The value of learning from others

One of the highlights of our work has been the good fortune to have a range of visiting health professionals, managers and others; these enthusiastic and committed individuals have been very generous of their time and in imparting their knowledge and experiences in improving healthcare delivery. Some of them have related how they were initially sceptical of clinical redesign and other health system improvement approaches, but have become strong advocates once they have seen the positive outcomes for both patients and hospital staff.

Over the past eight weeks, for instance, we have had visits and presentations from Nicola Ross, Service Director for Acute Services, Ipswich Hospital, Queensland (see article in this newsletter), Jessica Anaf, a physiotherapist based at Royal Adelaide Hospital, Dr Clair Sullivan, Deputy Chair of Medicine, and Dr Andrew Staib, Deputy Director of Emergency Medicine, Princess Alexandra Hospital, Queensland.

The last two have published several scientific articles on their clinical redesign activities directed at improving patient flow from the emergency department to in-patient wards. The most recent paper demonstrated that improving emergency department flow and National Emergency Access Target (NEAT) performance via clinical redesign was associated with reduced in-patient mortality among subgroups of emergency admissions, particularly older patients with complex medical conditions, those presenting after hours and on weekends, and those presenting with time-sensitive acute cardiorespiratory conditions.

Of course, while we can often learn from other jurisdictions, this cannot be assumed to be the case. What works well in one site may not work in another - the context is critical. Nevertheless, the principle of not reinventing the wheel is a sound one and certainly in line with the application of ‘lean’ methodologies in clinical redesign.

As always, please contact us if you would like to learn more about our collaborative work with the Tasmanian healthcare system.

Best regards,

Professor Greg Peterson and Associate Professor Craig Quarmby
Co-Directors, Health Services Innovation Tasmania
Successful start to Applied Clinical Redesign Course

- Dr. Pieter Van Dam, Educational Facilitator HSI Tas

The first two days of the much anticipated Applied Clinical Redesign Course, which runs over a 20-week timeframe was conducted on 28-29 July, and judged a great success by participants and coordinators.

Using their previously submitted work-based problems, participants used clinical redesign tools to determine what their problem was, how to scope their issue and formulate potential diagnostic tools that would enable them to gather data. The theory behind clinical redesign was also covered, as well as a framework for communication and change management.

Examples of some of the real-life problems in healthcare currently being addressed by the 22 participants include standardisation of documentation, malnutrition, utilisation of Allied Health Assistants, pre and peri-operative management for patients with diabetes, theatre workflow and patient transfer from acute to the community.

Participants have also been allocated their own clinical redesign facilitator, and are currently progressing through their diagnostics phase.

The next course will commence on 9 February 2016, with enrolments now open.

To enrol, click here.

For more information, please email Dr. Pieter Van Dam.

Picture: Participants and facilitators in the Applied Clinical Redesign Course July 2015
Peter Maree, Principal Redesign Consultant, HSI Tas; Dr. Pieter Van Dam, Educational Facilitator, HSI Tas; Nathalia Krelling, Dietitian, RHH; Kylie Chilcott, CNE, RHH; Wayne Frost, Clinical Lead, Community Mental Health Service; Jolene May, Deputy Manager, Occupational Therapy Services RHH; Janet Clemens, ADON Community Care RHH; Loretta Baillie, CRO-S Program Officer (Surgery); Narelle Butt, A/Manager DHHS Mental Health, Alcohol and...
Skills for Involving People in Change course

The next Skills for Involving People in Change Course is scheduled to be held on 4 and 12 November in Campbell Town. This two-day popular program is designed for professionals seeking to enhance their ability to effectively engage, communicate, problem solve, motivate and facilitate people and teams in healthcare service contexts.

Participants will use practical tools to find solutions to the relational challenges inherent in the redesign process. These challenges include motivating staff in a ‘change fatigue’ environment, engaging busy clinicians, generating shared solutions, dealing with negativity, and facilitating groups effectively.

The two-day November program welcomes participants from all healthcare regions. To enrol click here, or for more information please email Dr. Pieter Van Dam.

School for Health and Care Radicals, Melbourne

- Associate Professor Craig Quarmby, Co-Director HSI Tas

Dr. Nicole Hancock, Dr. Alasdair MacDonald, PhD candidate Nelle Seccombe, Prof. Greg Peterson and I were fortunate enough to be granted places at the Melbourne School for Health and Care Radicals, held at the Melbourne Convention Centre on 5 August. Over 300 “radical carers” attended the event, with other interstate participants coming from South Australia and Queensland.

The School was facilitated by Helen Bevan of NHS Improving Quality, the developer of the
course. It is held both online (5 modules over 5 weeks, presented across 40 countries) as well as in this one-day format, and is described as “a platform for radicals to learn together, using powerful, guided learning…”.

At its core it utilises learnings from major social movements to drive positive change where large-scale "radical" change is most successfully driven – from the edge, rather than from the "stifling hierarchies" down.

Key elements of the course were contrasting:

- Old power (held by few, commanded, transactional) with new power (made by many, shared, relational), and
- Rebels (creative, mission-focused, optimistic, energy-generating, work together) with troublemakers (complain, me-focused, pessimistic, energy-sapping, work alone).

Further key messages were “Change starts with me!” and the need to use powerful stories to engage others in change (and the need for it).

But perhaps it was one of the tools used during the School that had the greatest impact – RCTs, or Randomised Coffee Trials. On picking up our name badges we also picked up a random number, not realising there were two identical sets of numbers. Just prior to morning break we found and introduced ourselves to our randomised partner, and spent the coffee break finding out about each other (and drinking good coffee). RCTs are being used successfully by companies all over the world, even being facilitated globally through interfaces such as Skype.

I highly recommend anyone with an interest in being “radical” to have a look at the School website.

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Clinical Redesign in Tasmania

Updates from the Clinical Redesign Offices

CRO-S Outpatient Specialist Clinics

- Kayley Lockley, CRO-S Outpatients Program Support Officer & Dianne Mulcahy, CRO-S Program Officer (Outpatients)

The half-way mark for the initial Outpatient Specialist Clinics involved in clinical redesign is fast approaching, and with that comes preparation for the second Rapid Improvement Event (RIE) to be held on 14 and 15 October 2015 at the School of Nursing on the Domain.

The new group of nominated specialities will consist of General Surgery, Colorectal, Pre-Assessment Clinic and Gynaecology. Ophthalmology staff will present the work they have achieved to date at the second RIE. They have decided to remain involved for another six months due to the large body of work they have identified as benefiting from support under clinical redesign.

The work achieved to date from issues identified in the first RIE has a common theme across
specialities, and has allowed for implementation across Wellington Clinics. This includes the timely booking of short term follow-up appointments for patients who have been in-patient, identification of missed billing opportunities, standardization of clerical auditing, standardisation of the referral management to waitlist processes, and the creation of discharge guidelines.

Dashboard data supplied by HSI Tas on a monthly basis has been a powerful resource, and staff have found it valuable for tracking their work flow and providing them with the ability to identify scheduling issues that have a flow-on effect to waitlist and planned management.

Kayley and I are looking forward to supporting the RIE 1 Action Groups into sustainable ongoing working groups that will be able to continue redesign work within their specialities, while we also work with the new clinic groups to prepare for their RIE in October.

CRO-S Medical Patient Journey

- Sue Hughes, CRO-S Program Officer (Medical Patient Journey)

The Medical Patient Journey passed through the Solution Phase from late June to the beginning of August. Various activities were undertaken by several working groups during this period to research contemporary practices, to address the issues staff raised during the Diagnostic Phase, and to identify those practices suitable for implementation in clinical settings at Royal Hobart Hospital.

This culminated in a Solutions Fair on 9 July where all working groups presented their suggestions for improvement to other groups. The participants decided what work should go ahead and considered how various solutions could be amalgamated to work in parallel with other changes being made.

Starting from 20 August the Medical Patient Journey program moved into the Implementation Phase. The new innovations being trialled are:

- Rapid Multi-Disciplinary meetings every day on the 1BN ward where the focus is on patient flow, discharge and referral processes;
- Medical staff model of patient rounding where the teams visit their outlier patients first before their home ward to progress patient care earlier. They are generally completing their home ward rounds by 10.30am in readiness for the multi-disciplinary meeting.

These innovations are being audited for their effectiveness and feedback is regularly given to the staff.

A 'Transfer of Care' Workshop was conducted on 3 July, where stakeholders in the Older Person Journey were invited to discuss issues with the transfer of care of patients between the acute and community settings. This was the first time stakeholders from the private and public sectors in the community and acute care have had a forum to enable communication, role clarity and the debate of issues arising for this cohort of patients. Further work is being progressed to keep the dialogue open.

On 10 September a workshop is being organised to explore issues associated with the transfer of patients within acute care to subacute care.

Picture (below): Christine Bicket, Consumer Representative; Janet Clemens, ADON Primary Health; Rosie Beardsley, Manager Streamlined Care Pathways PHT; and Liz Webber, GP Liaison.
CRO-S Surgery Update

- Loretta Baillie, CRO-S Program Officer (Surgery)

Clinical redesign for the Surgery Productivity and Planning Initiative is under way in the South. The first cut of the data is complete, with data definitions being refined and currently under review by the steering committee.

We are also making progress in scoping and engaging with our stakeholders through interviews, surveys, tracking and 5S activities (Sort, Shine, Set in Order, Standardise and Sustain).

Currently we are tracking patients from the wards to the waiting bay to determine how well the process is working, with early results indicating we may be able to do some myth-busting.

We have also commenced an audit of the number of patients booked for surgery who arrive at Day Of Surgery Admission (DOSA) without a consent or with incomplete consents. This was conducted for the month of July 2015 with results pending.

We are also about to start activities such as ‘What drives me crazy’ and waste surveys, whilst also preparing for the Royal Hobart Hospital Surgical Grand Round scheduled for 11 September.


Bringing the Ipswich Hospital experience to Tasmania

- Lynne Pearce, CRO-NW Program Officer & Maggie Crawford, CRO-S Senior Program Officer

Nicola Ross, Director of Acute Operations at Ipswich Hospital, Queensland visited North West Regional Hospital, Mersey Community Hospital and Royal Hobart Hospital on 11, 12 and 13 August respectively. Medical, Allied Health and Nursing staff throughout the state attended seminars and workshops with invariably positive feedback received from staff.

Nikki talked about Ipswich Hospital’s clinical redesign journey over the past four years, including some of the initiatives implemented, lessons learnt, and where they are now headed.

A few of the many strategies that raised staff interest were -
The Hospital at Night program
Use of patient navigators (including a Logistics Nurse to support the flow of patients through the Emergency Department)
A direct admission procedure inclusive of a short term management plan to provide support to patients until an inpatient medical team member was available to review the patient
Medical assessment coordinators to identify potential medical patient admissions to either initiate early work-up/investigations to aid the flow of patients in the Emergency Department to an inpatient bed, home or to non-hospital services in the community.
Ensuring data visibility to staff through the provision of dashboards and reports.

We are indebted to Nikki as she very kindly took time out from her family holiday in Tasmania to present the Ipswich Hospital's experience to THS staff.

KIM ERICKSON
State-wide Program Officer - Mental Health

Kim has recently started with HSI working state-wide on the Mental Health Redesign Program.

Kim is a Psychologist with over 18 years’ experience working in the Addiction and Mental Health services in Queensland. Most recent experience in the area of Executive Management as the Director of Clinical Governance for Metro South Addiction and Mental Health Service in Brisbane.

Kim brings many years of strategic leadership experience, having managed services and teams successfully through numerous organisational change processes. She has a strong background in data analysis and has a particular interest in using data to improve clinical outcomes for consumers and carers.

Kim is passionate about improving the mental health system in Australia. She believes that strong organisational systems are imperative to achieve this. As a leader, she believes in working to enhance the skills and abilities of the workforce to achieve and exceed organisational strategic goals and objectives.

Tasmania’s healthcare leaders unite to drive change

A 14-month program bringing together all healthcare system leaders is now under way, explain HSI Co-Directors, Assoc Prof Craig Quarmby and Prof Greg Peterson.

Many words have been written about the need to improve the performance of Tasmanian hospitals and related parts of the state’s health system. Some of the criticism is valid: waiting times in emergency can be too long, there are often delays in finding hospital beds for patients needing admission, and patients can face lengthy waits for some non-urgent surgery.

However, these comments can be distressing to those responsible for providing patient care. Our doctors and nurses, and all other hospital staff, feel they are doing a great job, and this view...
is echoed by patients – letters to the editor frequently say the staff were wonderful but the way
the system is organised let them down. Hospital managers are also proud of the care provided
under their watch, and rightly so. The standard of clinical services delivered by the state’s four
major hospitals is excellent.

Yet there are undeniable problems that cannot be ignored.

The demands on health care in the Australia of tomorrow represent an increasing challenge.
There is no doubt things need to change if our hospitals are to continue providing quality care to
an ageing, more medically complex, population in an era when costs are rising rapidly, and
government health budgets - federal and state - are facing serious pressures.

These challenges have been flagged widely, not least by Health Minister Michael Ferguson who
came to the portfolio determined to produce change and committed to a consultation process
with the key players – including doctors, nurses, ambulance personnel, community care
providers, patients and advocates. The Minister has now presided over the release of ‘One
Health System’, a blueprint for delivering quality focused change, and launched a unified
Tasmanian Health Service aimed at improving the efficiency and quality of care provided by our
hospitals and related services.

The Commonwealth, as the other main funder of health care in Tasmania, is closely involved in
helping to foster improvements in the way services are delivered. A key initiative was investing
in the formation of Health Services Innovation Tasmania (HSI Tas) within the Faculty of Health
at the University of Tasmania.

HSI Tas is dedicated to implementing the process known as clinical redesign and up-skilling the
state’s health workers and students in its use. Simply put, this is a proven and sustainable way
of doing things more efficiently while also delivering better outcomes for patients.

Across the state’s major public hospitals, redesign activities are now underway in the areas of
emergency department presentation, the medical patient journey, surgery, outpatient specialist
clinics and acute care for mental health.

As well as working closely with doctors, nurses, other health professionals and hospital
managers over the past two years, HSI Tas approached the Commonwealth to fund a program
that would bring together the most senior people from across the state’s health care system to
collectively drive improvements within the system across both hospital and community care.
Funding was granted, and endorsement and support was received by Minister Ferguson.

The idea of such a collaborative program was welcomed statewide by senior clinicians (medical,
nursing and allied health) and the heads of key organisations across the healthcare system,
including the Department of Health and Human Services, the new Tasmanian Health Service,
Primary Health Tasmania (formerly Tasmania Medicare Local), Ambulance Tasmania and the
University of Tasmania. A limit of 40 participants was set, and this is split equally between
senior clinicians and senior healthcare managers.

That such a leadership program proposal was received so enthusiastically highlights where
Tasmania’s healthcare system is headed: our healthcare leaders are determined to deliver
improved care. The program will delve into individual leadership styles and performance, seek
probing feedback from those around the leaders, and question how effectively the most senior
leaders work together to achieve better outcomes for patients.

Running on a statewide basis, the program continued with a two-day workshop in mid-July, the
first of several that will bring together in one place these senior leaders from across the state
and from across the healthcare system. The program seeks to foster a fellowship of senior
clinicians and managers that will role-model the high performance nature of teams required
throughout the health system.

Importantly, such a collective leadership of the system does not depend on only these senior individuals, but on every individual within the healthcare system. HSI Tas will continue to work with healthcare service providers and managers to deliver a suite of system-wide leadership programs for current and future leaders - programs to ensure that Tasmania both achieves and sustains an outstanding healthcare system.

Health Services Innovation Tasmania March Newsletter

The March Health Services Innovation Newsletter is a special edition and is a valuable resource for those working in Clinical Redesign. For hard copies of the newsletter please contact clinical.redesign@utas.edu.au. The electronic version is available here.

Health Services Innovation Tasmania is funded by the Australian Government through the Tasmanian Health Assistance Package