

Changing the organizational structure of a Dutch teaching hospital to support value-based healthcare: a qualitative evaluation of care chains

K. Daniels [1,2]*, G.A.T. Spruijt [3,4]*, A. C. Thoonsen [3], M.C. de Bruijne [3], P. B. van der Nat [1,2],

*Authors contributed equally

[1] Department of Value-Based Healthcare, St. Antonius Hospital, Nieuwegein/Utrecht, the Netherlands, [2] Radboud university medical center, Radboud Institute for Health Sciences, Scientific Center for Quality of Healthcare (IQ healthcare), the Netherlands, [3] Department of Public and Occupational Health, Amsterdam Public Health research institute, Vrije Universiteit Amsterdam, Amsterdam, [4] Dutch Health Care Institute (Zorginstituut Nederland), Diemen, the Netherlands. UMC, Amsterdam, the Netherlands

INTRODUCTION

In 2019, St. Antonius hospital experimented with semi-reforming the organizational structure by forming care chains for four medical conditions. By forming these care chains, the hospital moved from a function-based structure with condition-based project teams towards a matrix organization.

Aim: to explore health professionals' experience with care chains and its effect on organizing value-based quality improvements.

METHODS

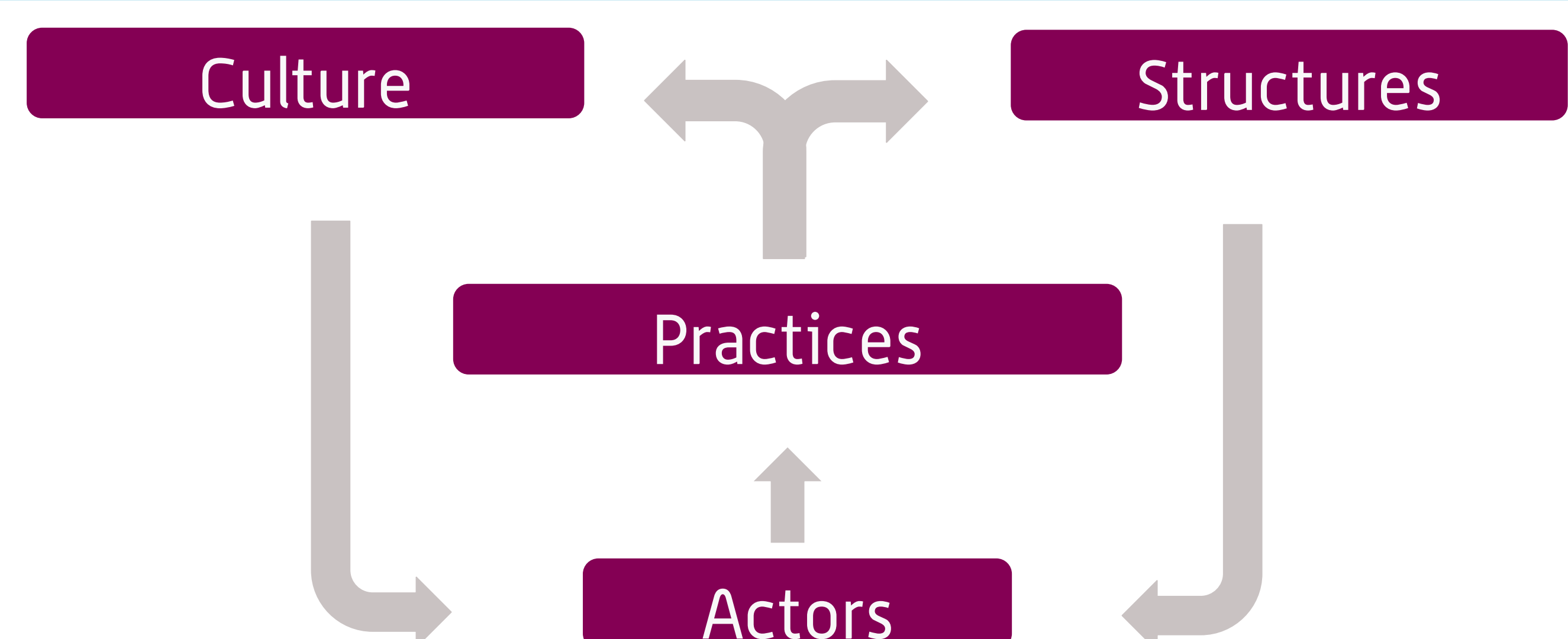
- A. Document analysis
B. 12 semi-structured interviews
4 nurse leaders
2 medical leaders
4 heads
2 data-analysts

Four participating care chains:
Breast cancer
Colon cancer
Prostate cancer
Geriatric trauma

RESULTS

Actors

Daily board members → Nurse leader
Medical unit managers
Embassadors throughout the care chain
Data-analysts



Practices

1. Creating co-alignment
2. Establishing VBQI
3. Efficiency and effectiveness of the care chain

Setting meeting structure and engaging participants
Short lines of communication
Potential from practice
Potential from data
Selecting initiatives
Integration of QI initiatives

Culture

4. Vision towards VBQI
5. Sense of joint accountability

Enthusiasm, physician/nurse oriented
Way of thinking, awareness, and ambassadorship
Creating cohesion

Structures

6. Formation and performance of a Daily Board
7. Functioning within fragmented healthcare

Fulfilling shifted roles
Leadership and creating support
Mandate and decision-making

CONCLUSION

- Formally embedding VBHC seems beneficial
- Decision-making in a matrix organization is complex
- Appointing nurse leaders is impactful
- Making data-analysts part of the team is fruitful
- Integrating QI activities prevents double work
- Creating a support base among disciplines (embassadors)
- Multidisciplinary engagement
- Multiple ways to organize care around a medical condition

Contact
Kirsten Daniels
k.daniels@antoniuziekenhuis.nl
088-320 8945

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ST ANTONIUS
IQ Scientific Center for
Quality of Healthcare

ICHOM 2022
Boston | USA

