Townsville Hospital and Health Service

Towards Resilient Health Care

-

A Case Study from the real world

Manly August 10 2015

Queensland Government

Townsville Hospital and Health Service

Context

- 700 (ish) beds
- 650 medical staff
- Tertiary care centre for North Queensland
- Drainage from 750,000 square km
- Total popn for tertiary drainage ~750K
- Budget $AUD 750M (do you see a pattern here?)
- Comprehensive service coverage
- Huge growth trajectory

Let Me Tell You a Story

About a Dinner with Jeffrey

The Wake Up Call

QUEENSLAND COURTS

OFFICE OF THE STATE CORONER

Non-inquest findings of the investigation into the death of William John Bligh

William

- 9 year old boy from Palm Island.
- Retrieved to Townsville after several days of febrile illness.
- Died in Intensive care
- Overwhelming melioidosis

Desperately seeking answers

Compliance ?

Or

Cognitive Bias?

State of Play 2013

- We know more about what goes wrong than we do about what goes right.
- In THHS we have around 300,000 episodes of care (combining outpatient, inpatient and emergency care).
- We do 20-30 RCAs per annum.
- We know a lot about 1 in 10,000 cases.
- We know very little about how problems were avoided in other cases.

How is it that we pull off spectacular saves?

With the same people; infrastructure; diseases; and systems

The Frustration

- After implementing:
  - MET / MEWS
  - Comms skills
  - HEAPS
  - Restructuring
  - Clinician leadership
  - Clinical Governance
  - CPD down to interns
  - RCAs… etc etc
  - Biases and Heuristics

And Yet…

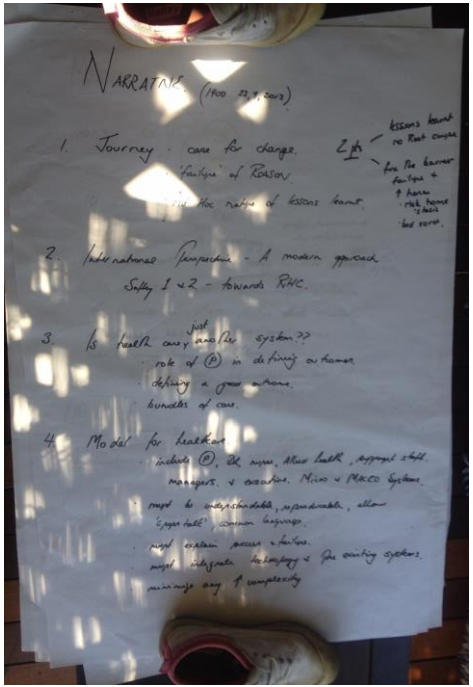
- We still manage to have things go wrong?

We figured that we need a new model..

- Look at what works
- Identifying what interventions haven’t worked
- Integrating such evidence as is available
- Not a theoretical construct, rather attempting to define desired behaviour traits

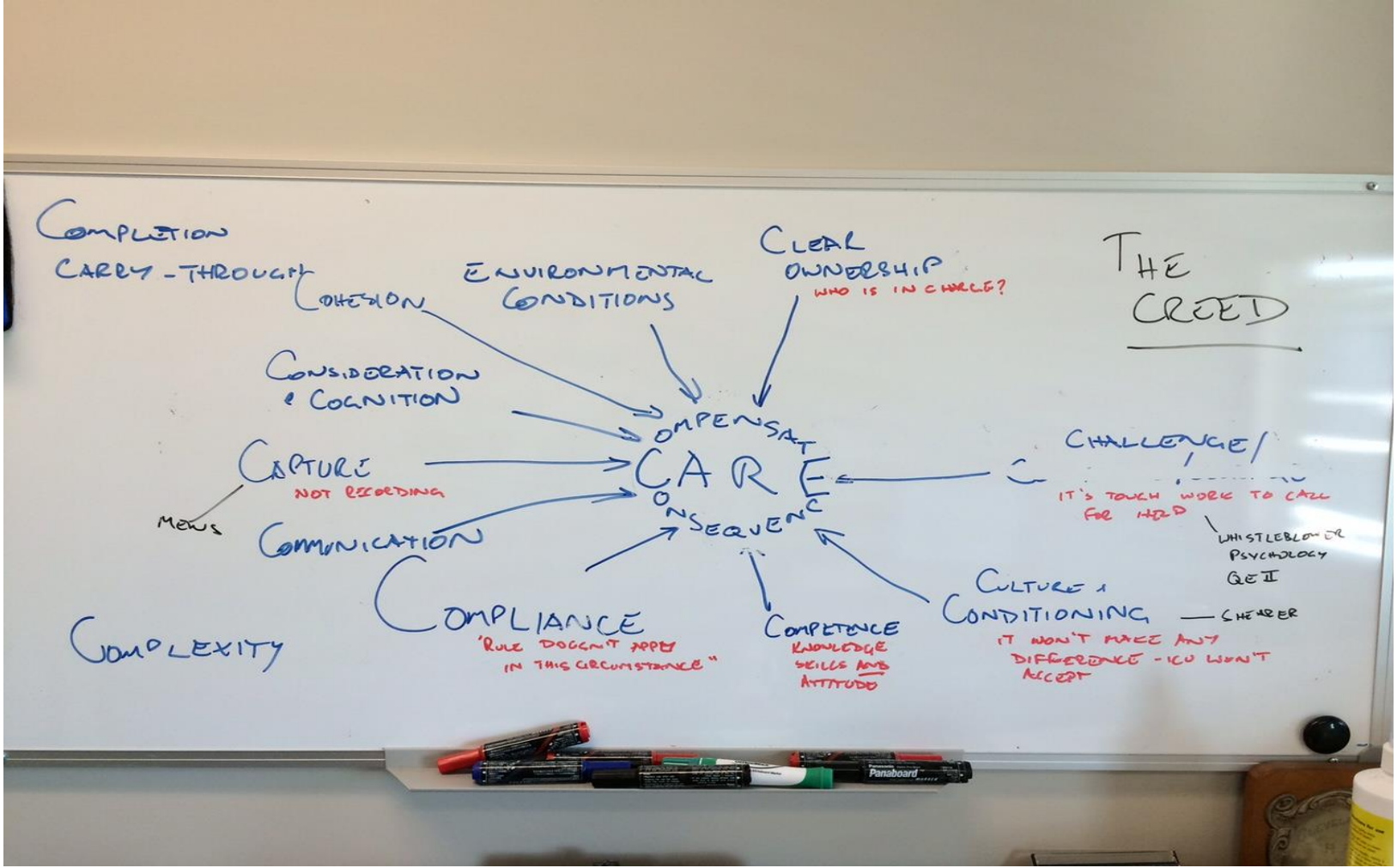
So out on the back deck…

- Heuristics, Gut Instinct and Cognitive Biases – Gigerenzer
- System One and System Two – Kahnemann
- Clinical Decision Making - Crosskerry
- Risk Homeostasis
- Yerkes Dodson – 1908
- Iterative and Sequential Care – Bohmer
- Disaster theory – Utstein Framework
- Procedural vs Declarative Knowledge
- Escalation Failure - Buist



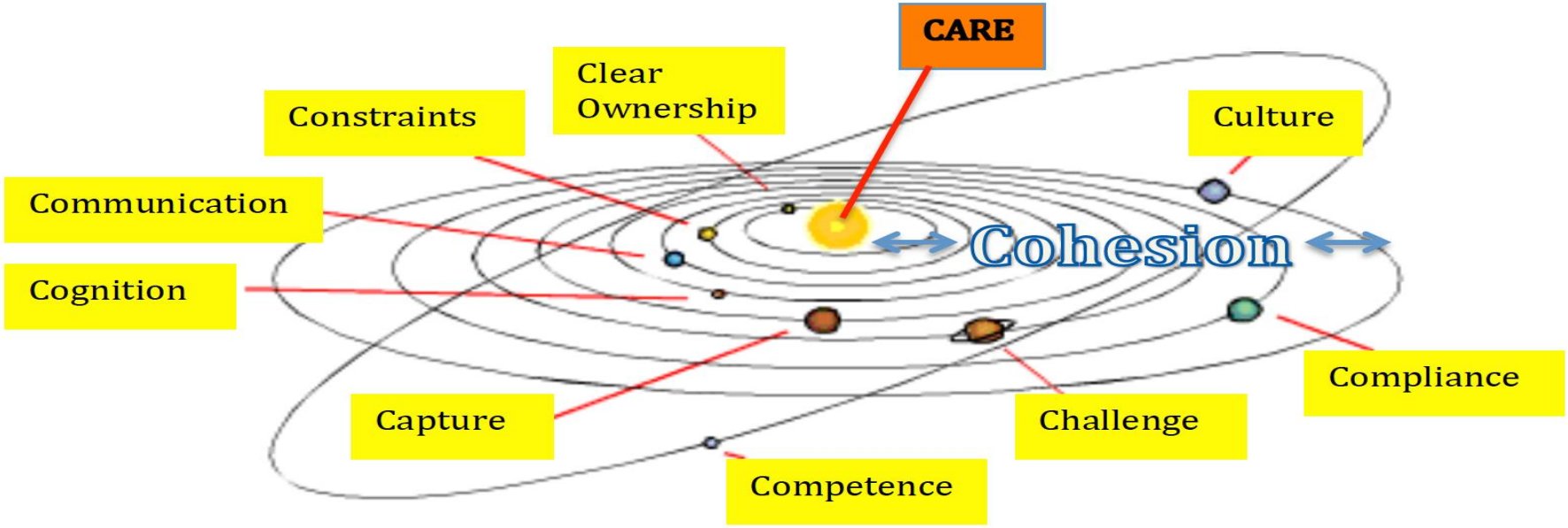
So, When it all goes well – What happens?
And When it Doesn't?

- Piece by piece
- Case by case
- Team by team
- Individual by individual


COMPLETION
CARRY-THROUGH
COHESION
ENVIRONMENTAL CONDITIONS
CLEAR OWNERSHIP
WHO IS IN CHARGE?
THE CREED
CONSIDERATION & COGNITION
COMPENSATORY
CAPTURE
NOT RECORDING
MEWS
CARE
CONSEQUENCE
CHALLENGE/
IT'S TOUGH WORK TO CALL FOR HELP
WHISTLEBLOWER PSYCHOLOGY
QEII
COMMUNICATION
CULTURE & CONDITIONING
CHERRER
IT WON'T MAKE ANY DIFFERENCE - ICU WON'T ACCEPT
COMPLIANCE
"RULE DOESN'T APPLY IN THIS CIRCUMSTANCE"
COMPETENCE
KNOWLEDGE SKILLS AND ATTITUDE
COMPLEXITY
Panaboard

Light Bulbs

- Diminishing returns in RCA's
- Patient vs Care at centre
- Cohesion… central force
- Identifying CAS as theory for 10C's
- CASs function with few simple rules
- Non linear implementation methods
- 'Edge of Chaos'
- "Declarative" and "procedural" knowledge
- Sacred vs Profane


CARE
Clear Ownership
Constraints
Culture
Communication
Cohesion
Cognition
Compliance
Capture
Challenge
Competence

And Then He Told me what he had been doing…

RHC

DISCUSSION AND GROUP WORK