

Victoria's Workforce Redesign Toolkit

A Call for Tools and Case Studies

Facilitated by the Service and Workforce Planning Branch,
Department of Human Services

Submission due date: **Friday 25 September 2009**

Submissions to: workforce@dhs.vic.gov.au

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Overview

Victoria has made significant achievements in workforce redesign and as a result, a broad range of tools and expertise have been established in the state's health and community services.

Victoria's Workforce Redesign Toolkit is an opportunity for health and community services in Victoria to share experiences and learn from the wide range of workforce redesign initiatives that have taken place across the State.

The tools, technical skills, processes, and case studies that have already been developed in Victoria are an invaluable resource for peers in other Victorian health and community services that are undergoing or looking to undergo workforce redesign in their workplaces.

Not only is this an important opportunity for you to contribute to capacity building in workforce redesign skills and expertise in the sector, but it is also a great opportunity for you to document and communicate your experiences, show-casing the hard work that has already been done, and the lessons that were learnt along the way.

The Department of Human Services (the department) has received many requests for greater access to practical tools and technical support in how to actually implement changes on the ground. As such, the department views the role of facilitating this process and compiling your experiences into the "Victoria's Workforce Redesign Toolkit" as key to supporting Victorian workforce redesign this year.

We are calling for health and community services to contribute tools, documented processes, and case studies of your redesign experiences, to enable us to develop this important and timely "by industry, for industry" resource.

This document provides some brief guidance on how to make contributions of case studies or tools, and the scope of the contributions the sector has asked for. This document also incorporates an example of a *pro forma* licence, to ensure that the intellectual property and copyright of the material contributed by health and community services is respected. The completion of the *pro forma* licence will only be required for material that is selected for inclusion in the toolkit. Arrangements can also be made if there is a preference for tools or case studies to remain un-identified.

Background to Workforce Redesign

Workforce redesign aims to improve service sustainability, including its ability to respond to changing demands while maintaining the quality of patient care. This is achieved by enabling the best possible use of the skills and competencies required of the workforce in the workplace. Workforce redesign is becoming more widely considered as the sector endeavours to meet increasing and increasingly complex community need with a shrinking workforce. The *Better Skills Best Care* (BSBC) strategy represents the department's key work in the area of workforce innovation and redesign. The BSBC strategy outlines a number of ways that roles within a team may change to bring about effective workforce redesign. These include:

- 1) **Vertical expansion:** *transferring tasks or roles up or down an existing hierarchy*
- 2) **Horizontal expansion:** *widening roles to bring together related tasks*
- 3) **New role creation:** *combining new and/or existing roles and functions in innovative ways*
- 4) **Existing roles, new setting:** *applying the existing skills and knowledge for an existing role to a new setting to improve the service delivery. (BSBC 2007, p.2).*

Project Rationale

Workforce redesign innovations and initiatives have been underway in Victorian health and community services for a number of years. They have been applied in a wide range of service settings and workplaces, and involving a wide range of healthcare professionals. For health and community services considering workforce redesign initiatives in their organisations, this equates to a breadth of experiences from which to draw technical tools, strategies, and lessons from.

The department has received an increasing numbers of requests by health and community services for workforce redesign solutions to the challenges of increasing demand for services and shortages in the workforce. In 2008, as part of the state-wide rollout of assistant roles piloted in BSBC Stage 1, the department delivered a series of workshops in rural, regional and metropolitan locations. During these roadshows the sector expressed the need for tools and practical guidance on how to implement redesign in their organisations, and acknowledged the potential benefits of sharing the existing tools that have already been developed by health and community services across the state.

These requests were reiterated in the 2008-09 series of allied health forums, during which the department sought feedback from allied health professionals on priority workforce issues to be addressed in the department's future allied health strategy.

As such, capturing and sharing the existing practical and technical tools, processes and examples is the next step in empowering health and community services with workforce redesign solutions. This paves the way for the industry to formalise best practices, and will assist those undertaking workforce redesign in avoiding duplication of effort across the state.

In 2008-09 the department will facilitate the process of collecting and consolidating existing resources into a central depository that can be accessed widely by Victorian health and community services. The particular focus of this piece of work is on support roles and advanced practice roles. There will be an initial paper-based resource, entitled:

- **Victoria's Workforce Redesign Toolkit**

The objectives of the workforce redesign toolkit and case studies compilation are:

- To capture and consolidate industry experiences and technical tools
- To facilitate industry collaboration and ideas sharing
- To promote access to industry-tested and developed tools
- To provide an opportunity for Victorian innovators to show-case their experiences
- To tell the Victorian story

Scope of Victoria's Workforce Redesign Toolkit

The scope of this project includes:

- Support level (e.g. allied health assistants) and advance practice roles from redesign experiences in health and community services across Victoria
- Workforce redesigns that have taken place since 2004
- Workforce redesigns conducted in all health and community service settings, including primary health care, emergency, residential and aged care, mental health, and health promotion and education

The tools and case studies included will:

- Provide examples of experiences and projects that have already taken place, and from which others can learn
- Be adaptable and can be modified to suit individual situations

- Highlight key ideas, concepts, formats, and approaches

How to submit tools and case studies

Contributions are due by **Friday 24 September, 2009**. To submit a contribution, the following is required:

- A completed submission form per tool or case study
- An electronic version of the tool or case study
- For tools and case studies that are owned by the health and community service, a signed licence to enable the department to use, reproduce and publish the material is also required, to ensure the organisations' intellectual property and copyright is respected. This process will only be required for material that is selected for inclusion in the toolkit. An example of this *pro forma* licence deed is included with the submission form for your information.

Between now and the date for submission, health and community services are encouraged to contact the department to discuss the tools and case studies they plan to contribute.

Methodology

What happens to your tools and case studies once received by the department?

Once tools and case studies are received, editing and formatting will take place, in close consultation with authors. Author approval is required for the final version of case studies and tools included in the toolkit.

Tools may be reviewed by the Expert Reference Group to determine their appropriateness and applicability. This process is important to ensure the useability of the toolkit, and to ensure that appropriate accompanying information and text is provided to support the reader in understanding the application of the tool. Reflection on adaptations you would make if you were to use the tool again would also be appreciated. This process will happen in close consultation with authors.

Developing the toolkit framework

During the collation and compilation process the tools and case studies will be categorised and organised into stages of the project cycle. Table 1 in the Appendix outlines an initial Workforce Redesign Framework. The toolkit will be structured in accordance with this framework, which will evolve as contributions are received.

The department, in consultation with the industry leaders, will develop supporting text, links, and relevant submitted case studies, to develop the toolkit framework. Gaps in the toolkit will be identified and communicated to inform the sector of what aspects of workforce redesign require further development. Where appropriate, the department may also consolidate samples of tools into loose templates.

The toolkit will then be formatted into a paper-based version and later a website. These formats will also be tested and piloted in consultation with the industry.

Note on the use of the case studies

Applicable case studies will be included in the "Victoria's Workforce Redesign Toolkit" to support the tools by providing real-life examples and context. Case studies will also be included in a compilation report of case studies to tell the Victorian story of workforce redesign and innovation. As arrangements will be made to ensure intellectual property and copyright of the case studies rests with the health and community service, case studies can also stand alone, and the department encourages health and community services to use them for marketing, communication and promotion purposes.

Timeline

Stage 1: Request for tools and case studies distributed	29 April 2009
Stage 2: Tool and case study contributions received by the department	Friday 24 September 2009
Stage 3: Release of Victoria's Workforce Redesign Toolkit	TBC 2009

Guidelines for contributing tools

Tools selected for inclusion in the toolkit will be based on the development of a tool set that represents a range of diverse roles and settings, and captures a range of aspects of the workforce redesign toolkit. The number of tools will be capped to ensure the accessibility of the tools in the toolkit.

Tools will be eligible for inclusion if deemed acceptable by the department and the Expert Reference Group. Acceptability refers to characteristics such as usefulness, applicability, and effectiveness. Further, the following eligibility criteria apply:

1. Used in the implementation of a support role or advanced practice role
2. The tool has been tested and utilised as part of a workforce redesign initiative
3. The tool has been used in a redesign that has taken place since 2004

Tools can take many forms such as templates, documented processes (both formal and informal), evaluation forms, or questionnaires. Appendix 1 provides an initial workforce redesign framework, which indicates the proposed structure of the toolkit. Tools contributed should correspond to one of the stages of the workforce redesign process. In Table 1 each of the stages are broken down into some examples of thematic activity areas, to indicate the range of tools and processes we hope to include in the toolkit.

Guidelines for contributing case studies

The following eligibility criteria apply:

1. Based on a workforce redesign involving a support role or advanced practice role
2. The redesign involved has taken place since 2004
3. The case study is less than 1000 words in length
4. Appropriate organisational approval for submitting the case study has been granted

Our preference is that there is a clear beginning, middle and end to the story – illustrating a journey as opposed to a step-by-step account of what took place.

To focus your case study it is useful to pose a case study question. To do this, you could consider what you think the audience (other health and community services) would gain from hearing about your experiences, or what the most valuable lessons you learnt from the experience. Examples of case study questions include:

- What were the environmental factors that caused the organisation to think about redesign?
- How was workforce role redesign identified as the solution, or how was the workforce redesign opportunity identified?
- What was the process of project implementation you went through?
- How did the clinical governance framework evolve through the project?
- What have been the impacts of the role redesign?
- How was role redesign perceived in your organisation, and how did you manage this?
- If you had your time again, what would you do differently?

You may wish to present on the evolution of a particular idea or issue, or how the impacts of the project unfolded, or the important factors contributing to the success of the project, or how you went about brokering change. You may or may not wish to approach this journey chronologically.

Other information you could provide includes:

- Brief description of the organisation
- Background and aim of the workforce redesign
- What is the change?
- What and how was the opportunity identified?
- What were your existing organisational strengths that positioned your organisation well for workforce redesign?
- What and how were the potentials within the organisation identified?
- Was there anything happening in your organisation that created a positive momentum for the change?
- How did you implement the change? What tools did you use?
- What factors contributed to the success of the workforce redesign?
- Whose support was crucial to the success of the redesign?
- What were the measures of success (direct, indirect, expected, or unexpected)?
- What has been the sustainability and long-term plan?
- Are there any comments from the individual professionals, up-stream or down-stream workers, patients, or management that really sum-up the story?

It is also important to consider the perspective from which you want your story told. It could be from a patient/client perspective, another affected staff cohort, the individual health professional involved, hospital management, or the project lead. A quote gives life to a case study, and provides an opportunity for the reader to hear directly from those involved.

General conditions

- Case studies and tools must meet eligibility criteria as outlined above
- In cases where the intellectual property copyright rests with your agency, the department requests that a licence be granted to the department. Please refer to the *pro forma* licence attached to the Submission Form for your consideration and signature.
- Case studies and tools are going to be widely disseminated, and will be made available online. Case studies and tools may also be used in departmental promotional materials.
- Health services can elect to be identified or de-identified in the publications.

Request for further information

Service providers may contact Grainne McCullough on (03) 9096 7941 or by email at grainne.mccullough@dhs.vic.gov.au for further information.

Appendix 1 – Workforce Redesign Framework

Table 1: Workforce Redesign Framework			
The Steps	Formal Project Stages	Examples of Theme	Examples of Tools
Getting Started!	Project Scoping	Establishing the need for change	Needs analysis
			Driver diagrams
			Data collection and analyse data e.g. complaints, clinical outcome measurement, audit data
			Human Resource data such as exit interviews – indicate retention issue
		Horizon scanning	Benchmarking with other services
			Systematic literature review
		Situation analysis	Under utilised components of the workforce
			Alignment with strategic plan / organisational values / DHS state wide plan, etc.
			Service profile
		Identifying workforce opportunities	Deciding on change response
			Identifying levers, opportunities and barriers for change
			SWOT analysis
			Decision tools /feasibility
			Workforce/workflow mapping
		Assessing change readiness	Site readiness analysis
			Change impact statement
			"Need for change" methodology
			Stock take of industrial relations situation
Getting your head around it!	Project Planning	Pilot selection	Pilot identification matrix
		Project definition	
		Identifying upstream and downstream effects	Mapping
		Stakeholder engagement	Identification
			Analysis and management
			Communication strategy framework
		Buy-in strategies	Innovation communication and awareness promotion
			Staff engagement
			Key messages
		Collecting evidence	Identify what is meaningful to your organisation / unit? e.g. Establishing processes for identifying and collecting audit data, clinical outcome measures, complaints, consumer surveys, literature review.
		Financial considerations/ cost effectiveness	Timeliness
			Budgets and costing
			Funding options
			Business case
			Project submissions
		Feasibility and sustainability	Managing change expectations
			Building momentum for change
Identifying and managing change resisters			
Selecting change agents			
	Representation		

Getting things organised!	Project management	Establishing project team	Terms of reference	
			Size	
			Key competencies	
			Communication and structures e.g. terms of reference	
			Find a "clinical champion"	
		Structuring and running the project	Project management toolkit links	
			SWOT analysis	
			Monitoring and evaluation	
			GANT chart	
			Process mapping	
Getting Going!	Project implementation and execution	Clinical governance	Clinical governance	
			Definition	
			Risk management	Triage tools - e.g. Inclusion/exclusion criteria mapping
				Mapping standard practice for the patient cohort or disease (multidisciplinary model)
				Treatment protocols Clinical guidelines/pathways
				Assessment forms
				Standard outcome measures (validated where possible)
				Risk management plan
				Indemnity/insurance
			Red-flag documentation – indicators that alert the practitioner that the patient presentation/history/characteristic is outside scope	
Competency, training and education	Identification of competencies of advanced practice / support workforce			
	Competency gap analysis			
	Designing training in-house			
	Tailoring training/accreditation to your organisation			
	Position descriptions			
	What training already exists?			
	Supervision and delegation models Algorithm...."chain of command"			
	Competency assessment tools			
How did we do?	Evaluation and reporting	Clinical governance	Consumer participation	
			Consent processes	
			Patient information e.g. education materials	
			Consumer engagement e.g. focus groups	
			Clinical effectiveness	Quantitative and qualitative data
				See baseline data collection
				Interviewing
				Surveying
				Focus groups
				Audit e.g. adverse events, adherence to process, key performance indicators
Clinical outcomes				
Knowledge, attitudes, behaviour and practices evaluation				
Key performance indicators				
System improvements				
Quality and safety				

				Satisfaction surveys
			Evaluation of workforce innovation	Evaluation questions
				Most Significant Change
Sustainable change!	Project closure		Ensuring sustainability	Business model or cost benefit analysis of above data
Transferring the learning's!	Documentation and research		Communicating your findings	Submitting to peer-reviewed journals
				Conference presentations
				Summaries/reports on common website e.g. DHS website.