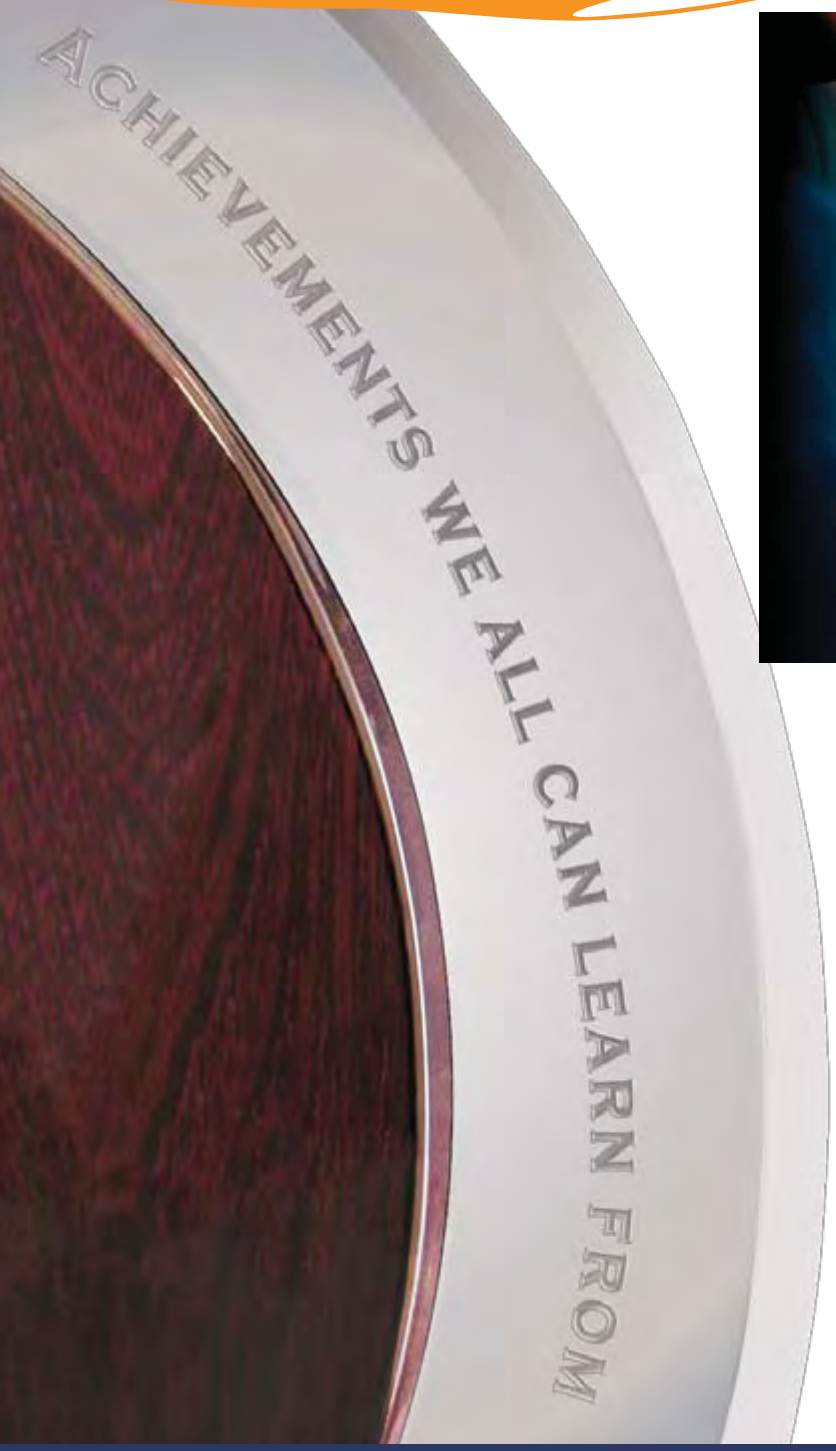
SATISFACTION

Success Story



Peninsula Private Hospital
Frankston, Victoria

Because good ideas should be recognised

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We hope these experiences will enlighten and motivate individuals in all types of health care organisations.

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Peninsula Private Hospital, Frankston, Victoria

From dreams to reality - the Cardiac Services Journey

Three and a half years ago, an exciting plan was developed to expand and diversify cardiac services at a 150 bed private hospital, and develop a strategic response to fill a clinical demand not met by the nearby public hospital. New clinical leadership developed a vision and shared that vision with all stake holders. This paper describes that ongoing journey to fulfill that vision.

The team established a strategic plan in the setting of a new Cardiac diagnostic and interventional laboratory that had been commissioned 6 months earlier. An eight bed High Dependency Unit which dealt with acute cardiac patients and major post operative surgical patients could no longer meet demand from the cardiac niche and re location to a larger facility was inevitable.

The vision

Fourteen days after beginning work in the organisation a new clinical leader conducted an open forum with all staff involved in cardiac services. The vision for the service was spelt out and it described an exciting journey - “From base camp to summit”.

The forum was briefed on potential pitfalls along the way and the leader assured the participants of an exciting and empowering journey that would be achieved through team work and outstanding customer service. There were to be no passengers along the journey and each member of the team would have a well defined role and be guided and supported in that role by the leader.

The vision described a fully integrated and consolidated cardiac unit with a strong service orientation and commitment to customers, a rapid assessment system for managing patients with acute chest pain, a dynamic cardiac diagnostic and interventional facility and a comprehensive cardiac rehabilitation and domiciliary service. Cardiothoracic surgical services and an intensive care unit were key features of that vision.

Infrastructure

A Cardiac Services Advisory Committee was established to provide guidance for the journey. This group of clinicians and administrators would guide service and clinical policy development and oversee the setting up of evidenced based clinical practice guidelines, risk management strategies and a system of peer review.

The initiatives required major organisational and cultural change – a new system would require clinical cardiac nurses to be empowered to accept or decline patients into the cardiac unit. Bed management and admissions had previously been tightly controlled through a central process.

This “new responsibility” coupled with doubling of clinical activity from eight to sixteen beds and admitting patients directly ‘from the back of an intensive care ambulance’, was profoundly threatening for many of the nurses.

However with guided small step incremental change, the journey progressed and the service moved forward.

From the outset, leadership focused on Key customers – namely Cardiologists, Physicians and Nurses, referral mechanisms, other players in the service, internal management and the development of infrastructure to support the journey and of course the express needs and wants of purchasers and consumers.

Stakeholder's feedback

Stakeholder feedback was the key to developing and implementing successful strategy.

Feedback from staff shaped a dynamic and creative education program and policy development that helped address nurses' initial fears. The challenge of system and cultural change within the organisation was not as easy to address and required constant reminders to all of the vision and the need for nurses to be empowered in a facility that wished to be truly customer focused.

General practitioners' feedback was particularly helpful and their views continue to mould operational strategy. Feedback from local doctors helped develop agendas for GP education nights.

The manner in which clinical information is distributed to doctors' offices has also been re-engineered because of their constructive feedback. E.g. faxing data to the GP at the time of the patients discharge.

Patients' views are collected constantly through discharge questionnaires – these are collated four times a year and the findings thoroughly reviewed at various forums including the Cardiac Service Advisory Committee.

Press Ganey surveys identify the views of cardiac patients in its reporting to the hospital. Satisfaction rating at the last survey (2005) was 87.1%

Leadership

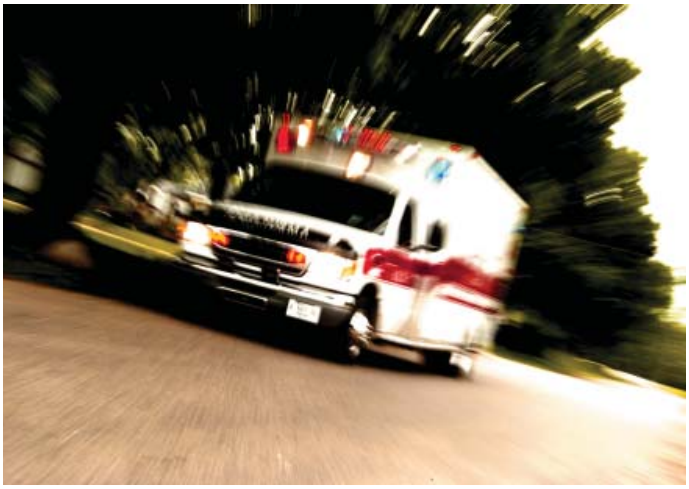
There has been transformational leadership with a focus on building relationships. The leadership style has been to Coach, mentor, role model and reinforce leadership as a process not a position

Leadership as a process not a position

The Service has challenged the systems and disturbed the staus quo whilst attempting to cultivate the organisation by shifting from 'control to creativity'.

As Critical Care nurses were in short supply, overseas and interstate recruitment was undertaken. Whilst initially promising, the strategy did not deliver sustainable results. The most successful of all strategies was offering scholarships to undertake graduate studies.

The next section of this paper describes one exciting and empowering part of the journey – establishing the rapid assessment unit.



Introduction of a Rapid Assessment Unit - Methodology

In Australia, all people with chest pain and breathlessness have traditionally been taken by ambulance to the closest emergency department for rapid assessment and treatment. Several hours may elapse before optimum treatment is implemented at a time when heart muscle is compromised through suboptimal blood flow.

A Rapid Assessment Unit was established within the new 16 bed Coronary Care Unit and the facility was equipped to deal with any acute cardiac emergency.

The Australian industry standard of ten minutes from admission was the agreed benchmark within which time all patients were seen by a cardiologist, and treatment started.

Patients were rapidly assessed and when required transferred to the Angiography suite for diagnostic angiography plus/minus interventional procedure.

The rapid assessment / direct admission system operates Monday through Friday and makes available primary angioplasty on a 24 hour basis. The same procedures at the public hospital are available four days a week during business hours.

The service has been actively promoted through printed material sent to local doctors and personal representation by the Manager of the Unit to general practitioners and MICA paramedics. Recent advertising in local print media has also helped to aggresively saturate the market.

Educational evenings have also been used to promote the service and encourage general practitioners to use the hospitals' cardiac emergency HOT LINE in the event of a cardiac emergency.

Key Outcomes

- There has been steady and consistent growth in the number of patients referred to the unit from general practitioners and MICA paramedics. Since July 2005, 470 patients were referred to the RAU – 137 from MICA paramedics and 333 from local doctors.
- 100% of patients presenting to the rapid assessment Unit are seen within ten minutes (Audit tool is completed for each patient on arrival). When required the patient is transferred to the Angiography suite within 15 minutes of arrival.
- 100% of patients ranked their overall impression of the service as 'excellent'
- Recruitment has flourished (there is now a waiting list to join the team) and use of casual nurses has decreased from 15.7% to 3.4% of total labour hours.
- A constructive partnership has evolved between primary care physicians/ MICA paramedics and the Coronary Care Unit.
- The Coronary Care Unit received a commendation in the last survey by ACHS for improving access to services. Preliminary data was presented at the International Conference on Quality in Healthcare, Melbourne in August 2006.
- Benchmarking clinical indicators through ACHS reflects outstanding clinical results throughout the service.
- Unplanned readmission rates have reduced by more than 2% because of the cardiac failure domiciliary service.
- Planning is underway to develop an intensive care facility and establish cardiac surgery.
- Cardiac rehabilitation is fully operational and the team has seen its 1000th client.

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