

Allied Health Improvement Group Meeting 2018

Think Tank Session – Notes

Groups:

1. Culture and Change
2. Technology
3. Value and Outcome
4. Demand Management
5. Understanding Data
6. Patient Centred Care

1. Culture and Change

- How to improve Culture to promote Change:
- What is the AH value add?
- Stakeholders' engagement - Patient, Hospital Staff.
- Being there / present / problem solvers
- AH brand – brand strength?
 - Find commonalities: Integration, Across Journey / setting, allied to patient, not an optional extra.
- Staff Messaging – Values: Value Staff, Wellbeing, Change services.
- Meetings: Expectations of staff / services.
- Staff turnover: negative/positive.
- Net promote score – staff.
- Collaborative sharepoint site: big sky thinking, do tomorrow, problem + solution.
- Staff pitching.

Sticky notes:

- Shifting resources releasing capacity
- Reducing inequity
- Innovations in mtg neat targets
- How to shift culture
- Keeping staff engaged
- Teaching/training staff to use the data we already have better
- Interactive decision/ideas
- Lack of staff understanding and compliance.
- Efficiencies + making change – shifting from old ways
- Promoting AH devices to CEO/Exec – what AH does? How we help meet KPIs?

2. Technology (Best use of new technology)

- **Purpose:**
 - Delivery of care
 - Data/ Performance reporting
 - Privacy Prison
 - Access to and integration of tech
 - The tyranny of distance: remote, rural, regional and metro.
- **Solutions/ Ideas:**
 - Benchmark and Partnerships from other industries.
 - Clinician Engagement.
 - Hardware + Clinical Champion.
 - Future Proof for the Innovation.
 - By the Bedside.
 - Substitute tasks form Clinician to consumer.
 - Wearable technology.
 - Used to alert team/patient to identify variation in care.
 - Scheduling of Rehab – consumer led ... technology.
 - Hybrid assistive technology. UR + robotics = Adjunct Therapy.
 - 3D printing laser = Hand therapy.. Chrome...
 - Digitalized Care Pathways – Individual Programmes, App store + apps
 - Care across the continuum: Digitally enabled, Solar powered.
 - Training – Simulations for Specialist training.

Sticky notes:

- Smart technology
- Increasing health gain
- Streamlining/ duplication of questions between Ah disciplines and doctors.
- Lack of data capture systems
- Use the same goal-setting tool to measure outcomes.

3. Value and Outcome (Balance Volume and Value)

- What is value? \$, outputs, QALYs organization wide
- What is the priority of Exec/ Health?
- What do doctors, nurses value as far as AH services?
- Balance tension between balance of Drs, nurses, AH + move to patient centric. Good equalizer.
- What do patients value? Ask them!

- How do we get AH staff to reflect on practise; do I value add? If not, change.
- Create a motivation / urgency for change - Willingness to change.

4. Demand Management

- **Problem:**
 - Fixed Resource
 - Increase demand
 - Allocating resource
 - Measuring unmet + priority of demand.
 - Profession driven demand vs. org driven supply.
 - Pull vs Push.
- **Ideas:**
 - Joint screening + Ae Tool (Opportunity, NS screening tool)
 - Priority tools
 - Move to AH led decision about value adding - pull
 - Inter -D sharing skills
 - Huddles (Inter D) - twice daily demand.
 - AHA screening
 - Dynamic resource allocation: - different systems, dashboard, flexible services, data driven.
 - Cultural change.
 - Requirement for multiple tools
 - Productive tools: - using data we have to produce statistical models, days of week.
 - 7 day hospitals
 - When do we get involved?
 - Drive for Counter measure
 - acute, community, sub-acute.
 - Defining + measuring unmet demand (requirement for prioritization).
 - Optimum input for best results.
 - Sweet spot for intervention
 - how much do you need?
 - when do you stop?

5. Understanding of Data (How to assist?)

- User friendly dashboard with frequent training using language that is relevant to clinicians.
- Consider including in university curriculum to have basic understanding of health economics and how it relates to patients and clinician.
- Educate staff on applicability and relevance of data collection. Tutorials – workshops, showcase, mentorships, data analysis.
- Ensure full involvement of clinicians to customise data management and reporting to their needs.

Sticky Notes:

- Simplification of data – connect to clinicians, what bits?
- Data + explanation to direct/guide staff's energy.
- Getting compliance with data entry requirements across a large organization?
- Data to show unmet need.
- Poor interdepartmental engagement. (Data between area + clinical).

6. Ensuring Patient Centred Care

- **Engagement: Multiple, Flexible, Simple.**
- **PT Co-Design++**
- **Goal Setting – Evolve to help understand realistic options. What can be done.**
 - Use expectations as motivation
 - coaching + Mot. Interviewing
 - Just ask them, avoid jargons.
 - What do they think they should get – support informed decision making.
- **Focus group before M^o C**
 - listen to complaints, don't be defensive.
 - Most people don't complain, need to be heard.
 - Real time monitoring PT experience (technology)
 - interface with computer TV
 - Involve PT in Research/Service R/V
 - What do you do with feedback – not superficial, responsive and timely.
 - Self-selection OPD APPTS.

All Theme Suggestions 2019

- ❖ **Halloween theme (SB's)**
- ❖ **Low-Value Care**
- ❖ **How to turn a good business argument into a successful pitch?**
- ❖ **Dose + Frequency of AH therapies - link to outcomes (RSI, HAC, ALOS)**
- ❖ **Activity shift between IP and OP.**
- ❖ **GoHRT has a couple.....?**