

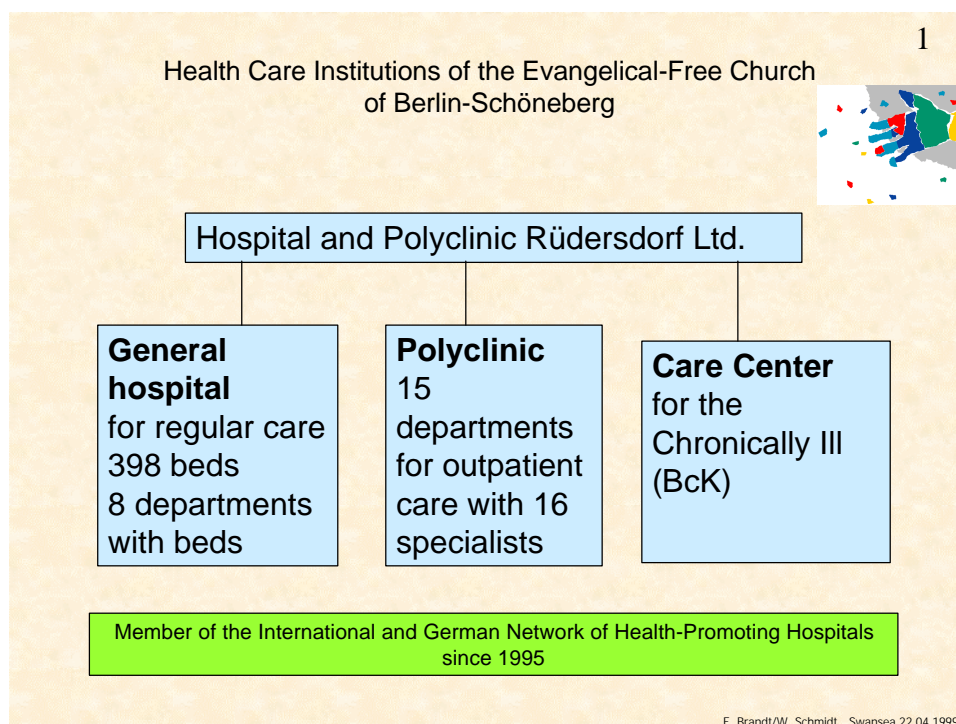


The Utilisation of EFQM in the Health Promoting Hospital Rüdersdorf

Mag.theol. Elimar Brandt, Director General
Prof.Dr.Dr. Werner Schmidt, Project Manager

Dear ladies and gentlemen, dear friends:

We have been reporting on our Rüdersdorf HPH-project at every international HPH-conference since 1995. I therefore want at the outset to describe our health center just outside of Berlin only briefly. (Transparency 1)



Health Promoting Hospitals
Coordinating Centre and Secretariat:

Ludwig Boltzmann-Institute
for the Sociology of Health and Medicine

WHO Collaborating Centre for Hospitals and Health Promotion

Sponsored by the Austrian Federal Ministry of Labour, Health and Social Affairs

Jürgen M. Pelikan
Christina Dietscher
Brigitte Wilhelm

Universitätsstr. 7/2
A-1010 Vienna
Austria

Phone
+43-1-4277/48287
Fax
+43-1-4277/48290
E-mail
hph.soc-gruwi@univie.ac.at
www.univie.ac.at/hph/



World Health Organization
Regional Office for Europe

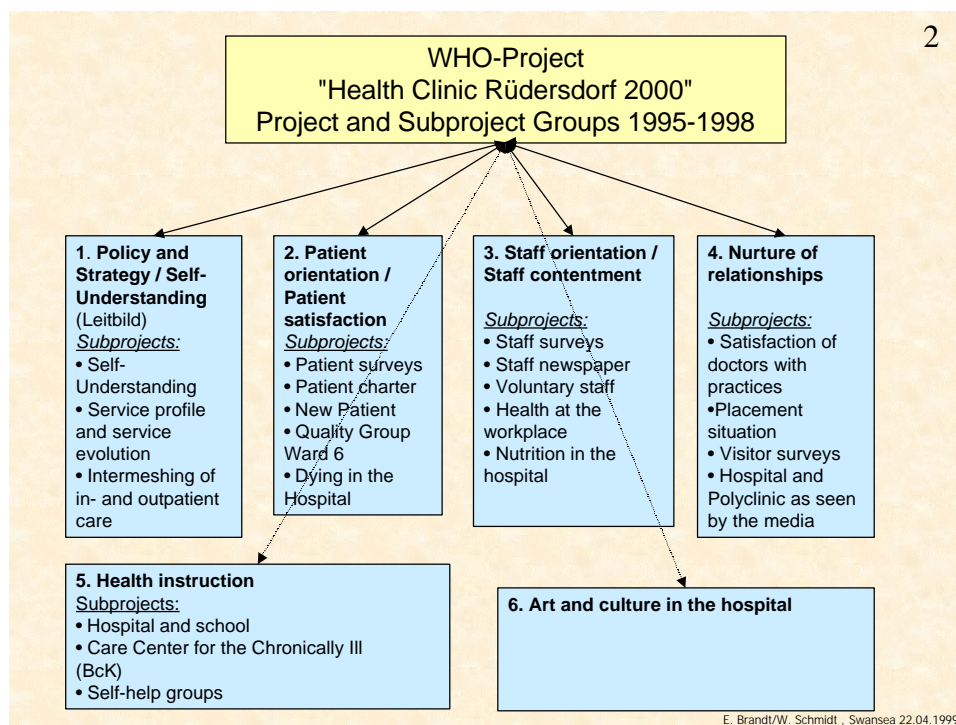
8, Scherfigsvej
DK-2100
Copenhagen
Denmark

Focal Person:
Mila Garcia-Barbero

Phone
+45-39 17 12 70
Fax
+45-39 17 18 70
E-mail
mgb@who.dk
www.who.dk/hospitals/promot.htm

The "Hospital and Polyclinic Rüdersdorf Limited" belongs to the Health Care Institutions of the Evangelical-Free Church of Berlin-Schöneberg. The hospital is a general hospital for acute care with 398 beds in 8 departments. That is: 8 departments which also have their own beds. The polyclinic has 15 departments for outpatients and 16 doctors who are also specialists. We also have a "Care Center for the

Chronically Ill". We have been a member of the International Network of Health-Promoting Hospitals since 1995 and are one of the founders of the German HPH-network. The projects and subprojects we carried out from 1995-98 in a WHO-project called "Health Clinic Rüdersdorf 2000" are shown on the following transparency (Transparency 2).



Although the basic structure of the HPH-project in Rüdersdorf can be described as quality-management oriented, we did not pay major attention to the tie to Total Quality Management until the project's final year. In this context we formulated the "Five Rüdersdorf Goals for a Culture of Comprehensive Quality Management" (Transparency 3).

Five "Rüdersdorf Goals" for Culture Comprehensive Quality Management (CQM) (Based on the HPH-Vienna-Recommendations of 1997)

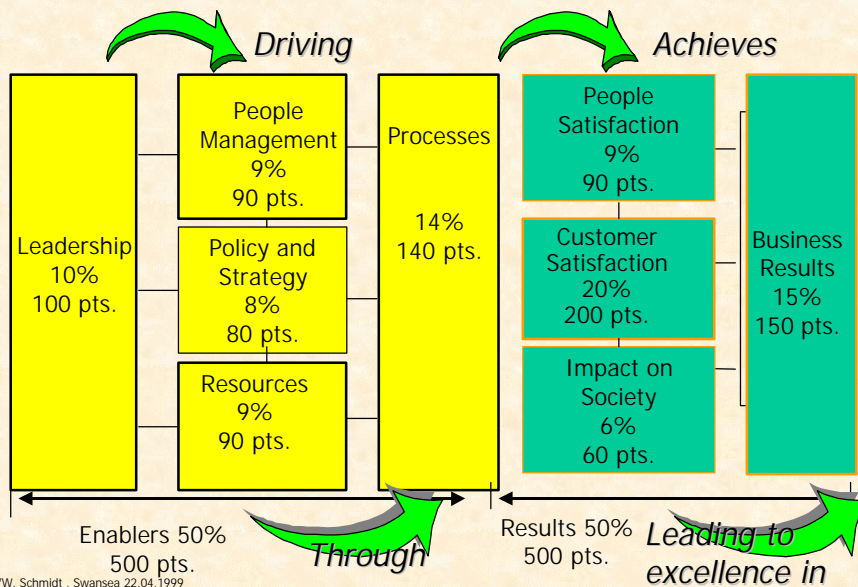
- I. **Promotion of innovative medicine with the highest possible health gain** for all patients through an optimal intermeshing of in- and outpatient care and very humane, socially-based (sozialdiakonisch) treatment in conjunction with economic viability.
- II. **Patient orientation and patient satisfaction** (human dignity, holistic concept, comprehensive patient career, patient as co-producer of his/her recovery and producer of his/her health, work procedures and treatment outcome from the perspective of the patient)
- III. **Staff orientation and staff contentment** (empowerment, participation, communication, cooperation, information, training, health provision, healthy working environment)
- IV. **Partnerships** with placement agencies, service providers, other hospitals, rehabilitation clinics, outpatient social and nursing services, and the local community as **advocate for the healthy community**
- V. **Efficient and cost-effective usage of resources** in conjunction with innovative medicine and health gain

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We also decided to carry out a self-evaluation according to the European Model for Quality (EFQM) (Transparency 4) in 1998.

THE EFQM MODEL

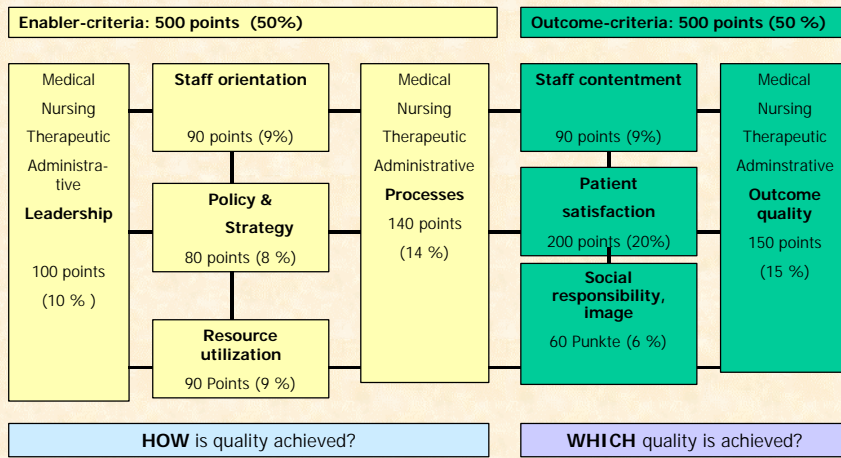
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European Model for Quality as Applied to the „Hospital and Polyclinic Rüdersdorf“

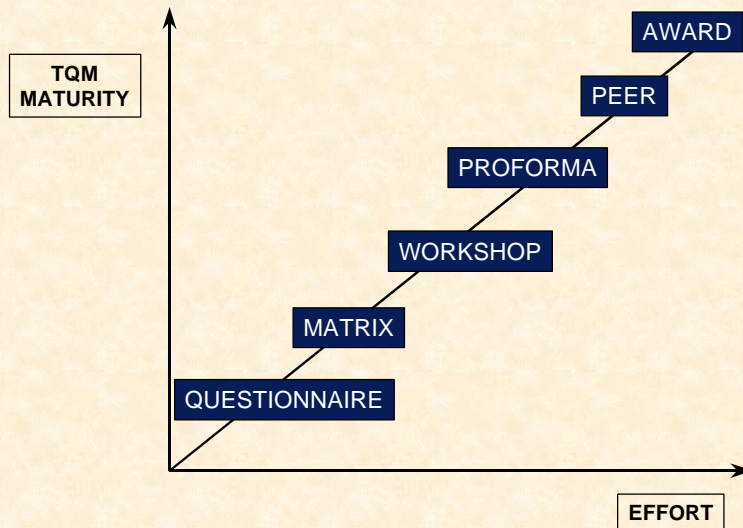
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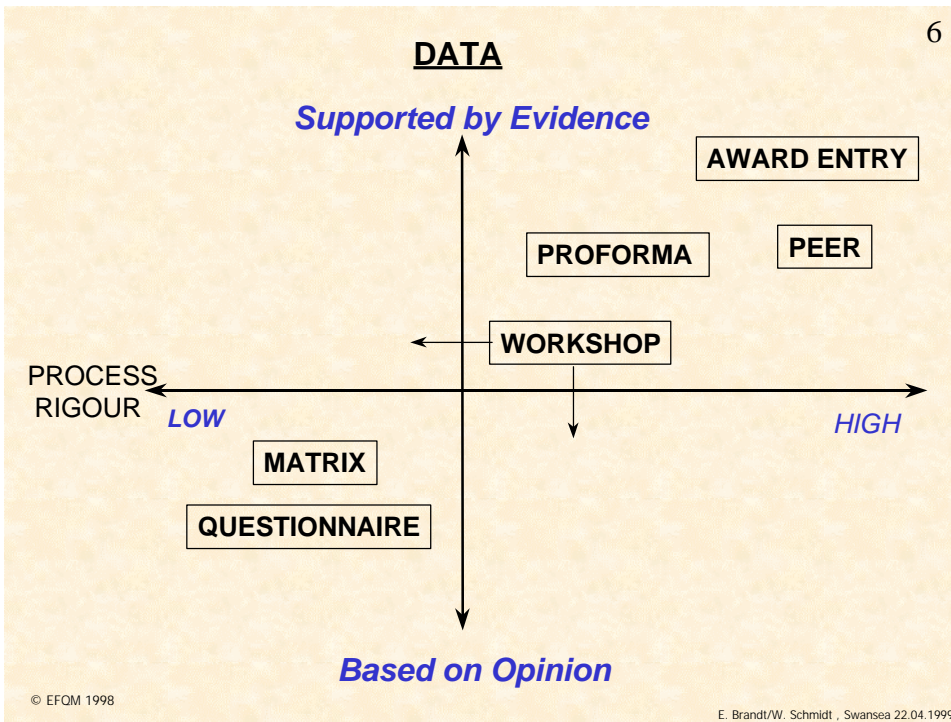
From all the possible methodological procedures (Transparency 5) we chose "The Simulation of an Application for the European Quality Award" (EQA) (Transparency 6).

5



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This procedure demands the most resources, but thanks to the appraisal of an EFQM-assessment commission it produces the most objective evaluation of a situation. The reasons for our decision in favour of EFQM are listed on Transparency 7.

- 7
- Reasons why we decided in favor of the European Model for Quality (EFQM)**

 - 1. Self-evaluation is at the forefront (concur with the HPH-approach: empowerment and participation).
 - 2. A stronger orientation towards the quality of outcome than other QM-procedures (concur with the HPH-approach: patient orientation and outcome-orientation as measured by health gain).
 - 3. The open-ended basic structure of the EFQM-model makes it attachable to on-going hospital projects (consequently also to on-going HPH-projects).
 - 4. The European dimension and the conceptual preparation of the EFQM-model for hospitals and other health institutions are conditions favorable to the merging of the HPH-concept and EFQM in the European context as supported by both the WHO and the European Commission while impeding the spread of national "island-solutions" for hospital certification.
- E. Brandt/W. Schmidt , Swansea 22.04.1999

The EFQM-self-evaluation results in an internal outcome report, which leads in conjunction with visits on location to the appraisal of an EFQM-assessment commission. During the self-evaluation we consistently limited ourselves to the EFQM-criteria with its 32 subcriteria. The appraisal was carried out according to the EFQM-evaluation book. In the evaluation book we also matched the nine criteria with the most suitable HPH-goals, so that the HPH-concept could become a constituent part of the internal and external evaluation.

A number of results:

1. The consensus conference of the assessment commission came to the conclusion that the Hospital and Polyclinic Rüdersdorf had achieved 350 of a possible 1,000 points. For the European hospitals and outpatient institutions which have thus far been officially evaluated by EFQM, this was a splendid result.

Transparency 8 discloses the very diverse grading of the individual assessors and the consensual results for each of the criteria and sub criteria. At the bottom left, if you can read it, you can see that the total number of points range from 333 to 784.

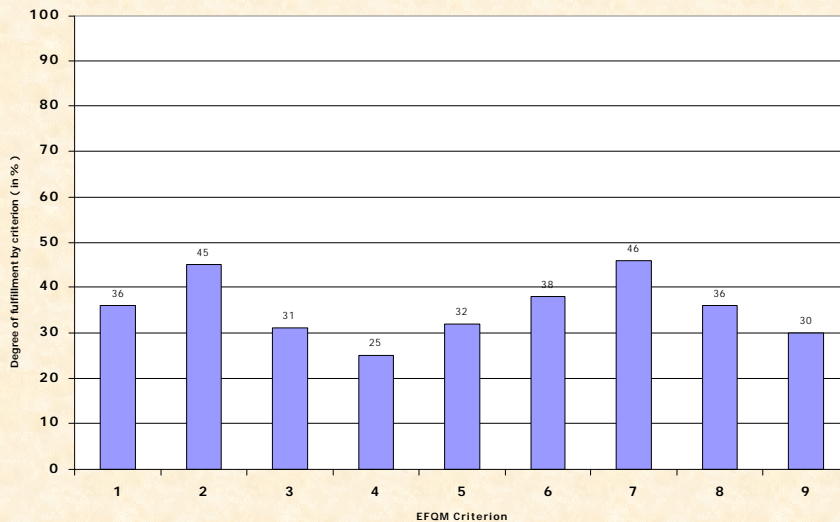
**EFQM-Evaluation of the Hospital and Polyclinic Rüdersdorf
at the Consensus-Conference**
Detailed Evaluation by the Members of the Evaluation Commission (Assessors)

Criteria	Subcrit.	Assessor						Min	Max	Diff	Middle	Consensus (I)	Consensus (II)
		JK	JM	JN	JPA	JPI	HS						
1	1a	58	35	35	35	15	15	95	80	15	54	30	
	1b	75	30	50	70	30	30	90	60	30	58	40	
	1c	78	30	55	55	40	30	90	60	30	58	40	
	1d	50	30	75	25	35	20	75	50	25	33	36	
2	2a	75	75	50	15	40	15	90	75	15	58	68	
	2b	65	45	55	55	20	20	85	65	20	59	55	
	2c	48	20	75	25	40	15	75	60	15	37	30	
	2d	58	15	55	35	40	25	75	60	15	45	25	
3	3a	60	40	35	27	50	60	27	95	68	55	45	
	3b	28	25	30	20	50	65	20	90	70	46	20	
	3c	55	15	60	12	25	30	12	90	78	38	20	
	3d	70	25	30	45	55	70	25	90	55	59	45	
	3e	55	35	30	30	60	20	20	90	70	62	30	
	3f	50	25	15	27	75	15	15	85	70	46	27	
4	4a	48	20	65	27	40	10	10	65	55	35	20	
	4b	45	15	65	27	40	75	15	85	70	48	20	
	4c	40	15	60	20	40	60	15	80	65	43	30	
	4d	28	20	65	30	70	10	10	75	65	36	25	
	4e	55	15	60	20	55	70	15	70	55	46	30	
5	5a	65	35	35	35	50	70	35	95	60	58	35	
	5b	48	40	30	18	30	10	10	90	60	40	32	
	5c	43	25	30	30	60	60	25	90	65	51	37	
	5d	60	20	30	35	20	10	10	90	80	38	30	
	5e	73	20	30	35	30	35	20	90	70	47	25	
6	6a	78	30	75	45	70	20	20	78	58	53	40	
	6b	60	20	75	35	65	25	20	80	60	50	30	
7	7a	70	50	70	60	75	30	30	75	45	58	50	
	7b	58	10	60	35	40	25	10	68	58	40	35	
8	8a	78	35	65	40	65	75	35	85	50	63	40	
	8b	75	35	55	35	50	35	25	85	60	58	35	
9	9a	63	20	75	25	50	55	20	75	55	48	30	
	9c	58	50	50	20	50	25	20	58	38	42	30	
Total number of points 640 306 784 337 569 333													
											350		

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Transparency 9 displays the degree to which the nine EFQM-criteria were fulfilled. The regularity of this grading profile without extreme lows and highs corresponds to the

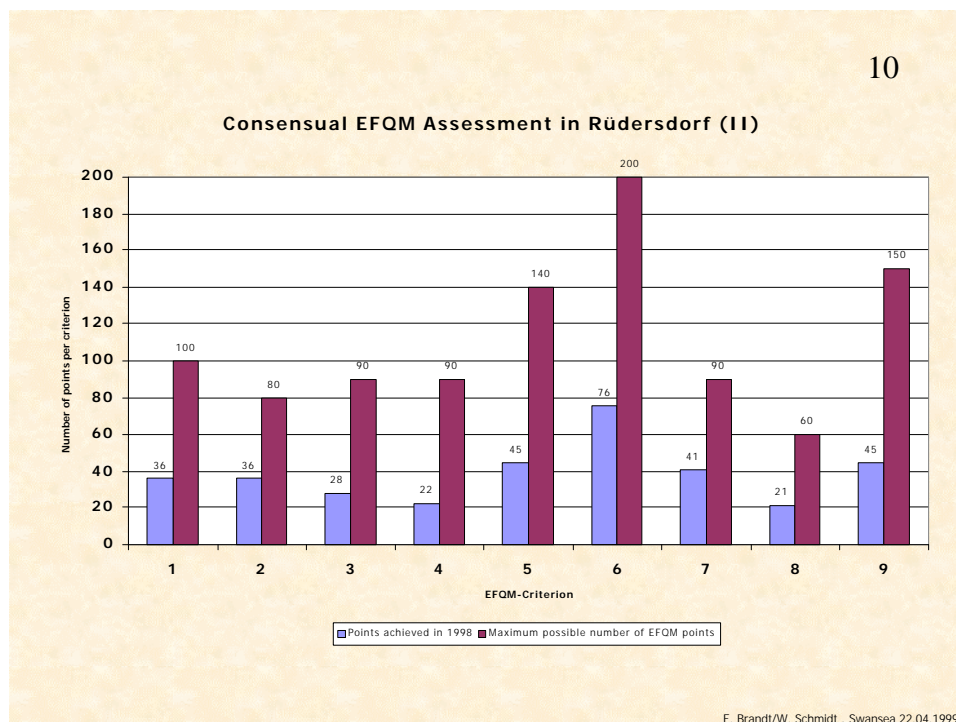
Consensual EFQM Assessment in Rüdersdorf (I)



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profile of excellently-run organisations.

Transparency 10 documents the absolute point values relative to the maximum number of achievable points. It shows that major improvements are most possible in the usage of resources, the motivation of staff, the improvement of process quality and in the development of usable gauges for measuring outcome quality (health gain).



2. These two documents cite more than 150 strengths and 200 "potential improvements" in light of the individual EFQM-criteria. We are presently preparing all the departments involved to undertake a thorough analysis of these results within their own sectors of responsibility and derive consequences. In this process, the "Recommendations of the Assessment Commission for Priorities" in the realisation of changes are of utmost importance. These involve the six priorities listed on transparency 11.

Health Gain Orientation

11

Priorities for Realization as Recommended
by the Evaluation Commission
(EFQM-Assessment Rüdersdorf 1998)

- Clarify Policy and Strategy including integration of the health-gain orientation
- Deduce, document and steadily improve core processes
- Document the results of core processes
- Operationalize health gain
- Professionalize the investment and financing of core processes
- Establish a relationship between health gain and outcome quality (medical and financial)

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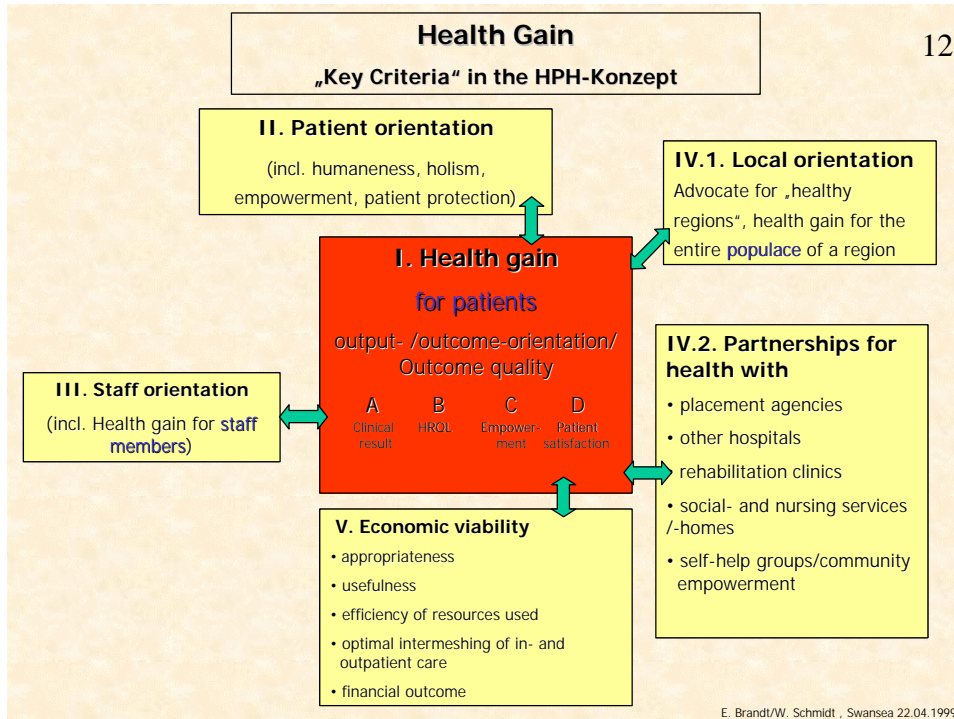
According to the orientation of the International HPH-Network towards health gain, we had given our "Rüdersdorf Health Goals" major significance. In this context, the EFQM-appraisal Rüdersdorf stressed:

- a) Firstly, a superb Health Gain concept but
- b) Secondly, insufficient operationalisation (regarding the criteria "Processes" and "Results").

In co-operation with the Ludwig-Boltzmann-Institute at the University of Vienna, we are therefore preparing to continue our project as well as a joint project of the Health Promoting Hospitals in Berlin and Brandenburg on the foundations of an HPH-EFQM concept stressing the operationalisation of health gain for patients. The

following transparencies should offer some insight into these issues:

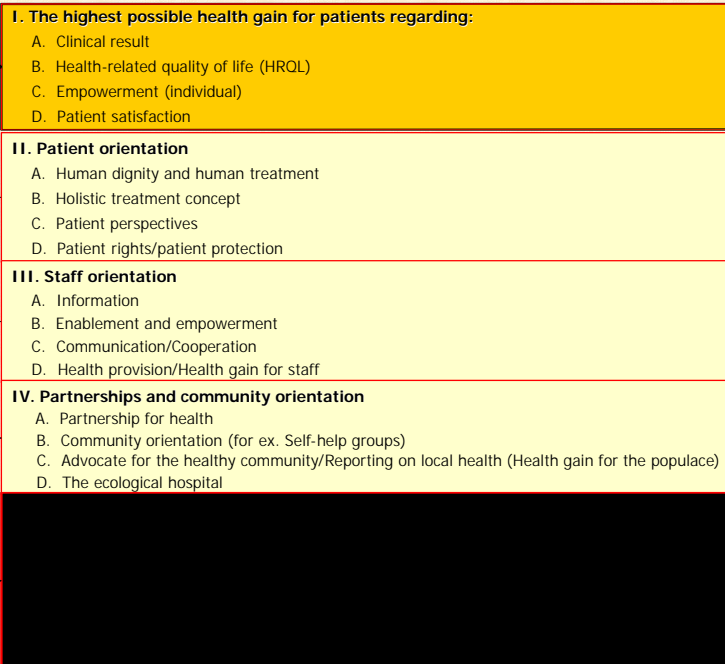
Transparency 12 depicts health gain as a key category, as the heart of the HPH-concept.



Transparency 13 suggests a structural proposal for HPH quality goals.

General Quality Goals of Health-Promoting Hospitals

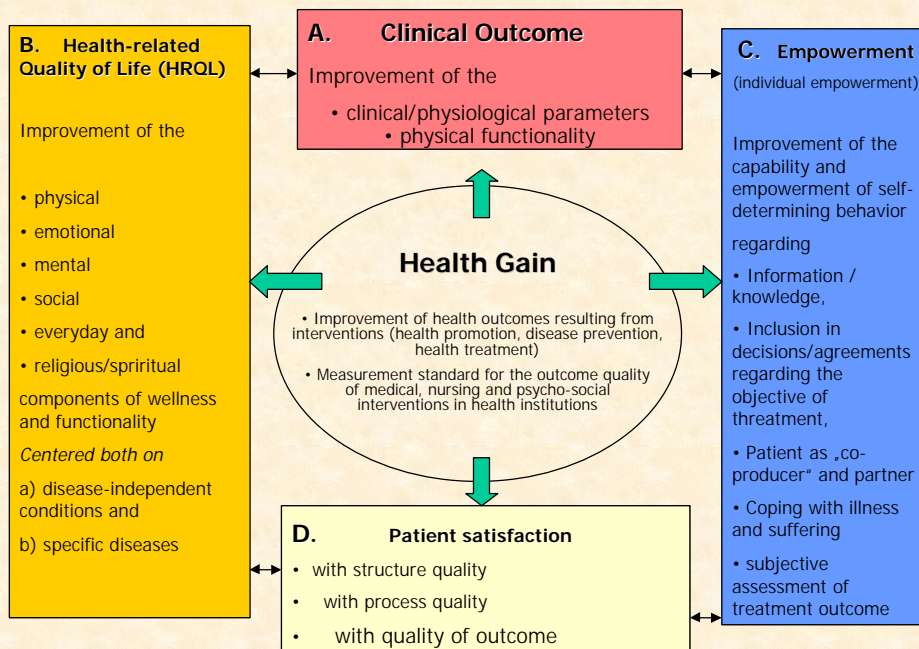
13



Transparency 14 structures the dimensions of health gain for hospital patients.

The Dimensions of Health for Hospital Patients

14



Transparency 15 refers to the difficulty of measuring the indicators for health gain among patients in a general

hospital. It stresses the context of the total patient career for the health-economical assessment of health gain.

15

Measurement of Health Gain
 as the result of the in-patient treatment of a specific patient

requires a detailed, clearly descriptive and in an general hospital easily applied

Indication-Set

Diagnosis-specific and diagnosis-independent
(applying only to acute treatment ?)

	Point of time for measurement			
	Admission??.....	Release	28-30 Days after Release
Dimensions of health gain	A			
	B			
	C			
	D			

must be seen in the context of the patient's pre- and post-stationary treatment and can really only be health-economically assessed in the context of an entire patient career:

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The Rüdersdorf Concept for the Years 1999 and 2000 on the Basis of:

A. The Health Reform 2000 plans of the new German government ("Foundations Paper" of March 1999)

and

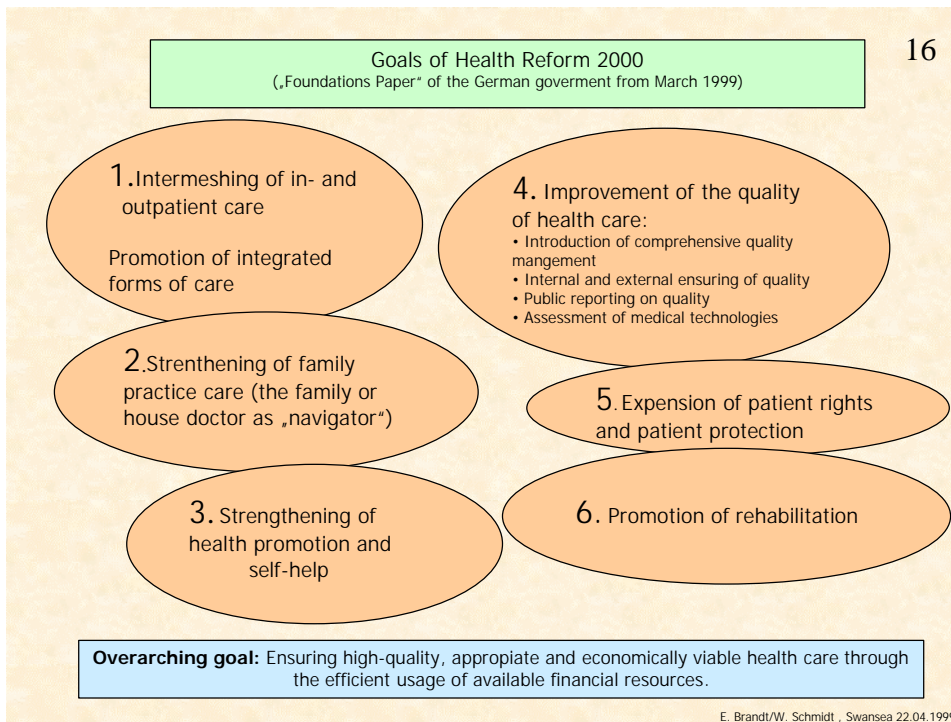
B. The EFQM Excellence Model (Improved Model, copyright 1999, EFQM)

A.: Health Reform 2000 in Germany:

When thinking about the further development and quality improvement of the Hospital and Polyclinic Rüdersdorf, we must of course begin with the political orientation of the present German government. Its positions are described in a

"Foundations Paper" and will become law in the middle of this year.

The major goals of its Health Reform 2000 program are shown on transparency 16.



Having the goal of an efficient and quality-oriented health system demands that the various service sectors be better integrated and co-ordinated than has been the case until now.

Two conclusions can be drawn about the political orientation of the Health Reform 2000 program:

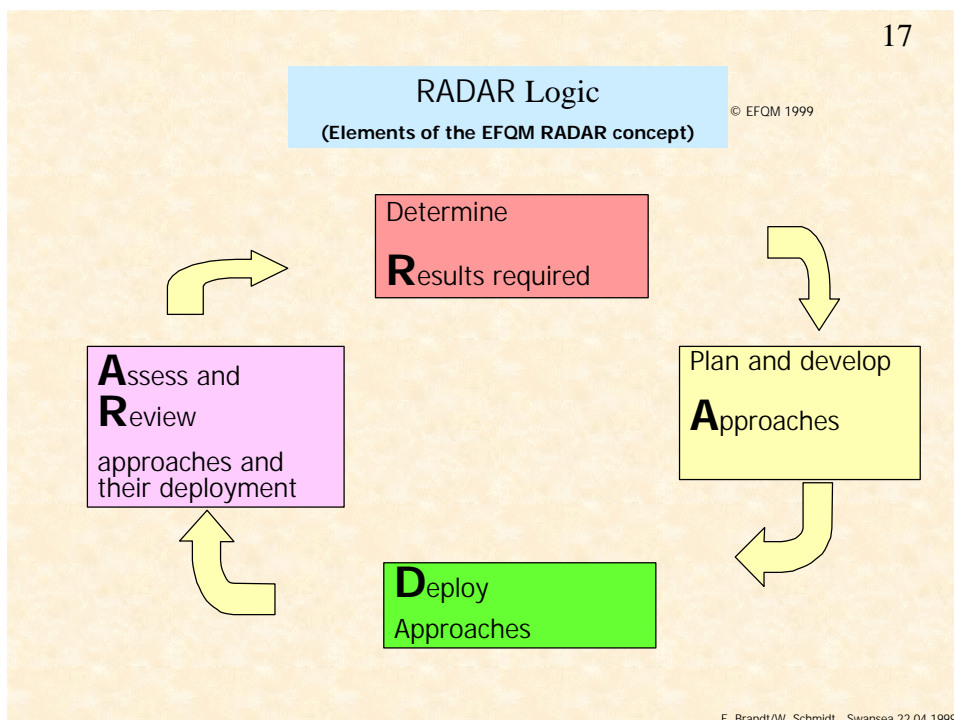
1. The HPH concept (see transparency 13 above) is a superb foundation for the comprehensive realisation of these goals in the in-patient realm (hospitals).

2. Combining the HPH concept with the EFQM model meets in exemplary fashion the demand in the "Foundations Paper" for the introduction of comprehensive quality management.

B.: Improved EFQM Excellence Model 1999:

The improved EFQM Excellence Model 1999 (Copyright 1999 EFQM) is a further essential point of orientation for our project 1999-2000. I only want to allude to three consequences here:

1. The consequent application of the elements of the so-called RADAR-Logic (goal definition or the definition of results required, plan and development approaches, deploy approaches, assess and review approaches and their deployment) for each sub-criterion. (Transparency 17)



The insufficiently concrete goal definition and the lack of an on-going appraisal and verification of progress made were weaknesses of our past project.

2. We view - also in the light of the HPH-concept - the intended alterations to EFQM criteria and sub-criteria (transparency 18) as significant gains and will orientate our project 1999-2000 accordingly.

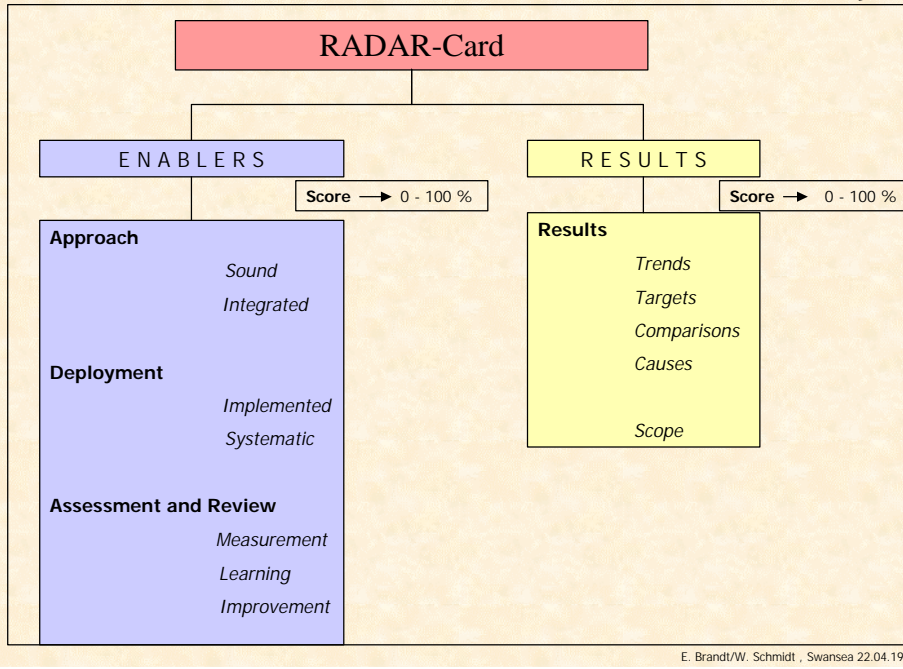
Integrated HPH-EFQM-Model
- Partnership Model -
(Brandt/Schmidt)

18

EFQM-criteria (improved Model EFQM 1999)									
Criteria	1	2	3	4	5	6	7	8	9
	Leadership	Policy & Strategy	People	Partnerships & Resources	Processes	Customer Results	People Results	Society Results	Key Performance Results
Subcriteria	a b c d	a b c d e	a b c d e	a b c d e	a b c d e	a b	a b	a b	a b
HPH-quality Goals	→								
I. Health gain									
II. Patient orientation									
III. Staff orientation									
IV. Partnerships and community orientation									
V. Economic viability	↓								

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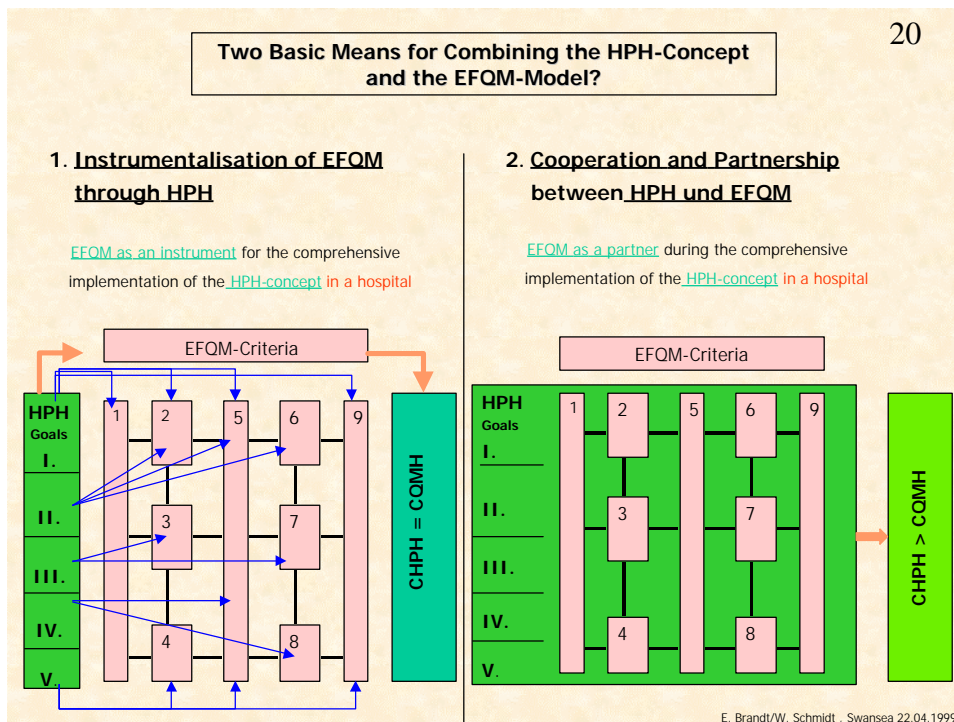
3. During the further course of our project we will follow the assessment of EFQM-Excellence based on the RADAR-Card for enablers and results (transparency 19).



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Two Basic Means for Combining the HPH-Concept and the EFQM-Model

We believe that there are two basic means for combining the HPH-concept with the EFQM-model (transparency 20):



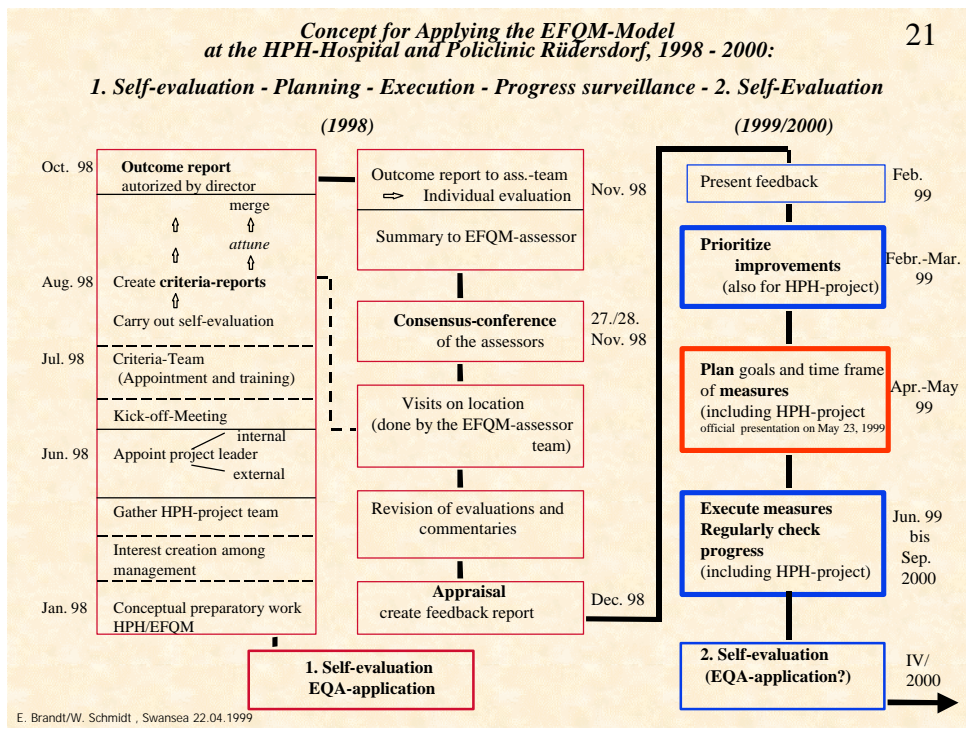
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Firstly, EFQM is used as an instrument (or method) for the comprehensive implementation of the HPH-concept in a

hospital. This requires that the nine EFQM-criteria are individually matched with the appropriate HPH-goals.

Secondly, to treat EFQM as a partner of the HPH-concept with the intention of achieving a higher level of business excellence in the hospital than would be possible when using comprehensive quality management without HPH.

Ladies and gentlemen: I would like to give you a final overview of the progress of the EFQM evaluation in Rüdersdorf with one last transparency (No. 21). It clearly indicates the present status as of April 1999. On May 23 we plan to present the results in a public meeting and at the same time ring in the newest stage of our project "Health Clinic Rüdersdorf 2000".



I thank you for your attention.