



Sustainable Change in Health... Perks Peaks and Pitfalls



Daniel Hitchcock

Program Lead

The Four Hour Rule Program
Sir Charles Gairdner Hospital

- October 2005
 - Graduate OT, offered 6 week contract
- March 2008
 - 2½ years, getting the Gen Y itch
- May 2008
 - Project Officer
- October 2008
 - Four Hour Rule Lead

Four Hour Rule Program (the WA edition)

- 85% of all patients to be either discharged, admitted or transferred from the Emergency Department within 4 hours of presentation
- No additional FTE, however non recurrent infrastructure funding was available
- Central Office
 - Training, central reporting, data support
 - Funding of Project Lead roles
- Hospital sites
 - Project Lead (1FTE)
 - Clinical Lead (0.2FTE)
 - Executive Directors accountable for performance

Sir Charles Gairdner Hospital

- 550 Bed Tertiary Hospital 5kms from the CBD
 - All specialist services other than Maternity, Paediatrics and Burns
- 5,500 staff
- By floor space, the largest building in Perth

- 2010
 - 57,691 ED Presentations
 - 37.7% over the age of 60
 - 56.5% admission rate
 - 8.2% of presentations are Mental Health (4,748)



October 2010

- 2 years into a change program, with a baseline performance of 44% of all patients admitted, transferred or discharged within 4 hours
- Lean / Six Sigma / Kotter etc
- July – September quarter 2010

44.2%



Wicked Problems

- There are a whole realm of social planning problems that cannot be treated with traditional linear, analytical approaches
- Rottel & Webber – 1973



#1

Wicked problems are difficult to define

- The extent of the problem depends on who you ask

#2

Wicked problems have many interdependencies and are often multi-causal

- Individual wicked problems have conflicting goals or objectives within the broader wicked problem

#3

Attempts to address wicked problems often lead to unforeseen consequences

- Wicked problems are multi-causal with many connections to other issues within the broader society

#4

Wicked problems are not stable

- Externally imposed constraints are evolving at the same time policy makers are trying to address the problem

#5

Wicked problems usually have no clear solution

- Since there is no definitive, stable problem, often there is no definitive solution

#6

You often only get one chance to fix a wicked problem

- Characteristic of a wicked problem is that you only get one chance to fix it, and once the change has been made, you can't go back





Ward 12 Green Life
Cardiac Medicine
West Life Division

SHAKE DOOR DO NOT OBSTRUCT



#7

Wicked problems are socially complex

- Coordinated actions by a range of stakeholders, all with individual views

#8

Wicked problems hardly ever sit within the responsibility of one organisation

- St Johns Ambulance, Policy, After hours GPs

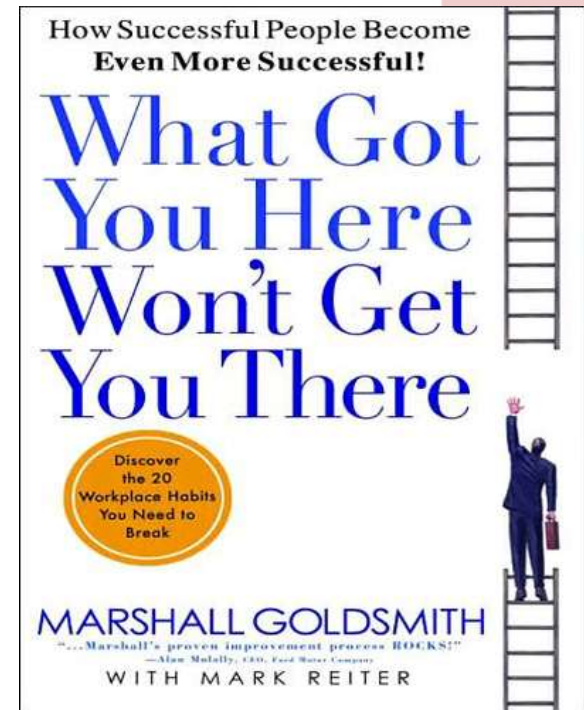
#9

Wicked problems involve changing behaviour

“...I once told a group of MDs that exactly half of all Doctors graduated in the bottom half of their medical school”.

Two doctors in the room said it was impossible...

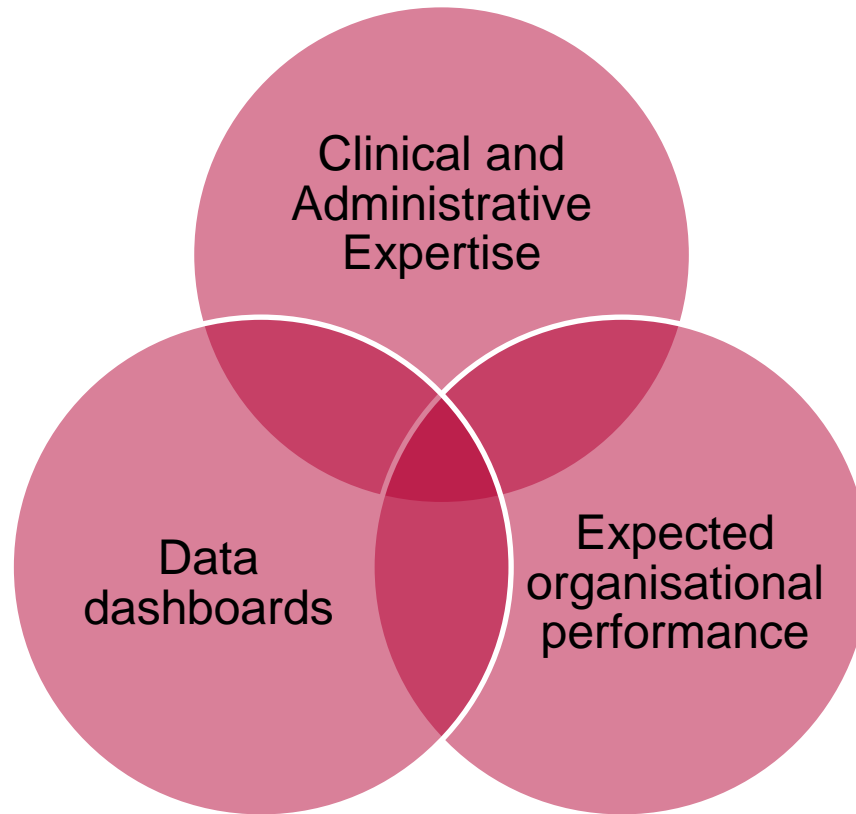
Imagine having to get people like this to see the need for change...

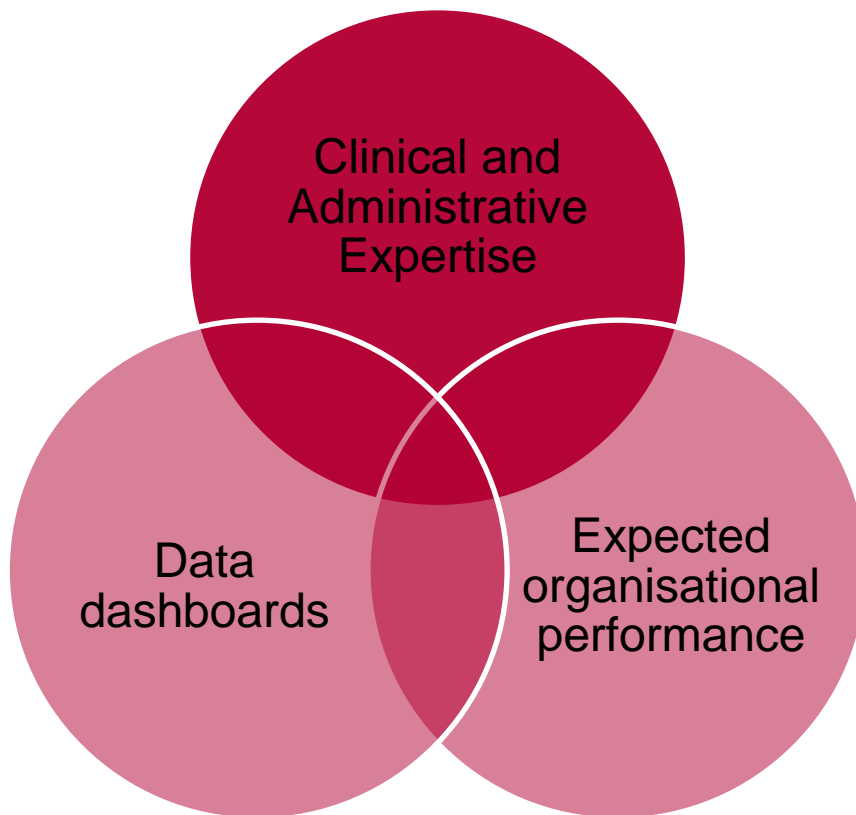




A revitalised perspective

- Appreciate the size, and complexity that the problem that our hospital was faced with...hospital wide redesign is indeed a Wicked Problem
- Refocus leadership efforts
 - Increased focus on utilising the clinical and administrative expertise that existed within the organisation
 - Develop reliable & valid data dashboards and make this data available to the people that need it
 - Support the transition from a 'change project' to expected organisational performance







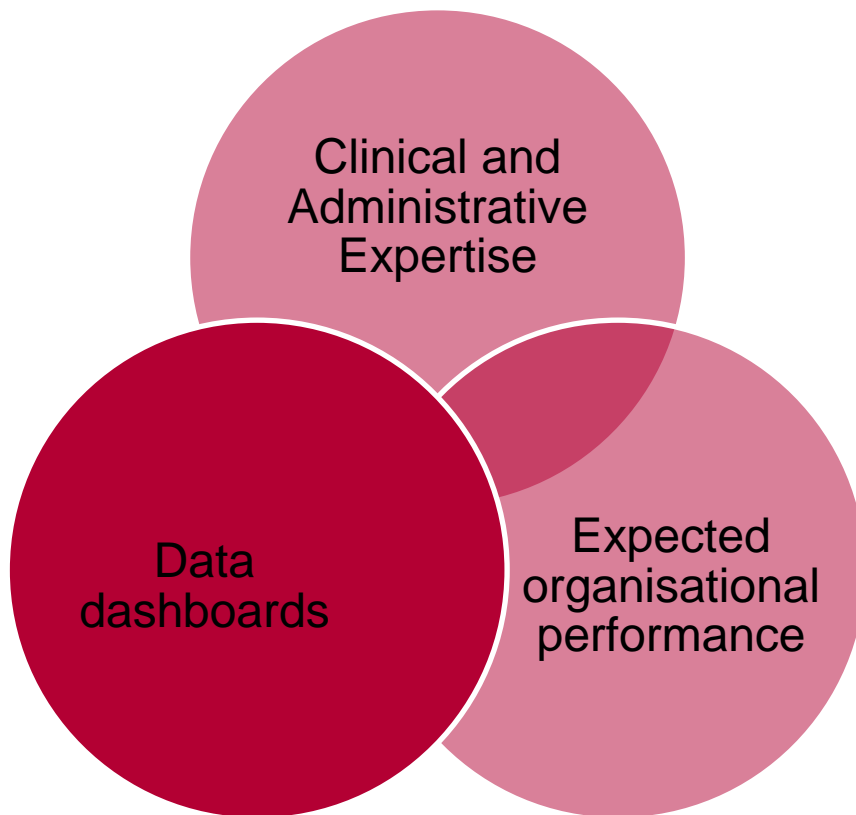
Synergies to Sir Charles Gairdner 2010...

- Government organisation
- Externally imposed target
- Severe political consequences for failure
- ? Unrealistic time line
- A number of professional experts having to work in a team

- Bad coffee
- Furniture from the 1970s

Utilisation of Clinical and Administrative Expertise

- Revitalise the Project Working Group to
 - Focus on resolution of issues
 - Be data driven
 - Action orientated
 - Assigned accountabilities
- Promotion of inter-specialty problem solving

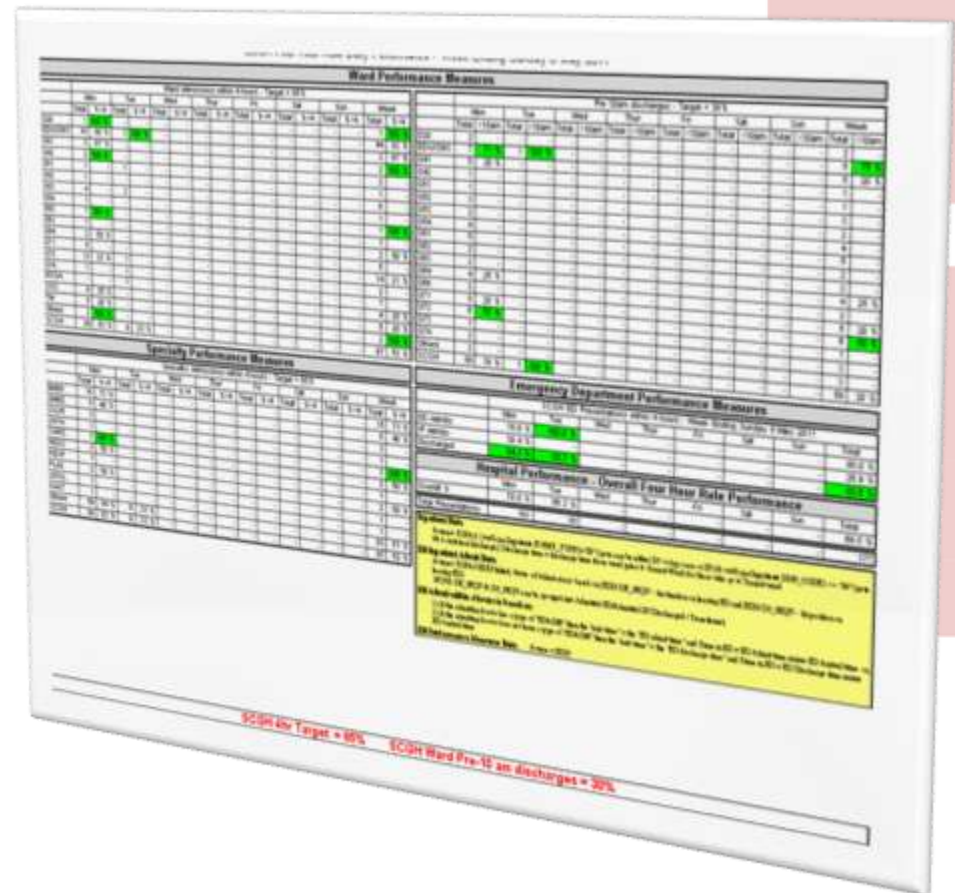


Develop reliable & valid data dashboards and make this data available to the people that need it

“in god we trust; all others must bring data.”

W. Edwards Deming

- Daily, weekly and monthly dashboards are automatically produced
- Ward, Specialty and divisional performance is discussed at every meeting
- Coaching of Executive team about how to utilise data to reform performance



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224
14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

NO ENTRY
Authorized Staff Only

NO ENTRY
Authorized Staff Only

Four Hour Role Performance last week

• Hospital Admissions	38.8%
• ED Admissions	38.8%
• ED Discharges	41.9%
• Total	72.8%

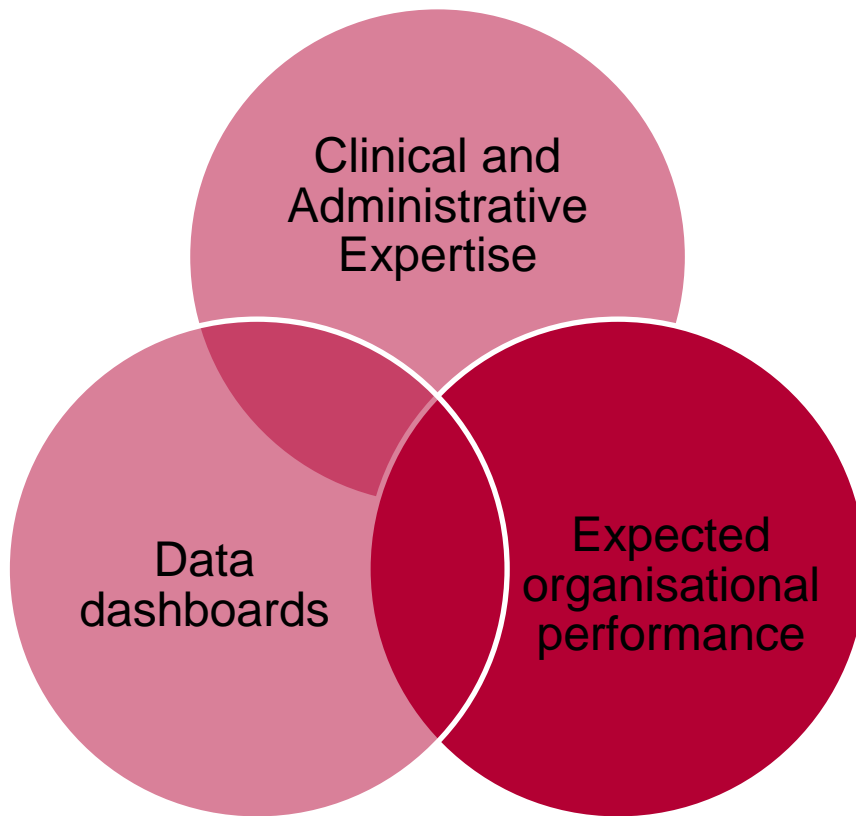
G

G

No Access to
Cardiovascular Medicine - G
Please use the Green Lifts

No Access to
Intensive Care - G43,G44
Please use the Gold Lifts

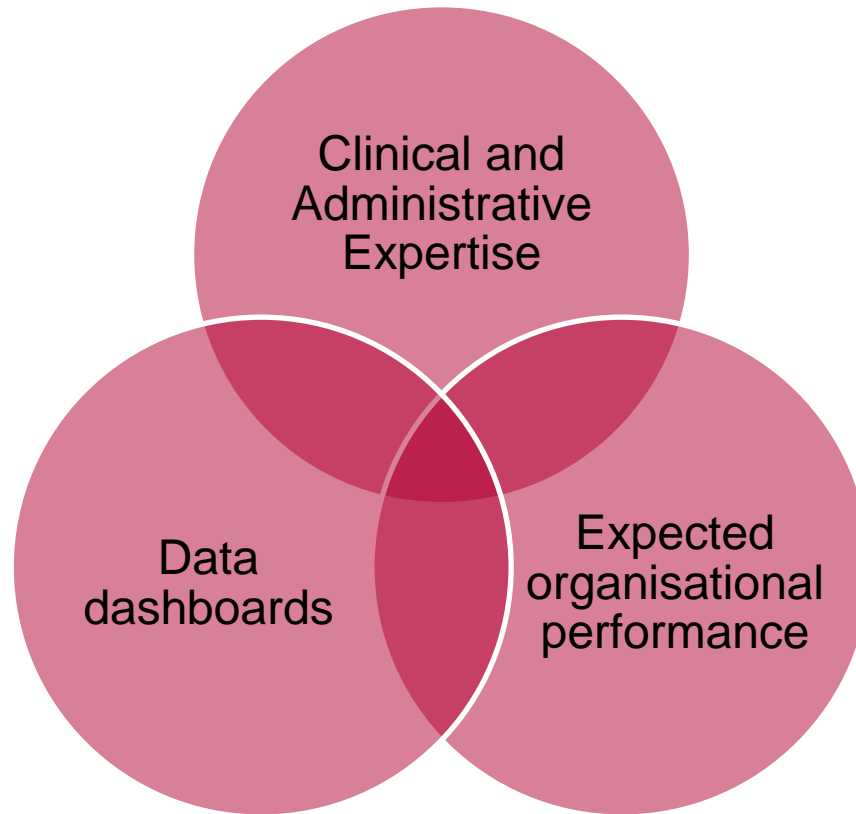
STAFF ACCESS
TO
CANCER CENTRE
VIA
LOWER GROUND

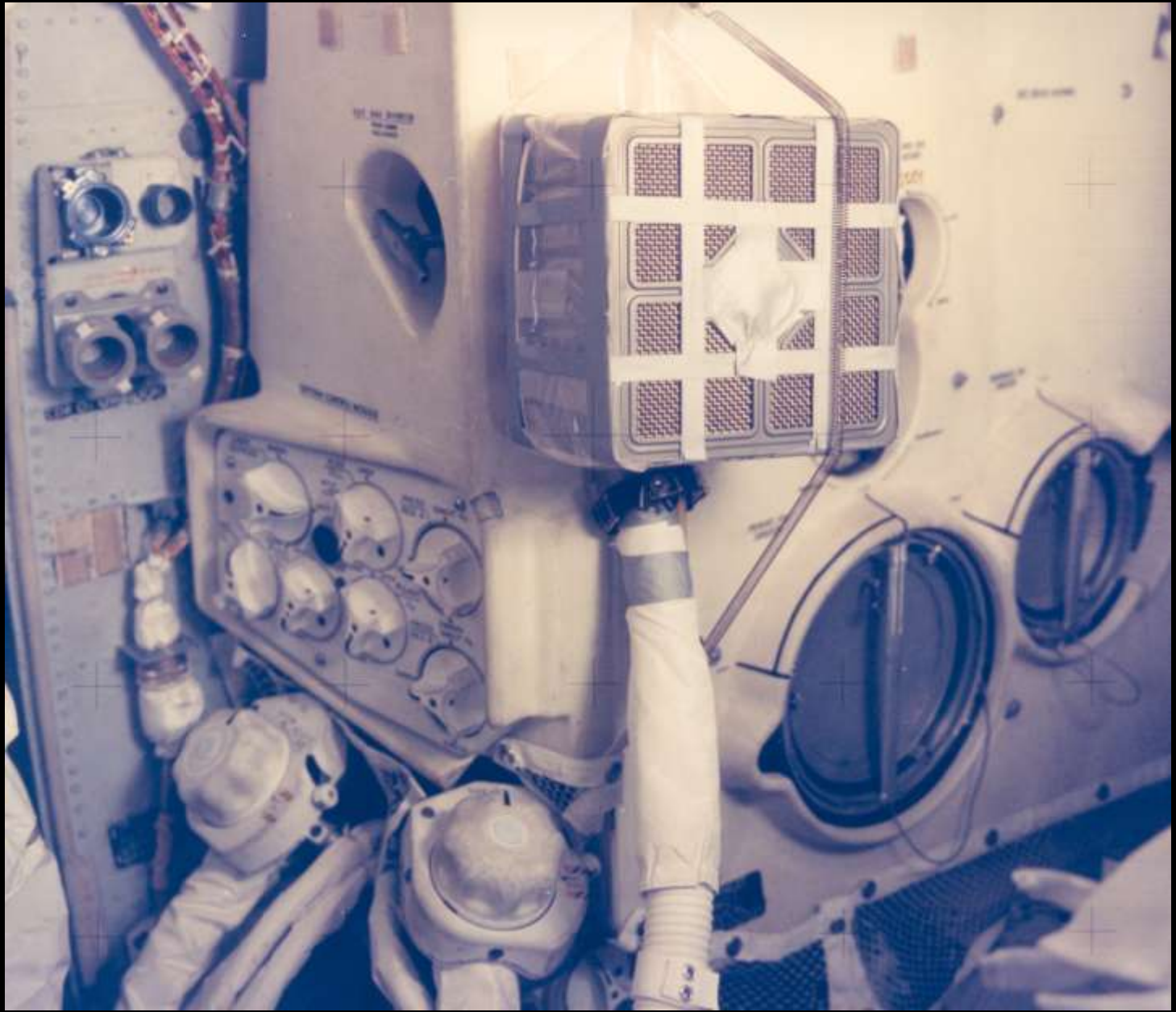


Expected organisational performance

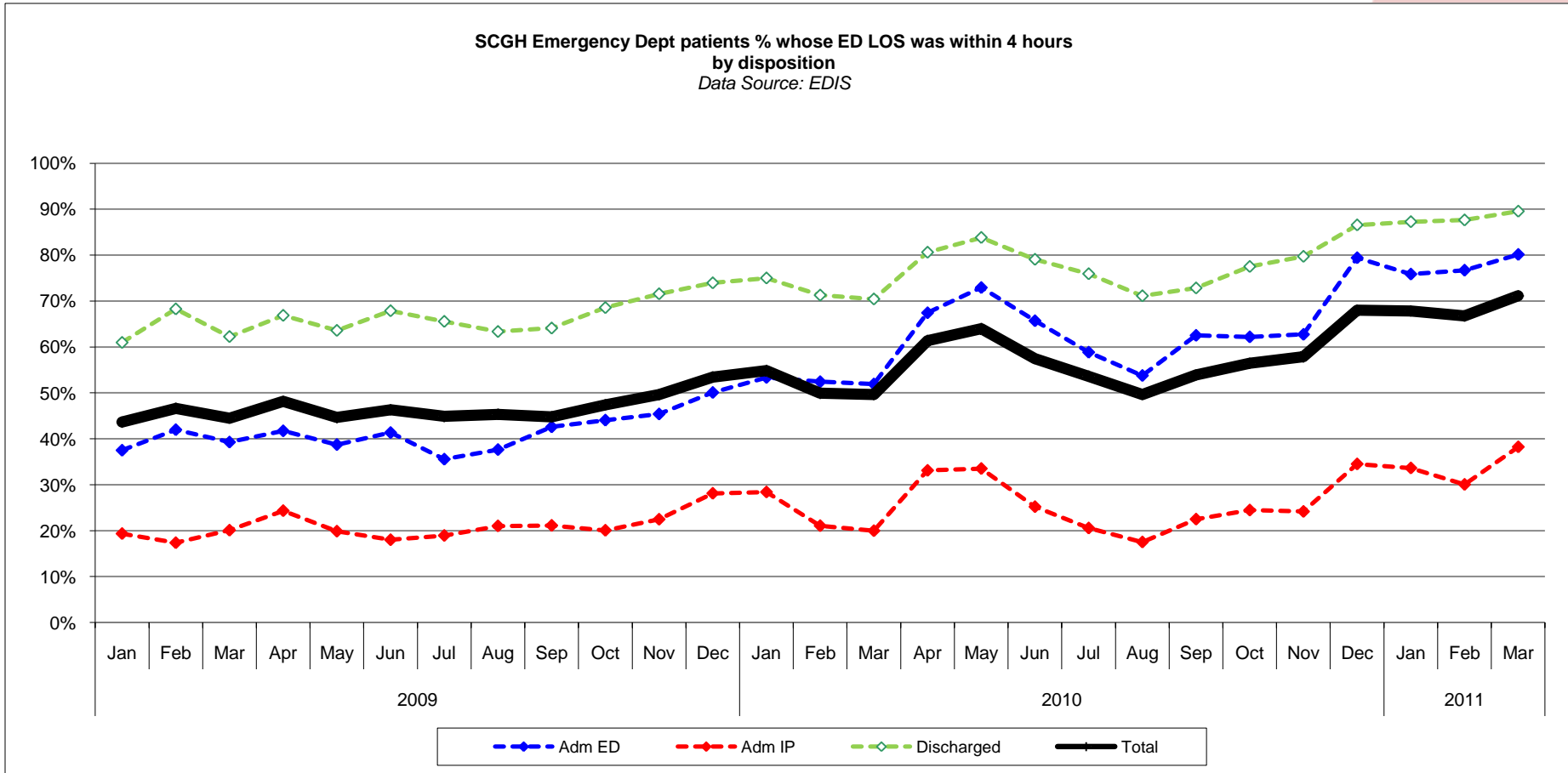
- Hospital divisions expected to report on flow issues & actions
- Transition between promotion of change to performance management of non-compliance
- Hospital Executive Committee identified 8 priority actions
 - Weekly reporting of actions towards agreed targets

Project  Operations



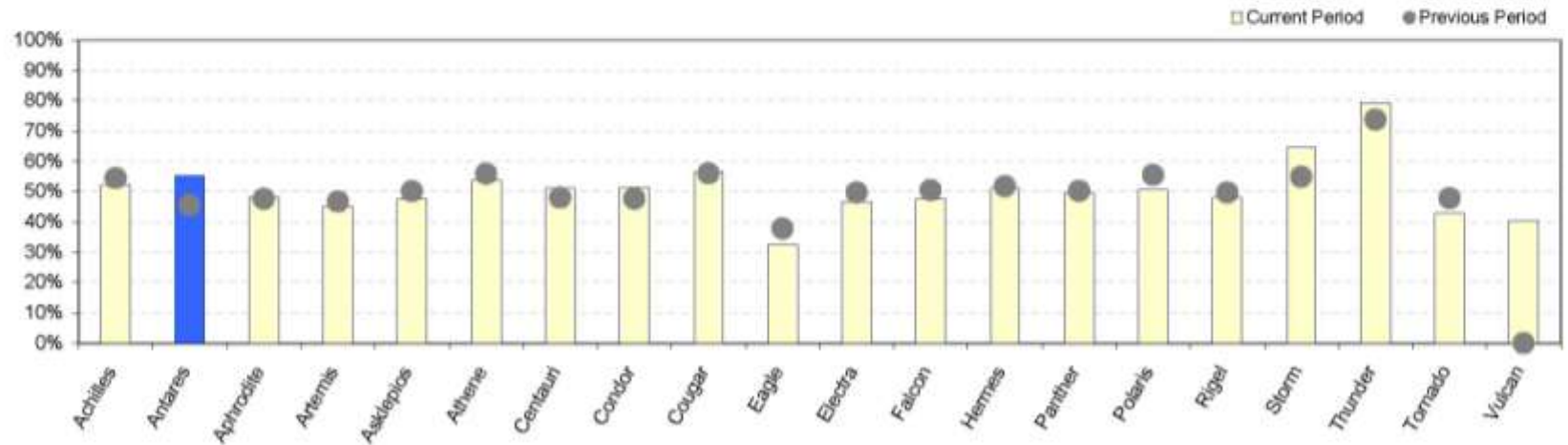
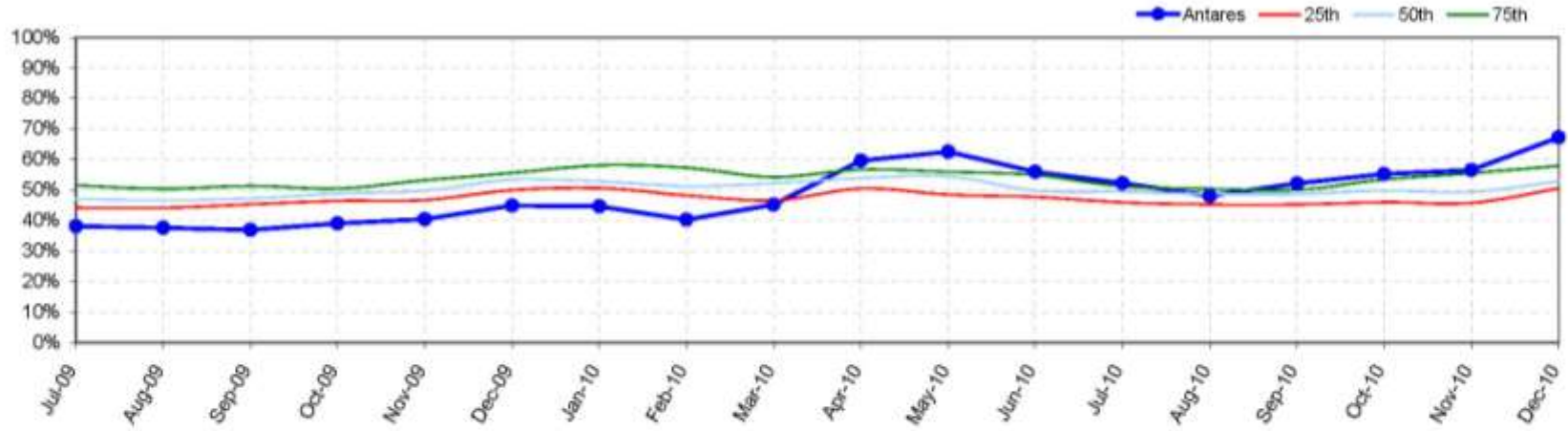


Performance against 4hr ED LOS target

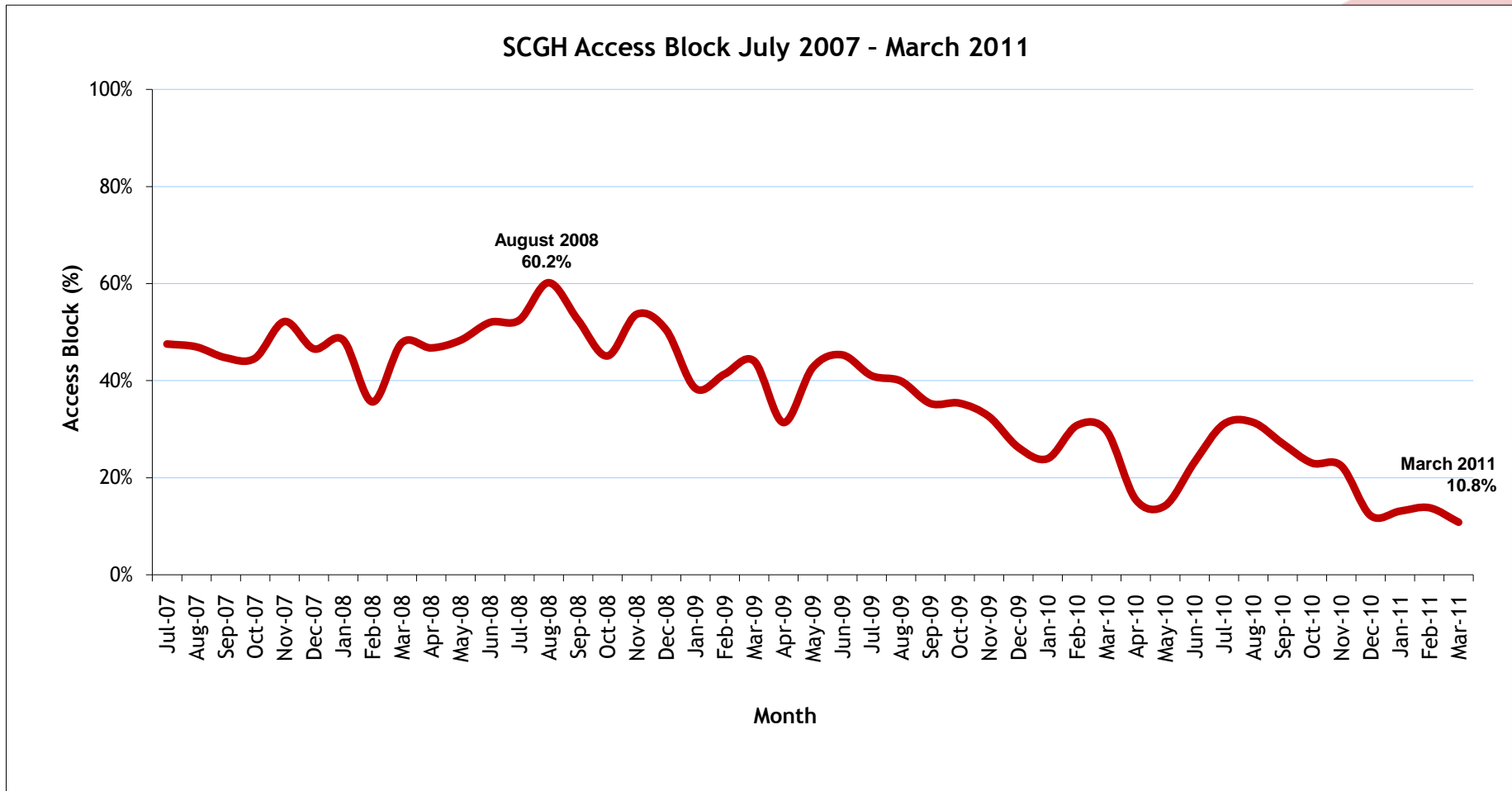


Time Spent In ED C5.2: Performance Against 4 Hour Guidelines

All patients, whether discharged home by ED or transferred to a ward



Access Block



Hospital beds, staff still key issues eight years on



Hospital overcrowding kills as many as road smashes

300 deaths in waiting

Hospital delay of 8 hours

Hundreds could die waiting in WA hospitals

Emergency patients go untreated

Beds crisis deepens in WA's major hospitals

Hire more staff or we will quit, emergency doctors warn

McGinty warned as emergency wait grows

RPH will struggle to find staff: doctors

Patients urged to think GP, not ED

Hospital ED risk 'worst in nation'

Doctors threaten early work bans in emergency

Hospital shake-up

McGinty appoints health chiefs to solve overcrowding

Plea for action on hospital overcrowding

Perth emergency departments worst in country

\$1bn to fix RPH: doctor



Anger at long hospital wait after losing fingers

Headaches and heartache are the lot of health chiefs

Tired doctors put lives at risk: survey

Hospitals stretched

Record number needing care

Medics asleep at wheel

WA patients 'worst off'

Dying risk 'up 30pc in crowded hospitals'

Emergency department to stay at RPH: McGinty

40hr wait in corridor

Health care 'in crisis'

Ambulances queue at hospitals



Hospitals top-heavy

WA report lists radical reforms to improve health care

Senior doctor shortage 'a risk'



Hospitals finally on the mend



CATHY O'LEARY
MEDICAL EDITOR

Not that long ago, going into the emergency departments of Perth's big public hospitals was like going into a war zone, with dozens of people queued in corridors and even lying on the floor waiting for a bed.

Some were moaning, some were vomiting and others were just bewildered, patiently waiting to get the attention of someone so they could have a glass of water.

Stressed doctors and nurses did their best, but there was little they could do but try to attend to patients as quickly and fairly as they could, sometimes coping abuse as everyone's patience wore thin.

The problem was not so much the number of beds and cubicles in the ED, even though they did get swamped at times, particularly at weekends and Monday

was meant to be on the cusp of economic boom time.

Emergency medicine specialists had a name for these abnormally long waits - access block - which was an official way to gauge how hospitals were performing. The clock for access block started ticking as soon as a patient who was deemed sick enough to be admitted to hospital waited eight hours or more for a bed.

WA was then considered a basket case, with the worst rates of access block whenever a national snapshot was taken of hospitals around the country. At times, more than half of all patients waiting to get a bed in some Perth hospitals waited more than eight hours to put head to pillow.

So what's changed?

In the past two years there has been a quiet revolution taking place in WA hospitals, even if it

One senior doctor told me a few weeks ago that even the strongest sceptics of the four-hour rule program would not go back. They remember the emergency department chaos as much as anyone.

hospital staff more than anyone that the plan was necessary and possible.

The program made a slow start, with hospitals struggling to meet interim targets.

After Health Minister Kim Hames staked his job on its success, the State Government was forced to revise its ambitious target to admit or discharge 98 per cent of patients within four hours, deciding that 85 per cent was good enough.

Now the four big Perth hospitals

**If a change is as good as a holiday
...then a holiday is good for change**

Daniel Hitchcock

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