

# **ADVOCACY FOR HOSPITAL REVITALISATION RISK MANAGEMENT POLICY**

## **A CASE STUDY: PAARL HOSPITAL**

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# **BACKGROUND**

- ▣ The National Department of Health of South Africa implemented a Hospital Revitalisation Grant to modernize and transform the infrastructure and health technology of hospitals and improve the quality of care.
- ▣ Paarl Hospital, a secondary level public regional hospital, was entered into the Hospital Revitalisation Programme in May 2006.



# SETTING

- ▣ Paarl Hospital is situated approximately 65 kilometers outside of Cape Town
- ▣ Paarl is an important agricultural and commercial centre.
- ▣ The Paarl Hospital had **250** beds and provides public health care at a secondary level to a drainage area of clients which includes the whole of the West Coast Winelands Region.
- ▣ The Hospital Revitalisation Programme of National Health funded a ± R513 million revitalisation to provide for **369** beds.
- ▣ Phase 1 and 2 from May 2006 to practical completion March 2012. Phase 3 nearing completion in 2016.



BEFORE



AFTER

The historical 1921 building no longer suitable for modern health care delivery, renovated as an Administration office block, with façade intact, as stipulated by Western Cape Heritage society.





Builder's yard and new 7 floor block under construction in middle of operational secondary level care hospital site.

# STUDY AIM

- ▣ The study aimed to critically evaluate the HRP implementation at Paarl Hospital and develop a framework for implementation to address clients, staff and technical quality of care.

*“We would do it again, but we would do it differently...”*

*“We had the experience, but we missed the meaning.”*

T.S. Elliot

▣



# **STUDY RATIONALE**

- ▣ **Building health care facilities is complex and their planning and implementation can give rise to expensive mistakes.**
- ▣ Research on quality of care in health fulfils a social and practical mandate to create information for use by programmes to improve services towards economic effectiveness and efficiency or by decision makers to inform policy.



# OBJECTIVES

- ▣ Explore the hospital revitalisation programme at Paarl Hospital in terms of 4 deliverables **infrastructure, health technology, quality assurance and organisational development**
- ▣ Development of a quality focussed framework for project implementation from the lessons learnt.



# CONCEPTUAL FRAMEWORK

## Roger's diffusion of innovation theory

Roger's (1983) Diffusion of Innovation Theory is a theoretical approach to understanding how change may be achieved.

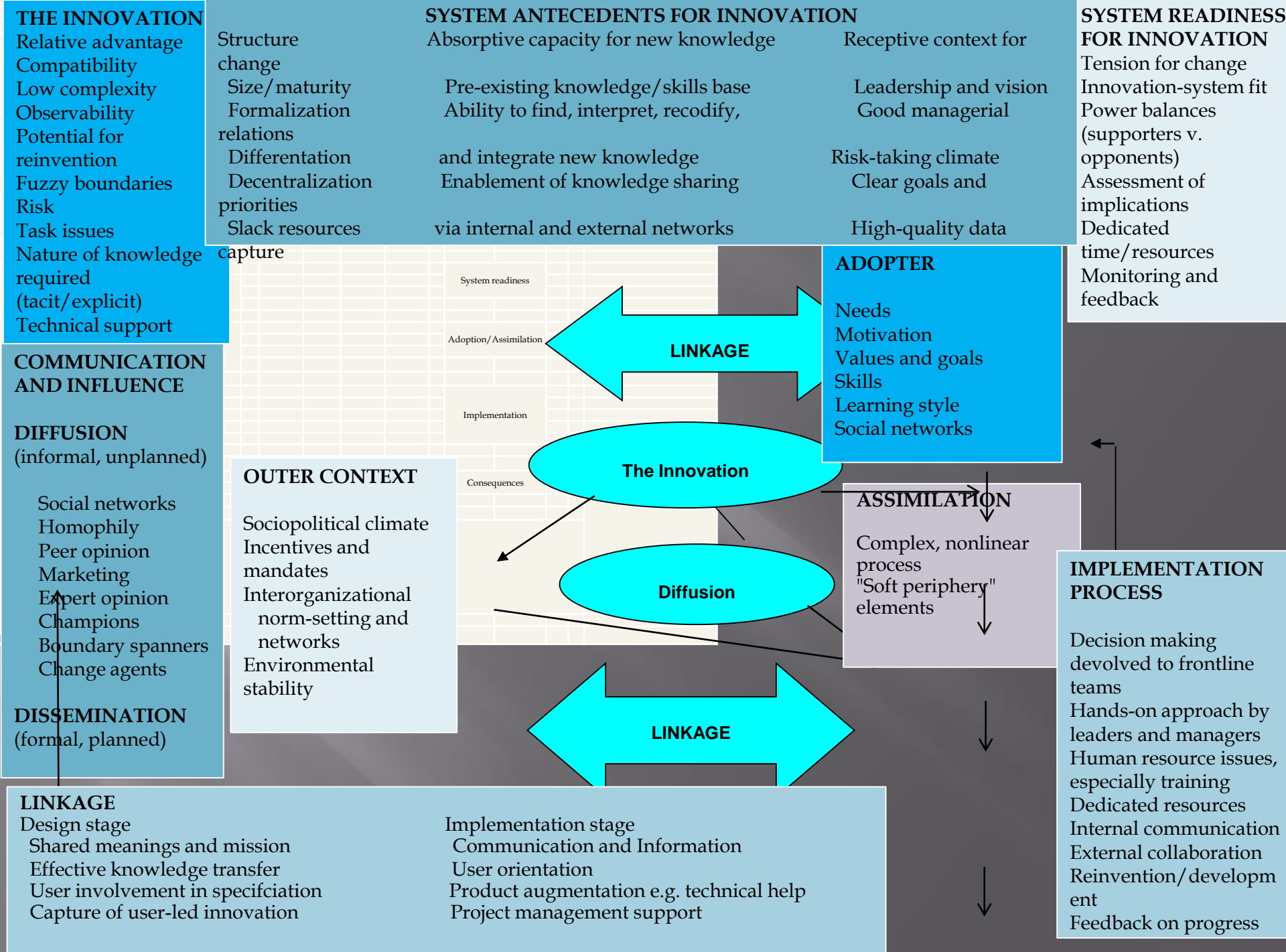
- HRP seen as innovation in health system in addressing quality care: **Linkages between resource system and the users and the purveyors of knowledge**; System readiness for innovation

Ulin(2005) applied as approach to understand the adoption of change in health innovation

Sanson-Fisher(2004) called for testing approach in the health care environment

# CONCEPTUAL FRAMEWORK

- ▣ The conceptual model of determinants, dissemination and implementation of innovations in health service delivery and organisation proposed by Greenhalgh *et al.* (2004:595) was adopted for the HRP as an innovation in health service delivery and organisation.
- ▣ The implementation Paarl Hospital was applied to the conceptual model and various aspects of the hospital's leadership and management positioned it well as a receptive context for change and innovation in light of the inadequate facilities.



# **CONCEPTUAL FRAMEWORK**

**Quality Policy Framework(H122/2002)**

National Core Standards

**SEAM**

SA Excellence model(Eygelaar&Uys,2004)

**Six box**

Model of organisational development(Weisbord)  
as adapted by Johnson(2004)

**Change management theory**

# METHODS

- ▣ A case study design, with a qualitative approach
- ▣ An intensive exploration of a single unit of study including the circumstances, complexities and dynamics of this Public Secondary Regional Hospital project.
- ▣ Case study methodology was an appropriate choice for a project description, as it allowed for a multi method approach to data collection which included **qualitative content analysis**

# **METHODS**

- ▣ **Focus group discussions, individual and pair interviews** –nursing operational and management ,design teams ,contractors, senior public management and specialists
- ▣ **Photographic** -infrastructure and health technology
- ▣ **Document review:** Adverse incidents, workplace injury register, safety/security reports; mortality+ morbidity reports; patient feedback reviews/surveys

# METHODS

- ▣ Action research methodology, which is concerned with collaborative knowledge enquiry and sharing, was applied by means of an intervention.
- ▣ The findings which arose during the study were simultaneously used and actions were taken to improve project implementation in the Psychiatry clinical unit's planning and decanting stage.

# **ETHICAL CONSIDERATIONS**

- ▣ Principle approval from the Chief Executive Officer. Favourable conditions to conduct research at facility. Staff and management wanted their 'voices to be heard!'
- ▣ CPUT ethics committee approval
- ▣ Western Cape Government Health approval
- ▣ Ethical principles were adhered to

# RESULTS

- ▣ This study's findings indicate that hospital revitalisation has huge benefits to the communities the relevant hospital serves, but that client, staff and technical quality are at risk during implementation.



Demolition of concrete slab to build extensions for new specialist outpatient, causing noise, dust and debris for staff and patients in 6 floors of wards.



# CLIENT QUALITY

## Positives

- ▣ Huge improvement in client satisfaction across all seven domains measured
- ▣ Community links strengthened

## Challenges

- ▣ Noise, dust debris
- ▣ Decanting discomfort
- ▣ Infection control risk (aspergillus) (sewage)
- ▣ Waiting lists

Piling adjacent to tower block of 6 floors  
of operational wards causing vibration



# STAFF QUALITY

## Positives

- ▣ Strategic empowerment
- ▣ Learnerships-nursing established
- ▣ Community links stronger



# STAFF QUALITY

## Challenges

- ▣ Occupational health risk
- ▣ Change management
- ▣ Staff morale stretch
- ▣ Ergonomics during decanting
- ▣ Human Resource non- alignment and increased workload



## Relationships and Trust

- ▣ Confidence in design team
- ▣ New and numerous role players
- ▣ Conflict high at meetings
- ▣ Clinical staff input valued ? especially nursing



Aerial view of temporary walkway which had to be used by staff and to connect wards with services (food, linen and stores)

# TECHNICAL QUALITY

## Challenges

- ▣ Safety and Security (Builders, access)
- ▣ Adverse events (Client slips)
- ▣ Theatre cancellations
- ▣ Occupational Health incidents
- ▣ Infection Prevention +Control (sewage, mould)
- ▣ Fire safety concerns
- ▣ Decanting (service interruptions of electricity, water sewage, medical gas, oxygen)



New specialist outpatient area with tiles which initially caused patient and staff slips due to sand residue of building process.

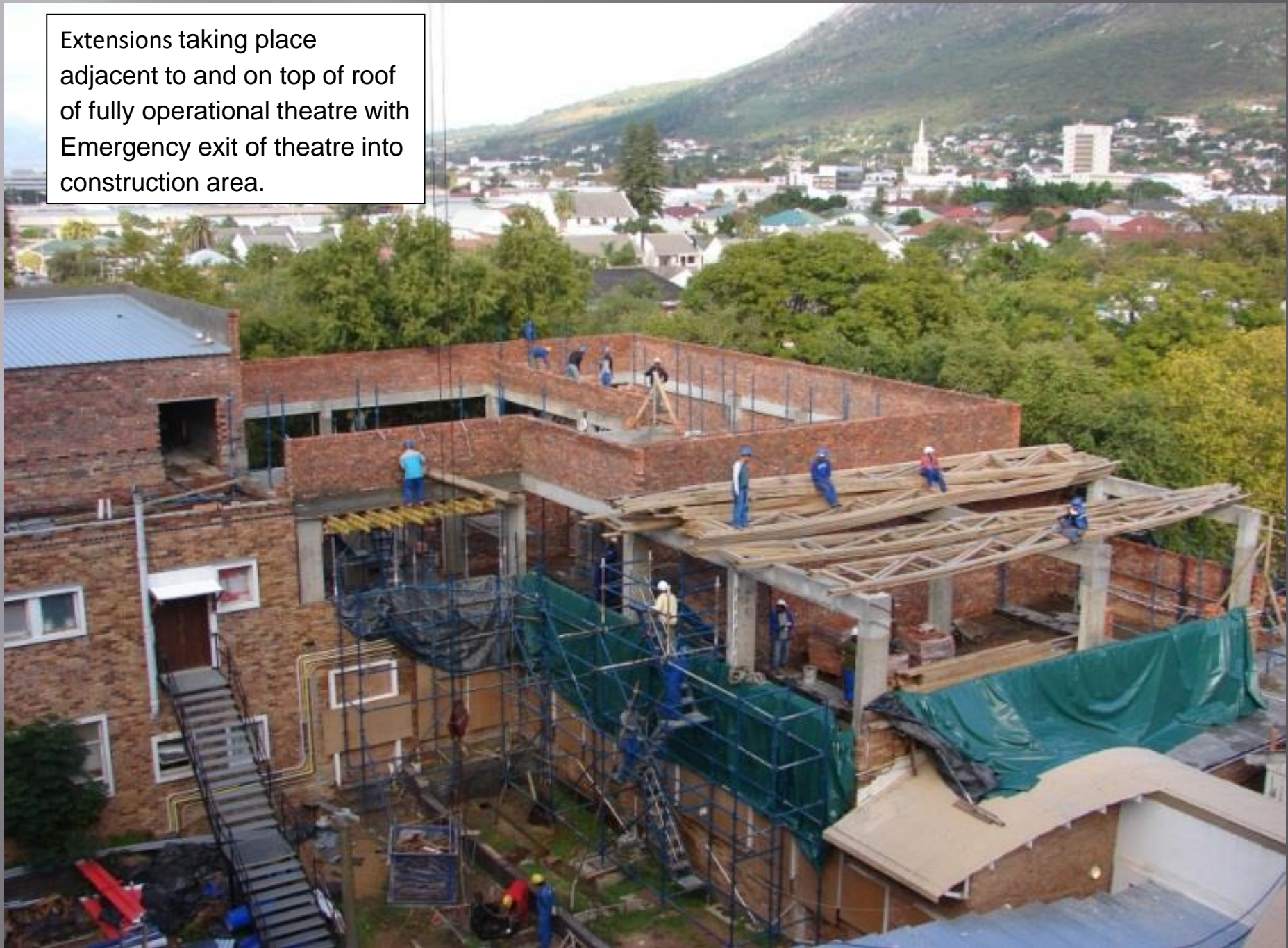
Access route through unsafe construction area of some staff for security installations in basement.



# Paarl Hospital Revitalization Reported Incidents

	Department	Category of Staff	Incident	
	Pediatrics	Professional Nurse	Fell on hospital grounds and injured her left ankle while walking to ward on uneven parking area during construction	
	Finance	Senior Administration Clerk	Slipped on temporary walkway built during construction between administration department and hospital during hospital revitalization	
	Cleaning Department	Housekeeping	Sprained foot in gutter in backyard of hospital with right ankle sprain during hospital revitalization	
	Emergency Centre	Senior Nursing Auxiliary	Injured right middle finger in blue benches at overnight ward during decanting for hospital revitalization	
	Medical	Area Manager (Nursing)	Staff member tripped and fell on temporary walkways built for revitalization purposes (uneven surface)	
	Linen bank	Housekeeper	Staff member opened service's gate and it fell on her chest and left cheek (recently installed during revitalization )	
	Emergency Centre	Doctor (Specialist)	Ceiling panels fell on head due to water leak shortly after construction. Staff member required 7 Stitches for laceration.	
		Senior Nursing Manager	Staff member slipped in poorly lit, muddy parking area during hospital revitalization	
	Neonatology	Nursing	A register was established to record daily head bumps of nursing staff on pendants due to problems with installation	
		General Assistant	Staff member was pushing beds for revitalization decanting purposes on a trolley when a bed fell off and crushed his right hand	

Extensions taking place adjacent to and on top of roof of fully operational theatre with Emergency exit of theatre into construction area.



### **Infrastructure ABC**

Assist clinical staff in design visualisation  
Be involved in norms and standards development  
Control Contract management, communication, decanting, relationships, snags and safety

### **Health Technology ABC**

Acquire large items on contract  
Best specifications, norms and standards, cost efficiency, consumables, and durability  
Cultivate ownership (Standard Operating Procedures; manuals; maintenance)

### **Quality Assurance ABC**

Assess Risks to Client, Staff and Technical Quality  
Baseline QA data for initiatives  
Compare Quality Assurance at exit

### **Organisational Development ABC**

Align Human Resources to HRP  
Be sure to do Strategic Planning and Professionalism coaching  
Change Management Intervention

### **Business Case**

Appropriate people involved in development  
Appropriate authorisation, management authorisation  
Appropriate updates to NDOH  
Appropriate risk management included in brief

# **BUSINESS CASE**

(A Strategic document signed off by NDOH)

- ▣ Appropriate people involved in development
- ▣ Appropriate authorisation, management authorisation
- ▣ Appropriate updates and resubmissions to NDOH
- ▣ Appropriate risk management to be included in the brief



New specialist outpatient waiting area where seating and space proved to be inadequate due to exponential growth in patient numbers (and OPD services, e.g. audiology, mammography) from planning to commissioning time span.

# INFRASTRUCTURE ABC

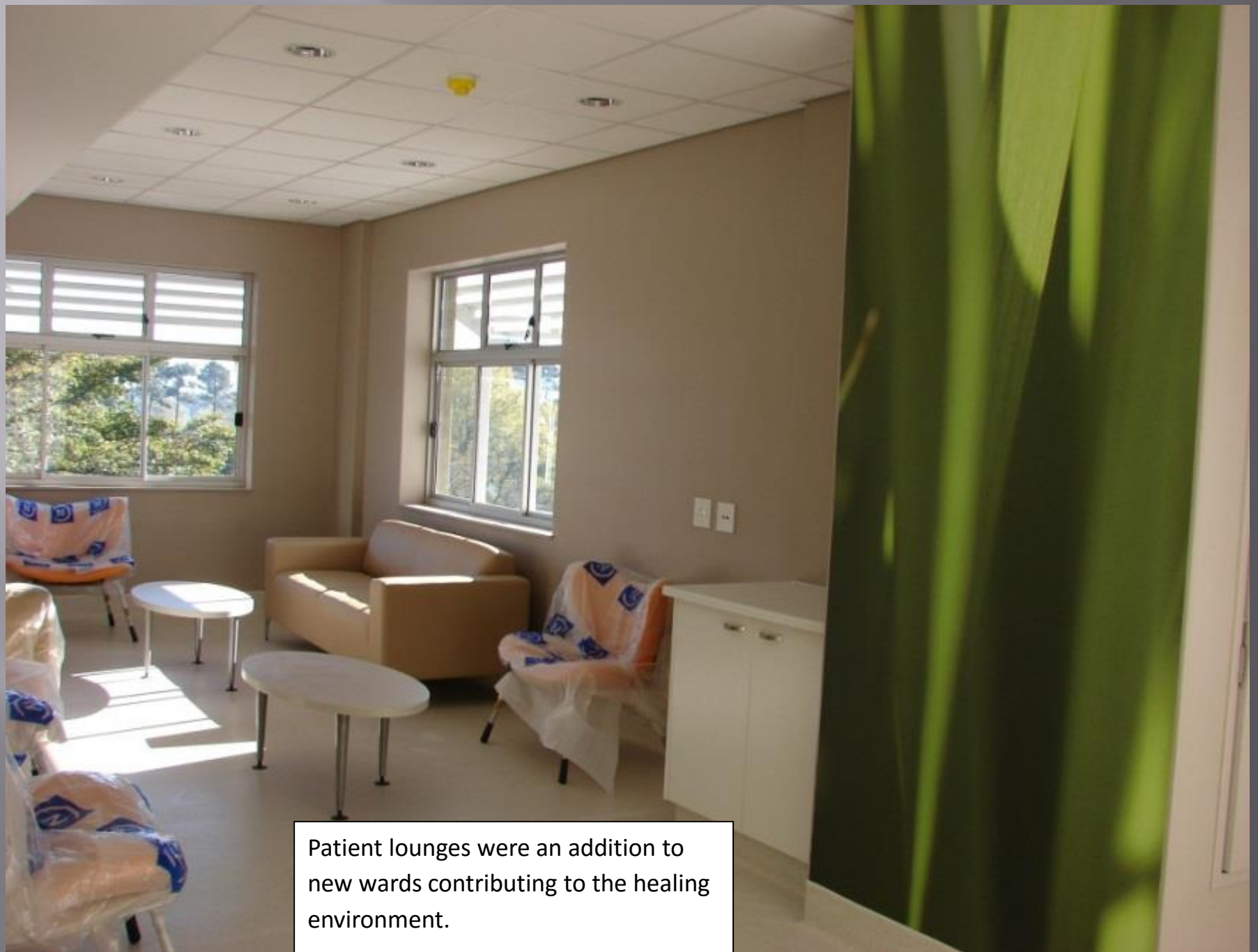
- ▣ Assist clinical staff in design visualisation (mock ups of standard rooms or 3D software)
- ▣ Be involved in development and application of norms and standards development (Aircons, lifts, fittings, doors, pigeon pest control)
- ▣ **Control Contract management**, decanting, trust relationships, boundaries between contractors and clinical areas, storage space for decanting.



Modern open plan nursing stations with pneumatic tube. The melamine finish of counter tops and plastered bases proved to lack durability from damage by beds and trolleys.

# **4 L's** (Gordon ,HC2020)

- ▣ **Long life**  
(Sustainability)
- ▣ **Loose fit**  
(Flexibility)
- ▣ **Low impact**  
(Reduction of carbon footprint)
- ▣ **Luminous healing**  
(Enlightened Healing Environment)



Patient lounges were an addition to new wards contributing to the healing environment.



Convenient additional seating  
on landings between wards for  
visitors.

# HEALTH TECHNOLOGY ABC

- ▣ Acquire large items on contract to interface IT and Infrastructure
- ▣ Best specifications, norms and standards, cost efficiency, consumables and durability, positioning of **pendants**, tried and tested
- ▣ Cultivate ownership (Standard Operating Procedures; manuals; maintenance)



# **ORGANISATIONAL DEVELOPMENT ABC**

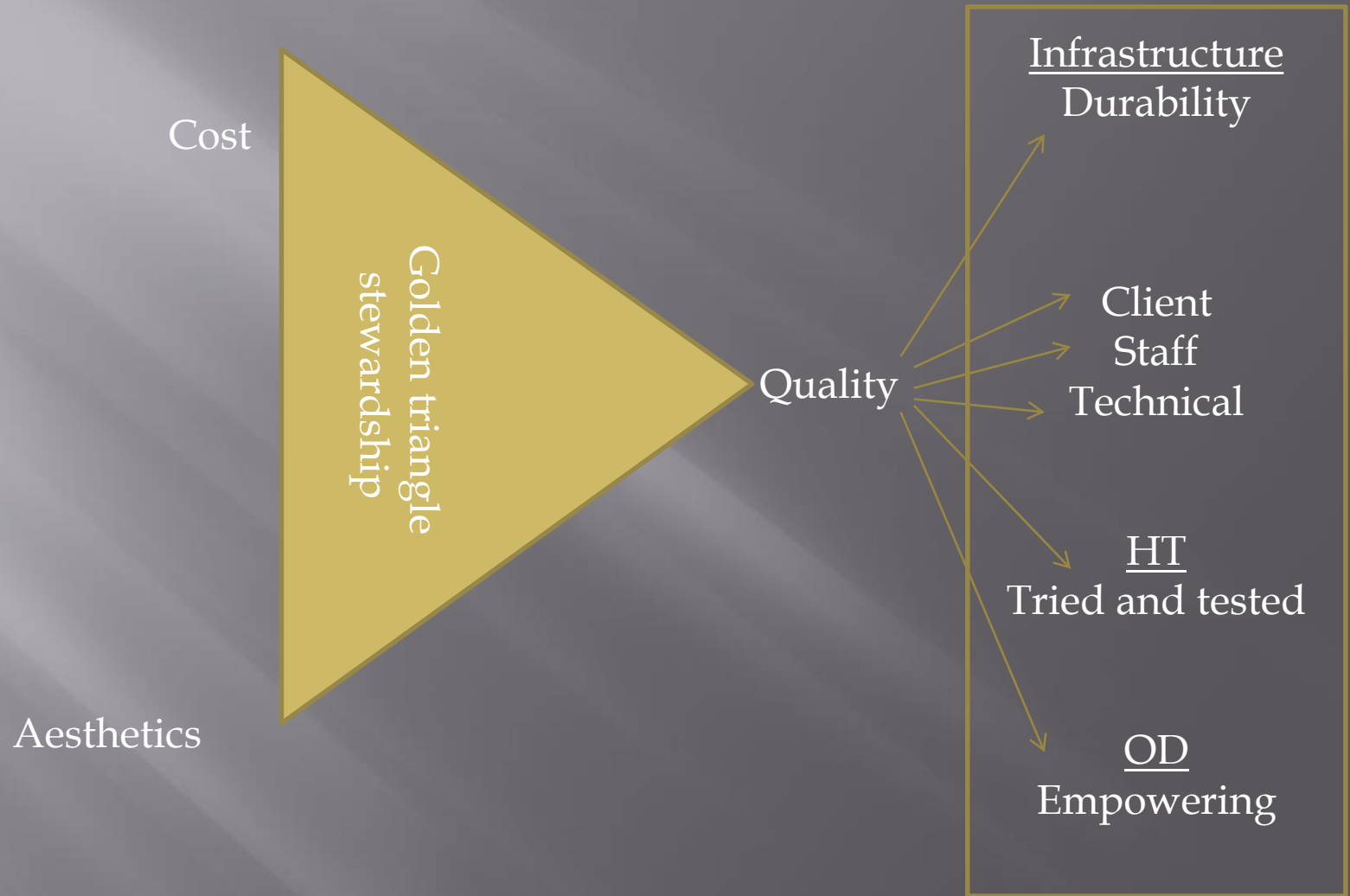
- ▣ **Align Human Resources to HRP**
- ▣ **Be sure to do Strategic Planning and Professionalism coaching**
- ▣ **Change Management Intervention**



New staff lounge providing comfortable relaxation facilities for staff and enhancing staff quality.

# **QUALITY ASSURANCE ABC**

- ▣ **Assess Risks to Client, Staff and Technical Quality**
- ▣ **Baseline Quality Assurance data for initiatives**
- ▣ **Compare Quality Assurance at exit**



# CONCLUSION



- ▣ An implementation framework for HRP to safeguard technical quality; care to clients and quality work life of staff to supplement current Project Implementation Manuals.
- ▣ Clinicians, managers and stakeholders to be aware of risk and get involved in active risk management
- ▣ Advocacy for the staff and patients affected by renovation and re-engineering of operational health facilities essential.
- ▣ Nurse leaders to translate evidence to advocate for patient and staff safety; and risk management during health facility infrastructural upgrades

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New façade of main entrance of Paarl Hospital with specialist outpatient facilities and ample parking for staff and clients.

# THE END

▣ Questions?

