



Western Health

Creating dialogue for change: how a busy public outpatient breast service responds to increasing demands

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Change Champions
2009

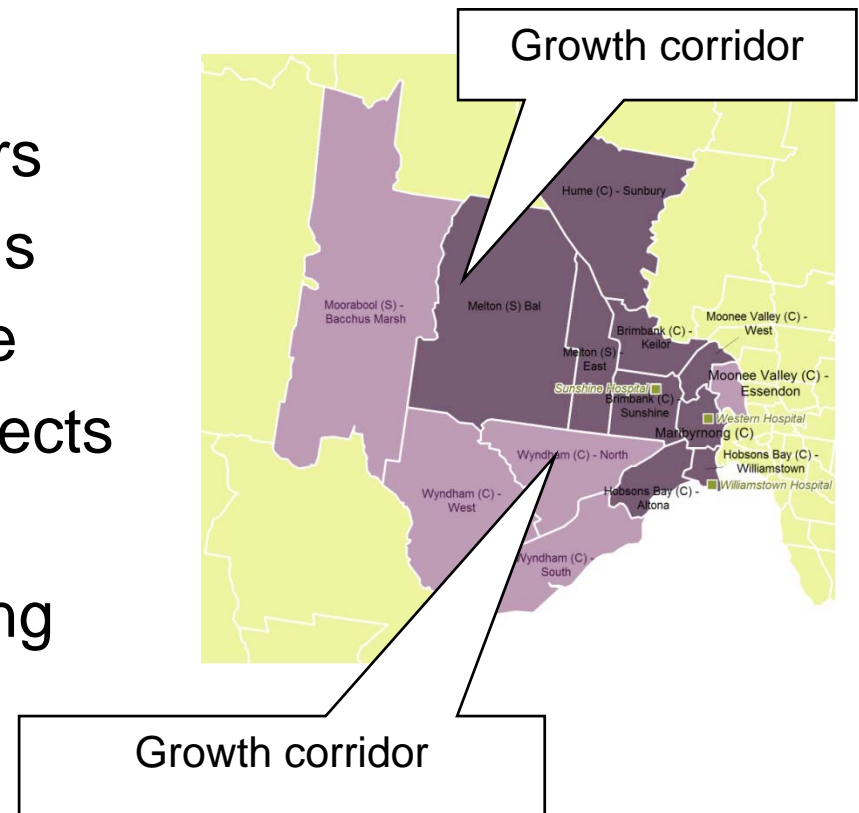
Overview

- Service overview
- Changing the model of care
- Factors influencing our success
- Meeting new challenges



Western Health catchment

- 690,000 people
- Two major growth corridors
- Low socio-economic status
- 36% speak LOTE at home
- Over 100 languages / dialects
- 3 service sites
- Capped ambulatory funding



The logo features a large purple shape on the left side, resembling a stylized letter 'W' with a white, rounded cutout on its left side. The text 'Western Health Breast Service' is centered within this white cutout. A horizontal yellow bar with rounded ends extends from the bottom right of the purple shape across the white cutout.

Western Health Breast Service

Key features of a best practice breast service

- Multidisciplinary care including:
 - reconstruction
 - breast care nurse
- Access to high quality information
- Continuity of care
- Accessibility

WH Breast Service pre-1999

- Estimated 30 – 40 women diagnosed pa
- Sequential model of care
 - general surgeons
 - no formal MD communication
- No access to breast care nurses
- Limited continuity across services or sites

Transition: 1999-2004

- Estimated 40 – 60 women diagnosed pa
- MD meeting established - 2000
- First BCN appointed - 2003
- Information resources

BreastCare Victoria

1999

2004

WH Breast Service today:

- 128 newly diagnosed women in 2008
- MD care continues to develop
 - weekly MD meetings
 - MD clinic established in 2005 and growing
 - increased BCN resources
 - expanding access to other team members
 - enhanced GP communication

PISP

ICS

2004

2009



Factors facilitating success

A long march

The things that sustain change are not the bold strokes, but the long marches – the independent, discretionary and ongoing efforts of people throughout the organisation

Moss Kanter 1999



Factors influencing success

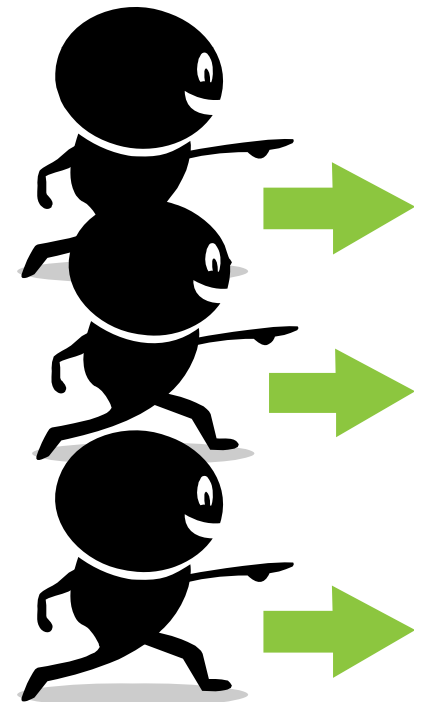
- External factors
 - range of cancer reform agendas
- Internal factors
 - clinical and executive leadership
 - team
 - creating dialogue for change
 - community engagement

Clinical and executive leadership

- Strong clinical leadership with a collaborative style
- Clear executive leadership and buy-in
- Capacity to transect the clinician / management divide

Developing the team

- Strong team with high level of trust
- All able to contribute and gain clear consensus on future directions
- Documented and celebrated successes
- Commitment and enthusiasm seen by others



Creating dialogue for change

- Initial strategic planning session 2004
- Now six monthly planning meetings
- Two hours allocated
- Investment to encourage participation
 - core clinical team and other team members
 - executive and quality staff
 - consumers
- External facilitator
- Achievements documented
- Agreement on strategies, responsibilities and time

Community engagement

- Fundraising committee - supported by local MP



Community engagement

- Events
 - Annual BreastWest Luncheons
 - BreastWest Fashion Show
- Outcomes
 - \$190k raised
 - funded specific equipment
 - support for women
 - high profile within service and community



BUT success breeds success

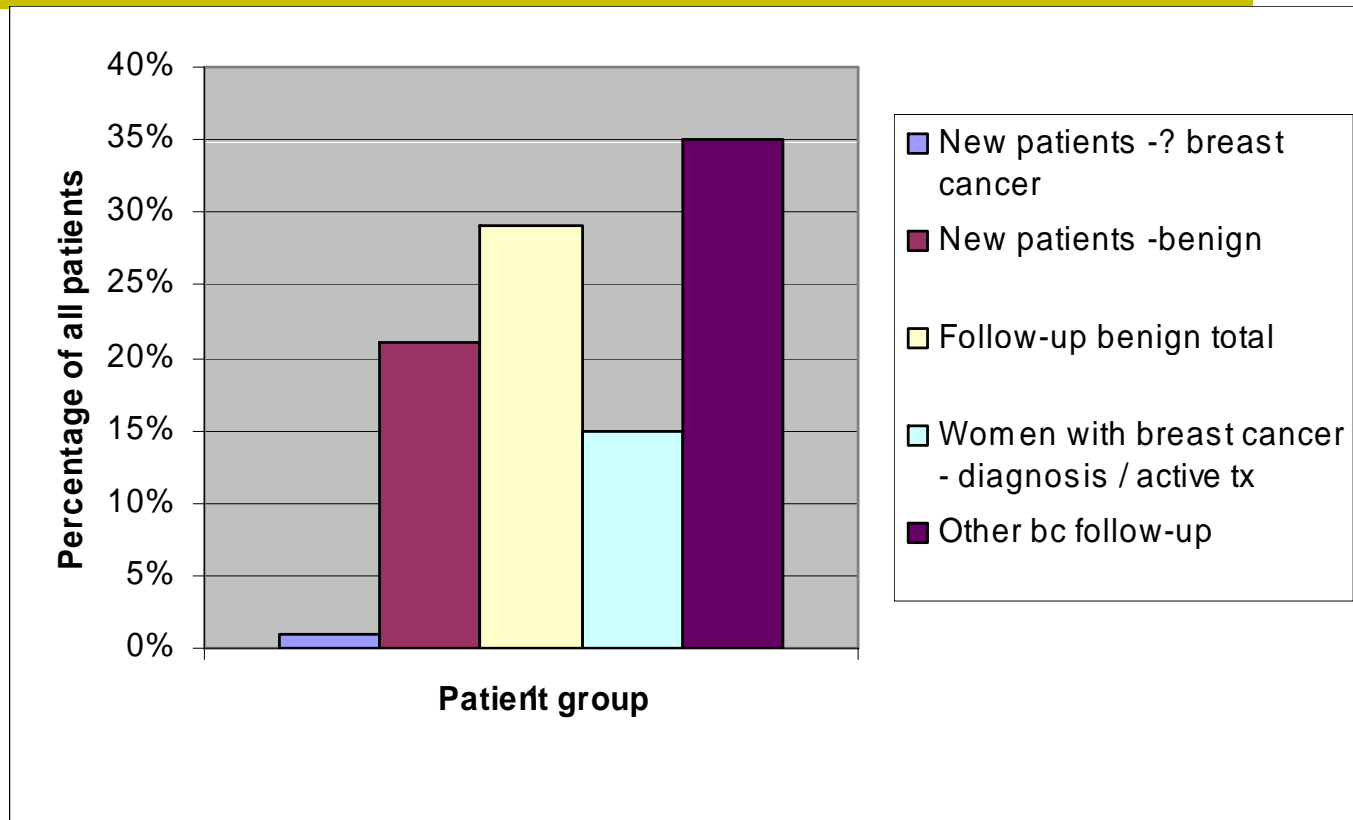
and
more challenges



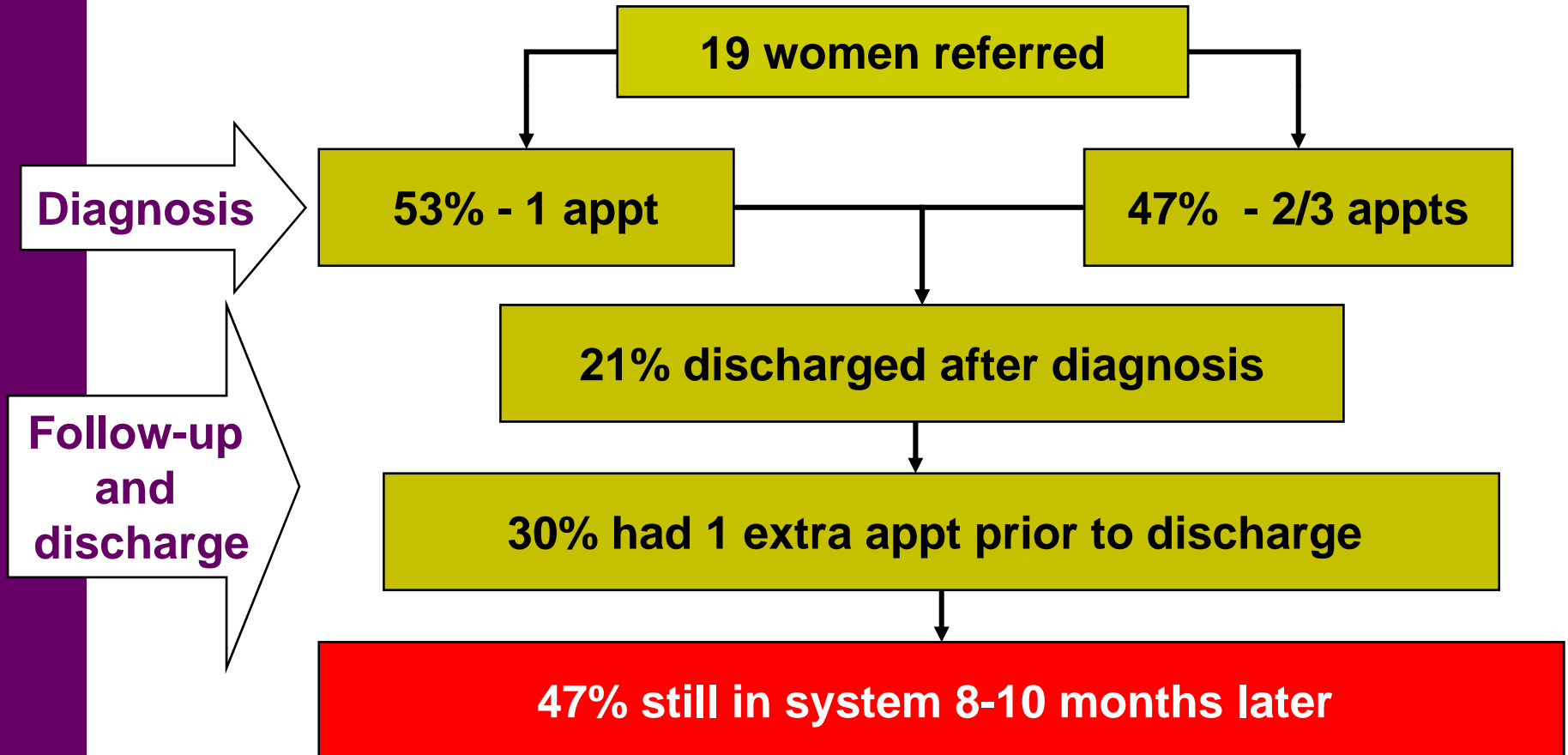
The 'tsunami'

- Ever increasing demand on ambulatory clinics-
 - 100 patients per week
- Attempts to manage numbers / streamline processes:
 - impacted negatively on women
 - demand continues to increase despite additional benign clinic

Four week clinic audit (n=344)



Women with benign condition



Estimating future demand

- Estimate 480 women per annum referred
- At end of 8-10 months – 225 remain in system
- Further work undertaken:
 - to review referring problem
 - ~ 50% were for abnormal radiology



Planned solutions

- Develop and trial monthly joint diagnostic clinic with surgeons and radiologists
- Aim for:
 - majority of women to be discharged by end of first clinic appointment
 - Streamlining of appropriate investigations for others
- Potential to be supported as a privatised clinic.

Planned solutions for breast cancer follow up

- Accounts for 35% of all clinic appointments
- MD review on completion of treatment
- Follow-up plan based on level of risk
- Trial BCN appointment on completion of treatment
- Develop strategy to discharge current long-term clients for GP follow-up

In conclusion

