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Healthcare Unit Teams: releasing the potential

Designing hospital units to optimise outcomes

9th December 2011

Dr Charles Pain, Director, Health Systems Improvement
Clinical Excellence Commission



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releasing the potential of clinical teams



Summary

- Declining public confidence
- Evidence of harm
- Limited progress with improving safety
- Universal root causes
- Need for new solutions
- Microsystems may be the answer

DECLINING PUBLIC CONFIDENCE

Hundreds more deaths, claims nurse

Helen Tobler
 A NURSE who blew the whistle on patient neglect at two Sydney hospitals has warned that the casualties go far beyond the reported deaths. Nola Fraser said yesterday the figure of 19 deaths was "very conservative", and the real extent of the negligence had affected thousands of

Knowles had bullied and intimidated them and warned they would not reveal the corruption at the time. She then turned back to work. But she then told the Sydney Morning Herald that she had bullied and intimidated them and warned they would not reveal the corruption at the time. She then turned back to work. But she then told the Sydney Morning Herald that she had bullied and intimidated them and warned they would not reveal the corruption at the time.

The harrowing trail of tragedy and incompetence

Ruth Pollard
 Health Reporter

One patient died of a heart attack that had been misdiagnosed as a chest infection, another died of a heart attack behind a wall, and another died of a heart attack behind a wall. A chest infection, an ambulance was called, but the patient died before the ambulance arrived. The coroner ruled the death was preventable.

Emergency department by ambulance. She had a sharp pain down her left side, and was sweating and moaning. A locum medical officer diagnosed a heart attack. She was observed once in the ambulance. More than 20 patients were present in the department. She was discharged to a nursing home. Less than 24 hours later she was dead.

unit and reviewed by a surgeon for the first time since her admission to either hospital, she had surgery for a lower perforated

No escaping that foul hospital smell

NSW Health Minister Morris Iemma can sack all the bureaucrats and suspend all the doctors he wants, the stench of what has been a shocking episode for the state still lingers. Allegations surrounding the role of former health minister and the man many regard as the next premier — Craig Knowles — need to be cleared up and cleared up soon.



Megan Saunders
 Comment

Iemma couldn't talk enough yesterday about the need for accountability in the system. He was right to react so drastically to the hopelessly weak Health Care Complaints Com-



Hospital deaths: too many cover-ups

It started with the courage and persistence of seven nurses working at Camden and Campbelltown hospitals who complained to management about shoddy care there. Management fobbed them off. Last November four went to then health minister Craig Knowles who, they say, threatened one of the women, saying she could lose her home and career over her "slandorous allegations". The Health Care Complaints Commission investigated, but by February it proclaimed all was well. The nurses continued to complain and the commission reopened its investigation.

What it revealed in the Macarthur Health Service is shocking. Serious illnesses were missed and wrong



Report exposes the hospitals of horror

Patients' lives could have been saved

EXCLUSIVE
By JOHN KIDMAN

PRELIMINARY findings of a 10-month investigation have backed up allegations of clinical malpractice linked to deaths at two Sydney hospitals.

The examination of 47 complaints

that more than 60 per cent of patients whose treatment was scrutinised were subjected to “unsafe standards” of care.

However, insiders say the revelations are just the tip of the iceberg, with many further disturbing incidents yet to be explored.

A few Macarthur Area Health Service (MHS) staff, who initially reported the more than 100 claims of mismanagement, negligence and patient neglect last November, say they have received nothing but victimisation and grief over their stance.

Hospital sources say some of the casualties were “nothing short of horrific” but, despite the damning findings of their investigation, no one has been held to account.

In one case, Kearns woman Dawn Alexander was mistakenly diagnosed with the flu and twice turned away by staff at Campbelltown Hospital, a day before dying of septicaemia

She had previously been healthy and her procedure should have been “straightforward”.

To make matters worse, it was also found that a letter from hospital administrators to the woman’s grieving husband was “bureaucratic, cold and insensitive”.

Among the most disturbing incidents reviewed concerned the early release of a female patient from Camden Hospital in October 2001. Against earlier advice that the 73-year-old remain under observation due to a history of hypertension and chest pain, she was sent home after receiving three doses of morphine.

Within an hour of being released, she collapsed and died of a massive heart attack on her front doorstep.

Elsewhere, a 72-year-old woman, who died of heart failure arising from a massive infection after having a plate inserted to repair a leg frac-

SICK HOSPITALS

Malpractice claims over deaths of 17, including mum diagnosed with flu

EXCLUSIVE
By JOHN KIDMAN

PRELIMINARY findings of a 10-month investigation have found evidence of clinical malpractice linked to deaths at two Sydney hospitals.

The examination of 47 complaints has found at least 17 patients who died at Campbelltown and Camden hospitals between 1999 and 2003 received unsafe, inadequate or questionable care.

NSW Health Minister Morris Iemma said last night he had

deployed clinical experts in response to the findings.

The findings conclude that more than 60 per cent of patients whose treatment was scrutinised were subjected to "unsafe standards" of care.

New mother Dawn Alexander, 41, was mistakenly diagnosed with the flu and was turned away by staff at Campbelltown Hospital, two days before dying of septicaemia while being transferred to Liverpool Hospital.

FULL STORY: Pages 4, 5



TEARS FOR MUM: Deen, Rogaya and Tasneem Alexander whose mother Dawn died of septicaemia after giving birth.

Picture: STEVE LUNAM

Heads roll over horror hospitals

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Megan Saunders

• NSW political reporter

THE NSW Coroner will investigate 19 patient deaths in two Sydney hospitals following a shocking report into poor standards of care that has forced the Carr Government to take

Walker — met with immediate calls for the terms of reference to be widened.

Peter Bentley, who lost his wife, Marie, after what should have been a routine gall-bladder operation, said the investigation should be wider "to include some politicians, because I believe what they're trying to do is to a degree still

Australian Friday 12/12/2003

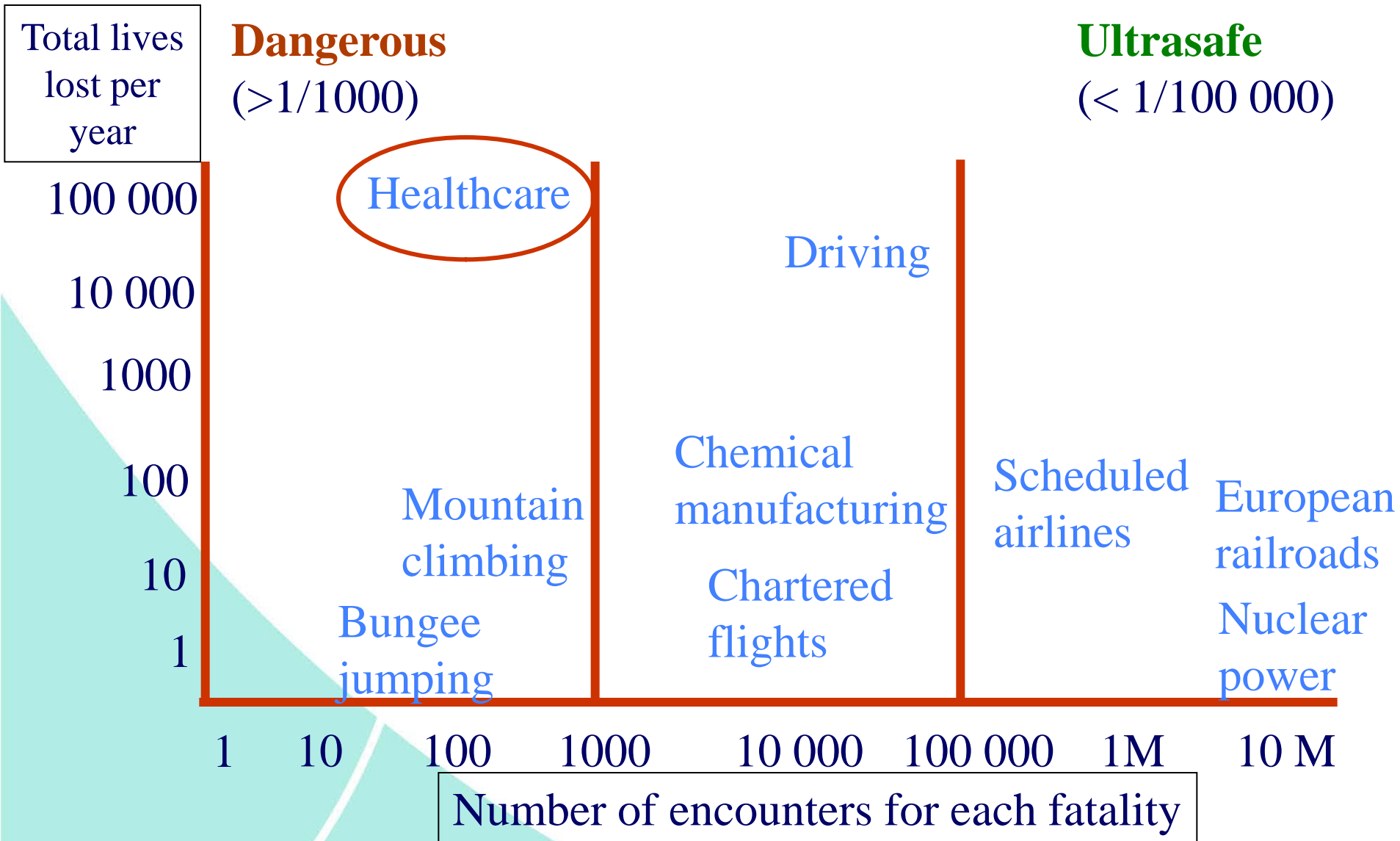
General News Page 1

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EVIDENCE OF HARM

How hazardous is healthcare? (L.Leape)



In NSW Garling found....

- A good system and high standards

and

- A Great Schism
- Lack of continuity
- Fragmented care
- A need for better teamwork

and

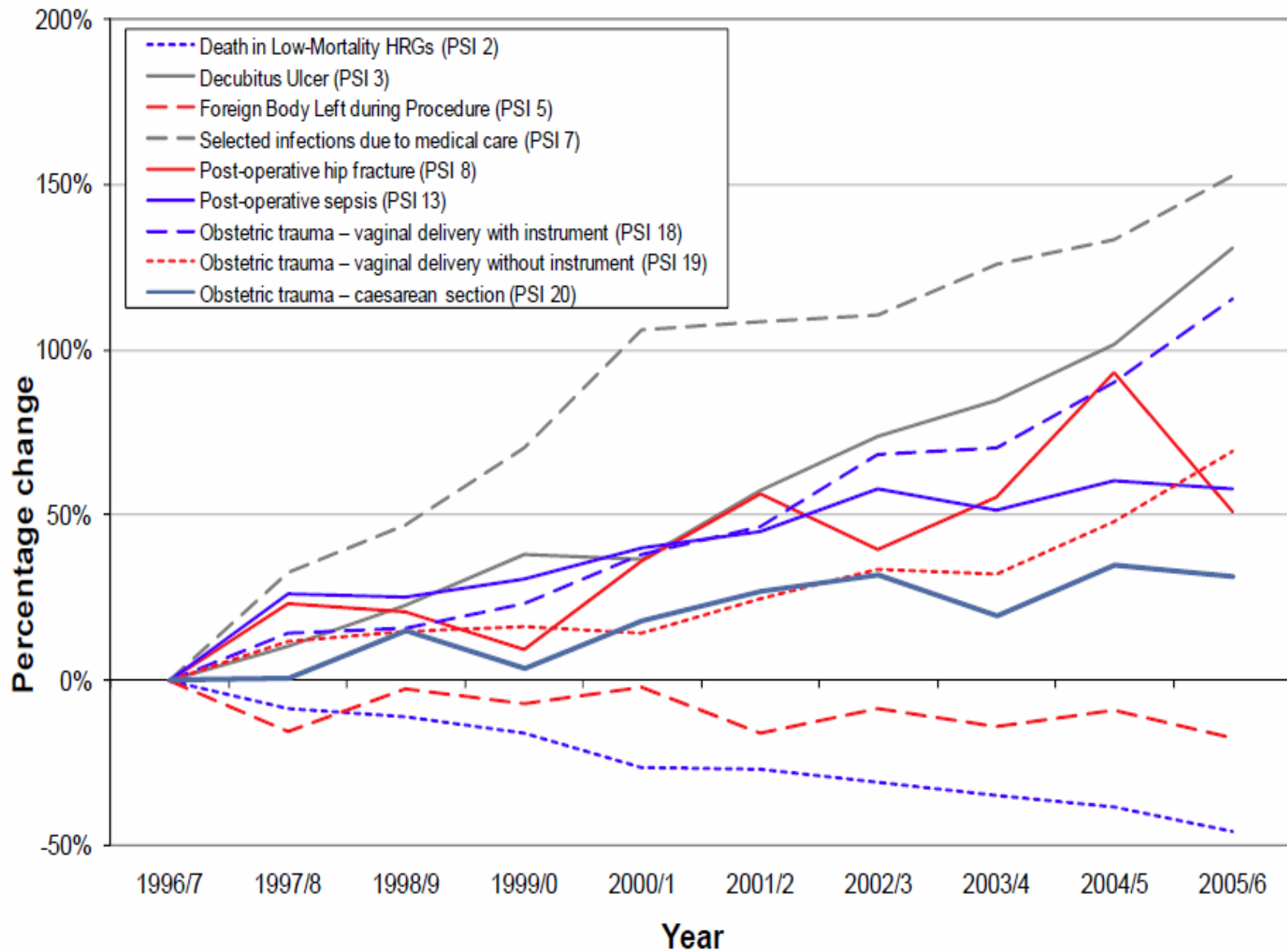
- Made 139 recommendations

What do other inquiries show?

(Travaglia JF et al MJA 2008)

- failures of clinical governance,
- deficiencies in teamwork and
- failure to include patients as informed members of the team.

LIMITED PROGRESS WITH IMPROVING SAFETY



Source: Vincent C, Is Healthcare Getting Safer? BMJ, Nov 2008

UNIVERSAL ROOT CAUSES

Universal Root Causes

- **Culture** –punitive blaming system culture, which is tribal, and disengages crucial groups, particularly the clinicians
- **Clinical governance** – ambiguities about who is responsible for what in healthcare, and lack of clear lines of accountability for safety and quality

Universal Root Causes

- **Communication** – poor communication of essential information among healthcare providers and with patients and their families
- **Coordination of care and teamwork** – poor teamwork, care planning and delivery in a fragmented system of care

Universal Root Causes

- **Capacity** - human resource and skills maldistribution, both geographically, and over time (daily, weekly and seasonally).
- **Access to tools** – inability to obtain the necessary tools and equipment to deliver care effectively

Root causes manifest as:

- Failure to set objectives of care
- Poor teamwork and coordination, including poor communication
- Fragmentation of care
- Missed diagnosis
- Inadequate and inappropriate treatment
- Failure to recognise deterioration



NEED FOR NEW SOLUTIONS

Solutions need to be:

- Effective
- Sustainable
- Scalable
- Affordable

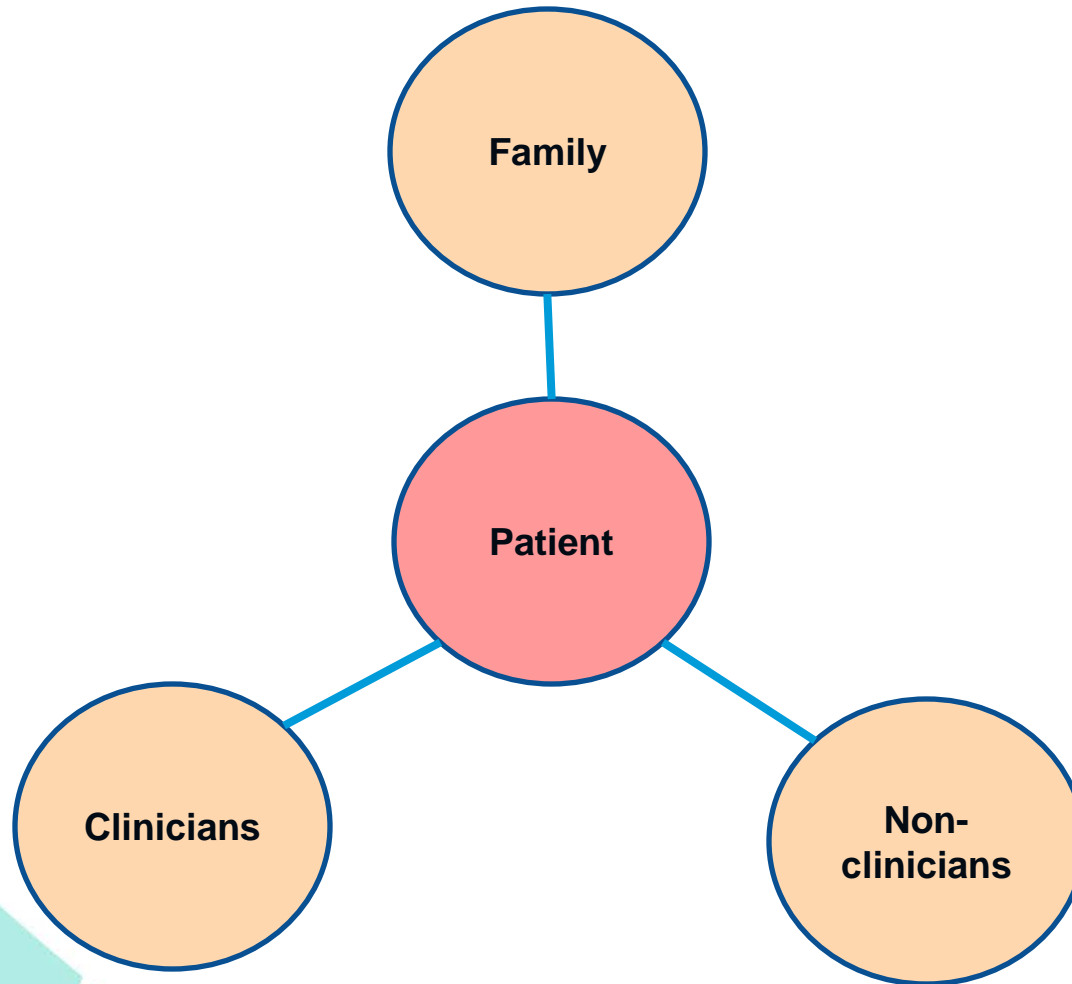
Principles for a solution

1. Health services are frogs not bicycles (A. Mant)
2. Multidisciplinary teams (healthcare unit teams) are our basic production units (cells). They deliver care to patients.
3. Patients are part of the team.
4. We should start re-designing the system at the microsystem level but also recognise the importance of the macrosystem (organism)
5. A multivalent approach is needed to be sustainable

The Healthcare Unit Team



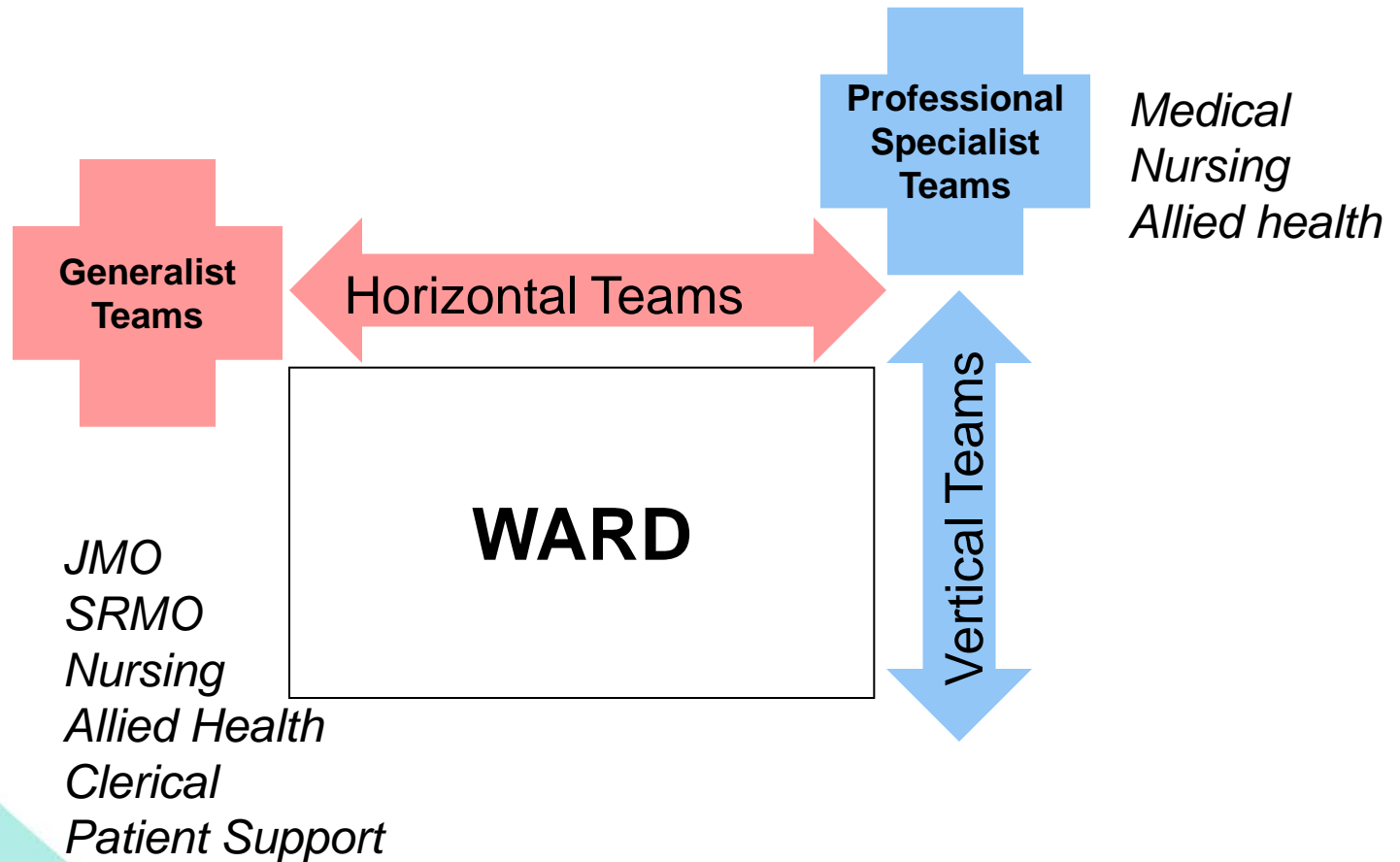
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Teams intersect at the healthcare unit level



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Source: Professor Steven Boyages

MICROSYSTEMS MAY BE THE ANSWER

Team Functions

1. Leadership and Governance
2. Team Structure and Dynamics
3. Care Planning, Coordination and Delivery
4. Standard Protocols and Procedures
5. Patient Safety and Quality Systems
6. Patient Experience
7. Education, Training and Supervision
8. Workforce Management and Development
9. Information Access
10. Support Services and Equipment

Team Functions



Tools, Skills and Resources



Examples of Programmes



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TeamSTEPPS



"take the lead"



IPSE Program



How?

- Choose Leaders and empower them
- Give them the tools to perform the functions
- Coach leaders and their teams in the approach
- Support from the top

Outcomes?

- Resilience
- Flexibility
- Adaptability
- Better decision making
- Better care
- Happier staff

Some wisdom

“The task of leadership is not to put greatness into humanity, but to elicit it, for the greatness is already there.”

John Buchan, 1st Baron Tweedsmuir

“None of us is as smart as all of us.”

Dr Ken Blanchard

Questions?