



***Rural Health Service
Change Management***

Why consider change ?

1. Primary health initiatives do proactively address health needs.
2. Significant improvements and specialization of medical services have occurred in surgery, medical knowledge, investigative tools and pharmaceutical management.
3. Consumer expectations have grown
4. Increasing competitiveness and competition for health funding
5. Traditional methodologies in service provision are often seen as expensive and limited in terms of their effectiveness.
6. In many cases changes in population demographics have not lead to expected changes in service mix

True wisdom is less presuming than folly. The wise man doubteth often, and changeth his mind; the fool is obstinate, and doubteth not; he knoweth all things but his own ignorance.

- Akhnaton [Ikhnaton or Akhenaton]

(c.1375– c.1353 BC) Egyptian pharaoh of the 18th dynasty title taken by Amenhotep IV

Fears

- Of change itself
- Maintaining community support
- Stake holder undermining or lack of support
- Board fractionalisation and/or disengagement
- Finding staff
- Of job security
- Political fall out
- Career progression

Key issues

- Skills, credibility and leadership of Board and Senior management
- Understanding of community needs
- Community ownership, support and engagement
- Key stake holder support,
- Staff pride in workplace, confidence in management
- No sacred cow services
- Need for good business practices, possible business partnerships and synergies.
- Shared confidences between CEO and Board
- Political and departmental relationships
- Risk analysis with appreciation of triple bottom line

Where to start?

The Board and Senior Management need to;

- Read, look, listen, pursue and influence
 - ◆ Read journals and research what is current the thinking in health service planning (look at what are strategic issues within DHS and the Commonwealth)
 - ◆ Look around at what successful health services are doing and seek to develop an understanding of how this relates to your community
 - ◆ Listen at conferences, seminars, meetings and at general get togethers for new ventures and opportunities
 - ◆ Pursue an understanding of individuals in all areas of health who have power, understanding or influence and gain their confidence in you, your board and your organisation (be frank, cut the whinging tones and seek advice and offer considered logical opinion).
 - ◆ Influence by marketing, by submission writing by performance and by credibility of actions.

Board

- Has an agreed understanding of where the health service needs to make change.
- Confidence trust and support in CEO.
- Advocate and selling of initiatives being undertaken.
- Prepare for possible short term ridicule and so gain long term sustainability and improved services.
- What is justifiable in service provision.
- Be prepared to take risks.

How to win the Community

- Promote all wins and have local press on side
- Promote, engage and educate community in advance on proposed changes.
- Focus on the expansion rather than change to services
- No public debates, rather invite people to talk with the CEO (for consistency of message)
- Develop marketing tools, advertisements, logo branding etc
- Encourage staff at all levels to become engaged in community activities

General Practitioners

- Develop and encourage trust
- Face possible back lash and loss
- Talk with your Division
- Ensure communication is open
- Allow GPs opportunity to see what changes can do
- Market and educate on benefits of proposed changes

Staff

- Engage staff in planning and need for change
- Initiate new logo and new uniforms to identify with change
- Reward staff's positive attempts to meet change
- Provide support for staff education in new services
- Seek to meet the simple desires and don't ignore them
- Ensure you listen and respond to their questions
- Do not become complacent or possibly arrogant

Government

- Meet, greet and seek support from local politicians and local government
- Develop strong links with other government services in district and region
- Remain credible and keep DHS informed
- Understand where active support is and where it is not and who are key role players
- Do discuss concerns prior to introduction
- Show and express understanding of department role
- Be prepared to wait for opportunity to develop
- Find and take counsel from departmental champions

Is there measurable success ?

In 7 years (1996 to 2003)

Capital works of 3.8 million

New services

- Radiology & Ultrasound (Visiting radiographer)
- 7 day District Nursing
- Community Nurses (Womens/Mens health, Asthma education, Diabetes educator, Quit etc)
- Podiatrist
- Social Workers
- Speech therapists
- Physiotherapists
- Allied Health assistants
- Low Care residential services 30 beds (Merge)

Success

- Psychologist
- Occupational Therapists
- Human Resource Manager
- Regional Clinical Nurse Educator
- Renal Dialysis service
- Palliative care Unit
- Quality Accredited under ISO 9001
- Youth Centre with worker

Success - General

- Managing information centre
- Managing Kindergarten
- 2000 Largest RHSP project in Australia (cross border)
- 2001 – 2002 So Great and local group government project discussed
- 2004 Leading Practice Support Program fund “So Great project \$117,000.00
- 2004 Commonwealth interagency PCA training project (cross border) \$350,000 1 year project
- 2003 Best Start project \$300,000 over 3 years for) to 8 years
- 2001 National Commonwealth Nutrition Program \$140,000.00 over 3 years
- 2000 Seniors in School Program (\$8,000) still going with small support
- 2001 Winner of Inaugural VHA/Herald Sun Leadership and Innovation Award
- 2002 Service showcased at international WONCA conference
- 2003 Finalist Swan Hill Business Awards in category of Service
- 2003 Winner Mildura Business Awards in categories of Service and in Access is good Business