

**16.15 How to use the Excellence Models to integrate actions to improve safety in healthcare: The Big Picture**

**Speaker: Henk Doleman, MSc, TNO MC, Apeldoorn**

The Excellence Models EFQM and INK can be applied to integrate safety projects, instruments, initiatives, responsibilities, infrastructure and resources. The method Big Picture is developed and used in order to systematically collect and combine diverse aspects and to give an overview and highlights relations between aspects. Based on the presentations, discussions and experiences of the day the Big Picture for Safety in Healthcare is composed as a final result of the symposium.



**Questions and comments on the Big Picture**

**16.45 Summing up and closing down**

**Prof. Kees Ahaus, PhD, TNO MC, Apeldoorn**

The highlights of the day are reviewed.

**17.00 Reception in the Domus Medica**

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**Domus Medica  
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How to reach the Domus Medica from Utrecht Central Station:

- You can take the bus line number 29 towards Papendorp. At least once every 15 minutes a bus leaves towards the Mercatorlaan. The bus stop Papendorp-Zuid faces the Domus Medica, at very short walking distance. De bus tour takes about 20 minutes.
- We recommend to take a taxi. Indicated price is about € 15,00.



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## Excellence Models and Safety in Health Care

Applying the EFQM Excellence Model and the INK Management Model to improve safety.

Friday, 12 October 2007  
Domus Medica, Utrecht



EFQM Health Community of Practice in cooperation with Zorgplatform INK, The Dutch Institute for Healthcare Improvement CBO, EFQM Nederland, INK, TNO Management Consulting, JellinekMentrum.



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## Programme

**09.30 Welcome in the Domus Medica**

**10.00 Opening of the Symposium**

**Boi Jongejan, MD, CBO, Utrecht**

**Chairman: Udo Nabitz, PhD, JellinekMentrum, Amsterdam**

**10.15 Adverse events in Dutch hospitals:**

**Findings of the largest patient record study in Europe**

**Speaker: Martine de Bruijne, MD, PhD, Nivel, Utrecht**

Recently an empirical study conducted in 21 hospitals in the Netherlands was carried out in order to investigate adverse events. 8000 patient files were reviewed by nurses and physicians. The findings were extrapolated to the 1.3 million annual admissions of all Dutch hospitals. The researchers calculated that 30.000 adverse events occur annually and that 1736 patients die because of adverse events. The researches conclude that the adverse events and deaths could have been prevented. They also show that the figures are at the lower end in an international comparison. However risk factors such as surgical interventions, patient age have to be specified to tailor interventions. Furthermore the functioning of the teams in hospitals and the patient documentation should improve.



**Questions and comments about the need for a new picture**

**11.00 Coffee break**

**11.15 Strategies to improve safety: learning from others**

**Chaired by Wouter Neerings, MEd, TNO MC, Apeldoorn**

**1. Strategies to improve safety in a multinational**

**Gio Tettero, MEng, director of Siemens Medical Solutions, Siemens Nederland NV**

**2. A Safety Management System for Healthcare**

**Lex van der Star, ME, Msc, MSHE, Dept. of Medical Affairs, Quality and Safety, University Hospital Groningen**

**3. Risk Management and Patient Safety**

**Prof. Max Moullin, BSc (Soc. Sc.), MSc, FORS, Hallam University, Sheffield**



**Questions and comments to collect the elements for a new picture**

**12.15 Lunch break**

**13.30 Three parallel workshops: Safety and Excellence Models**

Mixed groups of Dutch and European participants

<b>Topic 1: Leadership and organisation EFQM / INK of the board</b>	<b>Topic 2: Processes EFQM / INK of the divisions</b>	<b>Topic 3: Results EFQM / INK of the departments</b>
<b>Moderator: Renee Bering, LLM</b>	<b>Moderator: Mike Perides, PhD</b>	<b>Moderator: Prof. Kees Ahaus</b>



**Presenting the findings of the workshops and building the picture**

**Chaired by Cule Cucic, MD, CBO, Utrecht**

**15.00 Tea break**

**15.30 The collapse and redesign of the cardio surgical department of the Radboud Academic Medical Centre: A case study**

**Speaker: Huub Wollersheim, MD, PhD, Radboud Medical Centre, Nijmegen**

About two years ago major problems in the cardio surgical treatment chain of the Academic Medical Centre in Nijmegen were signalled. The average mortality and complication rate exceeded the national standard. An auditing commission was installed and confirmed the low performance of the treatment chain. The problems had a great impact on the hospital. The cardio surgical department was closed. The staff and the board of the hospital resigned. The image of the hospital was threatened. An improvement project was started and carried out to redesign the treatment chain. Two years later the benchmark shows that the mortality and complication rate is below the dutch average.



**Questions and comments about the example of the picture**