Great Teams, Best Care

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Great Teams, Best Care

- Changing context of health care
- About teams in health care
- Why teams are important in health care
- Features of high performance teams
- Case studies:
  - Geriatric Rapid Acute Care Evaluation (GRACE) model of care
  - Discharge on time .... Every Time
  - Pop up care: NSW Paediatric Palliative Care
- Building successful teams

Cowboys and Pit Crews:

Atul Gawande
Harvard Medical School
Commencement Address, 2011

Source: www.newyorker.com/online/blogs/newsdesk/2011/05/atul-gawande-harvard-medical-school-commencement-address.html

About teams in health care

Why we need teams in health care

- Core purpose - best care and outcomes
- Rising costs and finite resources
- Expanding knowledge
- Health risk and chronic disease management
- Care over time, throughout life
- Person's role in health and health care decisions

"Most medicine is delivered by teams of people, with the physician, in theory the team captain. Yet we don't train physicians how to lead teams or be team members. This should start at medical school."
Atul Gawande, HBR April 2010

"Working in teams does not come easily to physicians who still often see themselves as heroic lone healers. Nonetheless, developing teams is a key leadership function for health care."
Tom Lee, MD, HBR April 2010

Features of high performance teams

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Case Study 1

Geriatric Rapid Acute Care Evaluation

GRACE

(Geriatric Rapid Acute Care Evaluation)

Hornsby Ku-ring-ai Hospital Service (HKHS)

The problem:

- Increasing admissions from aged care facilities
- Hospitalisation disruptive and more adverse events
- Evidence of better outcomes if care at 'home'

The team:

- Hospital, aged care and GP collaboration
- GRACE Clinical Nurse Consultant triage service ,7 days a week
- Ambulance

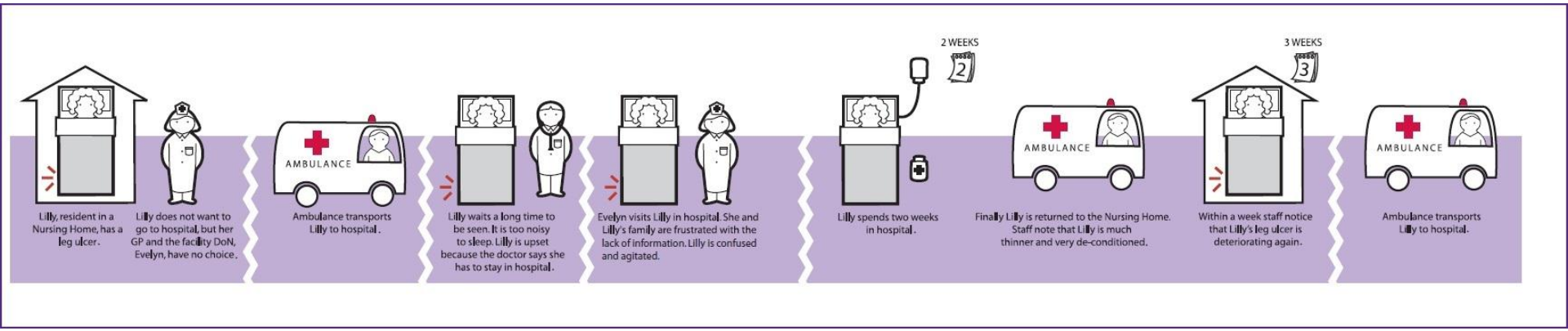
The goals:

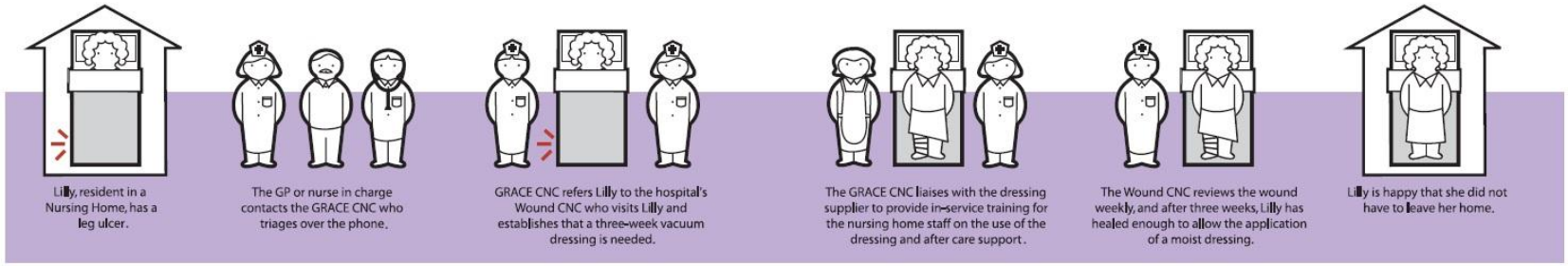
- Reduce avoidable admissions and LOS
- Better relationships and care across residential aged care, hospital and GP
- Reduced waiting times and adverse events
- Better patient experience and advanced care planning

GRACE

The results:

- High levels of avoided admissions and reduced LOS
- Reduced waiting for older people in ED
- Reduced use of ambulance
- Increased uptake of advanced care plans by aged care residents





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Case Study 2

Discharge on time ..... every time

Discharge on time ...every time

Nepean Blue Mountains Local Health District

The problem:

- Long waits in Emergency Department and access block
- Cancelled admissions and operations
- Inability to define and plan for expected discharge date/time

The team:

- 50-60 people across 5 groups – medicine, surgery, cancer and maternity – workshop to design solution
- Established the Patient Flow Executive team (PFET)

The goals:

- Increasing to 30% discharges by 10am
- Realign discharge and admission times

The results:

- Achieved 30% discharges by 10am
- Increased staff confidence and patient satisfaction about discharge date and time
- Reduction in patient complaints re waiting in ED

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Case Study 3

Pop up kids palliative care

Pop Up for kids palliative care
Sydney Children's Hospitals Network

The problem:

- Limited palliative specialist care expertise for children
- Children and families wanting care based in their home and local community across large geographic distances

The team:

3 children's hospitals and Bear Cottage (Children's Hospice)

The goal:

That every child in NSW has access to appropriate, high quality, coordinated and culturally appropriate specialist palliative care that meets their physical, psychological, social and spiritual needs, and their families are supported through the course of the illness and after the death of the child

The service:

1. Pop Up Model of Care – specialist fly in visits
2. Education and in-time training – local health professionals
3. Telehealth e.g. iPad or videoconferencing to support local care

Building successful teams

Single site team

Virtual team

Building successful teams

- Education and training for team work
- Recruitment and engagement of people
- Shared values
- Common goals are clear
- Ground rules and processes
- Respect and understanding of role
- Measuring outcomes
- Feedback – culture of reflective improvement
- Personal accountability and shared responsibility
- Reward and recognition

Enablers of successful teams

- Information technology – clinical decision support
- Continuing professional development
- Data and feedback on performance
- Performance culture
- Rewards and recognition
- Patient information and aids

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