Consorci Sanitari Integral

CSI

The Consorci Sanitari Integral (CSI) is a public entity in Hospitalet (Barcelona) with 2,300 professionals. There are: 2 acute hospitals, 1 long-stay patient's hospital, 2 social health care residencies and 4 primary health care centres. The budget is about 150 million euros.

Learning Through Organisational Change

Leadership, Quality and Costs

Goal

Involving professionals in IMPROVING HEALTH CARE QUALITY.

What's the problem?

The problem is professionals' and managers' **unawareness** of a quality and its financial implications. They presume quality involves larger costs. Classic quality experts agree that quality is free, however non quality costs more. Non quality costs (NQCs) in health care takes up about 30 or 40% of the budget. This is **throwing money in the bin.**

FIGURE 1: Ranking non quality costs

- **drug misuse**
- **inapropriate stays**
- **hospital-acquired infections**
- **complications**
- **unnecessary tests and activities**
- **professionals absences**

FIGURE 2: **Innovative solution.** Source: Torres, Roger (1993) *El cost de la feina ben feta*

Solution

The money saved from quality improvements will be used in areas professionals consider most appropriate: equipment, training or **"variable salary for quality".** The aim of the project is: to improve quality, find and eliminate the hidden NQCs.

Strategy for change

- The Chief Executive gave 20 project presentations (Nov-Dec 2007) to more than 1,000 leaders and professionals. These were published in the internal magazine. **Manager's role** was to change from control to give support.
- Professionals have to take on **operational leadership**, because they are the real experts.
- 446 professionals **trained** in new methods to improve quality, enabling decisions to be based on objective facts and data and to implement them quickly. Also we have been learning to use Lean Healthcare.
- The main **resource invested** has been professionals' time. The costs are about € 112,000.

Results

1. **Improvement of qualitative indicators** with a more efficient use of resources in all areas of care (fig. 3).
2. The increase of our prescription medicines compared to costs up to October 2008 **was 4.8% smaller** the rest of Catalonia (fig. 4). A saving of € 900,000 for the region's health system.
3. Primary health care has improved its problem-solving capacity with a decrease of 60% in unnecessary hospital emergencies.
4. The real cash flow up to October 2008 was € 2.9 million higher (fig. 5), a budget increase of 58%. **A saving of 2.4% on the expenses budget.**
5. An **investment return 2,589 % ,** 26 times the investment cost.

FIGURE 3: Some quality and efficiency rates acute hospitals

RATES	HDM 2007-3rd 2008	HGH 2007-3rd 2008
Mortality Rate	(0,83) 0,69	(0,97) 0,86
Length Stay inpatient (Days)	(5,7) 5.6	(6) 5.7
Occupation Rate (%)	(97,7) 98.6	(94.2) 94.8
Occupation Rate Operating Room (%)	(81,2) 84.3	(80) 83
Remplacement Rate Outpatient Surgery (%)	(73) 77	(73,3) 75

FIGURE 4: Medicines cost acumulated

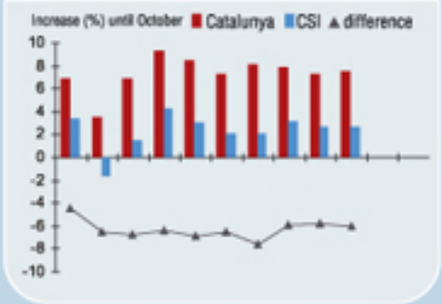

FIGURE 5: Saving January-October 2008

Conclusions

a) It is possible to improve quality in health care and reduce costs (NQCs).
b) Centres in which leaders have been more involved have obtained better results.
c) Professionals must take full control and responsibility for their work.
d) Training in quality is essential for success.

Main problems with the changes
Scepticism and misunderstanding among managers about their new role.

"Quality improvement is the most successful and powerful way to save money while reducing costs"

Rosander, A.C. (1989) The Quest for Quality in Services, Quality Press.

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