Change:

For change's sake...or to do things better?

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Overview

A clinicians perspective on reform:

- Principles to support change
- Key factors for success (Enablers)
- What doesn’t work? (Barriers)
Principles to support change

- Clear PURPOSE and VISION
- Realistic goals and timeframes
- Focus improvements on patient experiences and health outcomes
- Partnerships and collaboration = SUSTAINABILITY
- Implementation requires acceptance of problem and system READINESS
Principles to support change

- Openness: the ability to challenge and question
- RESPECT, equity and fairness
- Leadership is critical but need local ownership
- Acknowledge complexity
- Understand “variation" and resource discrepancies
Clear Direction: Vision and Purpose
Collaboration

- Diversity of opinions...but evidence based
- Seek input before decisions and implementation
- Open debate - process itself changes practice and challenges beliefs
- Keep groups dynamic and engaged
- Understand different agendas and challenges individuals and groups face
- Who is critical for success?
Consensus (isn’t easy)

- Recognise all relevant stakeholders
- Maintain system and patient-centred approach
- Acknowledge the complexity of relationships and different motivators (individual and groups)
- “Something for everyone” to engage, get buy-in
- Accept commitment/priorities change over time
- Sustainability - need all onboard in the long run
Identified integrated chronic care model for OA as a network priority

Working Group formed

Partnerships and broad interdisciplinary and consumer consultation

Model of care developed

Process itself informs practice change
When people are ready to, they change. They never do it before then, and sometimes they die before they get around to it.

You can't make them change if they don't want to, just like when they do want to, you can't stop them.

– Andy Warhol
Engaging Clinicians

- What truly changes practice?
  - Criticising (ridiculing) current beliefs and practice doesn't work – Build relationships
  - Need to see greater value elsewhere!
  - Inclusion in problem solving process

- Reactive vs progressive thinking

- Motivated vs “we have to” environment
Not all change is good...
Key factors for success?

- Big picture
- Overarching framework - integration
- Clear outcomes and priorities
- Clinical leads and local champions
- Gradual system improvements – “step change”
- Data support / evaluation
Key factors for success?

- Culture of improvement - inspire, motivate, support and encourage excellence
- PRIDE – celebrate local results, sharing your success, teamwork
- Executive sponsorship – support "their" work
- Patient centred care – real or tokenistic?
- Flexibility
ACI Hip Fracture Minimum Standards

In Safe Hands CEC program
Evaluation

- Must be robust and truly aligned to system reform goals/health outcomes – “relevance”
- Must not be (or be perceived to be) only to justify investment
- Should consider broader contributing factors eg. Socio-economics, social determinants, access, education, housing, CALD, employment, system efficiencies, resources etc.
Evaluation

• Data should be used to:
  – identify gaps, challenges and opportunities
  – drive improvements in quality and safety
  – pursue excellence through innovation

• Culture should not encourage data analysis to:
  – Seek excuses for poorer performance
  – Criticise unfairly
Evaluation

- Data can be a tool to enable change or be a barrier if creates resistance:
  - data must be trusted, use relevant measures
  - limitations must be understood
  - supports local analysis and priority setting
  - allows ongoing audit and feedback
  - drives improvement across the patient journey
Local Results – 5D

Liverpool Hospital Orthopaedic Department Percentage of Hip Fractures Theatre Booking Cancelled 2014-2015

- 2014: 11.4%
- 2015: 3.6%

Liverpool Hospital Orthopaedic Department 30 Day Mortality Fractured Neck of Femur Patients Annual Audit Results 2012-2015

- 2014: 60%
- 2015: 80%

Sat out of bed day after surgery and Mobilised the day after surgery
What doesn’t work?

- Bombardment - multiple programs/MoC
- Different, unclear or competing priorities
- Lack of networking and sharing experiences
- Simplified comparisons / benchmarking
- Excessive reporting requirements and assessment burden
What doesn’t work?

- Silos – duplication of effort, focus on one aspect of care can distract from another
- Lack of recognition for current programs and complementary work or squabbles over ownership
- Single groups, agency or individuals taking credit
- Failure to include clinicians in process or communicate the need for change
Key messages

- Clear vision and purpose
- Consistent messages and focus over time
- Champions and clinician engagement
- Local buy-in for successful implementation
- Broader care framework to change practice
- Audit and feedback on local health outcomes
Questions?