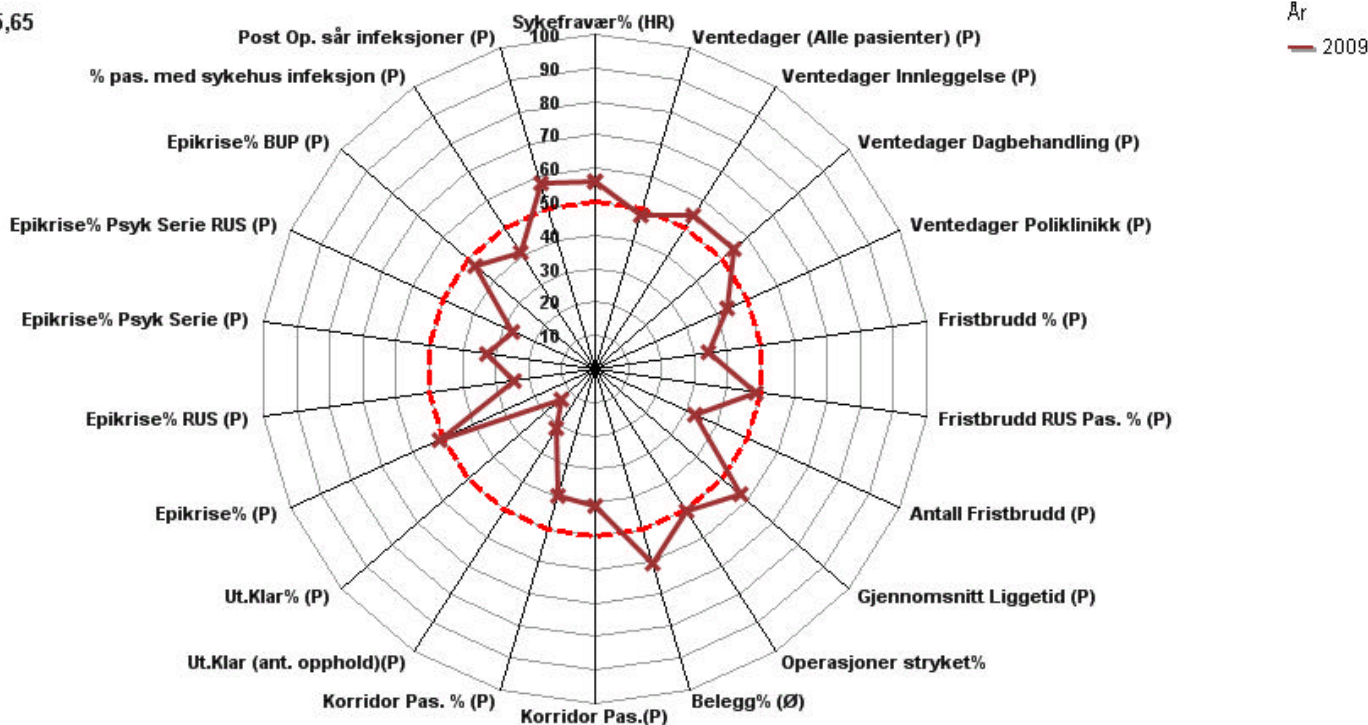
Sick leave

Absentee percent - illness



Total target achievement #1

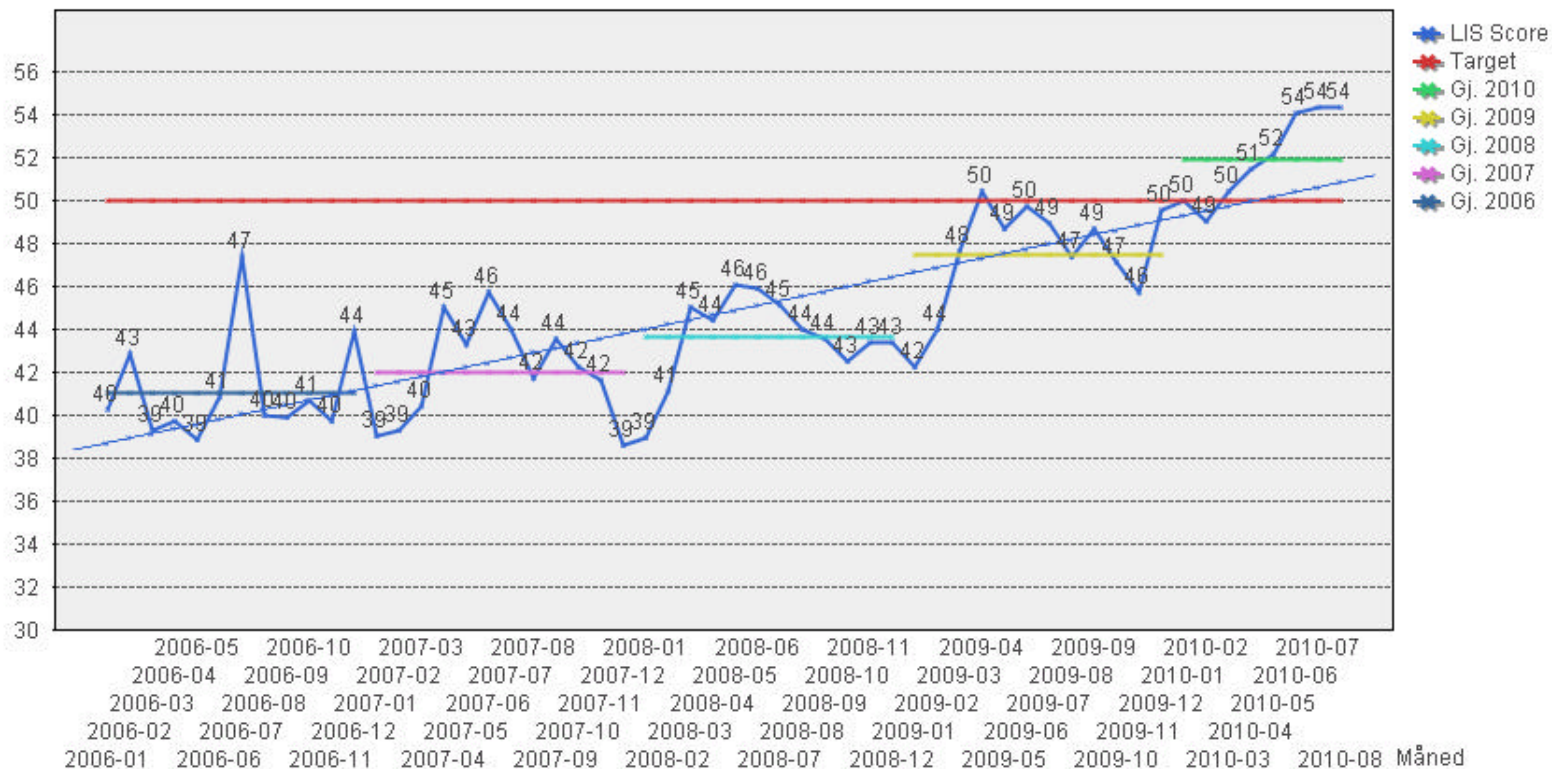
Gj. = 45,65



Total target achievement #2 - 1

Running average LIS score

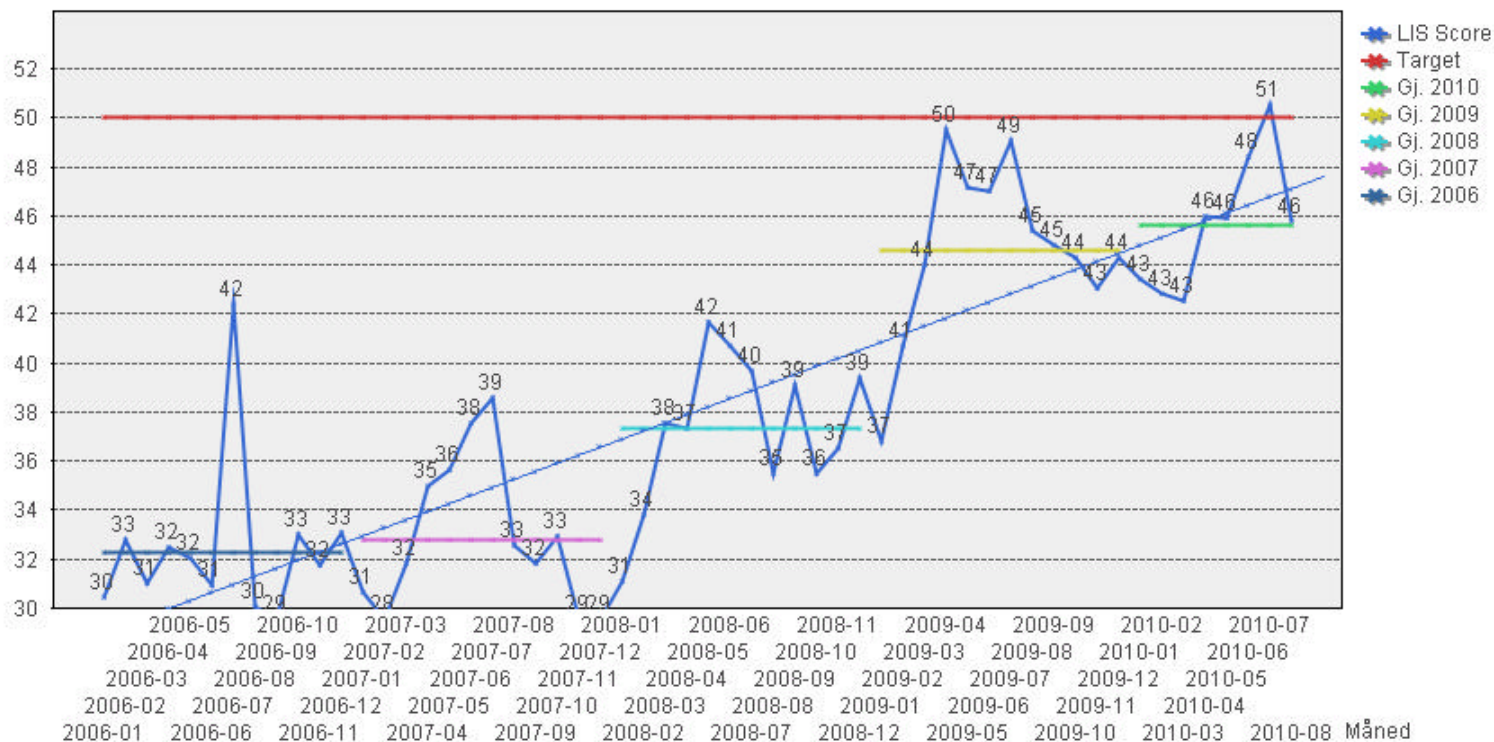
LIS Score



Total target achievement #2 - 2

Running average LIS score

LIS Score





Discussion

- Bottom up works
- Management haven't been as supportive as they could be
- Big demand for new result indicators and new process mapping
- Does this prove the hypothesis?