



HUNTER NEW ENGLAND
NSW  HEALTH



The Maggie Program

Dr Ross Kerridge
May, 2006

The Maggie Program

Do you recognise this hospital?

A financially stressed institution that has recently been restructured.....

Under the management of an acting or newly-appointed executive officer....

Housed in a mismatched collection of unsuitable buildings that are being redeveloped....

Staffed by a dysfunctional group of difficult personalities....

United only by a common grievance about parking

The Maggie Program

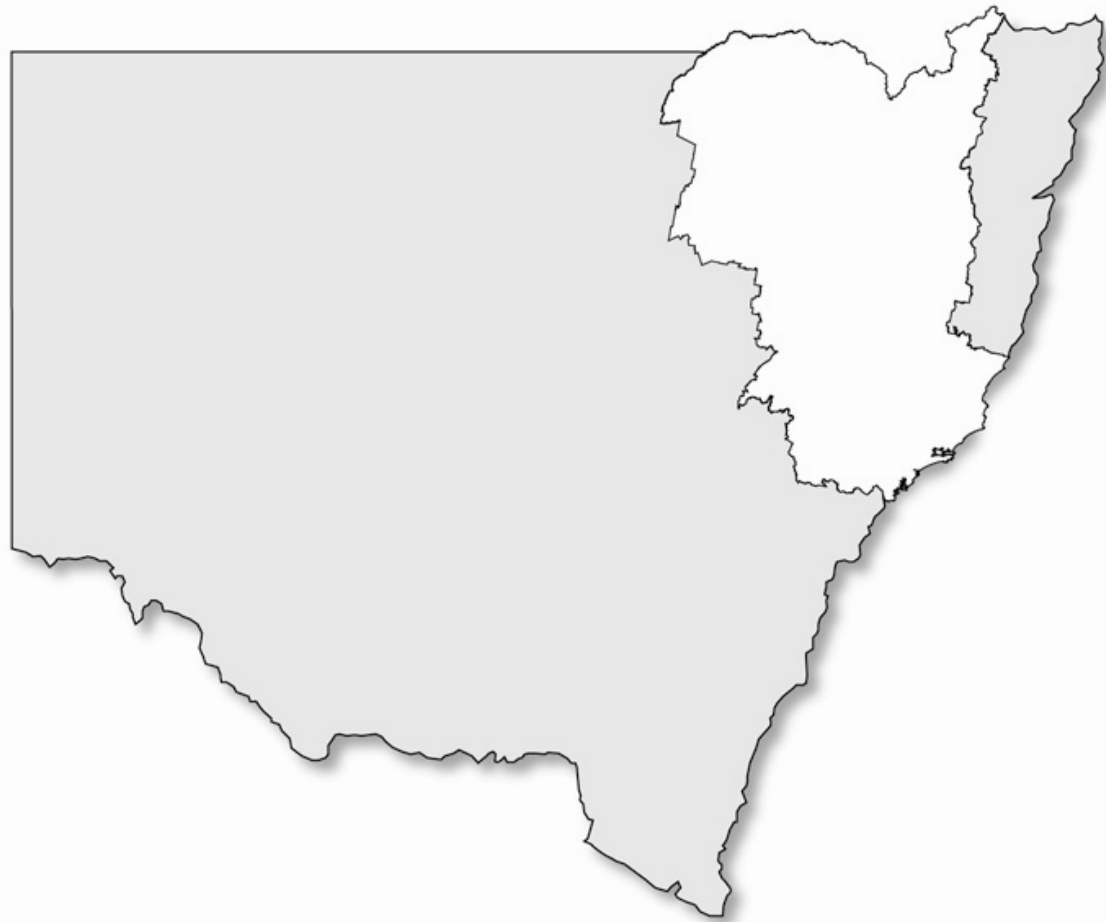
HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Hunter New England Health was established on 1 January 2005 . . .

- Provides care for approximately 840,000 people - 12 per cent of the State's population
- Covers a geographical area of over 130,000 square kilometres – the size of England!
- Has approx. 14,500 staff (or 10,500 FTE)

The Maggie Program



HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Who is Maggie?

- The face of The Maggie Program
- Maggie's story is based on a real patient's experience
- Represents the 800,000+ people to whom HNE Health provides care



The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

The Vision for Maggie's Journey

ORIGINAL MAGGIE STORY



- Fragmented
- Reactive
- Poor information sharing
- Multiple complications

NEW MAGGIE STORY



- Maggie was an 87 year old Italian lady who lived in a hostel – active and independent.
- Admitted with hip pain following a fall.
- Had a history of heart disease & diabetes - on 12 different medications.
- Maggie was cared for in the Emergency Department and in 6 wards. Had 2 trips to Operating Theatre and Recovery Room.
- Finally discharged back to hostel after 53 days.

We plan to improve the journey for patients like Maggie by changing the culture, structures and processes of healthcare using the clearly defined Maggie Program Aims and Guiding Principles.

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

What I am going to say....

- The health system is not delivering the outcomes we expect
- The problems are deep seated and systemic
- Point specific or incremental solutions have not delivered sustainable benefits
- Broad based transformational change is required to properly address these systemic issues
- Focus on designing, managing and monitoring patient journeys

Our health system has problems

■ Unsafe

- 16.6% of admissions associated with an adverse event¹
- 3% resulted in permanent disability or death¹
- 19% believe a mistake had been made over the past two years in an international survey of 5 nations²

1.QAHCS (1995) MJA

2.Survey of Hospitalised Patients (2003) Health Affairs

Our health system has problems

- Unsafe
- **Inaccessible**

- Access Block of >50% - not admitted within 8 hrs
- >4000 people on our surgical waiting lists (Jan 2004)
- 23% delayed discharge

Our health system has problems

- Unsafe
- Inaccessible
- **Increasing costs**

- Salary award increases
- Goods and services > CPI
- Decreasing access to private primary carers

Our health system has problems

- Unsafe
- Inaccessible
- Increasing costs
- **Workforce shortages**

- >20% doctors are overseas trained
- Staffing in crucial areas dependent on Area of Need
- Critical shortages in Nursing and Allied Health

Our health system has problems

- Unsafe
- Inaccessible
- Increasing costs
- Workforce shortages
- **Lack of consumer involvement**

“Disconnected victims of an ailing system”

Health Service Reviews: Consistent Themes

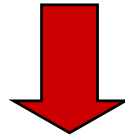
- Poor organisational & quality structure
- Poor lines of responsibility
- Poor communication between departments
- No monitoring of patient safety/quality
- No adverse event reporting system
- Professional silos
- Blame culture

Do we need to re-design and improve systems?



What is the Maggie Program?

Transformational change is required to address the entrenched systemic problems of our healthcare system



The Maggie Program is the reform strategy for HNE Health

It is a:

- vehicle for significant cultural change
- vision for the way business will be conducted in the future
- methodology which places the patient at the centre of everything we do and views patients as individuals, not a diagnosis or problem
- means of streamlining and simplifying systems by removing complexity and duplication to provide a 'smoother' journey

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

The Maggie Program is based upon:

“The First Law of Improvement”

“Every system is perfectly designed to achieve exactly the results it gets.”

“If you don’t like the results, change the system.”

*Don Berwick, CEO,
Institute for Healthcare Improvement, Boston*

What's the difference?

- Team approach
- Cooperation above professional boundaries
- Focus on patient need
- Trust between providers
- Simple system - based on first principles
- Good information sharing
- Coordinated hospital systems

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Background

- Maggie Program - commenced May 2002
- Key decision by Area Executive Team in December 2002: Maggie Program is **the** reform strategy for Hunter New England Health
- Aims
 - improve access to care
 - improve clinical integration
 - increase services in hospital and community
 - increase patient satisfaction
 - reduce LOS
 - improve patient safety
 - improve staff satisfaction
- Savings reinvested as extra capacity

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Benefits Targets

The former Hunter Health Board set the following targets over three years...

1. **Reduced Length Of Stay (LOS)**
 - 10% reduction across 6 major hospitals
2. **Improved access to care**
 - 75% reduction in access and exit blocks
 - Improved clinical integration
 - Increased services in hospital and community
3. **Improved patient satisfaction**
 - Increase from 87 to 95%
 - 30% reduction in ED wait times
4. **Improved patient safety**
 - Reduction in bed days due to adverse events 30%
5. **Improved staff satisfaction**
 - 45% improvement in overall staff satisfaction to best in class levels

Productivity Dividend

- Area management decided to reinvest savings as extra capacity to achieve:
 1. Decongestion of existing system
 - Reduce Access and Exit Block
 - Reduce ED Wait Times
 2. Improved clinical care
 - Clinical co-location of like patients
 - Increased staff time and expertise
 3. Increased services
 - Reduced waiting lists
 - Increased throughput
 4. Technology to support care
 - Equipment
 - Information Technology

Example: Emergency Department

- Ambulances delayed
- Patients waiting
- Access block
- Staff under pressure
- Growing demand

Example: Emergency Department

- Traditional service delivery model focuses on:
 - individual patient care
 - teaching junior doctors
 - priority
 - learn by experience
 - traditional professional roles protected
 - barriers to patient flow
- Meanwhile, people waiting on other side of the door
- No one managing overall patient flows

System needs redesign

OLD

Individual patient care

Train junior staff

Preserve professional roles

Continue what we learnt

More will fix it

FOCUS

PARADIGM

NEW

Manage patient flow

0% LTO

0% waiting > targets

0% Access Block

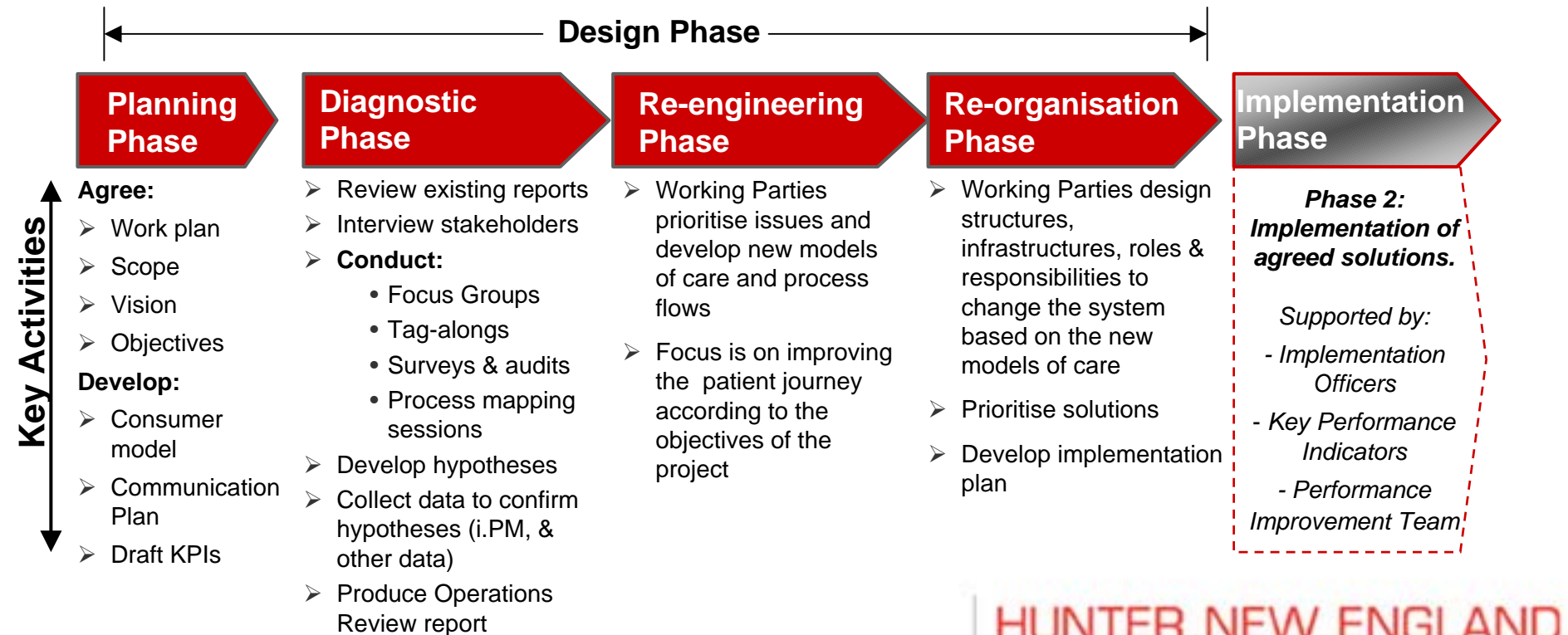
0% staff stress

Redesign will fix it

Methodology

A Maggie Project has two major phases:

1. A design phase with discrete blocks of work (may span 12-20 weeks)
2. A supported implementation phase



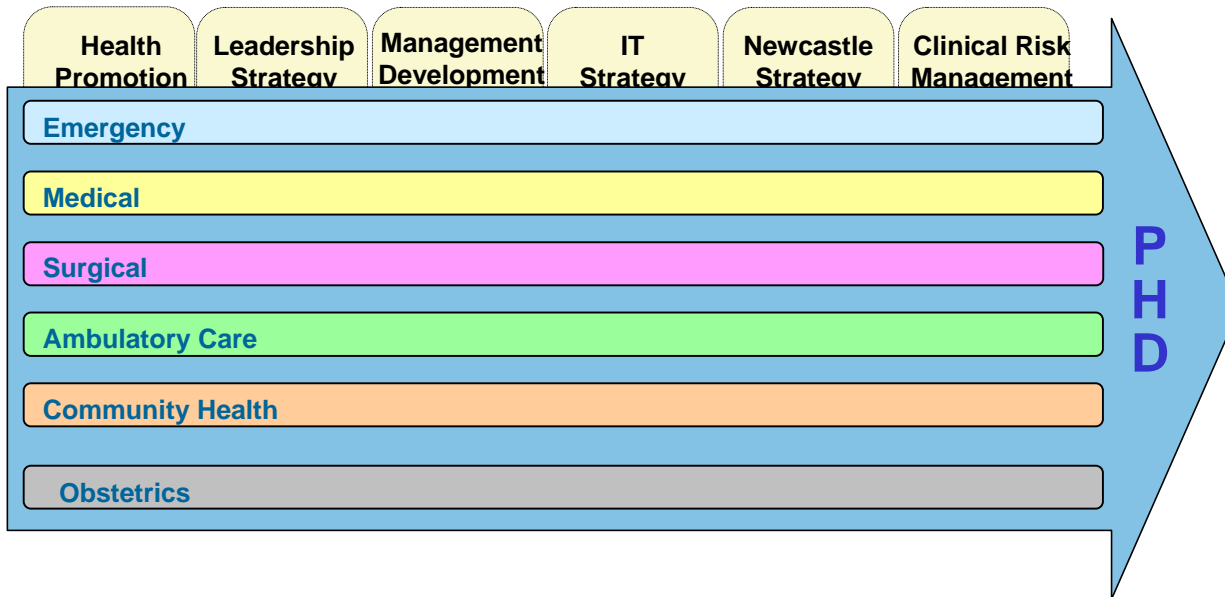
Maggie Projects 2002-2006

- Emergency Departments (6)
- Medical Inpatient Care (9)
- Surgical Inpatient Care (1)
- Community (1)
- Rural (1)
- Ambulatory Care (1)
- Oncology Ambulatory Care (1)
- Operating Theatres (1)
- Access Block (2)
- Service Configuration / Patient Logistics (1)
- ED to Inpatient Handover (1)
- Obstetrics & Gynaecology (1)
- Chronic Disease - Type 2 Diabetes (1)
- Child and Youth (1)
- Adult Acute Inpatient Mental Health (1)
- Transfer of Care Coordination (1)
- Ortho-Geriatrics (1)
- The Patient Journey (1)
- After-Hours Theatre Access (1)

The Maggie Program

A Framework For Change

PATIENT JOURNEYS



DESIRED OUTCOMES

VISION: Hunter New England Health is the leader in creating healthier communities

MISSION: To improve the health of the people of the Hunter and those referred to us

Goals:


1. Effectively promote good health and prevent disease
2. Deliver high quality patient care
3. Ensure sustainability

- The Maggie Program seeks to realign health service delivery around specific 'patient journeys' through the system and is the overall framework for most major change programs within Hunter New England Health
- Other strategies will be aligned with The Maggie Program to ensure appropriate direction and use of resources
- Benefits will be tracked within the Balanced Scorecard framework

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.



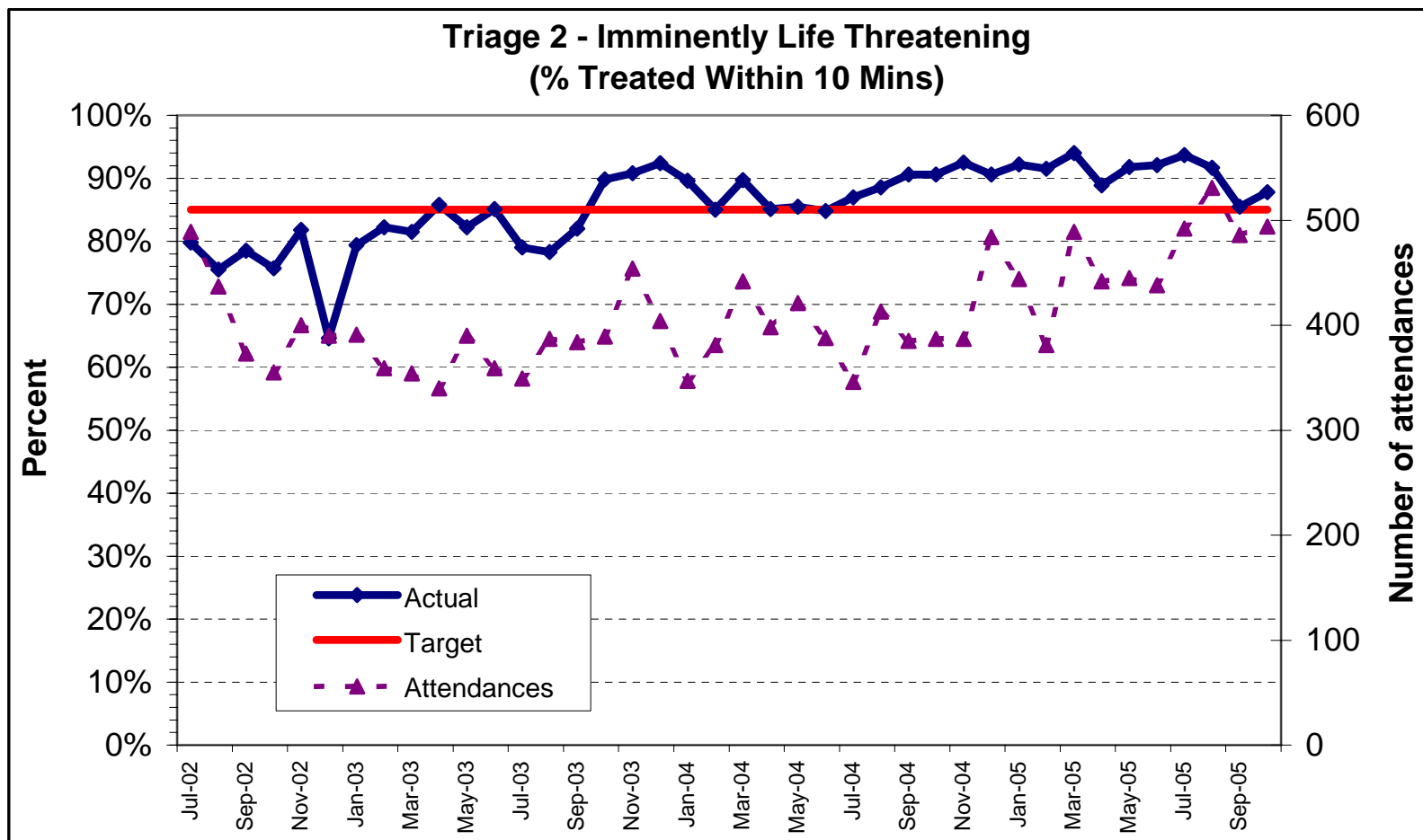
What we have
achieved in 3 years

The Maggie Program

HUNTER NEW ENGLAND
NSW  HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

John Hunter Hospital - Emergency Department

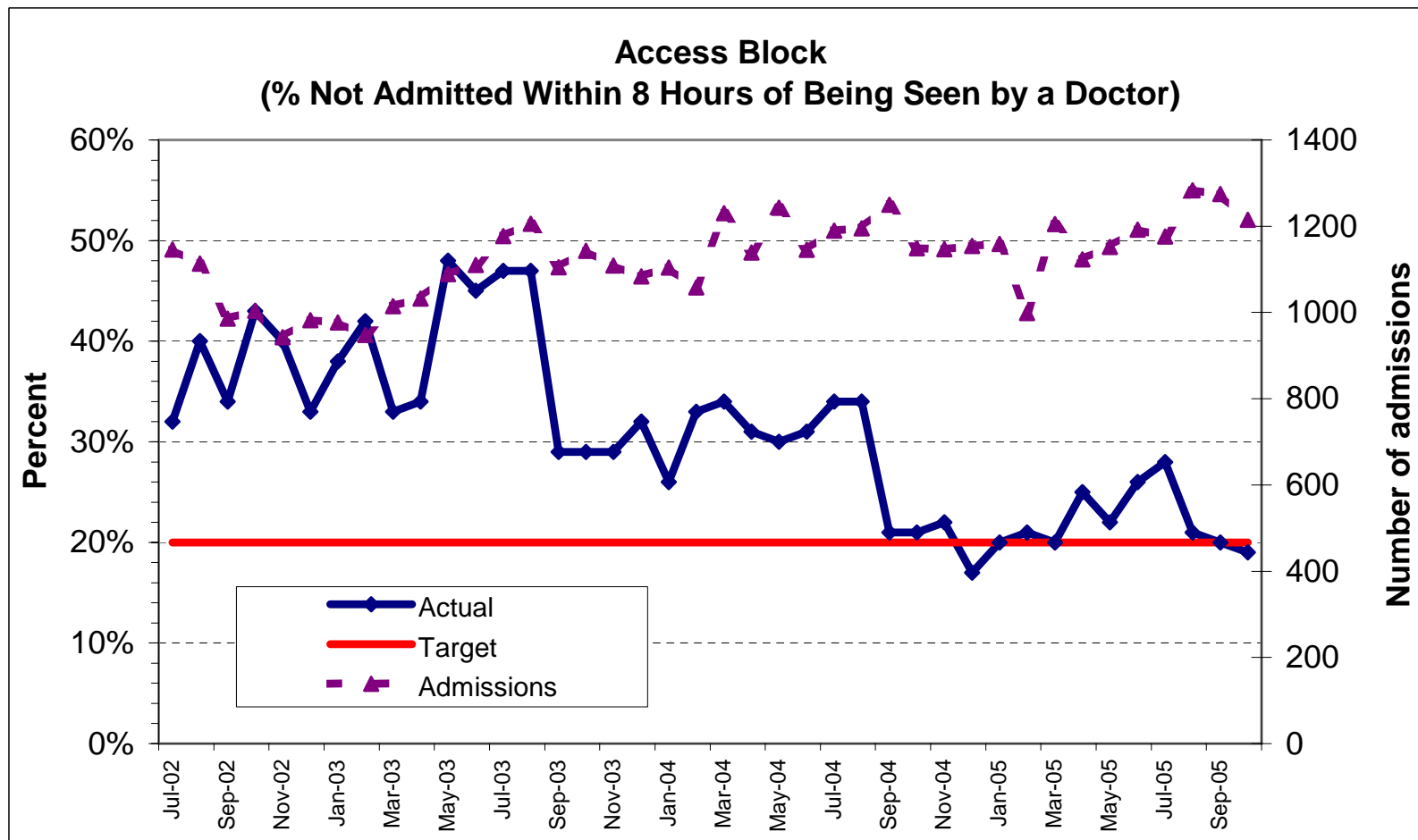


The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

John Hunter Hospital – Access Block

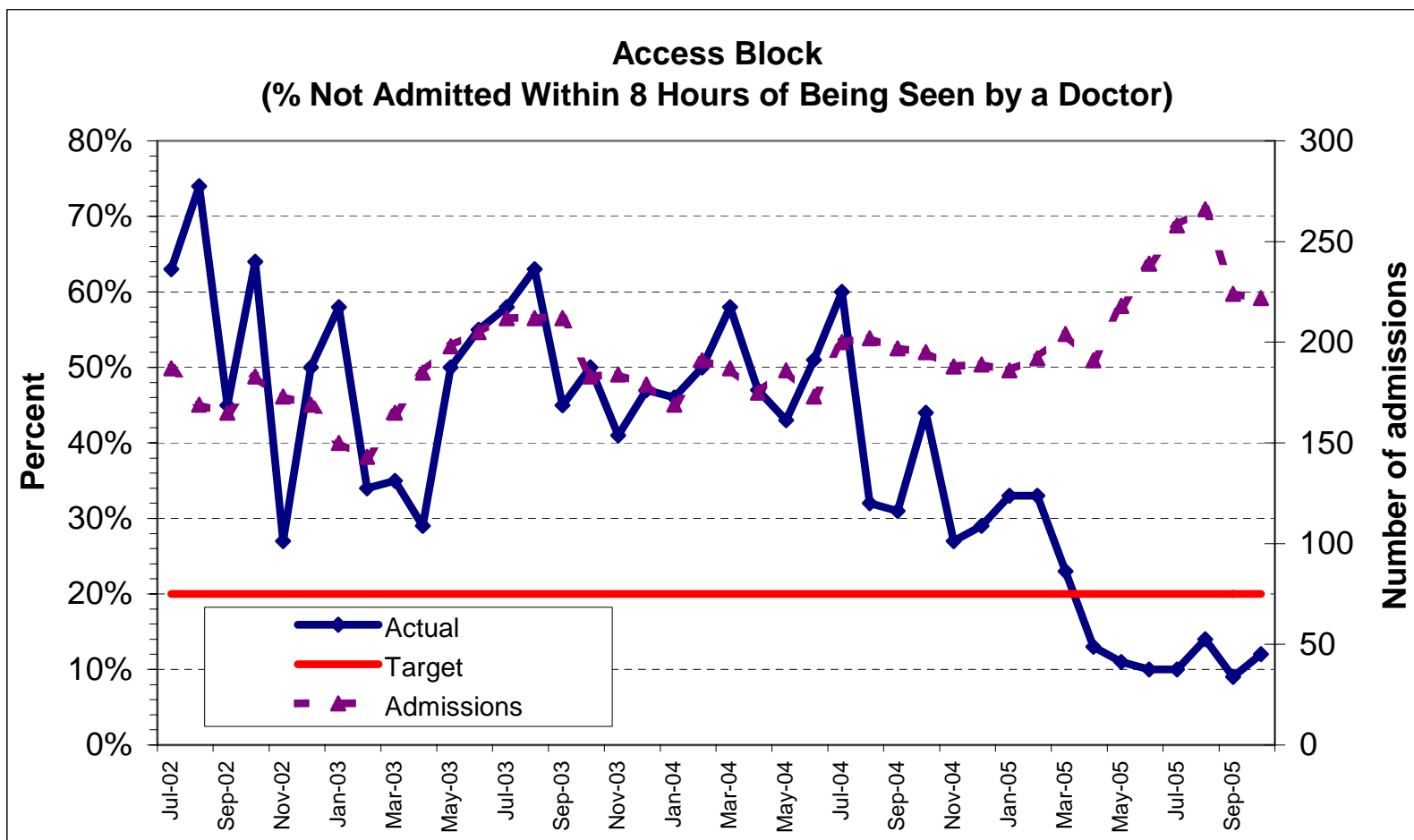


The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Belmont District Hospital – Access Block

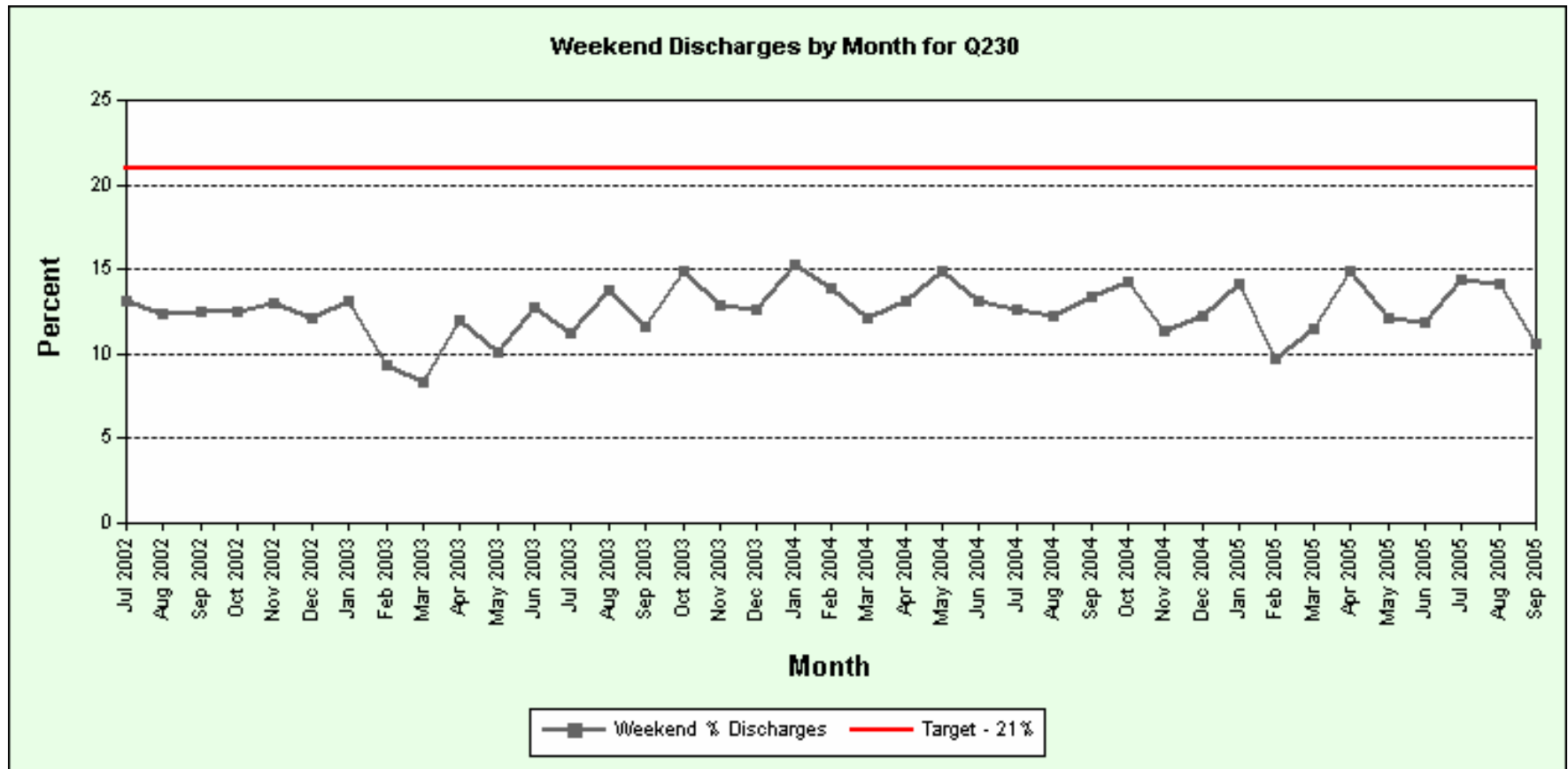


The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

John Hunter Hospital - Division of Medicine

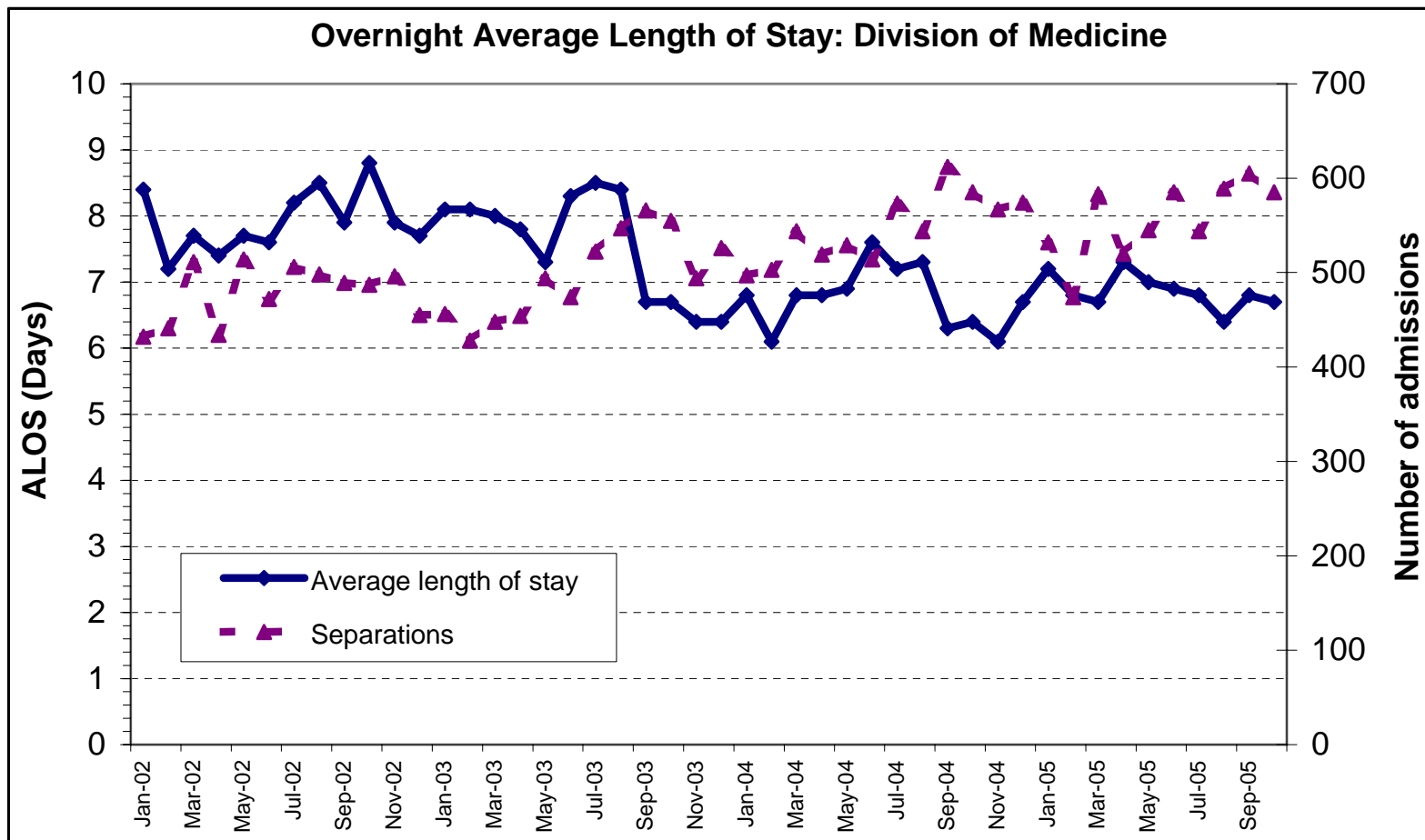


The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

John Hunter Hospital – Division of Medicine

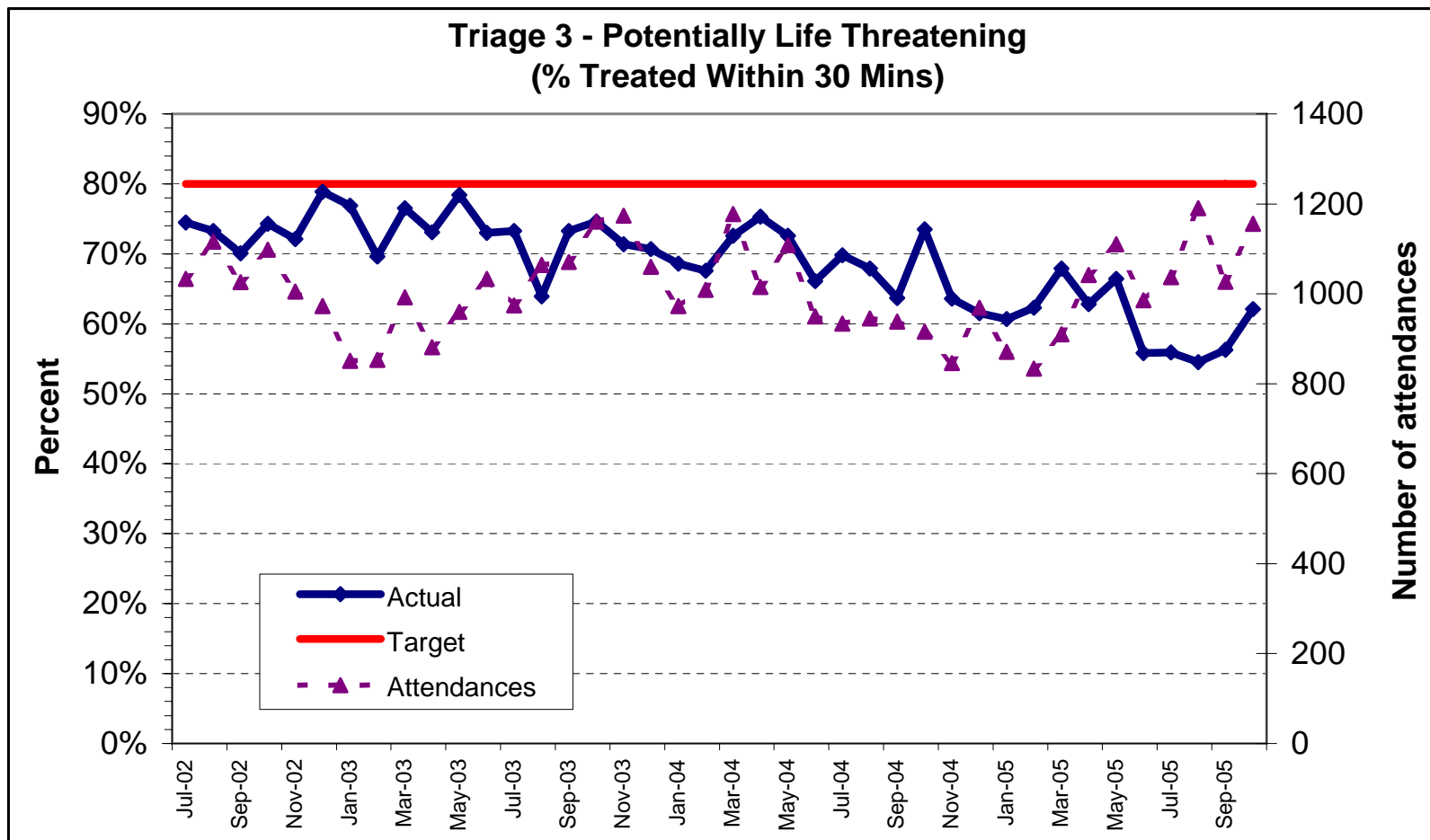


The Maggie Program

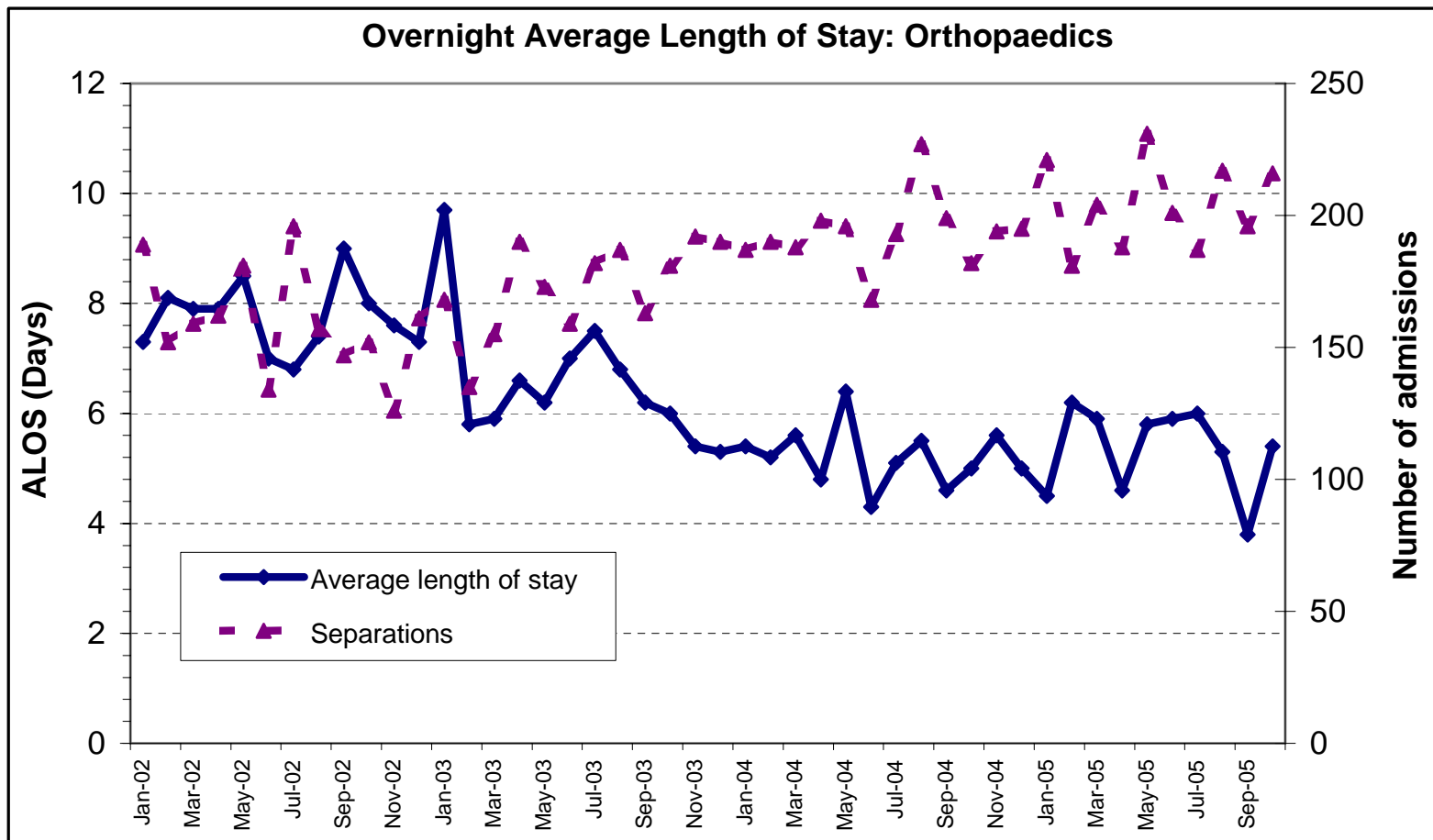
HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Another story in a different Emergency Department . . .



John Hunter Hospital – Orthopaedics



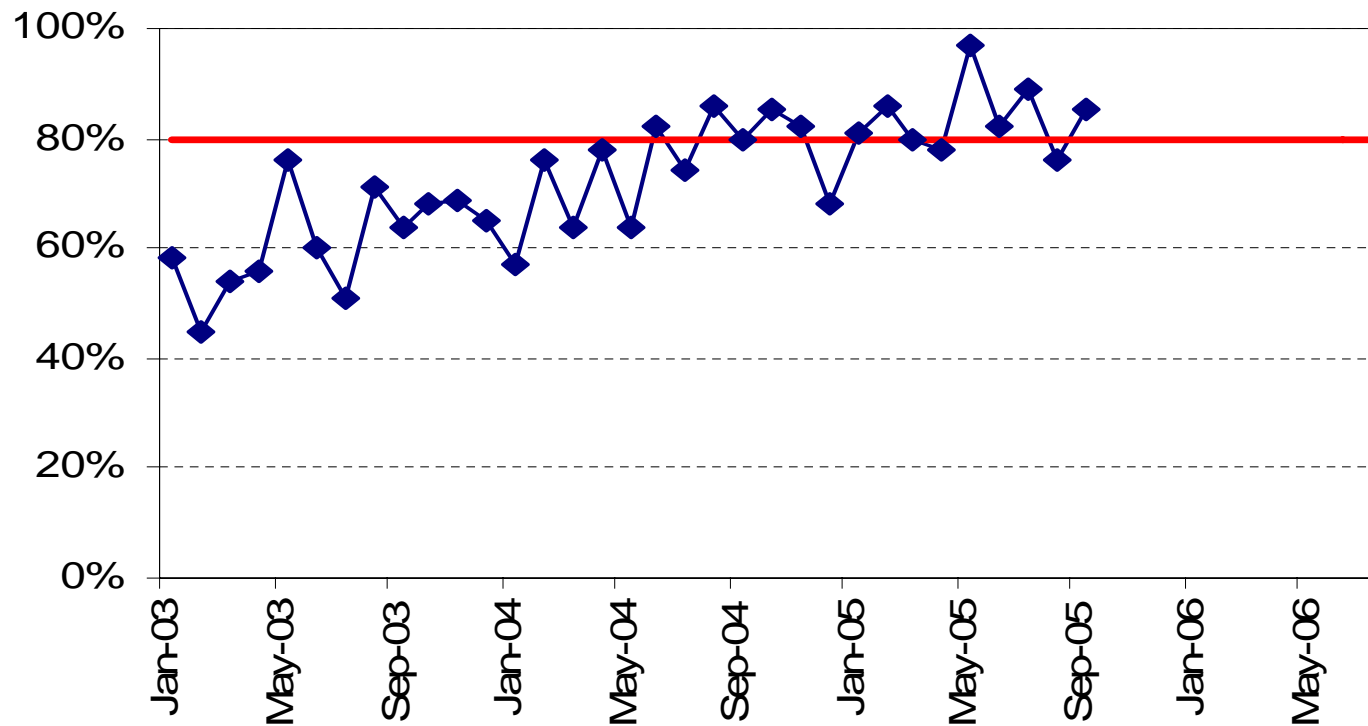
The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Mater Medical Oncology Outpatient Department

Medical Oncology Clinics Starting on Time (%)



The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

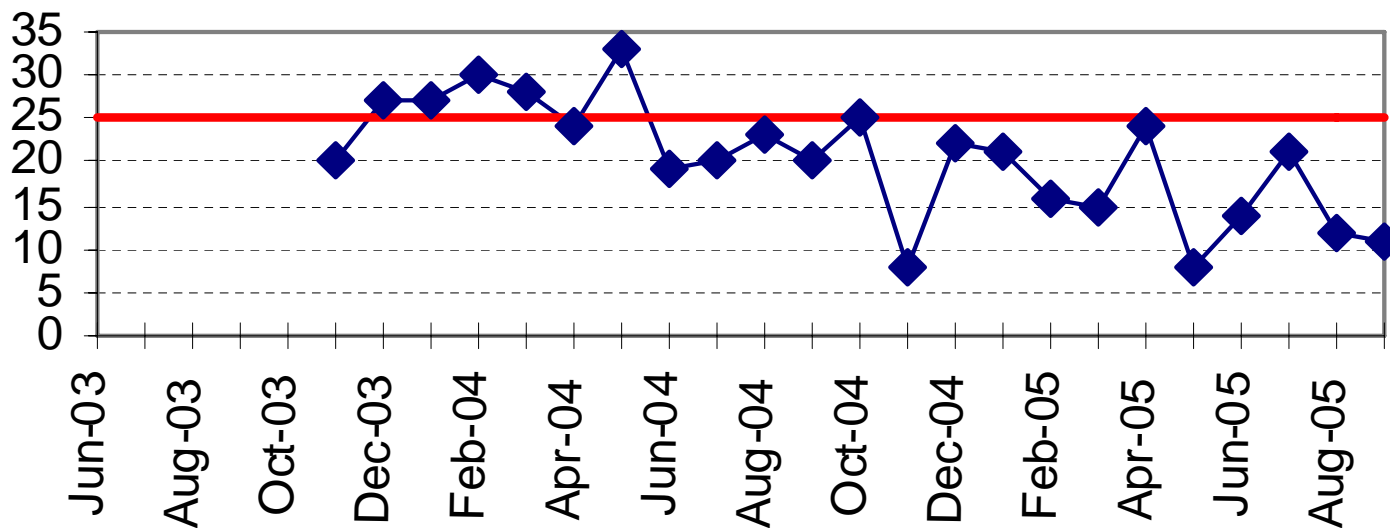
Improved Patient Safety

- More rapid diagnostics:
 - X-Ray completion time dropped from **60 to 14 minutes** (ED)
 - pathology completion times dropped by **30%** to 75 minutes (ED)
 - over 98% pathology tests validated within two hours of request (Gen Med)
- Decreased waiting times to start of treatment in the emergency department and departure to ward (above)

John Hunter Hospital – Division of Medicine



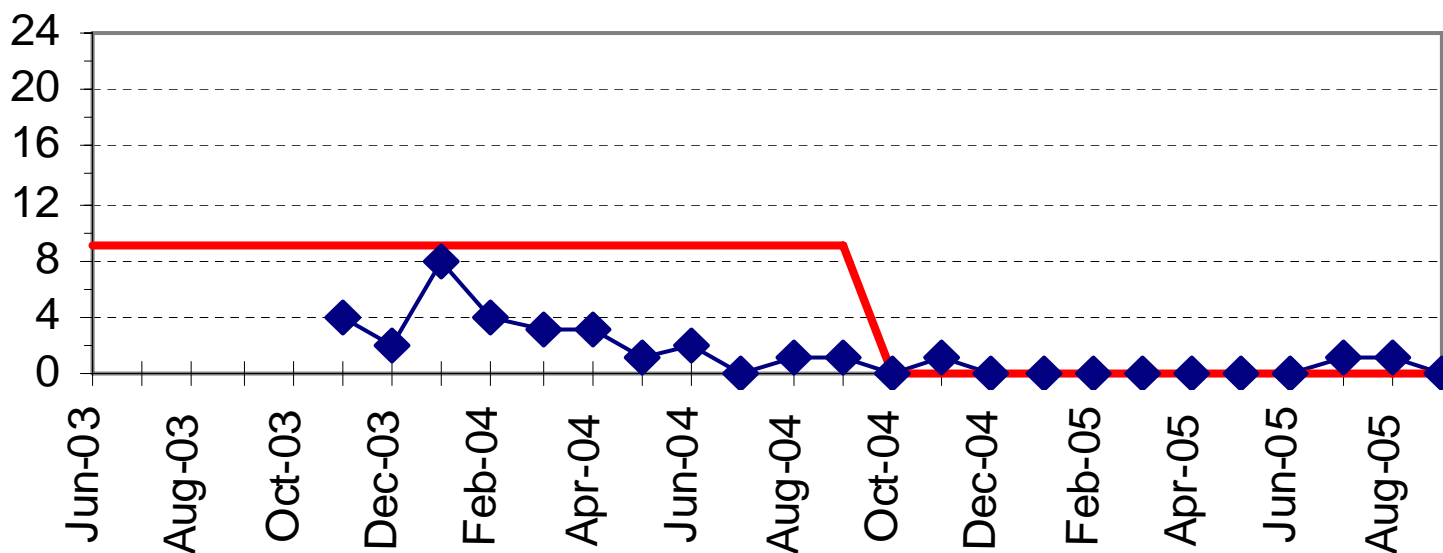
Patient Falls
(Number of patient falls during the month)



John Hunter Hospital – Division of Medicine



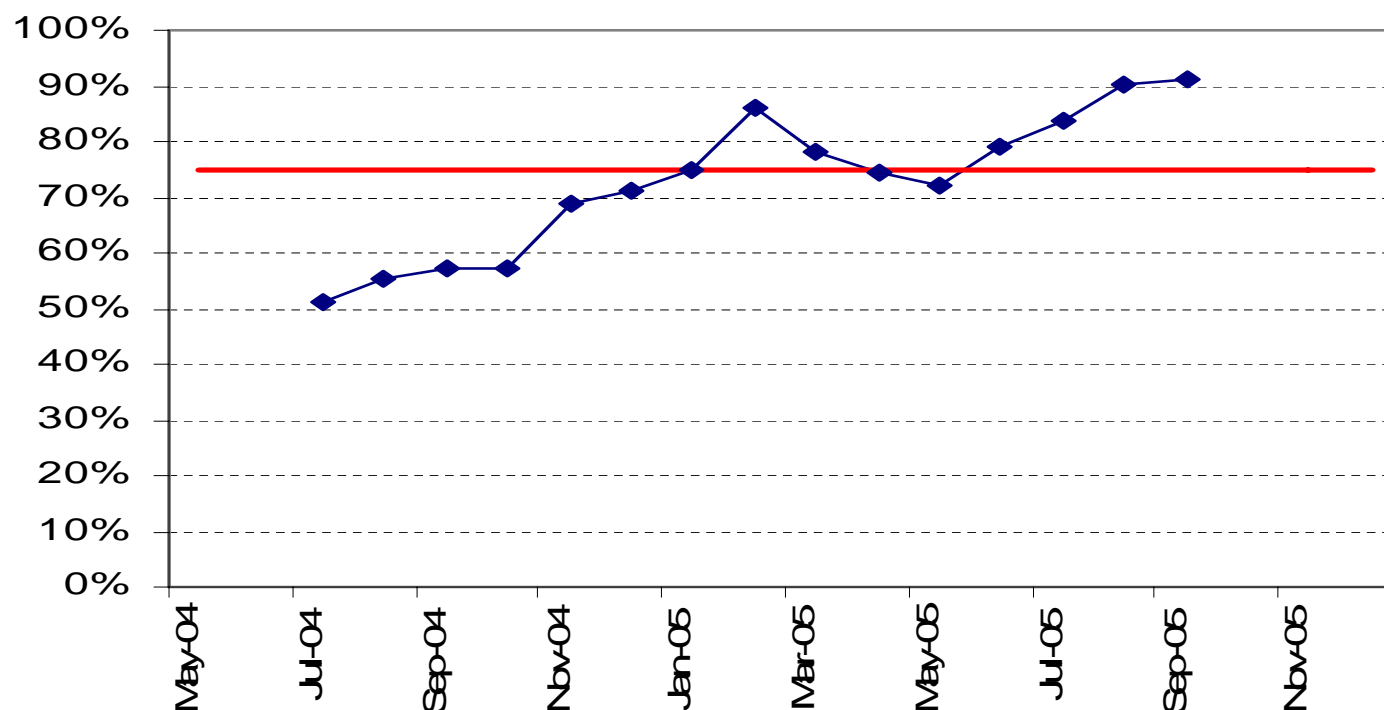
Pressure Areas
(Number of patients with hospital acquired pressure areas)



John Hunter Hospital - Orthopaedics



% Patients with Surgical Site Marked



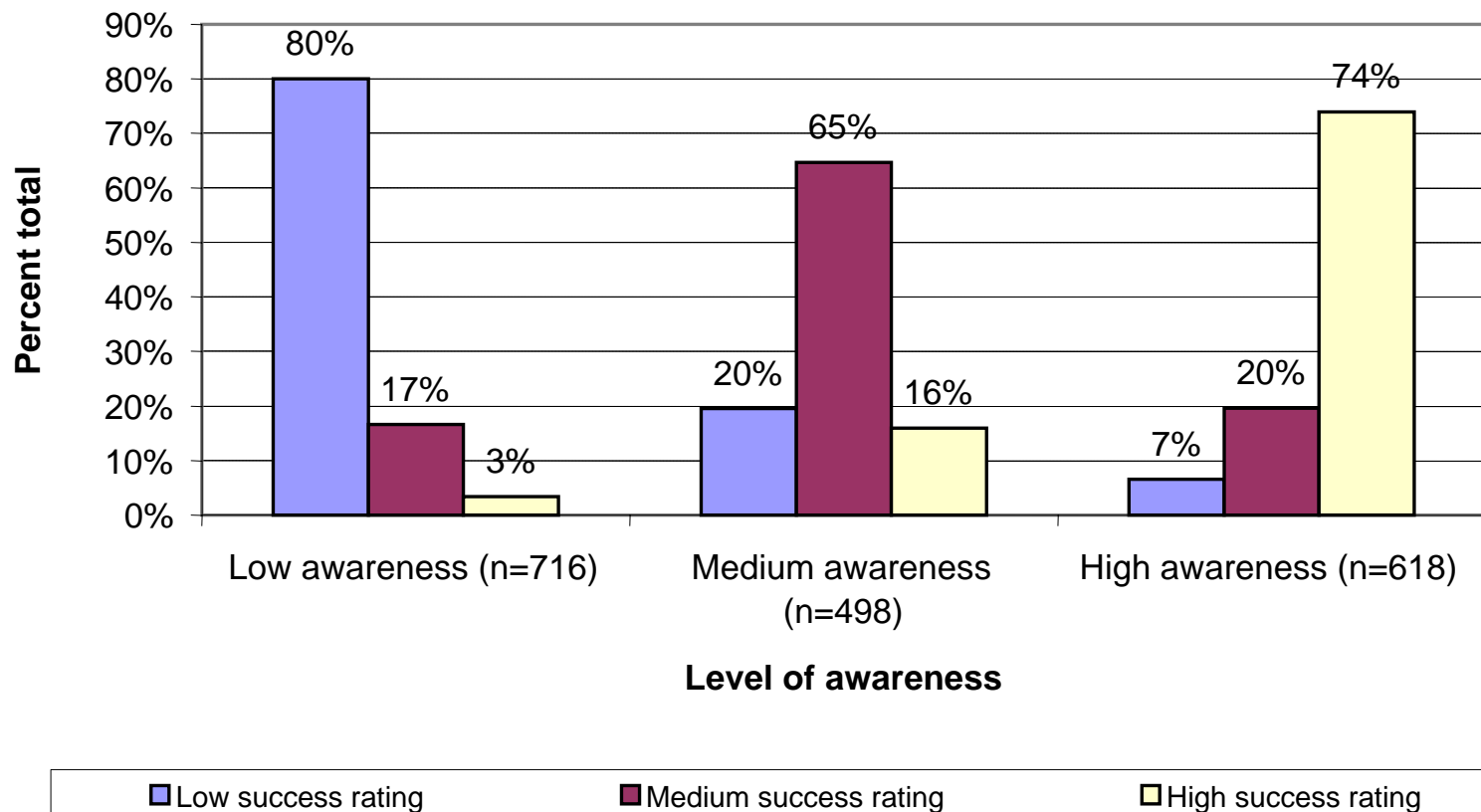
The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

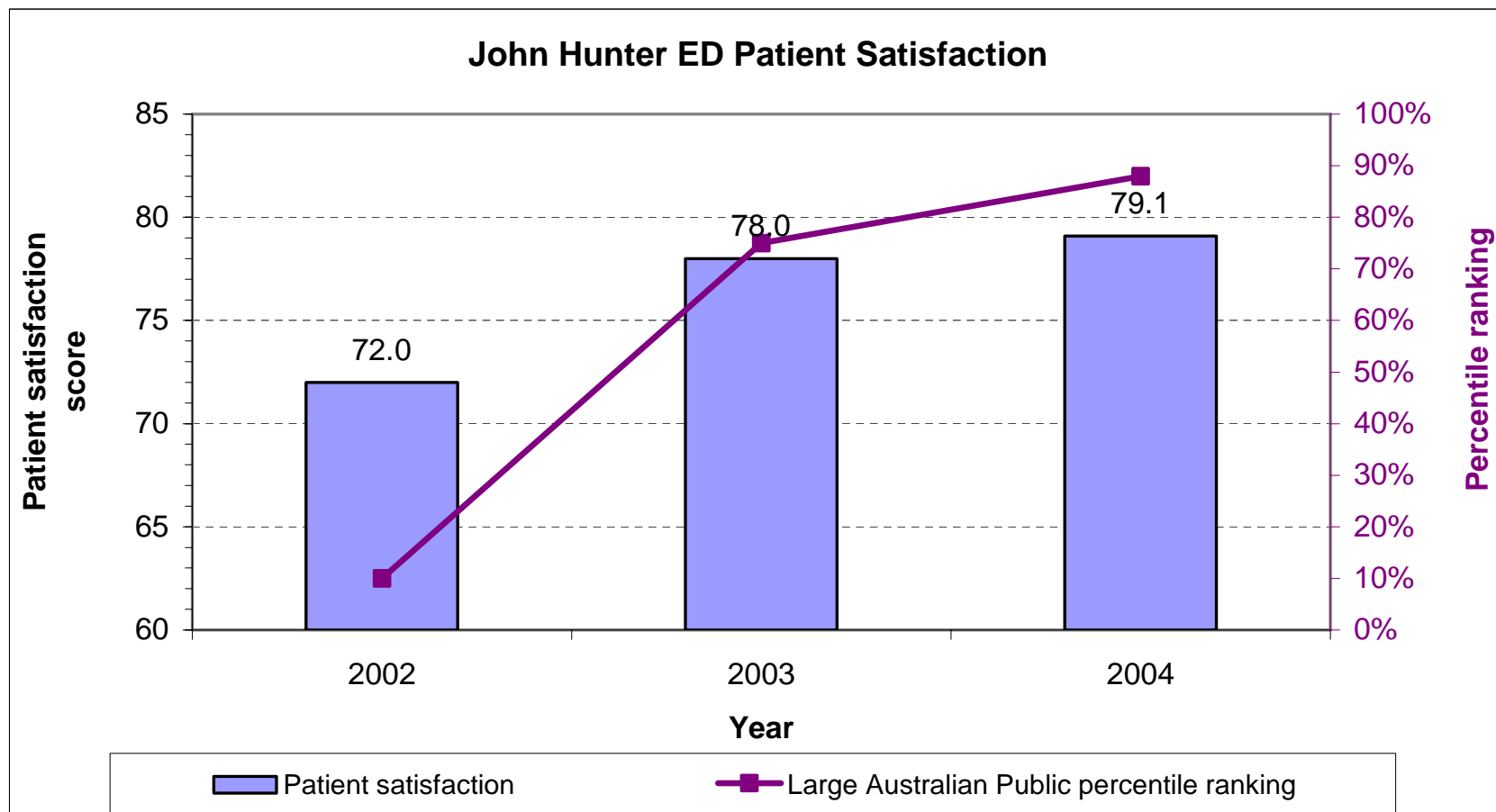
© Hunter New England Area Health Service 2005. All rights reserved.

Cultural awareness

Rating of Maggie Program Success by Staff Level of Awareness



John Hunter Hospital – Emergency Department



The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

What else have we achieved?

- Transforming the system based on patient/client centred models of care
- Significant and sustainable reductions in access block and length of stay
- Fewer adverse events
- Significant increase in staff and patient/client satisfaction
- A shared vision for health service delivery in the future
- A belief and confidence that we can make a difference
- Alignment with other key organisational strategies eg IT, Management Development

What else have we achieved?

- Pride in the organisation and each other
- Increase in organisational capability – ability to manage large patient journey projects without consultant support
- Improved relationships and communication across the interfaces of care
- Change in management culture – new capabilities and confidence
- Increased trust in management
- Direct involvement of approximately 3,000 staff and 300 consumers, including GPs and other external stakeholders
- Courage to listen to patients/clients to change the system
- Respect of other organisations

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

What else we have achieved?

- A sound governance structure with accountability at all levels
- Program / project protocols – integrity of the process jealously guarded
- Implementation of evidence based practice
- Sense of excitement from a tired and often cynical staff because “someone is finally listening to them” and “doing something”
- Embedding a new culture of change and optimism
- Teamwork
- An effective Communication Strategy

Critical success factors

- Strong commitment of the Board, AET and senior management with a long-term vision of major health system transformation
- Rapid change management using rigorous and disciplined processes lead by staff with expertise
- A change in culture where improvement cycles become the norm with the aim of continuous optimisation of the system
- Strong local management to drive the system improvements
- Genuine empowerment with bottom-up process and top down direction and support
- Recognition that patient journeys are a series of interdependent activities requiring simultaneous improvements across all interfaces of care
- Using a multidisciplinary and multi-team approach with the patient being the centre of care

What are the risks?

- Management commitment
- Management capacity
- Skills transfer
- Rhetoric vs real results
- Loss of support from clinical/frontline staff
- Workload too great
- Funding IT solutions
- Continued support for resources
- Limited resources to fund solutions
- Change in key people

Lessons learnt

- Multi-level multi-disciplinary change is the key to effective process re-engineering.
- Patient focused process re-engineering can provide quantum leaps in performance
- Maggie has helped create a culture of review and improvement – and helped develop the skills and capacity to do it
- To change the healthcare system you must engage medical staff – bring clinicians and management together
- Implementation and sustaining the change are the real challenges

Discussion Points

- Working with External Partners (i.e. Consultants)
- Patient Flow Unit
- General Medicine
- Role of NUMs; Role of 'Para-Clinical' staff.
- Tag-Alongs
- Consumer Involvement
- Importance of Implementation Phase
- Patient Focussed Care

The Maggie Program

Working with external partners

- We own the project
 - **Problems; Solutions; Relationships**
- They own the process
 - **The means for moving from problem to solution**
- Teachers / Coaches / Mentors
 - **Formal Skills Transfer Agreements**
 - **Project Managers; Project Officers; Performance Analysts; Team Leaders**
- They may not bring
 - **A Program Focus / Structure**
 - **Program / Project Protocols**
 - **A Recipe for Sustainability**
- Progressively phase out as organisational capability is increased (2 years??)
- We could not have done it without them

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

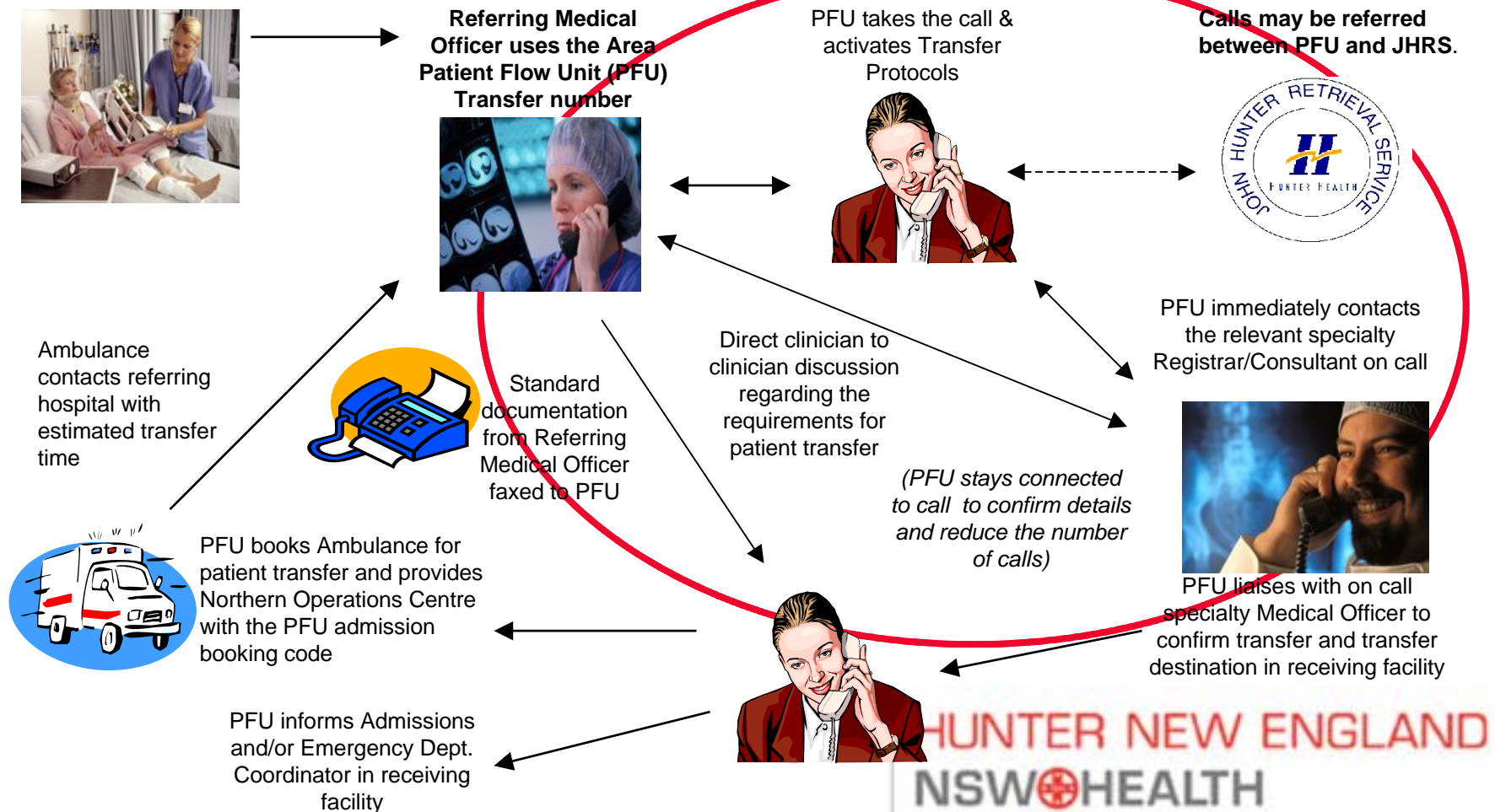
© Hunter New England Area Health Service 2005. All rights reserved.

Patient Flow Unit

PFU transfer process.

PFU supported by Specialty Transfer Protocols

Conference call



The Maggie Program

**HUNTER NEW ENGLAND
NSW HEALTH**

© Hunter New England Area Health Service 2005. All rights reserved.

Discussion Points

- Working with External Consultants
- Patient Flow Unit
- General Medicine
- Role of NUMs; Role of 'Para-Clinical' staff.
- Tag-Alongs
- Consumer Involvement
- Importance of Implementation Phase
- Patient Focussed Care

The Maggie Program

Discussion Points

Patient Focussed Care

The Maggie Program

HUNTER NEW ENGLAND
NSW HEALTH

© Hunter New England Area Health Service 2005. All rights reserved.

Discussion Points

Is Don Berwick God?

In conclusion

- We have been on an intense learning journey that has no end point
- We have come a long way, however there is an enormous amount still to be done
- Two key learnings from our journey are:
 - Good leadership at all levels is a critical success factor
 - The “how” is more important than the “what”
 - *Win Hearts and Minds*
 - *“The Process is the Product”*