

SSRS 6.13: Improving clinical quality by enhancing organisational collaboration and skill development

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Health Care Provision-Making It Better
A practical workshop for Physicians, Surgeons and Medical Administrators

Support Scheme for Rural Specialists

From the Newsletter

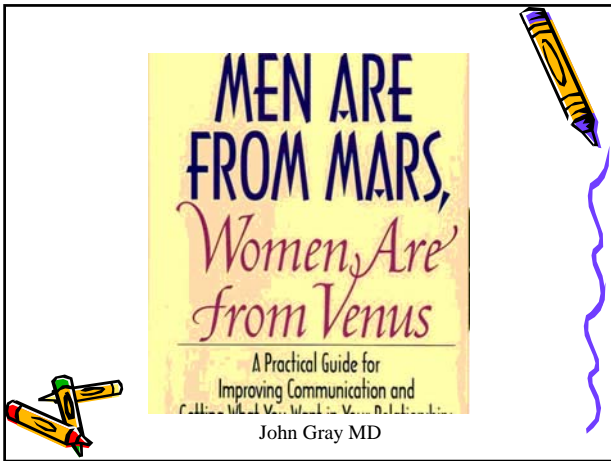
About the Support Scheme for Rural Specialists

Making it Better

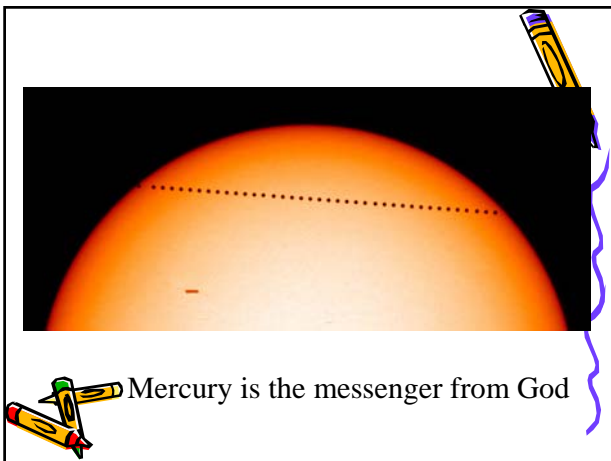
Ballarat, Orange, Rockhampton, Launceston, Darwin

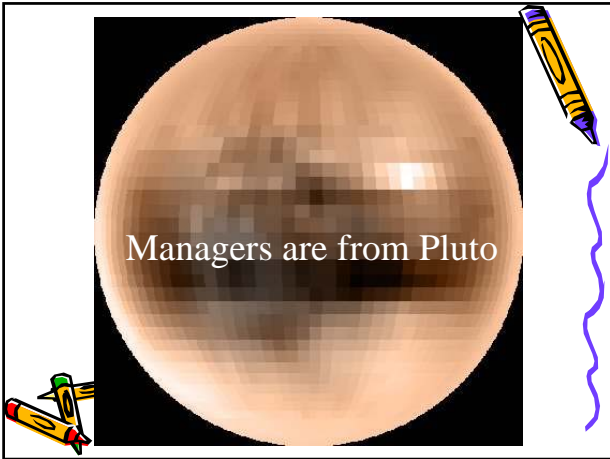
What we all want

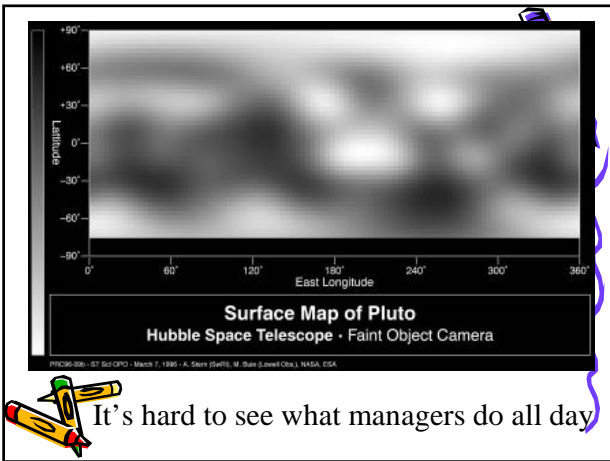
Better Quality
Better Health Care

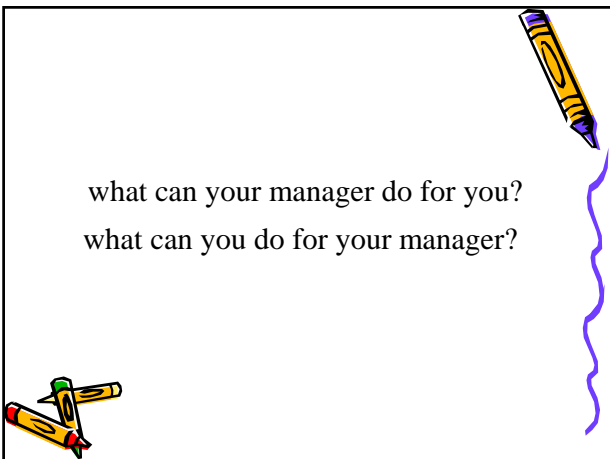












Quality in Australian Health Care Study

14,000 admissions to 28 hospitals in NSW and SA

Adverse events in 16.6% of admissions
 49% Adverse events contributed to admission
 47% caused minimal disability
We can improve healthcare
 4.9% caused death
 51% were potentially preventable
 Errors of omission twice as common as commission

Wilson R, Runciman WB et al 1995;163:458-71

Responding to Issues

```

    graph TD
      Problem --> Teamwork
      Teamwork --> Solutions
      Solutions --> ThingsGetBetter[Things get better]
  
```

Problem
↓
Teamwork
↓
Solutions
↓
Things get better

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Responding to Issues

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      Problem --> Teamwork
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```

Problem Clinicians
↓
Teamwork Clinicians
↓
Solutions Clinicians
↓
Things get better

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Objectives

- Teams and Teamwork
- Quality jargon demystified
- Tools for quality improvement
- Clinical Leadership




What we did

- A one day workshop to teach:
 - An understanding of how to work in teams
 - Quality theory and practice
 - High degree of interactivity, discussion and learning of a variety of tools

The teams workshop

- Aims were:
 - An understanding of what is needed to have an effective team
 - An understanding of why teams don't achieve their objectives
 - Team roles and the need for complementarity
 - Team process
 - Analysis of individual team roles adopted by participants



Name: Grant Phelps		SELF-PERCEPTION TEAM ROLE PROFILE										Organization: Department	
Least Preferred Roles	Manageable Roles					Preferred Roles					Roles and Descriptions		
	0	10	20	30	40	50	60	70	80	90	100	Team-Role Contribution	Allowable Effectiveness
PL	-	-	-	-	-	-	X	-	-	-	-	Plant Creative, imaginative, uninhibited. Solves difficult problems.	ignores problems. Too pre-occupied with own thoughts to communicate effectively.
RI	-	-	-	-	X	-	-	-	-	-	-	Resource Investigator Energetic, enthusiastic, communicative. Explores opportunities. Develops contacts.	Overoptimistic. Can lose interest once initial enthusiasm has passed.
CO	-	X	-	-	-	-	-	-	-	-	-	Co-ordinator Mature, confident. Clarifies goals. Brings other people together to promote team effectiveness.	Can be seen as manipulative. Offends personal work.
SH	-	-	-	-	-	-	-	X	-	-	-	Shaper Challenging, dynamic, thrives on pressure. Likes the drive and struggle to overcome obstacles.	Prone to provocation. Unable to offend others.
ME	-	-	-	-	-	-	-	-	X	-	-	Monitor-Evaluator Serious-minded, strategic and discerning. Sees all options. Judges accurately.	Can lack drive and ability to inspire others.
TW	-	-	X	-	-	-	-	-	-	-	-	Teamworker Co-operative, mild, persuasive and diplomatic. Listens, builds, eases friction.	Ineffective in crunch situations.
IMP	-	X	-	-	-	-	-	-	-	-	-	Implementer Disciplined, reliable, conservative in habits. A capacity for taking practical steps and actions.	Somewhat inflexible. Slow to respond to new possibilities.
CF	-	-	-	X	-	-	-	-	-	-	-	Completer Finisher Punctilious, conscientious, meticulous. Searches out errors and omissions. Delivers on time.	Inclined to worry unduly. Resistant to let others into own job.
SP	-	-	-	-	-	-	X	-	-	-	-	Specialist Single-minded, self-reliant, dedicated. Provides knowledge and skills in area of specialty.	Contributes on only a limited front. Depends on specialized personal interests.

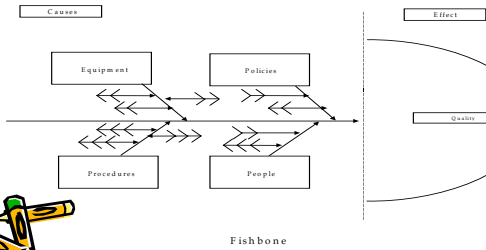
The Quality workshop

- Understanding the principles of CQI including how to make it successful
- Understanding the terminology
- The basic principles of structured problem solving
- A set of simple quality tools to use in data measurement and analysis
- The difference between making systems change and extrapolating from errors

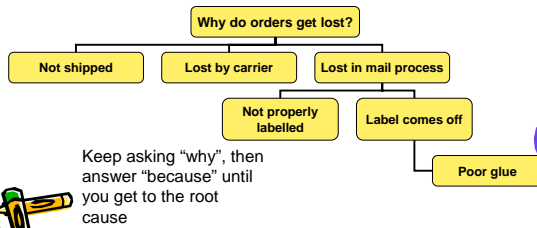


CAUSE AND EFFECT DIAGRAM

- The Cause & Effect Diagram was developed to represent the relationship between some "effect" and all the possible "causes" influencing it. The effect or problem is stated on the right side of the chart and the major influence or "causes" listed to the left.

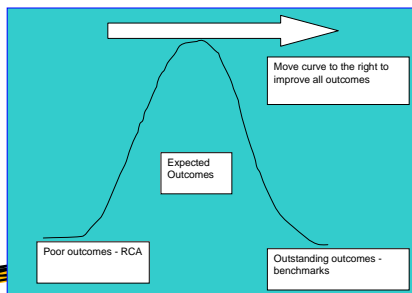


WHY-WHY DIAGRAMS



Moving from QA to QI

- Focus on outstanding outcomes

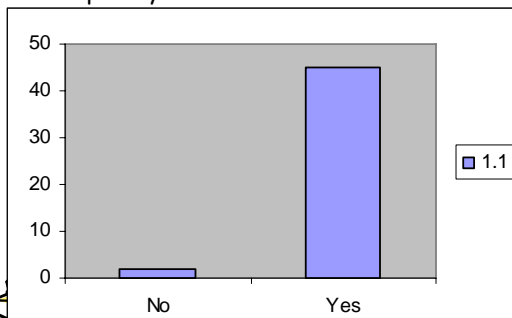


Who attended?

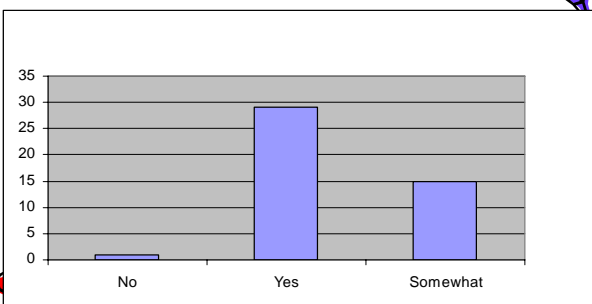
Attendees by College					
	Launceston	Orange	Rockhampton	Darwin	
RACP	4	11	3	8	26
RACS	5	5	8	4	22
RACVA	2	0	2	1	5
Other/Unknown	1	4	2	1	8
Total	12	20	15	14	61

Response rate 77%

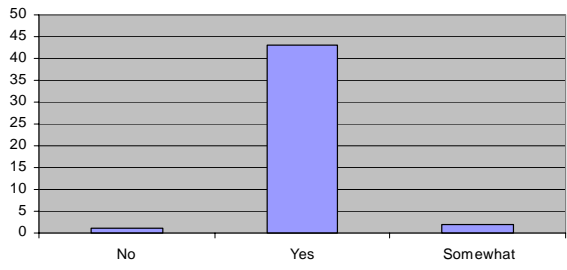
Did the workshops help you better understand how to function successful in a multidisciplinary team?



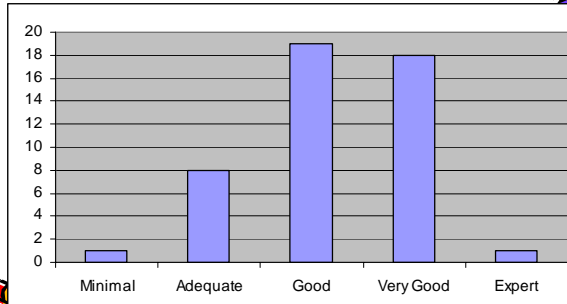
Did the workshop help improve skills in building relationships between physicians, surgeons and medical administrators?



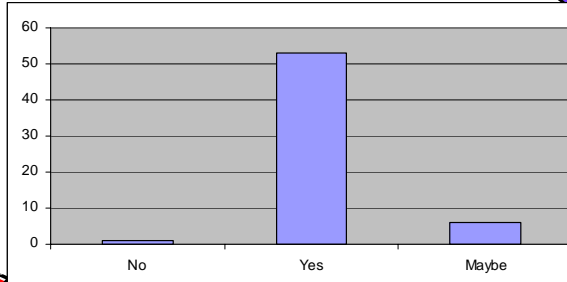
Did the workshops help in gaining an understanding of quality theory and practice?



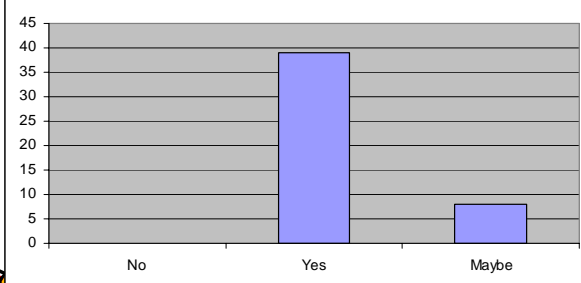
Please rate your level of understanding of quality theory and practice following this workshop



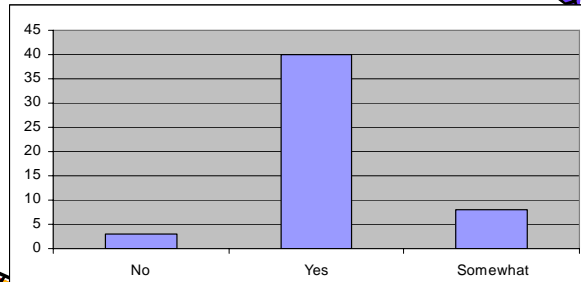
Are you likely to apply quality theory in your daily practice?



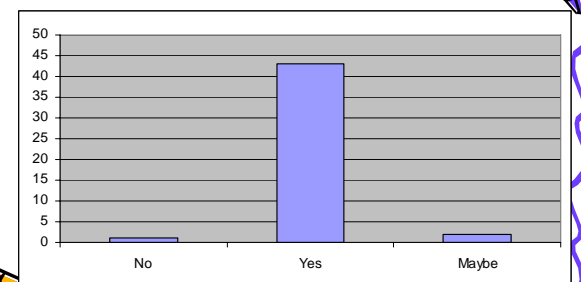
Are you likely to use any tools or practical techniques from the workshop in your daily practice?



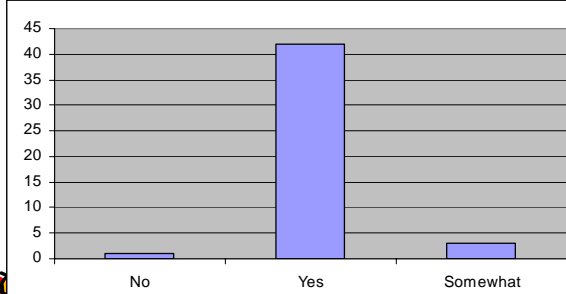
Overall did the workshop meet your expectations?



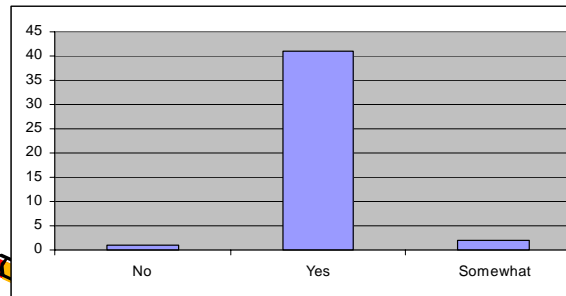
Post workshop, are you now able to develop and implement a simple, effective multidisciplinary quality improvement project?



Did the workshops help you in considering leading and contributing to clinical teams?



Did the workshops help your thinking about developing and successfully implementing simple effective multidisciplinary quality improvement projects?



Examples of proposed projects

- Patient experience survey
- Attended the Institute for Healthcare Improvement The National Forum on Quality Improvement in Health Care in Orlando, Dec 2006
- To even out the distribution of patients in General Medical units and reduce fluctuations that significantly impact on time for efficient discharge planning
- Aiming to increase the use of thromboprophylaxis by using an electronic risk assessment tool.
- Clarify extra time/cost for doing an intraoperative cholangiogram during laparoscopic cholecystectomy

Best thing about the workshop?

- "Working through problems/tasks in groups"
- "Networking with clinicians"
- "Interpersonal relationship building"
- "Collegiality / time to concentrate on quality issues"
- "Management tutorial for clinicians"
- "Keeping the theory 'simple'"
- "It came to us, we did not have to go to the big city"



Worst thing about the workshop?

- "Failure of the critical group to attend"
- "Applicability to local situation"
- "My misguided idea - the fact that I came with the expectation that the workshop would have a more local focus with local managers with we could start to work TOGETHER."
- "Not enough time to share experiences"



How could the workshop could be improved?

- "Repeat & follow up"
- "Visit To work with local clinicians and managers"
- "Get some of the administrators at this"
- "Involvement of the entire local team, including administrative staff"
- "At least 2 day workshop"
- "Have attendees come along with real problems to be solved"



Further comments

- "The people who should be here are nowhere in the room"
- "Need Excel workshop"
- "We would like more workshops"
- "More of the same. Thank you."
- "Excellent leadership of workshop from the facilitators.... Thank you!"



Support for ongoing change

- Project team made selves available to provide support
- Email and phone correspondence
- Follow up site visits specifically to review projects and support ongoing culture change.



Additional outcome - the project teams' perspective

- Multi-college projects can work!
 - The issues around improvement are generic
 - Benefits of various approaches are enormous
 - Encourage and support multi-college work
- We are barely scratching the surface of this work
 - "Quality is what we do"
- Need to further develop this
 - Turn doctors into leaders and supporters of health innovation



Where to from here?

• Recognition of

- Need to provide basic quality skills
- Need much more emphasis on working with others as teams
- Need to bring the multidisciplinary teams together in workshops to learn how to solve problems collaboratively
- Need to provide this in a way which brings clinicians and managers together



Where to from here?

• Critical that clinicians are engaged in making improvement in both clinical aspects of their work and health service delivery:

- Need to see this as integral to their role
- Need to be able to function both as leaders of teams and as enthusiastic team members
- Need to have the skills to enthuse others including other disciplines, professions and management



Where to?

- Assist with sustaining gains through Follow up / Review of participants
- Enhance ongoing learning and dissemination of Quality Improvement Skills and Leadership
- Support Clinicians and Medical Administrators in their Quality Improvement journey



The Plan

- Complete follow up workshops by end May
- Build further project to expand on this project
 - Broaden audience for workshops
 - Bring management and clinicians together
 - Focus around specific local problems
 - Invite clinicians to come with the team they need to solve a particular problem
 - Assist each team to plan the modus operandi and ensure they have the skills and tools to achieve the outcomes