Translating strategic goals for high quality care

Dr Cathy Balding, 2019
In Australia... How many deaths are caused by errors in hospital each year?

That’s around 3 times the national road toll.

And costs the Australian healthcare system well over $1 billion per year

Hospital errors in Australian hospitals cause an estimated 4,550 deaths per year - equivalent to approx. 1 jumbo jet crash per month, killing all on board
The problem...

‘In 2013, approximately 12% to 16.5% of total hospital activity and expenditure was the direct result of adverse events.

In the financial year 2017–18, admissions associated with hospital-acquired complications (HACs)* were estimated by the Australian Commission on Safety and Quality in Health Care to cost the public sector $4.1 billion or 8.9% of total hospital expenditure. The most burdensome adverse event types include healthcare-associated infections (HAIs), medication complications, delirium and cardiac complications.’

* HACs list complications only


‘For all the talk about quality healthcare, systems performance has frozen in time.

• Only 50-60% of care has been delivered in line with level 1 evidence or consensus based guidelines for at least a decade and a half;
• Around a third of medicine is waste, with no measurable effects or justification for the considerable expenditure;
• The rate of adverse events across healthcare has remained at about one in 10 patients for 25 years.
• Dealing with this stagnation has proved remarkably difficult—so how do we tackle it in a new, effective way?’

Jeffrey Braithwaite: Changing how we think about healthcare improvement. BMJ 2018; 361 doi: https://doi.org/10.1136/bmj.k2014 (Published 17 May 2018)
We’re trying! – but significant, sustained progress is hard to come by.

WHY?
DON’T YET HAVE A STANDARD QUALITY SYSTEM THAT RELIABLY IMPROVES SUBOPTIMAL CARE AND MAINTAINS HIGH QUALITY CARE

“Perhaps no one knows how it all fits together.”

“We’d love someone to come and help us plan and prioritise.”

“Would be best to have some consistent and common goals to aim for.”

“I’m so busy trying to meet the standards, I question if what I am doing is actually improving care delivery.”

“The quality system gets in the way of me providing good care.”
A study on 250,000 leaders asked them how well they think they do in engaging their staff in the organisation.

77% of them said that their leaders were **not doing a great job**.

82% of them said they were doing a **great job**.

65% said they would **forego a pay rise** to see their leader fired.

**Staff engagement takes ongoing focus**

Then the researchers asked the employees...
We don’t recognise the leverage of shared purpose
...and it’s a challenge to help everyone move in the same direction...

Large international studies of staff engagement in their organisations find that...

The XXX Organisation Canoe

25 60 15

High quality services
And compliance can distract from, rather than support, core business...

Point of Care:
- plans
- protocols
- tasks
- documents
- routines

Governance systems:
- policies
- standards
- data
- reporting
- committees

People providing the care:
- compliance
- auditing
- training
- rosters

‘DOING’ QUALITY

‘CREATING’ QUALITY CARE AND SERVICES AT POC
No-one ever BOUNCED out of bed, excited to go to work to…

COMPLY WITH STANDARDS!

Compliance is not very motivating…
...we underestimate our bias – and what it takes to be excellent...
And we still can’t answer these questions…

- How good is the quality of our care today?
- How good do we want it to be this time next year?
- What are we doing right now to make that happen?

*Having lots of the pieces doesn’t mean you get a completed quality jigsaw*
Consistently high quality care requires a strategic, whole of organisation approach to what you want to achieve – and how

A positive relationship exists between strategic goal setting and organizational performance (Smith, Locke & Barry 1990), including in healthcare where organizational and individual goals for quality patient care are found in higher performing health services. (Dixon-Woods, McNicol & Martin 2012; Dixon-Woods et al. 2014; Ham, Berwick & Dixon 2016).

Through years of studying such change management and quality improvement activities, the Research and Development team at the Institute for Healthcare Improvement (IHI) has learned that the missing piece to sustained improvement at the delivery interface has less to do with care model redesign, incentive payments, IT hardwiring, or policy shifts and more to do with rethinking management structure and practice.

Kedar S. Mate & Jeff Rakover. The Answer to Culture Change: Everyday Management Tactics, Article · NEJM Catalyst, March 6, 2019.
All this...but embedded in your ‘story’ of quality care

<table>
<thead>
<tr>
<th>Care:</th>
<th>People providing the care:</th>
<th>Governance systems:</th>
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CREATE SHARED CLARITY: GREAT CARE IS...

- Our care and services are focused on the person's needs and preferences.
- Staff at point of service delivery are respectful, caring and supportive.
- Residents' and clients' health, social and cultural needs are identified and respected.
- Resident and client goals, queries and needs are heard and responded to.
- Residents and clients are engaged as partners in care, with options and choices provided in each aspect of care.
- Residents and clients are actively supported to maintain their independence.
- Informed consent is supported by clear information.

- Services are as easily accessible as possible, and residents and clients receive the care they need when they need it.
- Coordination of services promotes an integrated approach to care between staff, consumers, families and other care providers.
- Information is effectively captured and shared between health professionals and carers to promote great care;
- Everyone is on the same page about the care plan and goals; gives consistent information about progress; and minimises the number of times the person must re-tell their story.

- Care for each client is free from avoidable harm, such as:
  - Medication errors
  - Infection
  - Incorrect client identification
  - Falls
  - Pressure injuries
  - Pain
  - Avoidable clinical deterioration
  - Abuse and psychological harm.

- Care is planned and implemented with the resident and client to deliver the best possible outcomes and achieve their goals.
- Care and services are based on available evidence, knowledge and research, and provided by qualified and competent staff with the right skills to provide the care.
- A comprehensive and skilled assessment supports accurate issue identification and care decisions.
- The right care is provided, with the right equipment and consumables.
- Unjustified variation in practice is minimised, but clinical judgement related to meeting individual client needs is supported.
- Residents and clients are not admitted to hospital for avoidable reasons.
Making the clear and shared vision an everyday *purpose*
Requires *leadership from the executive through line management*

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STRATEGIC VISION
Great Care
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OPERATIONAL REALITY
Supported point of service decisions and actions of managers and staff every day
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“In absence of clearly defined goals, we become strangely loyal to performing daily acts of trivia.” - Author Unknown
Aspiration must be shared, desirable and doable
SAVVY IMPLEMENTATION is KEY TO SUCCESS

‘Working hard for something we don’t care about creates stress. Working hard for something we believe in creates passion.’

(Simon Sineck)
Even the greats – in any industry - are only human...

Teneriffe 1977. 583 fatalities.

Captain van Zanten
Work with work as really done...

Scott: the way things should get done

Amundsen: the way things do get done
GET VERY CLEAR ON WHO NEEDS TO DO WHAT
# Best Care at Western Health

We will demonstrate the Western Health values in all that we do: compassion, accountability, respect, excellence, safety.

## Patients

**To receive best care...**

It is important to my family and I that:

<table>
<thead>
<tr>
<th>Person-Centred Care</th>
<th>Co-ordinated Care</th>
<th>Right Care</th>
<th>Safe Care</th>
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<tbody>
<tr>
<td>I am seen and treated as a person</td>
<td>I receive help, treatment and information when I need it and in a co-ordinated way</td>
<td>I receive care that makes me feel better</td>
<td>I feel safe</td>
</tr>
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</table>

## Front Line Staff

**To provide best care...**

| | I communicate with patients and their families and am sensitive to their needs and preferences |
| | I am an active team player and look for ways to do things better |
| | I am competent in what I do and motivated to provide the best care and services possible |
| | I keep patients from harm |

## Managers & Senior Clinicians

**To lead best care...**

| | I engage with and put patients first when making decisions |
| | I look for ways to support staff to work efficiently and as part of a team |
| | I guide, engage and support staff to provide best clinical care |
| | I promote a culture of safety |

## Executive & Board

**To govern best care...**

| | I oversee the development, implementation and ongoing improvement of organisation-wide systems and culture supporting Best Care |

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*Live Best Care* by Western Health
Embed the quality goals as business as usual using a mix of formal and informal ‘levers’

<table>
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<th>FORMAL</th>
<th>INFORMAL</th>
</tr>
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<tr>
<td><strong>PURPOSE:</strong> clear and shared definition and goals to guide the pursuit of high quality care every day, with organisation-wide and local plans to guide progress</td>
<td>What else guides the way every day work is done?</td>
</tr>
</tbody>
</table>
| **PEOPLE:**  
• staff are recruited and developed to pursue the goals  
• clear understanding of role, responsibility and accountability for achieving high quality care at all levels of the organisation  
• managers and mentors expect behaviour that supports the pursuit of the goals as a priority  
• staff are supported by managers and peers to safely and effectively enact their roles in goal achievement  
• job satisfaction is linked to achieving the goals  
  \((Purpose, Autonomy, Mastery)\) |  |
| **PILLARS OF GOVERNANCE:**  
• Governance and systems are designed to supply staff with the requisite direction, knowledge, resources and support to support managers and staff to successfully pursue the goals  
• Measures and committees are designed to monitor and propel goal achievement |  |
So, lots of conversations required for both the formal and informal aspects of change...

- **What are we doing now** to achieve these goals? Which actions do **we do consistently well** and how do we know? (Try not to work with guesses or assumptions.) Where are the gaps?

- **What would have to change** from the way things are done now to achieve the goals more consistently?

- How could we make achieving the goals a **benefit for both consumers and staff**?

- **How would we know** if we’re achieving these goals for every consumer? What information would we need to know? What would we measure?

- **What formal governance and systems supports** do our managers and staff need from us to pursue the goals every day?

- How can **compliance and standards** help us to achieve the goals?

- **What informal systems can we tap into** to embed and spread Best Care?

- **Where should we focus first** to make some gains?

- What’s our **longer term plan**?
MEASUREMENT: ARE WE GETTING THE RIGHT RESULTS?

YOU'RE TRYING TO DEVELOP A PICTURE OF THE POINT OF SERVICE EXPERIENCE using objective and subjective data

As a result of our leadership and the implementation of the quality governance framework:

QUESTIONS:

• 1. Do clients feel physically and psychologically safe – and are they? (SAFE GOAL)

• 2. Do clients feel that staff understand and respect their perspective and situation – and do they? (PERSON-CENTRED GOAL)

• 3. Do clients feel their services are planned and coordinated – and are they? (CONNECTED GOAL)

• 4. Do clients feel that services are right for them and achieve what they are designed to – and do they? (EFFECTIVE GOAL)
**Scanning’ for high quality care**

ASK CONSUMERS GOAL-RELATED QUESTIONS such as:

1. Have you been able to have your say about your care? *(Personal goal)*
2. Do you ever feel confused about what’s going to happen next? *(Connected goal)*
3. Are you making progress towards where you’d like to be? *(Effective goal)*
4. Do you ever feel anxious when our staff are with you? *(Safe goal)*

### Personal

In the past 24/24:

- P1: Did the consumer and/or family ask for information we thought we’d discussed with them?
- P2: Was the consumer and/or family concerned or distressed about the patient’s condition?
- P3: Has the consumer complained about not feeling clean and comfortable?

### Connected

In the past 24/24:

- C1: A planned treatment or service didn’t happen
- C2: Something happened in the care pathway the consumer/family didn’t expect
- C3: There have been conflicting messages about the care plan

### Effective

In the past 24/24:

- E1: The treatment is not achieving the desired results
- E2: The treatment in place varies from relevant guidelines
- E3: The staff skill mix is not a good match for the patient’s condition

### Safe

In the past 24/24:

- S1: The consumer has been in pain
- S2: A MET call has been called on/by the consumer
- S3: The consumer has experienced an adverse event and/or near miss
## THE ULTIMATE IMPLEMENTATION CHALLENGE:
**CULTIVATING A MINDSET FOR SUCCESS**

<table>
<thead>
<tr>
<th>Moving from: PROVIDING GOOD SERVICES IS EASY FOR US Mindset</th>
<th>Moving to: PROVIDING GOOD SERVICES IS AN ONGOING CHALLENGE Mindset</th>
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</thead>
<tbody>
<tr>
<td>We’re US – so we must be good!</td>
<td>All organisations face the same challenges in providing consistently safe, quality services - and anyone can go backwards</td>
</tr>
<tr>
<td>Everyone here knows what high quality services are and is out there trying hard to achieve it</td>
<td>High quality services must be clearly and simply defined so everyone has a common understanding of what we’re trying to achieve for every client</td>
</tr>
<tr>
<td>Our clients love us and would tell us if they were unhappy</td>
<td>We know that our consumers can be are vulnerable and find it hard to speak up</td>
</tr>
<tr>
<td>I’m sure our staff always do the right thing and provide the best services</td>
<td>Our staff are human, work under pressure and have good and bad days – and work with good and bad systems – so require ongoing training, and management and systems support to provide high quality services</td>
</tr>
<tr>
<td>We have all the quality governance systems in place we are required to have</td>
<td>We must monitor and adjust our systems to ensure they effectively support the delivery of consistently good services</td>
</tr>
<tr>
<td>We’re on top of our risks</td>
<td>The risk situation is dynamic and changing and requires robust monitoring and management</td>
</tr>
<tr>
<td>We meet the standards – so we must provide high quality services</td>
<td>Assessment against standards is a snapshot in time. What are the high performing services similar to ours doing with and for their consumers to go beyond compliance?</td>
</tr>
<tr>
<td>The quality manager does a great job of looking after ‘quality’</td>
<td>Every person in our organisation has a specific role in and responsibility for creating quality services. The QM provides a support function to assist.</td>
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</table>
WHAT WILL YOU DO DIFFERENTLY?
“If you want to be happy, set a goal that commands your thoughts, liberates your energy, and inspires your hopes.”

- - Dale Carnegie- -

THANKYOU!

www.cathybalding.com