

EFQM Good Practice Competition 2014

Creative Customer Solutions

Registration form

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The registration form and submission report have to be returned together with the video to Vinciane Beauduin at EFQM (Vinciane.beauduin@efqm.org) by 16 May 2014 at the latest.

Should you have any queries, feel free to contact Vinciane Beauduin via email at Vinciane.beauduin@efqm.org, or by phone on +32 2 775 3510.

Good Practice - Submission Report

Good Practice Title	Working with our patients as a team to improve the quality of life in chronic kidney disease.
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Organisation overview

Cruces University Hospital is a public institution of the Basque Health Service (Osakidetza) that offers its services to the health regions of Ezkerraldea-Enkarterri and Uribe in Biscay, with over 370,000 inhabitants. 55% of the patients who need to be cared for at our hospital are from these geographical areas.

However, our hospital's area of influence geographically goes beyond these regions, and attends to many people with a need for complex health care in which the Cruces University Hospital acts as a reference center within and outside the Basque self-governing community: colorectal and pediatric ostomy center, major burns, liver and kidney transplant, human reproduction, heart surgery, pediatrics/ maternity, Parkinson's surgery, oculoplastics, epilepsy unit and spinal cord injury unit.

The Nephrology Department includes in its portfolio of patient care services both inpatient and outpatient consultations and several diagnostic and treatment techniques (such as peritoneal dialysis, hemodialysis, etc.). In addition, this service is a reference in renal transplantation. In 2013 we treated 707 patients and performed 15,868 dialysis procedures and 156 renal transplants. We also provide a complimentary doctor-nurse consultation, in order to serve patients in predialysis, reinforcing the personalized patient care (called "ERCA consultation").

Our Hospital uses creativity as a tool in problem resolution and we have implemented creative thinking techniques to work with our patients as a team in the search of new ways to serve them and anticipate their needs and expectations.

Desired Results

■ Summarise the key objective(s) of the approach you have adopted

- Improve customer satisfaction and quality of life of chronic kidney patients.
- Implement new strategies for better patient care and promote patients' autonomy.
- Provide patients and caregivers with understandable, relevant information.
- Create new spaces for dialogue and communication between professionals, patients and caregivers.
- Identify needs and expectations of patients and professionals in order to improve the management of chronic kidney disease.

■ What has been improved in detail?

To achieve the overall goal of improving the satisfaction and quality of life of chronic kidney patients, we have developed the following activities:

- *Implement new strategies for better patient care and promote patients' autonomy:* ERCA consultation has provided the Hospital with a new model of personalized care, which has benefited 131 patients, until now. The activity of this consultation is complemented by innovative activities that promote awareness and knowledge of kidney disease, the interaction between patients, caregivers and professionals and the exchange of experiences, in order to meet our patients' expectations and needs.
- *Provide patients and caregivers with understandable, relevant information:* the web "*Cruces with you in kidney disease*" offers more than 126 pages of easy to understand information about this disease and has established itself as a leader, with more than 49,200 visits received since its presentation in December 2012, in a meeting celebrated by the local association of patients with chronic disease (ALCER-Bizkaia). It is also a new way of communication between health professionals and patients, as evidenced by more than 160 comments received (an average of 6'4 comments per month).
- *Create new spaces for dialogue and communication between professionals, patients and caregivers:* the new ERCA consultation, the web "*Cruces with you in kidney disease*", cooking lessons for patients and caregivers (our "*Sukalde Sessions*"), and a meeting expressly organized to discuss the needs of our patients, are specific activities that have enabled the creation of new spaces of interaction between patients, caregivers and professionals.
- *Identify needs and expectations of patients and professionals in order to improve the management of chronic kidney disease:* during the "*1st meeting about healthy habits in kidney disease*", organized in cooperation with the local association of patients with chronic kidney disease (ALCER-Bizkaia), we were able to articulate a big conversation between 63 people (65% patients, 8% caregivers, 27% health professionals) and collect in a systematic way 116 best practices and 124 ideas to improve the management of this disease.

Approach

■ Describe the current approach within your organization

Cruces University Hospital, in alignment with the strategy of the Basque Health Service (Osakidetza), is committed to boosting citizen responsibility in health care. Within this scheme, the Nephrology Department has established a strategy for better patient care, in order to involve our patients in the management of their health.

■ Describe which elements have been implemented

In May 2011 we implemented a complimentary doctor-nurse consultation to attend patients in pre-dialysis. It seeks to meet the needs of these patients, who are in a particularly delicate moment, as they have to acquire new knowledge and skills to be able to manage a health situation that, in a relatively short period of time, will end in the need of renal replacement therapy (dialysis, kidney transplant).

In December 2012 “*Cruces with you in kidney disease*” web (www.nefrocruces.com) was presented in the annual meeting of the local patient association ALCER-Bizkaia. In its 126 pages, patients and other people interested in kidney disease can find understandable information to learn about it. Furthermore, patients and health professionals write monthly several articles, which offer different perspectives on the kidney disease and some keys to deal with it.

Chronic kidney disease patients have to undergo a very strict diet, and they are particularly concerned about it. Therefore, our Hospital’s Nephrology, Nutrition and Kitchen Departments work together to offer the “*Sukalde Sessions*”: cooking classes to help patients to feed themselves in a healthy and edible way. A pilot-test of this activity took place in October 2013, and the excellent assessments made both by patients and professionals encouraged us to implement definitely this activity. We also recorded a video as an educational tool to spread healthy nutritional habits in chronic kidney disease (<http://bit.ly/Rgygap>).

The web and the cooking classes are two meeting points outside the usual scope of consultations. In order to deepen these interactions and systematically collect the needs and expectations of patients and caregivers, we organized, along with the local association of kidney patients (ALCER-Bizkaia), the “*1st meeting about healthy habits in kidney disease*”. Using creative thinking techniques, the 63 patients, caregivers and health professional that took part of it were able to identify 116 good practices and generate 124 ideas to improve the management of chronic kidney disease.

■ Describe how this approach is linked to your overall strategy

Cruces University Hospital aims to become in 2016 a hospital that has transformed its patient care model. All actions performed to anticipate and meet the expectations of our patients with chronic kidney disease are aligned with the first of the goals in our 2014-2016 Strategic Plan: “*Add value to our patients, improving their satisfaction and safety*” and contained within the innovation line called “*Active health*”, which aims to find new ways to promote health and healthy lifestyles.

Deployment

■ Describe how this approach was implemented within your organisation

The development of a new model of care in the management of kidney disease has required to ensure that we had the necessary resources and competencies:

- Several nurses of the Nephrology Department (n=5) were trained to attend the new ERCA consultation, which also required the adaptation of the physical spaces and to develop the corresponding protocols and records.
- Some other professionals (n=8) had to develop their ICT skills and competencies to be able to manage the web "*Cruces with you in kidney disease*" and use it as a new channel of communication with their patients.
- Some team members (n=3) were trained in *Edward de Bono's 6 thinking hats* system to be able to develop meetings to identify the needs and expectations of our patients and use the information obtained to generate new value propositions for them.
- Coordination between different professionals and hospital services has been the key to success in the activities implemented. Thus, the web "*Cruces with you in kidney disease*" is led by a multidisciplinary team and our cooking lessons ("*Sukalde Sessions*") are jointly organized by Nephrology, Nutrition Departments and our Hospital's Kitchen.
- The collaboration with our patients has been the key to the successful implementation of the strategy, working with us in their design, implementation and evaluation. The cooperation with the local patient association (ALCER-Bizkaia) in the organization of the "*1st meeting about healthy habits in kidney disease*" is just an example.

■ What were the major challenges you had to overcome?

The major challenges we had to overcome were:

- The integration of the new activities as a part of the everyday job of our professionals, added to the usual routine of work.
- Dare to risk and be open to new ways of interaction with our patients: we had to break down the barriers that have traditionally kept health professionals away from patients outside the usual scope of consultations.
- Our professionals found it hard to develop their ICT skills to be able to use a new communication channel with their patients, as it was a totally unknown field for them.
- Involve many more professionals in the developed activities. We started with a small team ("*Cruces with you in kidney disease*" leaders, n=8), and later, involved more people (the participants in the "*1st meeting about healthy habits in kidney disease*", n=63).
- The implementation of creative thinking to generate joint knowledge between health professionals, patients and caregivers. The transition from theory to practice was fraught with uncertainty.

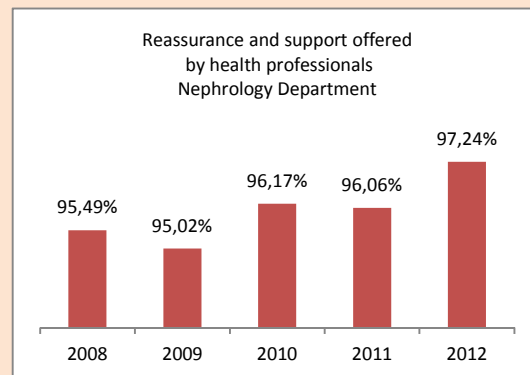
Assessment

■ Please describe what benefits have been achieved

Cruces University Hospital is a health organization of the Basque Public Health Service (Osakidetza), with highly specialized and related services. We work to improve the health of our citizens and to generate useful knowledge to contribute to society and the sustainability of the health system. Thanks to the good practice submitted, we are achieving a paradigm shift in which we leave behind a paternalistic approach (*“patient must do what doctor says”*) and work in a stage where citizens become active agents of their health management.

Therefore, we are incorporating patients and caregivers in the focus groups on our health strategy. And we are implementing concrete actions to help patients make the best decisions about their health. This way, patients will be autonomous, leaders of their health process and people who can continue with their life plan and be active, contributing plenty to society. By anticipating and meeting our patients’ needs and expectations, we will be able to establish a relationship of mutual satisfaction.

If patients agree with the health goals we establish with them, they will be more involved in achieving them. The shared goals become a mutual motivation (patient-professional), and this leads to a more efficient resource use. (If patients keep themselves healthy, they will need fewer treatments). That is why we measure the reassurance and support offered by health professionals, with excellent results obtained by our Nephrology Department, especially since we started with the activities presented in this good practice (2011-2012).



In order to provide focused attention on the needs and expectations of our clients (patients), we have opened new channels of interaction with them:

- A complimentary doctor-nurse consultation to take care of patients in a particularly delicate situation (pre-dialysis), that attended 131 patients last year.
- A web to establish a new channel of communication with our patients that has received more than 49,200 visits and 160 comments, since its presentation in December 2012. As a patient commented on this site: *“Cruces with you in kidney disease” is our website, where we know health professionals and they know us, where any question can be personalized and where we can address them directly*”.
- We also have been able to offer a successful proposal to help our patients in a critical issue for them: diet. In words of one of the patients that participated in our cooking classes: *“[Sukalde Sessions] encourage us to eat properly. Our diet is very strict, lot of times we don’t know what to eat and that can have really bad consequences for us”*.
- A great conversation between patients, caregivers and professionals to identify their needs and expectations. 63 people took part in the *“1st meeting about healthy habits in kidney disease”* (65% patients, 8% caregivers, 27% health professionals) and, thanks to creative thinking, we were able to collect in a systematic way 116 best practices and 124 ideas to improve the management of chronic kidney disease.

It is a challenge for health organizations to humanize care, improving the information and attention we provide, looking for a paradigm shift in patient-professional relationships. We have already laid the basis for an open and transparent dialogue with our patients/customers (face-to-face and via web). We have also anticipated their needs and expectations, offering attractive and sustainable value propositions not usual in a public hospital and ensured that people have the necessary resources, competencies and empowerment to do so. Through this good practice we present the activities we have performed to make it possible and hope that communicating them in the Good Practice competition will help others to undertake a journey where patients and professionals walk together.

Refinement

■ What are the lessons learned?

We will summarize the experience of the implementation of this good practice in 10 lessons:

1. *Never be frightened by the ideas*: dare to try new things.
2. *Step by step*: take small steps. Set concrete, achievable goals.
3. *Prototype*: develop pilot projects, evaluate them and then decide if they are worth being implemented.
4. *No one knows everything, and everybody knows something*: promote the exchange of professional and lay knowledge to add value to patients/your clients.
5. *Dialogue is the most valuable tool*: ask patients/your clients about their needs and expectations in a peer-to-peer conversation.
6. *Combine both face to face and virtual interactions*: choose the most accurate channel for each type of message.
7. *Customer's point of view*: if you want to be successful, involve patients/clients from the start.
8. *Enthusiasm is a key ingredient*: plan exciting, fun and enriching for everybody (both professionals and clients) value propositions.
9. *Teamwork*: involve as much people (patients and professionals) as possible in the paradigm shift.
10. *Fellow-travelers*: health professionals and patients want to achieve the same goals. We are in the same plane and we have to cooperate and work together if we want to fly high and far away.

■ Summarise the planned next steps if applicable

Our next planned steps are:

- Develop impact and health outcome indicators to evaluate the overall strategy.
- Continue with the activity of the web "*Cruces with you in kidney disease*", promoting it and introducing more helpful resources.
- Consolidate cooking classes (*Sukalde Sessions*).
- Analyze the results obtained in the "*1st meeting about healthy habits in kidney disease*" to identify concrete actions to advance in the care of our patients.