

Health Roundtable

Ward Governance (Visual Management Boards) - Melbourne Health



healthroundtable.org

A: +61 (0) 2 8041 1421

NZ: +64 (0) 9 889 0332



Title Of Innovation

Sub Title

Melbourne Health

Sally Martin: sally.martin4@mh.org.au 0478 408 884

Erica Pilgrim: erica.pilgrim@mh.org.au 0403 816 220

HRT 1821 Patient Safety Improvement Group Workshop
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Key Problem

Like most organisations implementing an improvement project isn't always easy, however scaling and getting consistency over time to embed changes is a challenge

- Data rich but information poor
- Unclear on what to prioritise
- Time pressured, high service demand and patient complexity
- Communication challenges
- Variability of patient care and patient experience
- Inconsistent processes and inefficiencies

Melbourne Health looked for a solution to these challenges and for a process that will enhancing local improvement science

Aim of this Innovation

Melbourne Health is aiming to achieve

- Consistency of approach for improvement at a local level
- Sustainability of improvements
- To place importance on larger improvement projects as well as the 'just do it' improvements
- Practical recording of innovations to meet accreditation requirements
- Provide coaching to upskill in the use of data and turning this into information, to prioritise and to communicate/escalate

Elements of Local Governance and Improvement Systems

Local Governance

Effective interdisciplinary local leadership in all wards/areas with clear governance structures and accountability for performance that aligns with strategic objectives (Appendix 1)

Leadership	Improvement Board	Huddle Structures	Capability Development
<p>Active engagement from local and senior leadership to support frontline staff with problem solving, overcoming barriers to safe care, promoting psychological safety and enabling effective implementation of improvement systems.</p>	<p>A visual management system that creates focus and provides a tool displaying performance data, sharing ideas for improvement, escalating issues and celebrating success.</p> <p>Appendix 2</p>	<ul style="list-style-type: none"> ● Daily operational huddles (10minutes); and ● Weekly improvement huddles (20minutes) 	<p>Training and coaching to enhance staff skills in:</p> <ul style="list-style-type: none"> ● Clinical Governance ● Quality Improvement ● Data Analysis ● Facilitation of huddles ● Team building

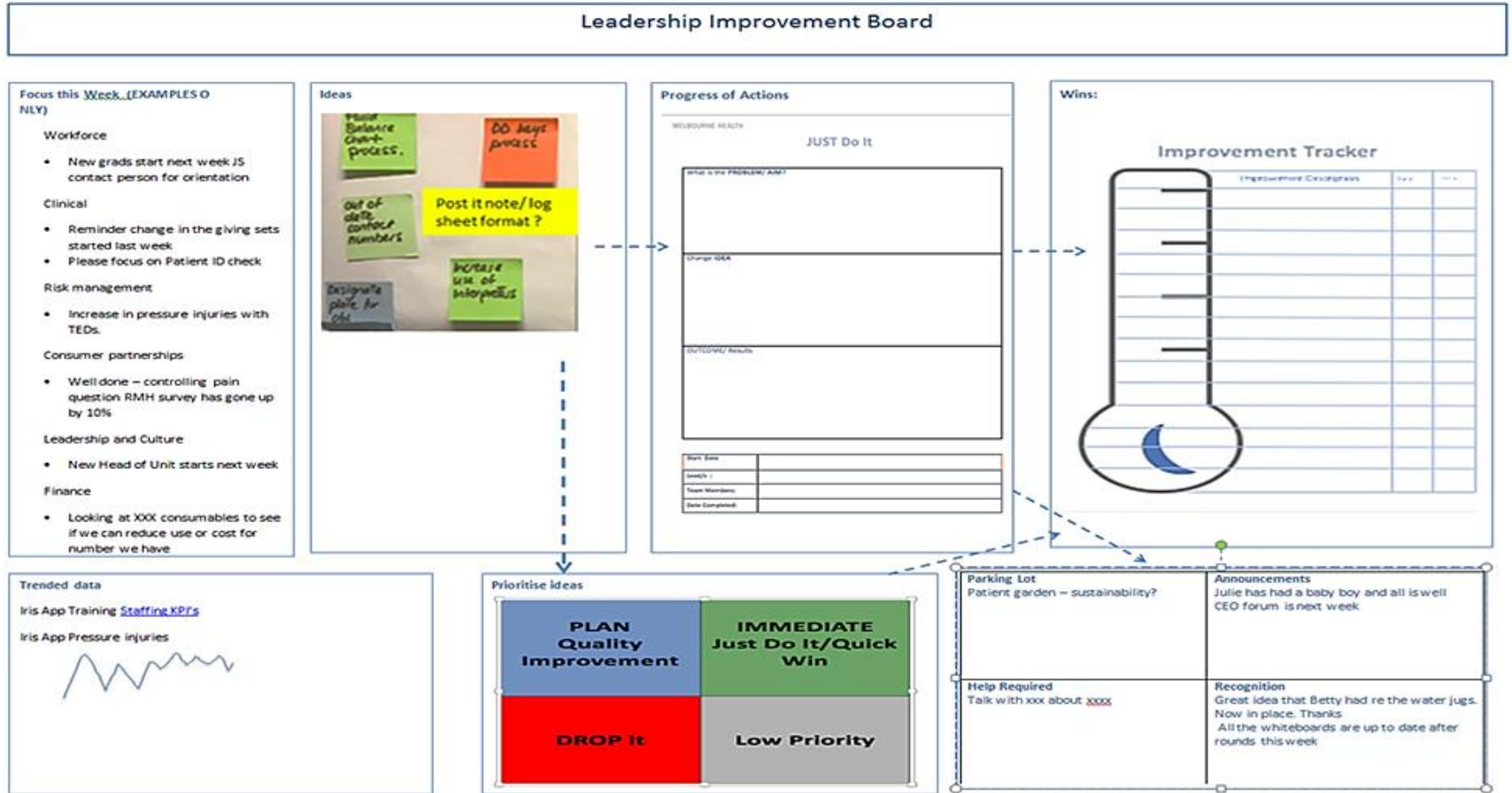
Baseline Data / Current Situation

Baseline data for phase 1 trial

- No standardised process
- Ad hoc record of improvements
- Ad hoc ongoing PDSA cycle
- Data used intermittently and unclear how to choose data that is suitable for visual value management
- Unclear what and how to prioritise and escalate

Key Changes Implemented

A visual management improvement board was implemented



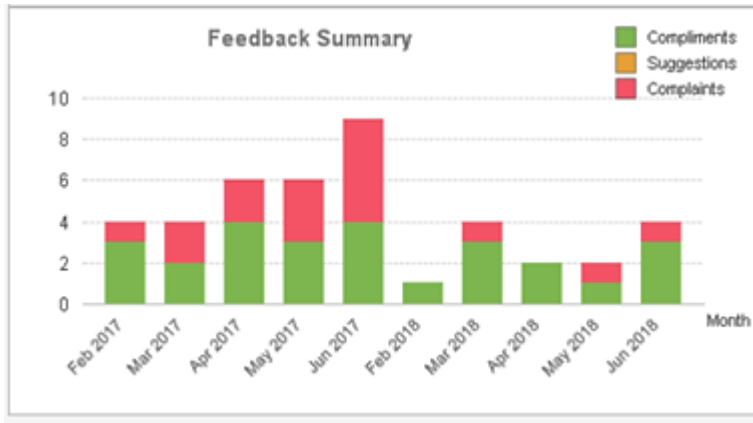
Key Changes Implemented

- Multidisciplinary commitment
- Executive Commitment for attendance within the 3 month trial
 - Operational manager - 3-4 times
 - Executive sponsor - 1-2 times
- Coaching for the board facilitators
- Improvement science education (and ongoing support)

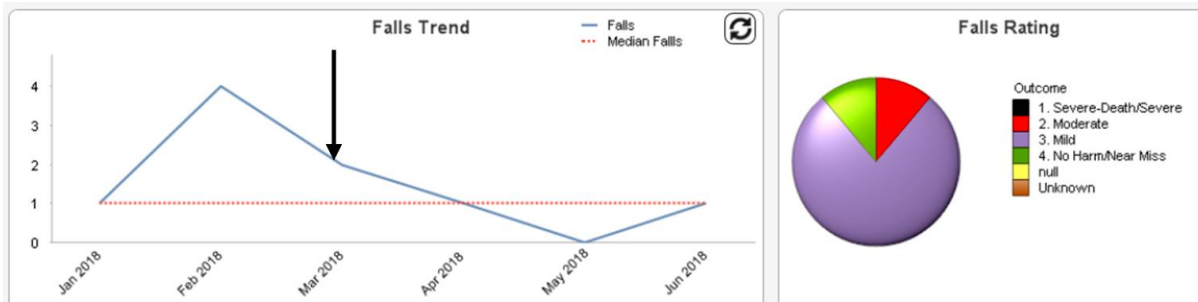
Outcomes so far

This is still a work in progress and a phase two trial is underway. Examples of improvement are:

- Reduction in complaints in the pilot ward



- Reduction in Falls



Lessons Learnt

Lessons learnt

- Visual Value Management: Results at the local level may look good (e.g. this 3 month period) but appear unsustainable (i.e. the next 3 months the results were not as good). Is the improvement science indicator sensitive at the local level? It is important to choose sensitive indicators at a local level for run charts and to turn the data into information. E.g. falls may be higher but may be less patients falling.
- Variability of capability and recognition of this so that matching the coaching availability is vital to success
- There needs to be multiple facilitators
- As allied health work across many wards, there availability as this is scaled across the organisation will be an issue (anyone with any ideas?)
- 'putting out fires' on the day prevents attendance. Getting wins that help to prevent the fires is essential but not easy
- There is a penchant for quick wins, rather than using improvement science for the best solution and sustainability.
- Coaching is likely required on an ongoing basis after the 3 month pilot (further evaluation occurring with a second phase pilot)

Contact for this Innovation

- For more information Key Contact:
- Name: Laura Piu
- Email: laura.piu@mh.org.au

Melbourne Health: Implementing a local governance visual management tool

Problem: National and International literature shows that local governance has an impact of patient safety and workplace culture.

Solution: Melbourne Health is piloting a local governance visual management tool to assist the development of local improvements enhancing patient safety and workplace culture

Results:

- *Reduced falls*
- *Reduced complaints*
- *Increased MDT engagement in local governance and improvement*
- *(however not sustained over next 3 months)*



Presenter Name and Contact Details : Sally Martin – sally.martin4@mh.org.au 0478 408 884



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