Our Quality and Safety Focus in NSW

Dr Harvey Lander
Director Deteriorating Patients & Medication Safety
CLINICAL EXCELLENCE COMMISSION

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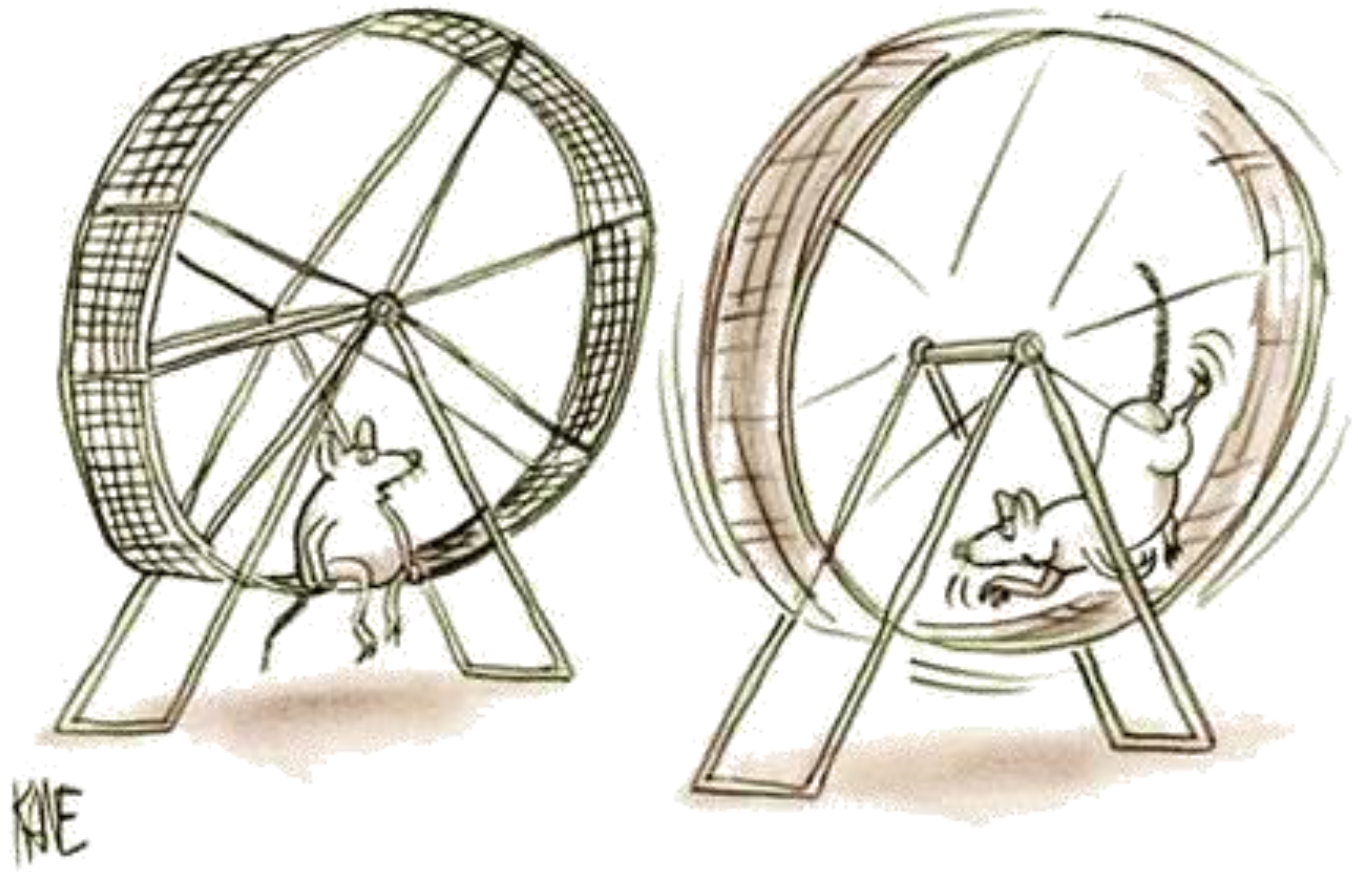
11 years in quality and safety in health care

- Grown from:
  - 4 programs in 2004/5 (12 staff)
  - 30 programs/initiatives in 2015 (90 staff)



"I had an epiphany."

CEC Strategy Map 2015

The NSW health system provides the safest and highest quality care for every patient

To improve healthcare for patients in NSW through leadership in safety and quality

Safe, high quality patient care

High performing reliable systems

A culture built on improvement

1. Building system excellence together

- Understand needs and work in partnership on agreed priorities
- Strengthen governance for safety and quality

2. Quality improvement capability and capacity

- Enhance leadership in safety and quality
- Enhance frontline capability and capacity in safety and quality

3. Knowledge-based system improvement

- Enhance improvements in identified key areas
- Strengthen meaningful monitoring and feedback

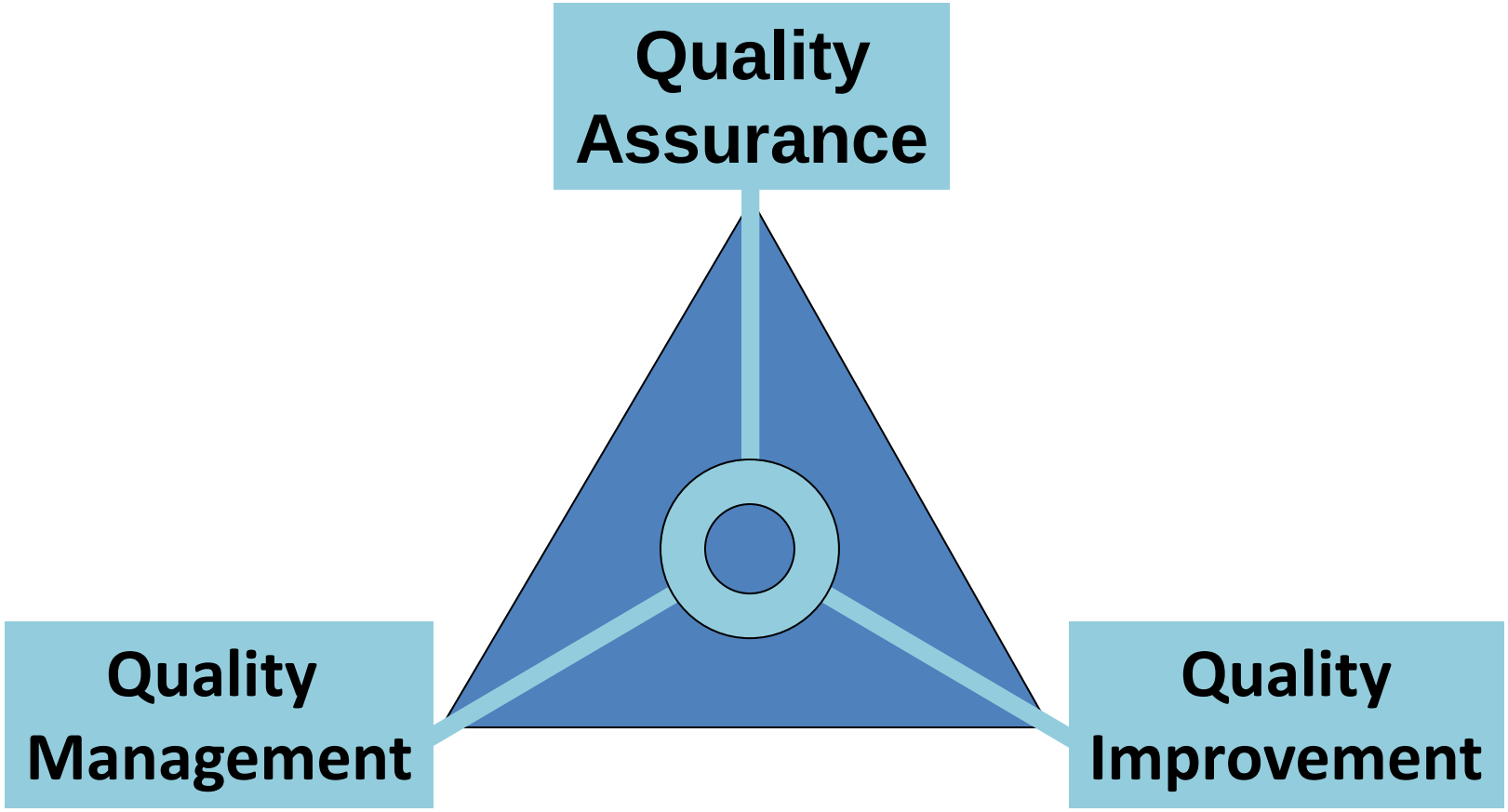
4. Organisational excellence

- Develop adaptable delivery systems with demonstrated impact
- Ensure alignment of key priorities and coordination of processes across CEC

- Strengthen leadership and teamwork
- Invest in our staff
- Exemplify a learning organisation
- Improve communication
- Prioritise and optimise our use of resources

Our Core Values — Collaboration * Openness * Respect * Empowerment

The Quality Triangle



Strategic Intent

- Consolidate/integrate the system gains – moving from project → program → systems of care
- Strategic framework for patient safety (and quality) in partnership with LHDs
- Creating alignment with Pillars
- Strengthening our relationships with Local Health Districts, respecting devolution and responding to local needs

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The power of co-creation

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A simple way to think about quality and safety – the dimensions of care

Quality
Everything that should happen for the patient, happens.

Accessible
Efficient
Effective
Patient centred (acceptable)
Equitable

Safety
Everything that should not happen to the patient, does not happen.

What we strive to achieve:

ZERO100

PREVENTABLE HARM | PERCENT RELIABILITY

Remember: “Zero 100”

Raj Behal 2014

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From the patient's perspective

- Don't kill me
- Don't harm me
- Don't do things that cannot help me
- Reliably do things that can help me
- Relieve my pain – physical and emotional
- Don't make me feel helpless
- Share information
- Don't make me wait
- Don't waste money

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An attempt to summarise from the system's perspective....

Universal Root Causes

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Universal Root Causes

- **Culture**
- **Clinical governance**
- **Communication**
- **Teamwork and coordination of care**
- **Capacity and capability**
- **Appropriateness of care**

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What do we need to do?

- Executive and clinical leadership alignment is crucial
- We need to collaborate, inspire, coach, mentor and build highly reliable teams into an integrated system of care
- We need to enhance frontline capacity/capability in quality and safety
- Build reliable systems of care and develop a culture of improvement

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“Culture eats strategy for breakfast.”

Where is culture based?

Are *clinical microsystems* part of the answer?

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So, what is a clinical microsystem?

- The microsystem is different to the team as it provides the context in which the team exists
- Includes a group of clinicians and non-clinicians that care for a group of patients
- United by a common purpose (goal)
- In which roles are clear
- Characterised by core functions
- Dependent on essential standards, tools, resources and skills

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Three fundamental assumptions underpin the microsystem concept

1. *Bigger systems (macrosystems and mesosystems) are made up of smaller systems*
2. *The smaller systems (microsystems) produce quality, safety, and cost outcomes at the front lines of care*
3. *Ultimately, the quality and value of care produced by the macrosystem or mesosystem (hospitals) can be no better than the services generated by the microsystems*

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Nelson, Batalden, and Godfrey. Quality by Design: A Clinical Microsystem Approach. 2007. Jossey-Bass.

IN SAFE HANDS

Releasing the Potential of Clinical Teams

Charles H. Pain*, Julie K. Johnson, René Amalberti, Jason Stein, Jeffrey Braithwaite, Clifford F. Hughes

Corresponding author: Charles H. Pain, LRCP (Lond.), MRCS (Eng.), MSc, FFPH, FAFPHM – Director, Health Systems Improvement, Clinical Excellence Commission, Sydney, New South Wales, Australia. charles.pain@cec.health.nsw.gov.au
Julie K. Johnson, MSPH, PhD – Associate Professor of Medicine and Deputy Director, Centre for Clinical Governance Research, University of New South Wales, Sydney, Australia.
René Amalberti, MD, PhD – Professor & Senior Advisor Patient Safety at the Haute Autorité de Santé, Paris, France.
Jason Stein, MD, SFHM, Assistant Professor of Medicine, Emory University School of Medicine, Atlanta, USA.
Jeffrey Braithwaite, MBA PhD, FAIM, FCHSE Professor & Foundation Director, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, Sydney, Australia
Clifford F Hughes AO, MBBS, FRACS, FACC, FACS, FCSANZ, FAAQHC, AdDipMgt Clinical Professor, Chief Executive Officer, Clinical Excellence Commission, Sydney, New South Wales, Australia.

Pain, CH. Johnson, JK. Amalberti, R. Stein, J. Braithwaite, J. Hughes, CF , 'In Safe Hands: Releasing the Potential of Clinical Teams', presented at Patient Centred Health Care Teams: Achieving Collaboration, Communication and Care [obhc2012], Trinity College Dublin, Ireland, 15-17 April 2012

insafe hands

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What are we trying to achieve by focusing on the microsystem?

- To replicate *high-reliability patient care teams* across the NSW public health system, to deliver *excellent care as standard* to all patients
- Improve teamwork: situational awareness, shared mental model and mutual support

insafe hands

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What can be achieved?

- The Alfred, Victoria (Harvey Newnham & Andrew Hoiles):
  - Major improvements in global performance
  - Documentation of DVT prophylaxis has increased to over 70%
  - Improvements in perceptions of safety and teamwork
- Emory, Atlanta (Jason Stein & Bryan Castle):
  - 51% reduction in mortality
  - Decrease of hospital acquired infections
- Liverpool, England (Aftab Ahmad):
  - 50% reduction in length of stay and doubling the number of discharges

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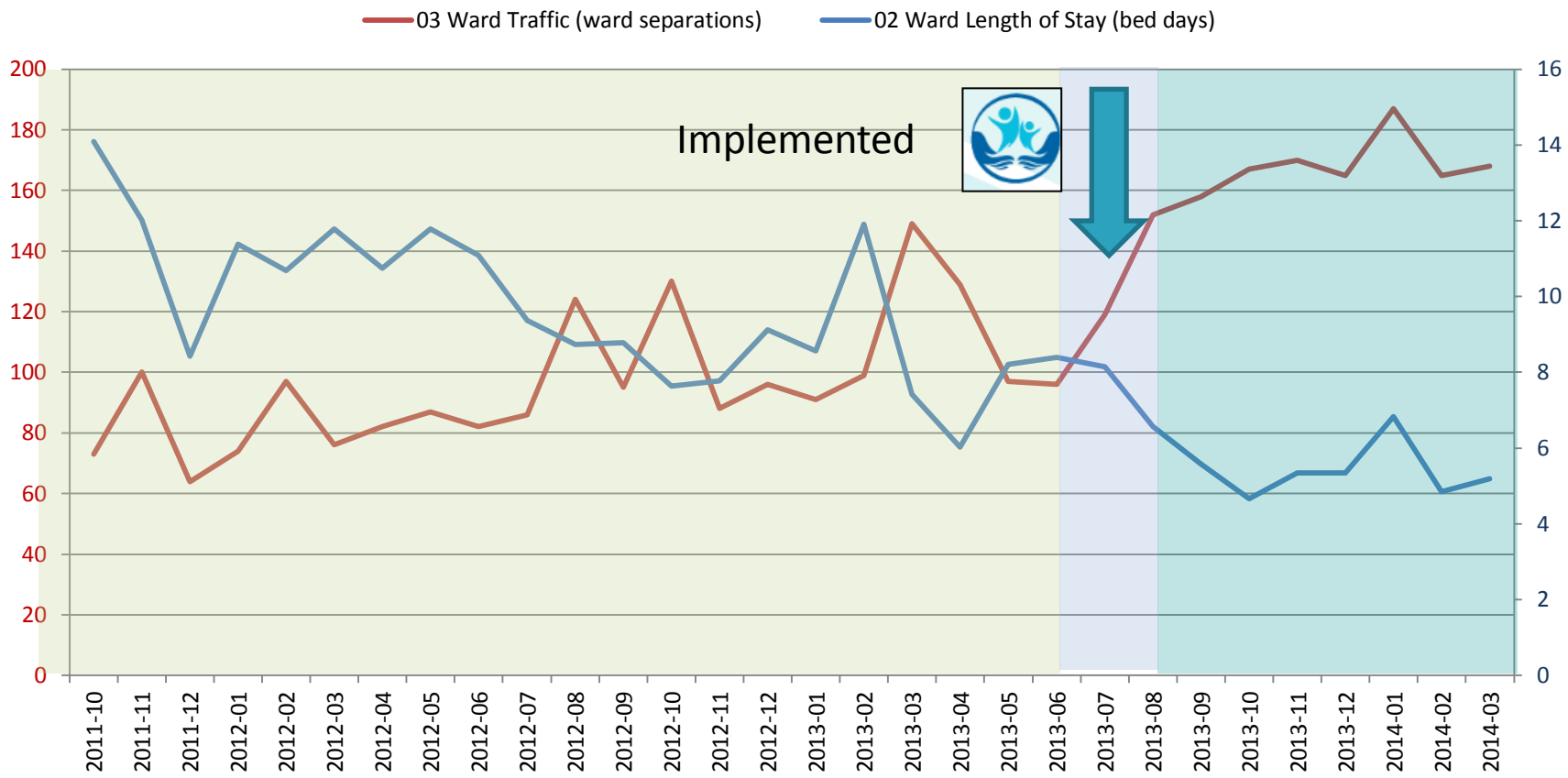
Evaluation

Ward LOS Affect

NSW



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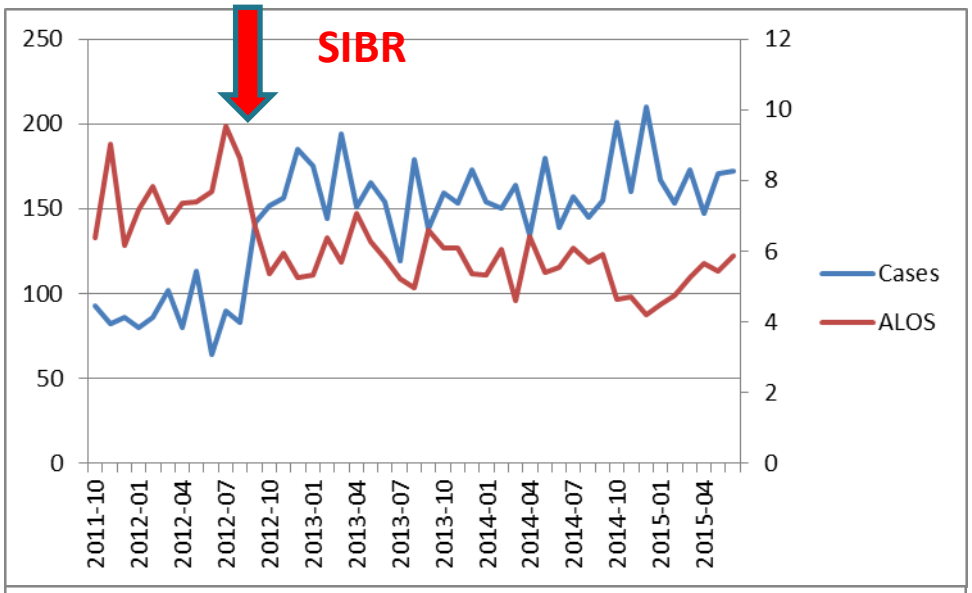
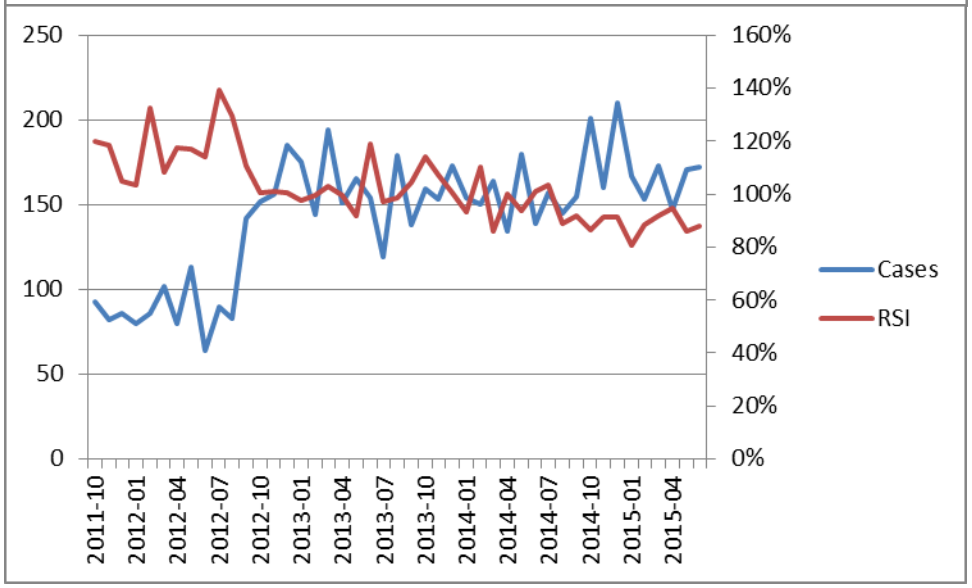
Outcomes





IDC in situ:

Pre-SIBR: 5.7 days

Post-SIBR: 2.8 days [51% reduction]

Pharmacists:

Med Rec: 8/day

Intervention: 22/day

73% minor

25% moderate

2% major

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Patient outcomes / Staff welfare

- Patients are the centre of our efforts
- Staff are our prized resource – time and energy
- Patient experience and staff engagement = quality
- Clear relationship between wellbeing of staff and well being of patients (Booma 2009, Kings Fund 2012)
- Patient outcomes are determined by the strength of the team not just by a solo navigator or practitioner

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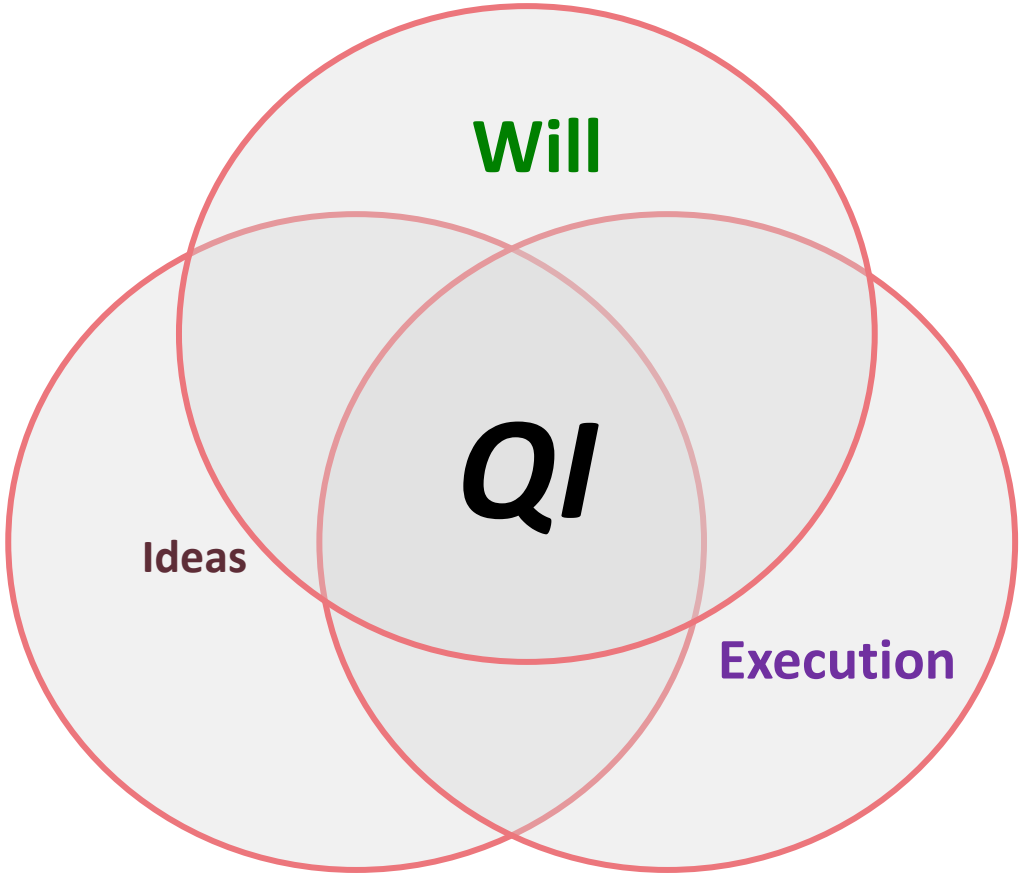
Supporting Effective Teams

How do we build team capability?

The Primary Drivers of Capacity Building

Having the *Will* (desire) to change the current state to one that is better

Developing *Ideas* that will contribute to making processes and outcome better



Having the capacity to apply QI theories, tools and techniques that enable the *Execution* of the ideas

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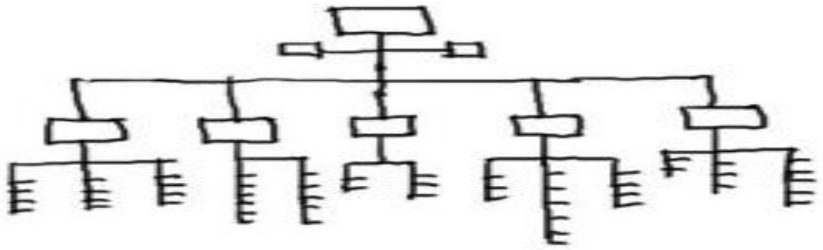
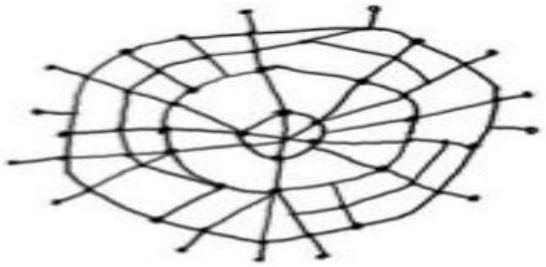
The Network Secrets of Great Change Agents

Julie Battilana &Tiziana Casciaro

As a change agent, my **centrality in the informal network** is more important than my **position in the formal hierarchy**



Designed for
DIVISIONS



Designed for
CONNECTIONS

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But what about improving patient flow?

- Culture + structure + processes + people = outcome
- Needs a collective commitment (teamwork) – Exe, Med, Nursing, Allied
- Integration of operations, clinical redesign and Q&S
- Poorly co-ordinated change efforts or interventions unsupported by key clinicians fail
- If not managed well (and we treat as pass or fail)

    - negative sentiment, blame game

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What is our approach to change?

Compliance	Commitment
States a minimum performance standard that everyone must achieve	States a collective goal that everyone can aspire to
Uses hierarchy, systems and standard procedures for co-ordination and control	Based on shared goals, values and sense of purpose for co-ordination and control
Threat of penalties/ sanctions/ shame creates momentum for delivery	Commitment to a common purpose creates energy for delivery

Source: Helen Bevan

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Medical Commitment

- Required to match nursing leadership
- Medical Executive/Clinical Leadership roles
  - governance, quality and safety, workforce, education and operations
- Can be a game changer if culture permits doctors to raise issues, help design solutions, own the changes
- Traditionally, we know doctors value their reputation, time, autonomy and data
- We can support with high quality unit level data

How to get medical buy in

- Hearts and Minds
- Data they trust and own, used for improvement rather than judgement
- Will respond if patient flow/targets are framed as a Q&S issue and opportunity to improve care
- Respond well if they feel supported and listened to
- Helps if we respond to their ideas and innovation

Everyone in this room has the potential to be a disruptive innovator for improvement ……

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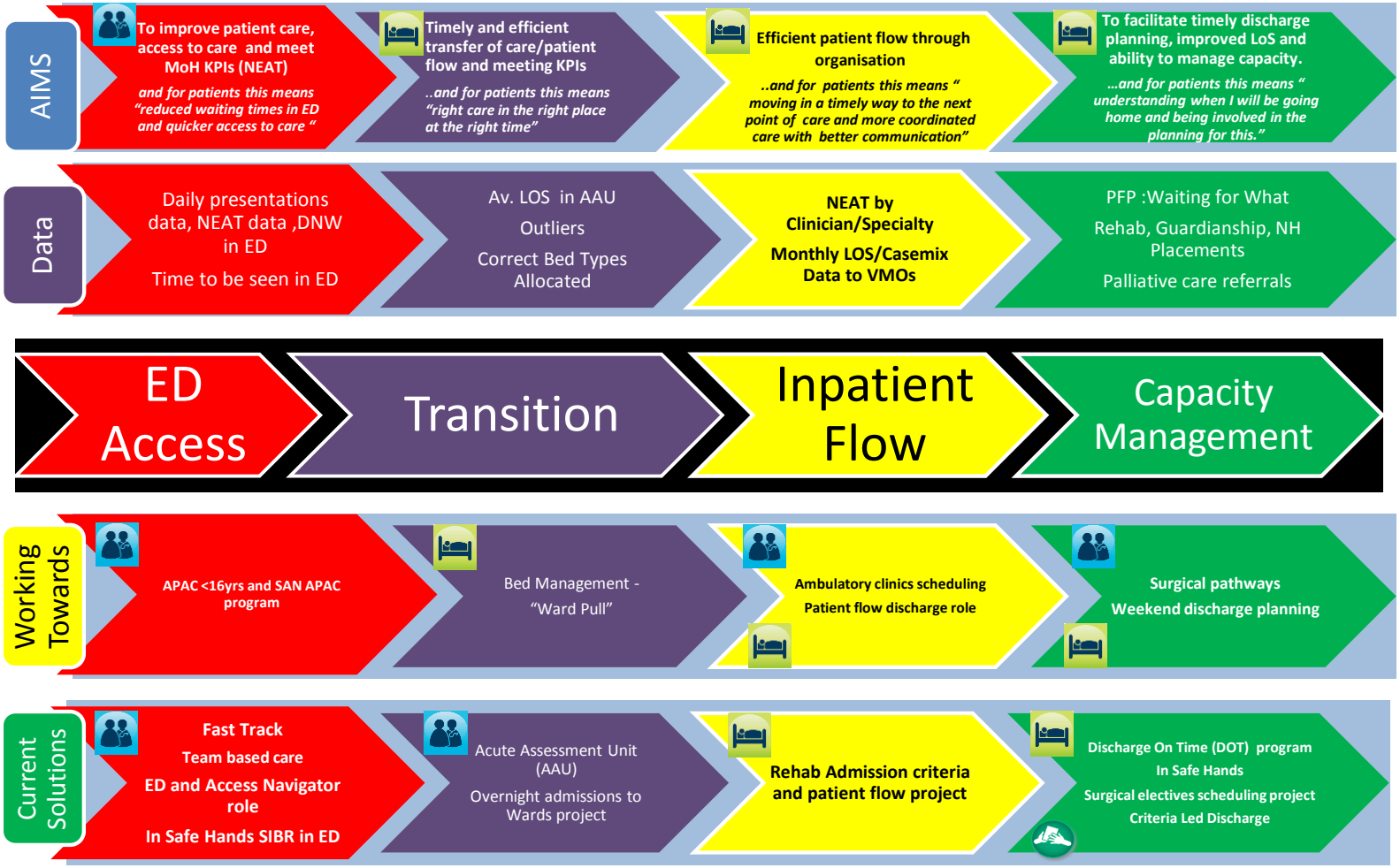
HORNSBY KU-RING-GAI HOSPITAL
EXIT ONLY

Whole of Hospital Program :

"excellent health care for every patient every day"



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Transformational change

- Shared vision – where going, who with, and how
- Credibility and build trust
- Be patient as it takes time to bring people on board – first follower, early adopters vs laggards
- Build a coalition over time with an inclusive process
- Nurture individual relationships but bring teams together
- Permission to fail when innovating

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Practical tips for change agents

- Transparency when talking resources with clinicians
- Understand integration of quality and safety as well as clinical redesign into flow and operations
- Q&S interventions have intended and unintended consequences
- Chose formal clinician leaders carefully however know who are the unspoken leaders/influencers
- Engage early and thoughtfully
- Treat clinician's time as a precious resource – never waste it

Practical tips

- Know your quality data and review what is collected
- Know what and how it is presented to clinicians
- Maintain an unrelenting focus on evaluating clinical care with clinicians
- Measure and respond to patient experience and staff engagement
- Support unit based leadership, responsibility and accountability for care processes including flow
- But always strive for an integrated system whole of health approach

"Leadership experience? I have 13 people following me on Twitter!"

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