

Leadership for Sustainable Healthcare



This case was written by Stefi Barna, Emma Thompson and Aditya Vyas of Medact (United Kingdom). The case is intended to be used as the basis for group work and class discussion rather than to illustrate either effective or ineffective handling of a Medical Peace Work situation.

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I. Breaking Bad News

There was a sense of collective fatigue in the staff room of the Diabetes Centre and the early morning birdsong was punctuated by the clink of spoons in coffee cups. Sam sat down in one of the worn brown chairs by the window and picked up a newspaper. He was the newest addition to the nursing staff and eager to start the day. "Hey, have you seen this?" he grinned. "According to this article, obesity-related conditions will bankrupt the national health service by 2050!" He handed the newspaper to the nursing sister next to him. Across the room, his supervisor Rosa looked up from her newspaper. "Oh what rubbish, Sam! Put that down. There are lots of challenges. Of course chronic conditions are a concern but so is our ageing population. And so is the cost of medical technology. Our Centre is pioneering coordinated care for patients with complex needs ... but I guess *that* kind of news doesn't sell newspapers." Sam put the paper down and sat up straight to reply.

"Sorry, everyone," Shirly bustled in, pushing the door open with an elbow, her hands full of papers. She was the head of the nursing team and a consummate professional. It was unlike her to be late.

Manoeuvring through the mismatched furniture she took a free seat next to Sam and arranged herself at an angle to address the whole room. Normally her laugh filled the clinic and she seemed too vivacious for the stiff neatness of her uniform. But today her face was strained, and she placed her clipboard carefully on her lap.

"Morning everybody," she began, "before handover today, I have two things to say." She waited for everyone to settle down and then looked around.

"Most of you know Mr Williams. Sam, I'm not sure that you've met him: Mr Williams is an 71-year old man with diabetes, hypertension and early stage dementia. He's been living on his own, with support from his children who live nearby. Some of you will remember that he was finding it increasingly difficult to control his blood sugar and a couple of months ago blood glucose monitoring revealed abnormal blood sugar levels." Rosa and Anna nodded. "We then started monitoring him with twice weekly blood tests."

"Mr Williams' adherence to his antihypertensive medication was poor - basically because of his increasing forgetfulness - and as a result his blood pressure was not well controlled."

Rosa lifted a finger to signal Shirly. "He always collected his repeat prescriptions on time, but he didn't always remember to take them. His son told me that he has four months of medication stockpiled at home."

"Ah, I didn't know that," Shirly said. She looked at her notes. "Mr Williams is also taking diuretic medication but it seems that he didn't manage to increase his fluid intake at home. Three weeks ago he became dehydrated. I'm sorry to say that this resulted in a fall. His son found him a few hours after he fell and called an ambulance."

There was a pause.

Shirly continued reading from her notes. "From the emergency department Mr Williams was admitted to the acute care ward and treated for dehydration. Due to some initial confusion about who the responsible physician was, two days passed before the orthopedic specialist was able to review his case."

"On examination the ortho discovered bruising over his right hip and requested an X-ray. X-ray revealed a fractured neck of femur. Mr Williams was put on the trauma list for a hip replacement, with an operation scheduled for the following week." Shirly looked up. "This is about two weeks ago. Is everyone with me?"

Everyone nodded. "After the operation he was transferred back to the acute ward where he made a good recovery and was admitted to the rehabilitation ward. However, during rehabilitation - for his hip - concerns were raised about a cognitive deficit - this would be related to his dementia - and a liaison psychiatric review was requested. After the review it was decided that Mr Williams would not be able to continue living alone and he was discharged to a residential home." She looked around at the group impassively.

"Now it appears that Mr Williams has become increasingly confused and the care home staff are finding him difficult to manage. His GP has decided that access to specialist psychiatric care is necessary and has sent him for readmission."

"So that's why we haven't seen him," Rosa sighed. "That's really a shame. He was doing so well living on his own."

Shirly frowned. "Yes, he seems to have gone downhill very quickly. I'd like to put a group together to think about whether there is anything we could have done differently in his case. Rosa, could you look into that?" Rosa nodded.

Shirly put down her clipboard and fixed her eyes at the back of the room. "Now the second issue today is, well ...it's also not good news." She paused and narrowed her eyes. "Dr Mortimer and I had a meeting yesterday. Senior management seem to feel that the Diabetes Centre is no longer financially viable." She looked around the room. "They have initiated a sixth-month review to identify efficiency savings and if those are not found they are considering closing the Centre."

"I don't understand," Asha's voice floated across the room. "Are we losing our jobs?"

Shirly sighed. "No, I don't think it will affect the nursing staff yet. The management team are looking at other services: whether the counsellors are needed, whether we can afford the dietician's programmes, and whether we should continue to run the outreach clinic for early stage case-finding."

"What?" Rosa interjected. "But that will undermine the quality of services we've developed here! We've worked for years to build up early intervention and preventive care."

Asha leaned forward. "What does Dr Mortimer say?"

Shirly picked her words cautiously. “Dr Mortimer appreciates the management’s financial concerns and can see no alternative course of action.” She knew that vilifying the clinical director might take the pressure off now but would serve them no good in the long run.

Sam picked at the sharp edge of his uniform. He was the most junior nurse and the most recent addition to the team. He had been so thrilled with the job and just last week he had signed a 12-month contract for a studio flat close to the hospital. As a fresh graduate, he would probably be the first one to go.

“Has the decision already been made?” he asked. Even as he spoke his words echoed awkwardly in the room.

Shirly glanced at the wall clock. Patients would be arriving soon.

“Look everyone,” she said, her voice rising slightly. “Clearly this is cause for concern and I will make time to discuss it with each of you individually. Right now however, we need to get on with the morning clinic. Remember, patients come first, so put this out of your mind for the moment.”

She rummaged in her papers for the handover sheet and launched into the morning routine. “OK, in Chair 1 we’re going to have Mr. Jonas... Asha, can you take him?... And we need a stock check... Sam can you do that?”

It was business as usual.

II. The Suggestion Box

But it didn’t feel like business as usual. Sam couldn’t put it out of his mind. It was the staff who made the Centre so wonderful but now the good cheer was reserved for the patients. The minute they turned away their faces fell. Sam had a feeling that something could be done - that something *must* be done.

“Shirly,” he called out, as she swept past the nurse’s desk. She turned partly towards him. “Ah, Sam,” she said, catching her breath, “What can I do for you?” She was, as ever, in the middle of something else.

“I’d like... I mean... ummm” he paused, and then the words rushed out before Shirly could move on. “Could I create some kind of a suggestions box? Staff might have ideas about how to cut costs in their area and we could share them.”

Shirly glanced at him in surprise. “Sure, that’s fine. It’ll be good to see what the team’s thoughts are of course and if there are any useful ideas I’ll pass them on to Dr Mortimer.” As she turned to go, she looked back at him. “It’s nice that you want to help, Sam,” she smiled and walked off.

The next day Sam wrapped a shoe box in gift paper and set it at the nurses’ station. The red and gold stripes stood out proudly next to the packs of latex gloves and disinfectant wipes. Whenever he passed the station he reminded his colleagues to submit their ideas. At the

end of the week the box was stuffed and scraps of paper poked up through the rectangular opening in the top of the box.

From her desk Shirley watched Sam pull up a chair and sit down at the station's computer. He opened the box, pulled out the folded sheets of paper, and smoothed out the creases. Then he leaned forward to read them. She turned her attention back to the towering pile of files in front of her, the interminable paperwork which made her time with patients fleetingly rare.

Name	Suggestion	Sam's Research References
Asha	<i>At a conference last year someone talked about changes they had made on the ward that improved patient care and saved money. I think there are some good practices we would pick up from Operation TLC.</i>	Operation TLC http://www.globalactionplan.org.uk/Pages/Category/operation-tlc
Anna	<i>Until last year I worked in the kidney unit. They made a lot of efficiency changes and I remember hearing that the National Health Service would save £1 billion if what their work was rolled out nationally!</i>	Green Nephrology http://sustainablehealthcare.org.uk/sustainable-specialties-greening-nephrology http://www.bmj.com/content/346/bmj.f588
Rosa	<i>I've been reading about new ways of dealing with anxiety and depression. Some mental health people are talking about how to avoid over-prescribing and non-pharmaceutical treatment options. Maybe there are ideas for us there?</i>	Sustainable Psychiatry http://sustainablehealthcare.org.uk/podcasts/2015/01/3-minute-film-sustainability-mental-health

The following Friday Sam and Shirley walked to an empty Relatives Room to discuss the issues undisturbed. "I don't have long I'm afraid," Shirley said, checking her watch as she sat down, "We've got a ward round at 3 pm." She looked at Sam expectantly.

Sam cleared his throat. He arranged two piles of paper in front of him. "The suggestions fall into two categories. First, there is a lot of information about how we run our buildings and the infrastructure of the Centre. I've called that 'Estates Savings'. He pulled up a stapled collection of documents and handed it across the table. Shirley lifted her chin to read.

"For example, we could save money with better waste management or by insulating the building to save energy," Sam began. "We could print less often, now that many of our documents are online."

Shirly took off her reading glasses and smiled widely. "Alright, Sam. It's true that every little bit helps. Initiatives like this can save money, but a few pennies on the pound won't do. We're facing much larger financial difficulties."

"I know, I know." Sam hurried on. "There are other suggestions and all of those savings *together* will help, but maybe not enough. That's why, in this second pile I've put suggestions about the clinical side of things. Ideas for better treatment options, or prevention of illness. I've called this pile 'Clinical Savings'."

Sam handed the top packet to Shirley and watched as she skimmed the pages. "Sum this up for me," she sighed. "What is the main suggestion?"

Sam's eyes widened. "Well it's about the 'triple bottom line'. That means trying to reduce costs, improve patient care, and reduce waste and pollution, all at the same time."

Shirley flipped the pages. "Has this been tested somewhere?"

"Well, that's what's so great," Sam sat forward in his chair. "One hospital ward tried out a project to make operational savings... and they found that it improved patient experience too. It's called TLC." Sam leaned forward to make the acronym clear: "'T' for 'turn off equipment', 'L' for 'lights' i.e. turn them off were possible, and 'C' for 'close doors and windows'. And of course TLC is also short for Tender Loving Care, which is about patients."

Shirley shifted her position on the chair. "Go on."

"In another clinic they improved care quality while reducing both costs and waste just by telephoning patients who had just started on a new drug to see how they were doing. Just a few simple phone calls reduced non-adherence from 16% to 9%! So patients' health improved and that cut down on unnecessary admissions and appointments."

Shirley glanced upwards, lips pursed.

Sam hurried on. "Some projects are getting patients to take a more active role in their own care, treating them as partners. They monitor their own blood pressure. Or they keep an eye out for the side effects of medications, and then increase or decrease their dose. Or they flag up warning signs before complications set in, if they know what to look for." He stopped and looked to Shirley for support. "Would these things work here?"

Shirley nodded. "They might. Its true that if we encouraged telephone and email consultations we would cut down on routine appointments which don't add anything to the quality of the patient experience. But someone will need to go through each of the ideas systematically and get an estimate of the potential savings. And the possible risks."

She looked at the piles of paper. "It would mean quite a transformation in how we do things but it'll need a bit of political will. I'm not sure that there is enough here to convince Dr Mortimer."

"Shirley," Sam leaned forward again. "I was thinking about the patient you told us about, about Mr Williams. Shirley raised her eyebrows and sighed.

"Rosa says that as part of his case review we could see whether we could have improved outcomes while also using some of these ideas to cut costs and reduce waste. It would be a test case for these ideas."

Shirley frowned. "Hmmm, that's an interesting idea. Can you and Rosa put together some concrete ideas and get them to me by the end of the week?" She looked at her watch. "And now you should get back to the ward, I'm sure your patients miss you." She winked at Sam, stood up and was out the door before Sam had gotten to his feet.

III. The Proposal

On Monday morning Sam and Rosa sat down with Sam's packet of proposals and Mr. Williams' voluminous case file. "How should we start?" asked Sam excitedly.

"Well," Rosa replied, "I think we should map out all of Mr Williams' experiences. What happened to him? Were any of his problems preventable? What was the cost of not preventing it – to his health and to the health service? What could have been done differently - to prevent his suffering and to save money?" She pulled out a fresh sheet of paper and sketched out a simple grid.

"Yes," Sam replied. How could care be improved and waste be reduced in Mr William's case?"