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Evaluation of the clinical microsystems 2010

Region of Southern Denmark


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The evaluation

- 11 wards evaluated
- 7 units began to change their ward rounds
- Outpatient clinics focused on patientflow
- Tools used:
 - IT
 - Development meetings (staff)
 - Interprofessional cooperation's
 - Questionnaires (staff & personnel)
 - 5P, value compass, process-mapping

These tools were used in many different ways...



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About the tools...

- *Which tools did the CMS find useful?*
 - 5P: 6
 - Process-mapping: 5
 - PDSA: 8
 - Clinical assessment tool: 0
 - Valuecompass: 6

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Inspiration and crucial support

- Road-show with Jörgen Tholstrup, Eksjö (performance and storytelling => relation)
- Centre for Quality: theory input, learning seminars, publications and the support from process consultants
- CMS confusion about:
 - Expectations to their performance
 - Economics (gain and losses)

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What spells success?

- An inspired staff-member = our contact in the field
 - A dedicated steering committee / work group with interprofessional cooperation (doctors, nurses, secretaries, etc.)
 - A good CMS support-system (management and leadership)
 - Active cooperation with process consultants from the centre
 - Selling the idea...
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- The most successful units now have inspired staff-members storytelling their accomplishments within the region and on a national level

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The bigger picture

- All respondents agrees that Clinical Microsystems is a useful approach to quality improvement!
 - Cultural change ⇔ Organizational change (Paul Bate)
 - Takes time to change peoples mindsets
 - It presents a broad perspective on personnel and patient involvement
 - Real patient involvement is difficult
 - Staff members rarely feel empowerment (top-down)
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What are the benefits of working with CMS? (statements from respondents)

- Better view of the daily work flow (less chaotic)
- Better ward rounds (patient/personnel satisfaction, resources spent wiser)
- Clear visions
- Better planning and involvement of the patient
- Better interprofessional cooperation
- Much clearer dialog with patients

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Their recommendations

- Learning seminars:
 - Bring their own homework + time to work (active)
 - Biggest challenge: making sense of the theory (theory to reality) – real world examples (storytelling)
 - Very keen on the subject of cultural change!
- Hands-on support and coaching (L. Hibbs) in the field => we need to be very close
- Respect and acknowledge the situation and terms of the local microsystem
- Challenge their perception of things...
- Create the possibility for network and publish material



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Further development:

- Ester-model: when microsystems cooperate
- National report-system: How does the work progress?
Measurements and monitoring
- This bottom-up method of quality improvement can't stand alone
 - Target the upper levels of CMS leadership and systems of management (Quality forum, directors of hospitals)

Thanks for listening!



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