



Barriers to putting the person at the centre: lessons from the real world

Dr Christopher Bain – Information Manager

Miss Michelle Fleming – Project Officer

Ms Joanne Moss – Project Officer

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- Many of the views expressed are my own and not those of my employer or DHS Vic

Clinical Networks

- Consist of:
 - Groups of organizations and individuals working together in a disease specific pt centric paradigm
 - Across the entire care spectrum (in principle)
- Objectives
 - Especially - Reduce unwanted variations in care
 - In cancer
 - Improve co-ordination of care
 - Improve multidisciplinary care
 - Improve supportive care
- Roll out
 - Cancer – through ICS
 - Stroke, Emergency, Maternity and Newborn, Renal
 - Others slated

WCMICS

- Consist of:
 - Multiple partners – 6 public, many private hospitals
 - Western and Central Melbourne
 - High specialisation focus eg - PMCC, Neurosurgery, Haematology, Sarcoma
- In existence approx 3 years

Background

- historical models can result in
 - poor coordination of, and non standard approaches to, patient care (Macdonald, Macleod et al. 2006) (Martoni, Tanneberger et al. 2007) as well as
 - inequalities in access and outcomes (Hayes, Quine et al. 2005) (Bentley, Kavanagh et al. 2008)
- clinical networks are proposed as a plausible means to address some of these problems (Sorensen and Iedema 2008) (Naylor, Harmer et al. 2007) (Aymé and Schmidtke 2007)
- there is mounting evidence as to the potential benefits of clinical networks (Ray-Coquard, Philip et al. 2002) (Van Duyn, Reuben et al. 2006) (McKinney, Weiner et al. 2006)
- IT solutions are viewed as important to support the functioning of clinical networks (Page 2003) (McKeon Stosuy and Manning 2005)

An evolutionary process...



Method

- case study analysis of 3 separate projects, across 2 organisational sites, in an existing clinical network
- case studies included:
 - a software systems development and implementation project
 - a commercial off-the-shelf software implementation project
 - a process and documentation redesign project
- case study research is viewed as particularly useful in the management and IT literature
- approach was chosen because of its ease of application, its fit with the operational efforts toward implementation and reviews of progress, and its low cost.

Case 1- TCC Bladder Follow Up System

- An identified need in Urology services across the network was to improve the consistency of follow up processes for patients with non invasive Transitional cell Cancer (TCC) of the bladder.
- These patients require close surveillance by cystoscopy and clinical review for 10 years.
- It is imperative that there is a systematic approach (paper based or electronic) to the booking, treatment and recall of these patients across multiple sites.

Case 1- TCC Bladder Follow Up System

- Electronic systems to support follow up of patients in various settings are not new (Abidi, Abidi et al. 2007), and indeed an electronic solution was desired by the clinical staff.
- An initial review of available purchase options led to a decision to construct rather than purchase such a system.

Case 1- TCC Bladder Follow Up System

<i>Assessment Criterion</i>	<i>TCC Bladder Follow Up System</i>
Problem Identified	Poor quality paper and card based systems. Resulting in (anecdotally) patients lost to follow up, wasted resources and organ loss in a patient (first site of multi site implementation)
Evidence of Inadequate Organizational Support	Failure to engage in assisting with clearly identified pressing clinical problem. "Perhaps in 6 months"
Possible Reasons for lack of Local Organizational Support	Project seen as "extra" work and not an organizational priority. Possibly under resourced/overworked IT dept (but never moved to a phase of serious discussion of work implications and available funds)
Status at time of writing	Lead clinician continuing to work with preferred pilot site as other options have not come to fruition – the project is now 12 months overdue

Case 2- Electronic Booking System for Oncology Day Care

- Ambulatory care is growing enormously and day care oncology is a key part of that (Efsthathiou, Ameen et al. 2007)
- Provision of services in this setting is challenging (Moore and Hastings 2006)
- There has been some work done to address these challenges (Langhorn and Morrison 2001), including in IT in the ambulatory chemotherapy setting. (Farrugia, Ingledew et al. 2006).

Case 2- Electronic Booking System for Oncology Day Care

- This service had grown to provide both day and home patient care for 500 patients per month.
- They required an integrated electronic booking and scheduling system to ensure safe and co-ordinated care was maintained.
- In particular they sought to improve the scheduling of patient appointments and to reduce patient wait times, through more efficient operation of the service.

Case 2- Electronic Booking System for Oncology Day Care

<i>Assessment Criterion</i>	<i>Electronic Booking System for Day Oncology (DO)</i>
Problem Identified	Poor booking and tracking processes (paper based register) for high turnover DO bookings. Resulting in administrative inefficiencies and unacceptable clinical risk
Evidence of Inadequate Organizational Support	Failure to implement the chosen solution after full promised funding provided to the organization
Possible Reasons for lack of Local Organizational Support	Large bureaucracy. Lack of a senior clinical champion? Management changes and loss of continuity on the issue.
Status at time of writing	A proposed go live date has now been set after broaching of the issue with hospital management – 14 months overdue

Case 3- Tools and Templates in Support of Multidisciplinary Team (MDT) Meetings

- MDT meetings are a key plank of networked cancer care delivery
- Previous audit work had identified poor compliance with documentation of the MDT treatment plan (TP)
- As a result, not all team members were able to access the plan for how a patient will be treated

Case 3- Tools and Templates in Support of Multidisciplinary Team (MDT) Meetings

- members of the network collaborated to develop a shared template to document the TP for colorectal cancer (CRC) patients.
- They began successfully using this template at the first implementation site.

Case 3- Tools and Templates in Support of Multidisciplinary Team (MDT) Meetings

<i>Assessment Criterion</i>	<i>Documenting MDT Meetings</i>
Problem Identified	Inadequate documentation of treatment decisions and plans for patients. Resulting in poor communication with other care providers in a multidisciplinary environment.
Evidence of Inadequate Organizational Support	Failure to fully implement the solution after it was developed in conjunction with front line staff, supported by area manager, and had undergone a successful operational trial
Possible Reasons for lack of Local Organizational Support	Resistant administrative committee (Forms Committee concerned about form duplication – so refused official medical records form creation so template could be included in the official medical record) - possibly not well informed regarding the organization's role in the clinical network
Status at time of writing	Attempting to meet with senior management to discuss implementation plan – the project is 4 months overdue

Discussion

- a lot of evidence in the health, IT and management literature that highlights the problems brought about by historical approaches to patient care and that shows the potential benefits of clinical networks
- the practical implementation of these networks remains problematic (see COSA 2007 work)

Discussion

- certainly recognised in the literature that health IT development projects can be very difficult undertakings even with the best of intentions (Stevens, Funk et al. 2008) and good levels of support from patients and clinicians (Samoutis, Soteriades et al. 2008)
- This research highlights one particular aspect - getting cooperation at all the levels required from clinical through to IT, in order to implement initiatives (in this case process redesign and IT projects) in support of network objectives.

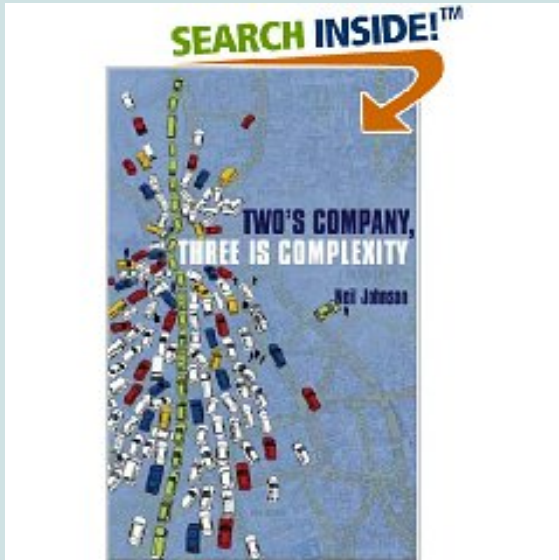
Conclusions

- Front line staff, including clinicians, are capable of collaborating to identify common problems and to suggest ways to solve them in order to improve patient care
- Supportive environments and appropriate resourcing can assist in achieving these developments but.....
- Current incentives may not be sufficient to encourage co-operation by organizations who may not be able to see the importance their role in achieving progress on these issues

Conclusions

- for the person to be placed, and kept, at the centre of developments in care, and in IT in support of care, all parties (clinicians, funders and organizations) must keep that need as their focus, rather than their own needs
- This is critical success factor for patient-centric approaches such as clinical networks

An explanation?.....



“Two’s company, three is complexity.....” by Neil Johnson

Reviewer “It was as if a light bulb would suddenly appeared over my head as I read the explanations.”

(reference available on request)

.....is the complexity imparted by more parties in the relationship a common theme ??...especially if none are clearly in **the** position of authority