

Sustaining Patient Safety through change: The Nova Scotia Experience

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Our Plan

- Describe the “change” and the environment in which the change occurred (the What)
- Highlight the Commitments made and progress achieved (the How)
- One success – the proof that even in times of change quality and patient safety can thrive (the Most Important Part)

Context

- 10 health authorities (9 DHAs + IWK)
- Most complex labour relations environment in the country
- One of the higher costs per capita
- One of the lowest health outcomes in the country

Government Direction

- Consolidate 10 health authorities to 2 (NSHA and IWK)
 - Streamline administration
 - Streamline labor relations
 - Improve access to high quality service through planning as one province
 - Infrastructure and equipment
 - Human resources
 - Give patients choice

“Action-ing” that Direction

- Approach that supported preparation time
- Commitment to co-leadership and communication
- Legislation to strengthen planning, accountabilities, collaboration, integration, stewardship and quality
 - Clarity in roles and responsibilities
 - Focus on public engagement and public reporting
 - Creation of a multi-year provincial health plan, accountability framework with KPIs, and health system improvement plans
 - Addressed procedural privileging abilities
 - Created a council of unions

Challenges

- Provincial labour unrest
- Dismissal of 9 HAs left sense of community loss and centralization fears ('Halifax-centric')

Successes

- Government commitment
- Landmark legislation focused on quality
- Co-leadership model
- Streamlined labour environment
- Ability to plan as one province



Health Authority Additional context

- Change impacting health system support personnel for almost three years (shared/merged services)
- Difficult to find someone who wasn't "worried about their job" but difficult to assess what action you should take
- Some concern in staff and in public that change was all about \$\$\$
- Common concern about sustainability of the health system
- Labour unrest +++++++
- Poor health status on many parameters (chronic illness, wait-times for orthopaedic and other procedures etc.)
- Familiar and trusted leaders (Boards and Senior Executive Teams) exiting the system)

Health Authority additional context

- BUT ALSO:
- Hugely Committed front line health care and service providers, physicians, leaders and regulators
- Very positive Accreditation Status (All DHAs/IWK either fully accredited under former or current levels of accreditation and some with Commendation and exemplary status)
- 30+ Leading Practices with Accreditation Canada or jointly between Accreditation Canada/Canada Health Infoway
- Department of Health & Wellness rejuvenated quality, safety and wait times branch

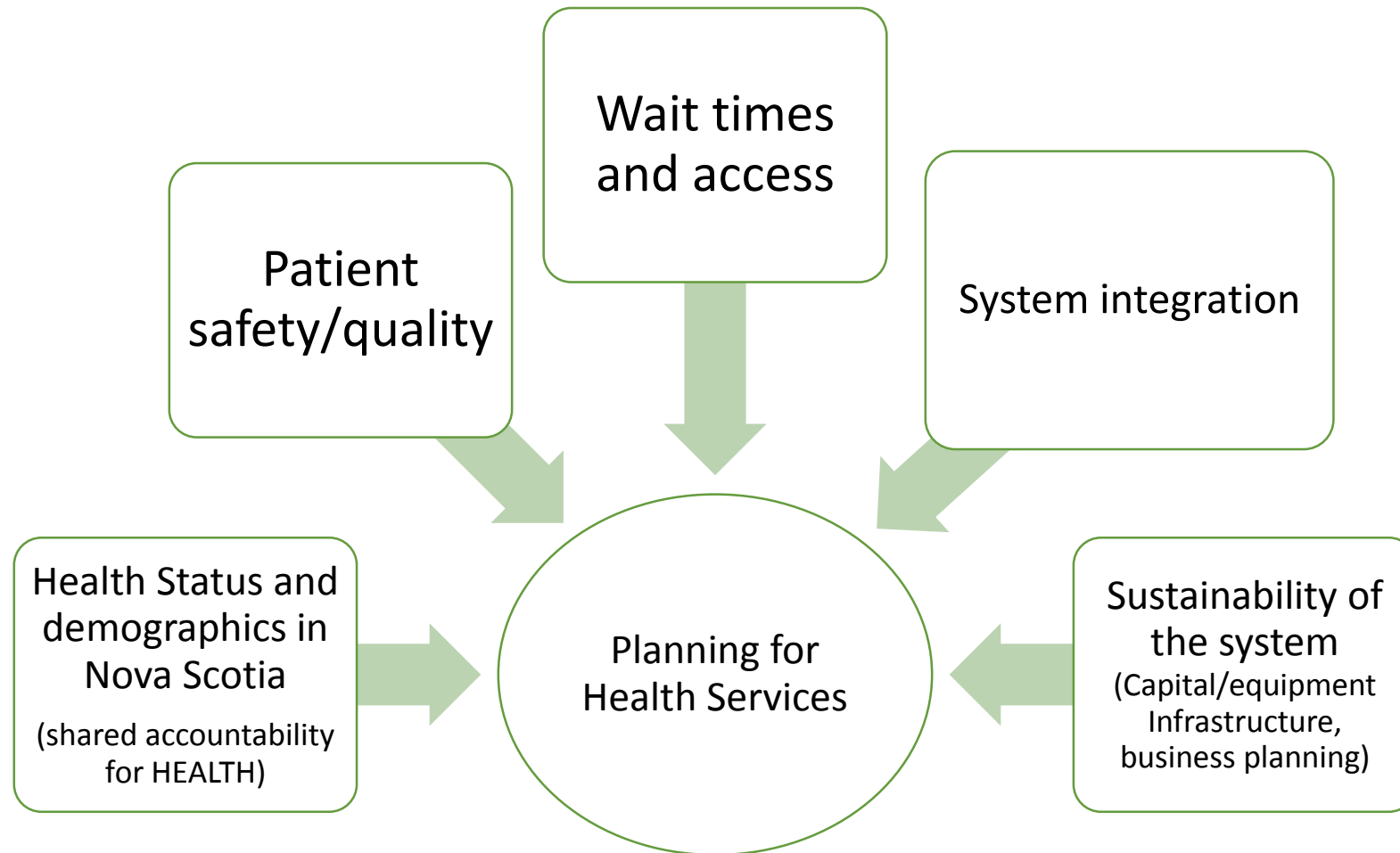
Health Authority Additional Context

- *BUT ALSO contd*
- Some hard lessons learned (patient safety and infection prevention and control and other areas)
- Historic and current commitment to: serious reportable events and patient safety indicator reporting, disclosure of patient safety events, patient experience monitoring and actioning patient engagement
- Commitment to best practice & research (EXTRA fellowships, TRIC grants etc.)
- All health authorities with Quality & patient safety frameworks

Focus in Transition

- Get Mission, Vision, Values and the Case for Change Clear in Early Days of Transition Planning
- Early recognition of the Value of Consultation/Engagement cannot be over emphasized

The case for change – Provincial Planned, Locally Delivered



- Vision:** Healthy people, healthy communities - for generations

- Mission:** To achieve excellence in health, healing and learning through working together

- Design Principles:** Safety, Relevance, Worklife, People-Centred, Continuity, Effective, Efficient & Sustainable

Detailed Focus in Transition

- ***Hear your stakeholders and the public***
- To extent possible, keep the “noise of transition” away from the important work
- Clear Messages :
 - We cannot lose ground on Patient Safety and Quality
 - Don’t stop doing anything you’re doing for Q&PS (All work is good work)
- Find best practice. Learn from the experience of others
- Work together as colleagues in health authorities throughout the province but also with DHW – co-lead
- Remember that success is dependent on how you effectively manage, lead and support through change (Change management as a focus during transition)

Detailed Focus in Transition

- Project management expertise is crucial
- Make a plan, stick to it
- What do we want to do; how do we want to do and what are the crucial **tools in transition and in the first year of operation**
- Transition teams meeting at least weekly
- Involve all leaders whether part of transition teams or not
- Commitment to evaluation

Start Healthy

- Former Q&PS structures transitioned until new are in place
- High level of Commitment sustained
- Quality, Patient Safety & Risk AND System Performance Plans developed and approved for the period up to and including March 2016
- Accreditation Decisions Made
- Accountability Agreements in Place
- Wonderful work continued

Achievements during times of Change

- My Care My Voice wins 3M award during change to one health authority
 - Overview of initiative
 - Vision was to improve care experiences for multi-morbidities and chronic conditions

My Care My Voice initiative

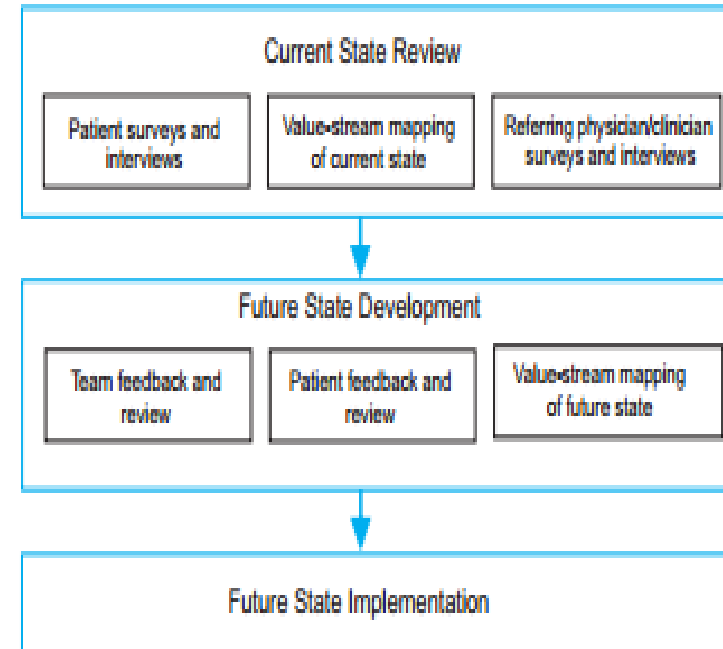
- My Care My Voice initiative wins 3M award during the change to one health authority
 - Service in NSHA wins 3M Award
 - Initiative to improve care and care experience for individuals with multimorbidity
 - Quality and patient safety key considerations
 - Multimorbidities reduces quality of care for patients and creates safety issues due to unnecessary or wrong tests / treatments

Organizational vision and direction supports initiative

- NSHA supports quality and safety initiatives
- Organization culture creates support for innovation and stability despite change in organization structure
- Multimorbidities is part of strategic priority

My Care My Voice Initiative

- 2012 – 2015
- Service that deals with individuals who have > 3 chronic conditions, high ED utilization and hospitalization, high disability costs and poor care experiences
- Novelties of initiative
 - Co-design approach with patients as team members and advisors
 - Modified value stream mapping methodology
 - Multiple stakeholders engaged
 - Change in processes to improve quality of care and inclusion in care to improve experience and health outcomes

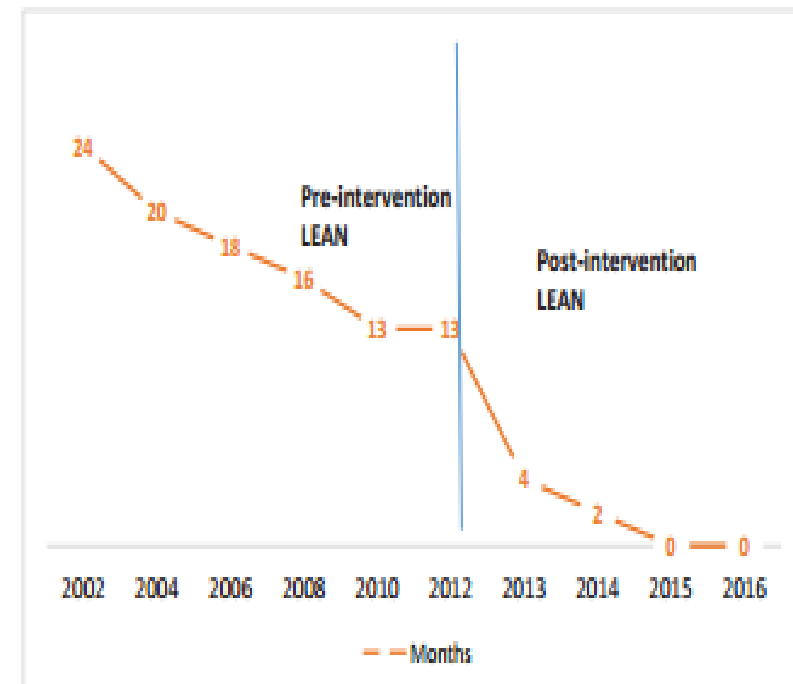




NSHA Team Wins Prestigious National Award

NSHA TEAM WINS PRESTIGIOUS NATIONAL AWARD FOR IMPROVING PATIENT ENGAGEMENT, WAIT TIMES

- Organization provides stability and support for initiative
- Patients have better care experience
- Secondary outcomes – reduction in wait times to care



The Elements for Success

- Stable vision during organization change process
 - A stable element for employees during change process, Brigitte et al. 2009, Organizational change competence
- Persuasive communication strategies to create a unified vision
 - Creates a stable focus during change processes
- Patient engagement and safety as a persuasive communication strategy for NSHA
 - A culture of patient safety and engagement as an element of stability during organizational change process
 - Bishop and Fleming 2014 Healthcare Quarterly

Questions

- QUESTIONS/COMMENTS???