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## Leadership & Change - a perspective from down under

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*Leaders in Rehab 2009  
Edmonton, Canada*

Friday 20 March 2009

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Three questions inform my presentation today ...

- What do we need to do to achieve the goals of improved **ACCESS**, **QUALITY** and **SUSTAINABILITY** ?
- How might we achieve that ?
- What practical experience do we have to share ?

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Some context for today ...



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## About Australia ...

Six states and two territories

Population of > 21 million people

70% of the Australians live in the largest cities

Age profile of Australians very similar to Canadians

Population of Victoria > 5 million people



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### Health systems around the world are struggling .....

- to maintain timely access to health services
- to ensure that services provided are safe and of high quality
- to live within funding parameters

AND at the same time:

- consumer expectations are increasing
- technological advances are providing new challenges
- our population is ageing

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### Looking for system solutions and improvements ....

- **National Health and Hospitals Reform Commission** established Feb 2008 to provide a blueprint to tackle future Australian health care challenges:
  - the increasing burden of chronic disease
  - the ageing of the population
  - rising health care costs
  - inefficiencies exacerbated by cost shifting and the blame game
- 10 commissioners appointed
- DRAFT report released in Feb 2009

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### The DRAFT Report ....

- Four Strategic Reform themes:
  - **Taking responsibility** – individual and collective action to build good health and wellbeing
  - **Connecting care** – comprehensive care for people over their lifetime
  - **Facing inequities** – recognise and tackle the cause of inequities eg closing the gap on health outcomes between indigenous and non indigenous Australians (3% Aboriginal people & Torres Strait Islanders)
  - **Driving quality performance** – better use of people, resources and knowledge
- Commission now seeking comment and feedback

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### So we're all trying to do it better ....

- But what do **we** need to do to achieve our goals ?
  - we need to put rehabilitation "out there", we need to push and raise the profile of our work
- How might we achieve this ? We need to:
  - be able to demonstrate (through measurement) the value of our work
  - make rehabilitation indispensable in the continuum of care
  - critically analyse and challenge our practice norms
  - establish and achieve best practice in our field
- And we need **leaders in rehab** to make this a reality

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Inspiring us to do better ....

- Three main sources of inspiration and reference:
  - Jim Collins – *Good to Great*
  - Graham Hubbard et al – *The First XI*

*Look at the characteristics of “winning” organisations*

  - John Kotter – *Leading Change*

*Focuses on the process of leading and managing change itself*

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So what is our experience ?

AND

What learnings can we share ?

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What is Alfred Health ?

- **The Alfred Hospital**
  - Major statewide service provider
  - Designated State Trauma Centre
  - 400+ multiday beds
- **Caulfield Hospital**
  - Major provider of rehabilitation, aged & community care
  - Some statewide rehabilitation services
  - Growing range of community & ambulatory services
  - 350+ multiday beds (acute aged care, rehabilitation, mental health, transition and residential care)
- **Sandringham Hospital**
  - Community Hospital
  - Emergency Department
  - Paediatrics & Obstetrics
  - 80+ beds

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### About the Alfred Health experience ...

- is about a **journey** called Caulfield *FUTURES*
- reflects on our challenges, highlights and outcomes along the way
- is how we went about wanting to be better at what we do ...
- sometimes innovative, sometimes filling a service gap




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### So .... what is Caulfield *FUTURES* ?

- Caulfield *FUTURES* is a framework for change which outlines a direction for delivering clinical services into the future. It focuses primarily but not exclusively on sub-acute (rehabilitation and acute aged care) services
- launched to our organisation and staff in July 2006
- it outlined our priorities for action in the short and medium term – *we looked, listened, compared, reflected ...*

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### Why Caulfield *FUTURES* ?

- to maintain our strong service profile within the community
- to be at the "leading edge" in service provision
- to tangibly demonstrate our designation as a *Centre Promoting Health Independence* – how might it look, what did it mean ?
- to best position our services for the longer term
- to lift the profile of our service

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### The drivers for change ...

- to respond to ever increasing demand and to maximise access to our services – and our population is ageing – snapshot in 2008 revealed that our average age in acute aged care was 83 years and 65 years in rehabilitation
- to give effect to government policy
- to maximise our opportunities for a redeveloped Caulfield Hospital and living-up to our Service Plan directions
- to give effect to strategies outlined in the Alfred Health Strategic Plan
- to create focus and energy with a degree of urgency

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### Achieving a balance between strategy and operations ...



*Lots of detail makes up a big picture but big pictures are often lacking in detail !*

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### Our goals ....

- twenty seven specific goals in our inaugural plan
- some highlight goals:
  - maximise integration of the Aged Care & Rehabilitation services into a single sub-acute program with a single point of entry and waiting list
  - fully integrate community and ambulatory services as part of the Sub Acute program
  - provide full bed substitution services in the community including graduated discharge program capacity

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More highlight goals ...

- achieve better than "state average" Average Length of Stay
- actively promote interdisciplinary teamwork and interdisciplinary educational development of staff
- establish Caulfield Hospital as a leading *Centre Promoting Health Independence* where person-centred care is the "norm"

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More highlight goals ....

- maximise opportunities of co-location with Community Health Service
- integrate our approach to quality – focusing on doing the right things right
- build our capacity to conduct research, education and performance evaluation

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So what did we do ?



- created an organisational structure capable of delivering on our goals
- focussed on the mix of *right* passengers on the bus for our journey

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What progress have we made so far ... ?

- 21 of 27 goals fully implemented
  - 5 in progress
  - 1 being re-thought !

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Some of our highlights on the journey ...

- **Our focus on clinical innovations and interdisciplinary projects**
  - established a CI & IP team – expands and contracts !
    - > able to respond to grant and funding opportunities in a timely manner
    - > provides project management support to a range of projects
    - > currently auspice the Victorian Sub-Acute Access Indicator project
  - Numerous interdisciplinary projects and innovation
    - > documentation, team work, hard of hearing, vocational retraining, interdisciplinary clinical orientation program, clinical practice reform workshop, "Falls Take 2"
    - > implementation of the Improving Care for Older People initiatives
    - > *lead agency* for numerous Statewide initiatives on Improving Care
    - > DVD coming soon to provide information and manage expectations "up front"
  - bi monthly Interdisciplinary Seminars
    - > hypotheticals, case studies, Health Services Commissioner, Elder Abuse, community policing, person centred care
  - overseen by monthly interdisciplinary clinical practice committee

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Some of our highlights on the journey ...

- **Engagement with our community**
  - established a Caulfield Hospital Consumer & Carer Reference Group
    - > meet six times per year
    - > securing the patient's/carer's input and perspective "up front"
    - > provide for interactions with staff on new ideas and programs
    - > appointing an Ambassador for Person Centred Care
  - established a Caulfield Hospital GP Liaison Group
    - > meet six times per year
    - > focus on education, enhancement of relationships, communication across the continuum
  - established a Research Strategy Steering Committee
    - > oversees our newly developed research strategy
    - > established a Research Grants program
    - > includes our university partners
    - > establishing new professor/director roles

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**Some of our highlights on the journey ...**

- **Focused extensively on improving access to our services**
  - Access pressure in The Alfred's Emergency Department is constant
  - More than 80% admissions to Caulfield Hospital are from The Alfred
  - Rehabilitation and Acute Aged Care Services need to be responsive ....
  - The Emergency Department can seem like a long way away !


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**Some of our highlights on the journey ...**

- **Implemented Separation Targets for all Inpatient Units August 2006**
  - Concept of targets already used throughout the health care system
  - Targets correlate with improved performance around the world
  - Based on Length of Stay in 2005/06
  - Reverse mathematics (LOS on its head) and improved by 10%
  - We were targetless ! Targetless-ness can make us a target !
- **Targets designed to be a catalyst for change**
  - Not the "be all and end all"
  - Realistic and achievable
  - To raise the question "how can we achieve this – what do we need to do ?"
  - Targets are well understood throughout the Health Service and reported daily, weekly and monthly at Health Service level – we measured, we reported and we understood the context
  - Greater flexibility between acute aged care and rehabilitation beds

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**Some of our highlights on the journey ...**

- **Implemented the Graduated Discharge Program**
  - substituted 10 beds in Feb 2008
  - reallocated \$870k
  - utilised reallocated revenue to fund:
    - > increase in community rehabilitation program by 20% including allied health, case manager, medical and nursing staff
    - > implement Care Co-ordinators in all Sub Acute units (eliminating duplication of assessment)
    - > constantly ask the questions: Is this patient medically stable ? Does this patient require 24 hr nursing care ?
    - > no \$ savings
  - provides value for money – providing service in the community is approximately 50% of the cost of an equivalent bed based service

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**Some of our highlights on the journey ...**

- **Focused on working proactively with the acute to sub acute interface:**
  - four major change/redesign ("lean thinking") initiatives
    - > timeliness of transfer to Caulfield Hospital
      - achieved 95% transfer time of 11:00 from The Alfred
      - average transfer time reduced by 3.8 hours
    - > "fast track" rehabilitation program for selected patients
    - > managing older patients in The Alfred \*
    - > managing older, acutely unwell patients at Caulfield Hospital \*

\* work in progress

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**Some of our highlights on the journey ...**

- **Improved access and reduced our length of stay**
  - established our Ambulatory Access Unit providing a one-stop shop
  - length of stay overall has reduced by **10.42%** 2007/08 when compared with 2004/05. **Rehabilitation LOS has reduced** from 33.7 days in 2004/05 to 24.90 days in 2007/08 – an improvement of **26.11%** and achieved in the context of greater acuity and complexity.
  - improved transfers from The Alfred by **28.29%** from pre Aug 2006 to June 2008. This equates with **more than 550 patient transfers per year.**

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**Some of our highlights on the journey ...**

- **Established an international community**
  - established a collaborative partnership with The Glenrose Rehabilitation Hospital
    - > bi monthly videoconferences
    - > range of exchange feature topics including: service profiles in inpatient and community aged care and rehabilitation, fundraising, management of behaviours of concern, service access and falls management
    - > multiple email discussions and queries
    - > evaluation recently completed
    - > working towards staff exchange program




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So have we reached our destination ?

**No !**

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A (timely) quote from Jim Collins ....

- *"the good to great companies were not, by and large, in great industries and some were in terrible industries. In no case do we have a company that just happened to be sitting on the nose of a rocket when it took off. Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice."*
- And so we continue to aspire ....

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The continued challenge ...

- unfinished business and our quest for improvement is ongoing
- person centred care is not the "norm" everywhere
- culture change takes longer in some areas
- some of our staff are our best assets
- and many of our passengers are now on another bus ...



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The Caulfield *FUTURES* bus has been "traded in" for a new interdisciplinary bus ....




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So have we made a difference ?

- We have looked briefly at three dimensions:
  - perspectives of our patients
  - perspectives of our staff
  - our outcomes

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**HEALTH WARNING:**  
*DATA must be interpreted with caution !!*

NEWS

### Assaults on the rise

**INTERVIEW**  
Violence, substance use and mental health issues are on the rise in the Caulfield area, with the police and Alfred Health working together to address the problem.

Alfred Health's *FUTURES* program is a key part of the response, providing support and resources to the community.

The *FUTURES* program has been instrumental in addressing the rising rates of violence and mental health issues in the area.

Alfred Health's *FUTURES* program is a key part of the response, providing support and resources to the community.

### Hot spot for burglaries

**22/1/06 10:45:11 AM**

A hot spot for burglaries has been identified in the Caulfield area, with the police and Alfred Health working together to address the problem.

The *FUTURES* program has been instrumental in addressing the rising rates of violence and mental health issues in the area.

Alfred Health's *FUTURES* program is a key part of the response, providing support and resources to the community.




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### What our patients say ...

- Victorian Patient Satisfaction Monitor (VPSM)
  - in the last five rounds of VPSM surveys, Caulfield Hospital patients have ranked their perception of service **at or above** the benchmark group average in 21 key areas including management of pain, quality of food, courtesy and responsiveness of staff, listening to concerns, attention to culturally specific needs, personal safety and clarity of care needs
  - patients tell us that we **can improve** in the areas of medication management and provision of information

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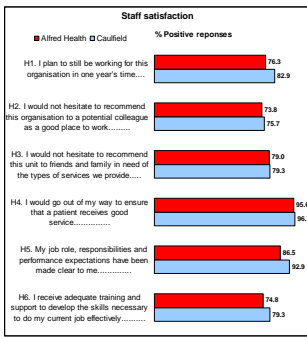
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### What our staff say ...




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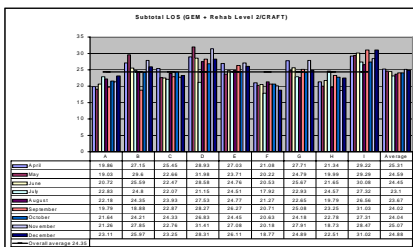
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### Are our outcomes good ?




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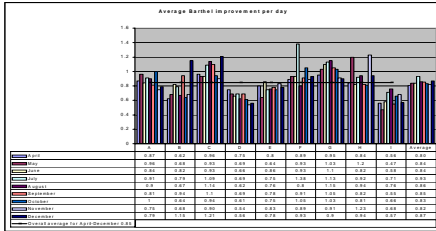
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Are our outcomes good ?





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