Capio S:t Göran’s Hospital
- 15 years back and looking forward

Britta Wallgren, CEO
Agenda

1. 15 years with Capio
2. CStG 2015: Here we are
3. The driving forces behind
4. The way forward
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Development since 2000:
- Production, resources and productivity
- Care contract value
- Sales and growth

Today’s results:
- Highest employee and patient satisfaction
- Highest quality
- Better access

Modern Medicine
- The best to the patient giving Rapid Recovery

Modern Management
- How we make a difference

Value drivers
- Volume growth and shorter AVLOS
- Focusing on the right competence at the right level
- e-Health tools
15 years with Capio

S:t Göran’s hospital – 15 years with Capio

Production

- Acute (medicine) patients filling up the hospital 78% to 83% of total inpatients
- Easier cases moving to outpatient care or to out of hospital specialist care, leading to heavier case mix
- AVLOS decrease on total 18%
  - despite heavier case mix
- AVLOS hips and knees decrease 46%

Productivity

AVLOS on total

AVLOS Hips and knees
S:t Göran used as “rabbit” by the SLL – value for money for the SLL and tax payers

More than half way back to 2012 year’s profit - 10 more years to go
Development sales and growth 2000-2015

St Göran - Sales and Organic Sales Growth

MSEK


Sales Org Growth, %

Down-sizing of Karolinska and competitive price speed up growth rate
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SLL County hospital quality benchmark shows that CStG has good results on all dimensions:

- Highest quality
- Highest patient satisfaction
- Best access to care
- 10-15% lower cost for the county
Higher quality and better access than comparable caregivers

Quality comparison between Stockholm hospitals

<table>
<thead>
<tr>
<th>Results in percent (%)</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Condition specific targets</td>
<td>71</td>
</tr>
<tr>
<td>2) Patient safety</td>
<td>89</td>
</tr>
<tr>
<td>3) Cooperation</td>
<td>94</td>
</tr>
<tr>
<td>4) Availability</td>
<td>80</td>
</tr>
<tr>
<td>5) Reporting to registers</td>
<td>97</td>
</tr>
</tbody>
</table>

Results compared to average:
- Better than average
- Slightly below average (<5%)
- Significantly below average (>5%)

CStG 2015: Here we are
High availability and satisfied patients

Reaching access targets for planned care…

…with the most satisfied patients

CStG with best access to planned care

Outpatient

Inpatient

Capio S:t Görans Hospital
Stockholm
Nation
The high quality driven by motivated and empowered people

CStG has the highest employee satisfaction and lowest sick days
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Modern Medicine – the best to the patient giving Rapid Recovery
Modern Management – we all want to make a difference
The driving forces behind
Strategy for continuous improvement

Patient-flow
We deliver the care according to the patient needs
• What is needed
• When needed
• As needed

We respect and involve every individual
Patient perspective first

We have a team based and standardized work

We prioritize what creates value to the patients

Quality in every Step:
• “Correct the first time”
  – Tasks completed ASAP
• We solve the problems and addresses the underlying cause
• We ensure quality according to the Capio model: CROM, PROM & PREM

We prioritize what creates value to the patients
### Shift from in- to out-patient care for faster patient recovery and better use of resources

<table>
<thead>
<tr>
<th>Old ways of working</th>
<th>New ways of working</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open surgery</td>
<td>Minimal invasive surgery</td>
<td>Less impact on patient with faster recovery</td>
</tr>
<tr>
<td>Open surgery</td>
<td>Robotic surgery</td>
<td>Faster recovery, decreased AVLOS</td>
</tr>
<tr>
<td>Patient moved from Emergency unit and treated at care unit</td>
<td>Patient fully treated at Emergency unit LEON</td>
<td>Better use of resources</td>
</tr>
<tr>
<td>Breast cancer patients treated through in-patient care</td>
<td>Breast cancer patients treated through out-patient care LEON</td>
<td>Shorter patient waiting times and better use of resources</td>
</tr>
</tbody>
</table>

The aim is to improve care and improve resources usage.
Modern medicine – quality actions
Example: Breast cancer

We are continuously improving our medical care and updating our guidelines in accordance with:
• Evidence-based medicine (EBM) internationally
• National guidelines

We are also driving medical development:
• Participant in national collaborations, “Specialistråd för Bröstcancer”
• Key player in driving development forward in the national quality register for breast cancer
• Conducting research within breast cancer treatment
  – E.g. trial of revolutionary model for cancer treatment with the use of intense heat into the tumor
Governance towards goals
Emergency patient flow

- Scheduling of resources based on patient need
- Direct admittance for patients in need of in-patient care
- Better access to medical services i.e. lab and radiology for faster decision-making
- Right from the start
- Visualization
- Team
- Reduce waste - flow
- Flexible use of hospital resources based on need, i.e. allocation of beds, operating theatres and staff
- Continuous update of care plan with full patient care team
- Cooperation with psychiatric units and geriatrics for improved acute flows to and from hospital
Flexible production planning and resource allocation based on patient demand
Example within elective care

Controlling the waiting list and eliminating queues to create even flow with reduced bottlenecks
- Steering allocation of consultation slots depending on demand
- Projects to improve patient discharge process
- Only patients accepting surgery within 6-12 weeks on waiting list
Decentralized leadership – a success factor
Education based on business need – according to the Capio model

Clear responsibility and authority
First line managers with clear responsibility for the business

Management training for all managers, and key personnel

- Basic Step I
  - All managers
  - Six modules
  - 12 days in total

- Intermediate Step II
  - For selected competent and future leaders
  - Capio management program

- Advanced Step III
  - Individual program for advanced and competent leaders
Roles and responsibilities

Role of the manager

- Introduce, lead and follow up on continuous improvement work
- Coach and motivate employees
- Be present on the floor

Role of the employee

- Two jobs – to give care and to continuously improve quality for the patient
- Participate when trying out new, improved ways of working
- Correct the first time around – completed ASAP
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Volume growth and shorter AVLOS important drivers

New volumes and specialties
- 40% volume growth expected over 5 years
- Expansion of current and new specialties, e.g.:
  - Emergency volumes
  - Breast cancer center
  - Colorectal and prostate oncology

Other new assignments
- R&D, education and innovation

Facilities developed to meet new patient needs
- New Emergency Department April, 2016
- Breast cancer center Jan 1, 2016
- Two new buildings, including 60 new beds and facilities for maternity care 2018/19

But how do we use our most valuable and important resource – our people?
The way forward

Our people became nurses and doctors to treat patients
Is that what they do?

Resource variations:
- Beds: 329 (2015) vs. 248 (2000), +33%
- Staff: 1918 (2015) vs. 1234 (2000), +55%

Productivity:
- AVLOS: 7 (2015) vs. 4 (2000), -46%

Production:
- Inpatients: 31678 (2015) vs. 20781 (2000), +52%
Increasing value-adding patient-centered time of nurses – reducing administration

At CStG, large share of time spent on documentation, handling pharmaceuticals and reporting 1 nurse on 6-8 patients

In France, less time spent on documentation, reporting and pharmaceuticals handling 1 nurse on 12-15 patients

Pilot project initiated to improve ways of working and ensuring that the right competence is used at the right level
Pilot: Aim: to increase value-adding patient-centered time of nurses, improved staff satisfaction and improved productivity

Focus areas of project

<table>
<thead>
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<th>Project activities</th>
</tr>
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<tbody>
<tr>
<td><strong>Documentation</strong></td>
</tr>
<tr>
<td>• Creating situation-specific documentation standards</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
</tr>
<tr>
<td>• Applying demand-driven patient checks, replacing traditional rounds</td>
</tr>
<tr>
<td><strong>Staffing, recruiting, scheduling</strong></td>
</tr>
<tr>
<td>• Improving employee culture, working environment, education possibilities, internal staff mobility and scheduling</td>
</tr>
<tr>
<td><strong>Pharmaceuticals handling</strong></td>
</tr>
<tr>
<td>• Task shifting to pharmacist, automation and centralization of pharmaceuticals handling</td>
</tr>
<tr>
<td><strong>Task shifting/care-related support</strong></td>
</tr>
<tr>
<td>• Task shifting of duties such as near-patient cleaning and kitchen handling to service employees</td>
</tr>
</tbody>
</table>

Reducing time of areas outside nurse’s education implies:
• More time for taking care of patient
• Higher productivity
• Improved working environment
• Better staff retention

How far can we reach? We do not know – but we are trying our best!
The way forward

**eCapio – an important tool**
Involving patients, supporting patient flow and reducing administration

**Patients**
- Communication
- Access to information
- Engagement and involvement in own care

**Employees**
- Structured documentation
- Decision support
- EHR
- Overviews

**Management/Steering**
- Real-time information
- Automated Q register
- Control/Follow-up
- Knowledge base

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The way forward

Steering through a structured approach and follow-up
Focus shifted towards real-time automatic information

Historic information  →  Real-time information  →  "Future" information

Automated output data

Historic information:
- New BI – economic reporting
- New quality report

Real-time information:
- Quality data in real-time
- Statistics from ER on the intranet
- VPÖ

"Future" information:
- Decision support
- Warnings
- Improvement boards
- Daily team meetings

Manual output data
Shift towards clinical staff to focus on what they are educated in: treating patients

The first 15 years
• Modern Medicine
• LEAN processes

The coming 15 years
• Clinical employees to focus on treating patients, less on administration
• e-Health tools important catalysts for change
The way forward

The team driving the change!

Capio S:t Göran’s Hospital
CEO: Britta Wallgren

- Pain Clinic
- Orthopedic Surgery
- General Surgery
- Internal Medicine
- Neurology
  - Acute
  - Internal Medicine
  - Cardiology
  - Endoscopy
- Anesthesiology and Intensive Care
- Emergency
- Radiology
- Clinical Physiology
- Internal Service & Facility Management

[Images of team members]