

HARP Complex Care

Creating a simple system for complex care

HARP = Hospital Admission Risk Program

- ▶ Key purpose - reduce demand from avoidable hospital presentations
- ▶ Initiative of the Victorian Government
- ▶ Hospital Demand Strategy
- ▶ Operates mainly in the community setting
- ▶ Range of client complexities

HARP Journey

- ▶ Victorian Government mainstreamed HARP in 2006
- ▶ 11 teams and 750 patients

MATS

MATS Allied Health

MATS Sandringham

Connect ED

Community Team

Psychology

Pharmacy

COPD Outreach

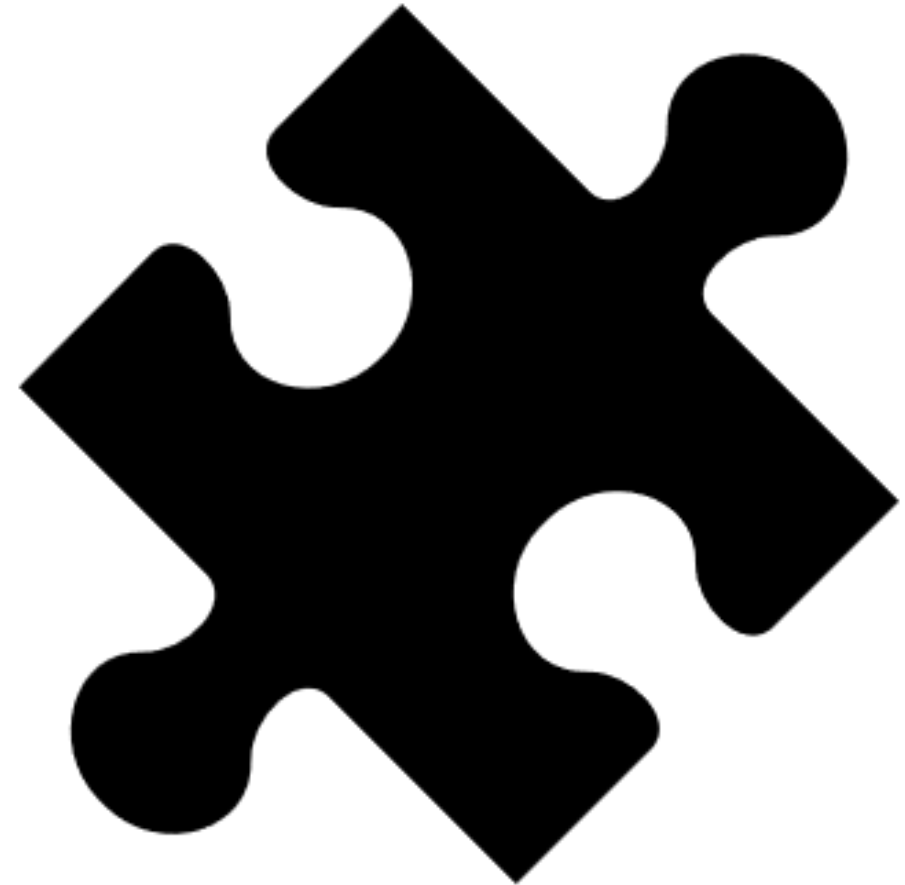
Pulmonary Rehabilitation

COACH

DMU

Features of the service

- ▶ Each team had a different model of care
- ▶ Each team had different eligibility criteria
- ▶ Each team had its own referral intake process
- ▶ Within HARP patients were formally referred between teams
- ▶ Different philosophies about care: 'medical model' v 'social model'
- ▶ Complex service for complex care



Consultation - 40 staff versus 750 complex patients in the community

SWOT:

- ▶ How do we know what is going on with our clients?
- ▶ What is the right mix of skills, and professions?
- ▶ What will promote staff retention and attract high calibre also?
- ▶ How can we remain adaptative after the disruptive change?



Stafford Beer's Viable Systems Model

▶ **Operation:**

- ▶ the core business of the individual, team, or program

▶ **Coordination:**

- ▶ consistent and clear communications systems and feedback processes, much like a neural network

▶ **Control:**

- ▶ clear role and scope, practice guidelines, generic processes, escalation pathways, templates and tools

▶ **Intelligence:**

- ▶ Vigilance and awareness of factors that can affect the program's performance and survival, both internal and external

▶ **Identity:**

- ▶ consistency; clear about role and purpose

Each level of the system applies the same principles, recursively.

Organization



Program



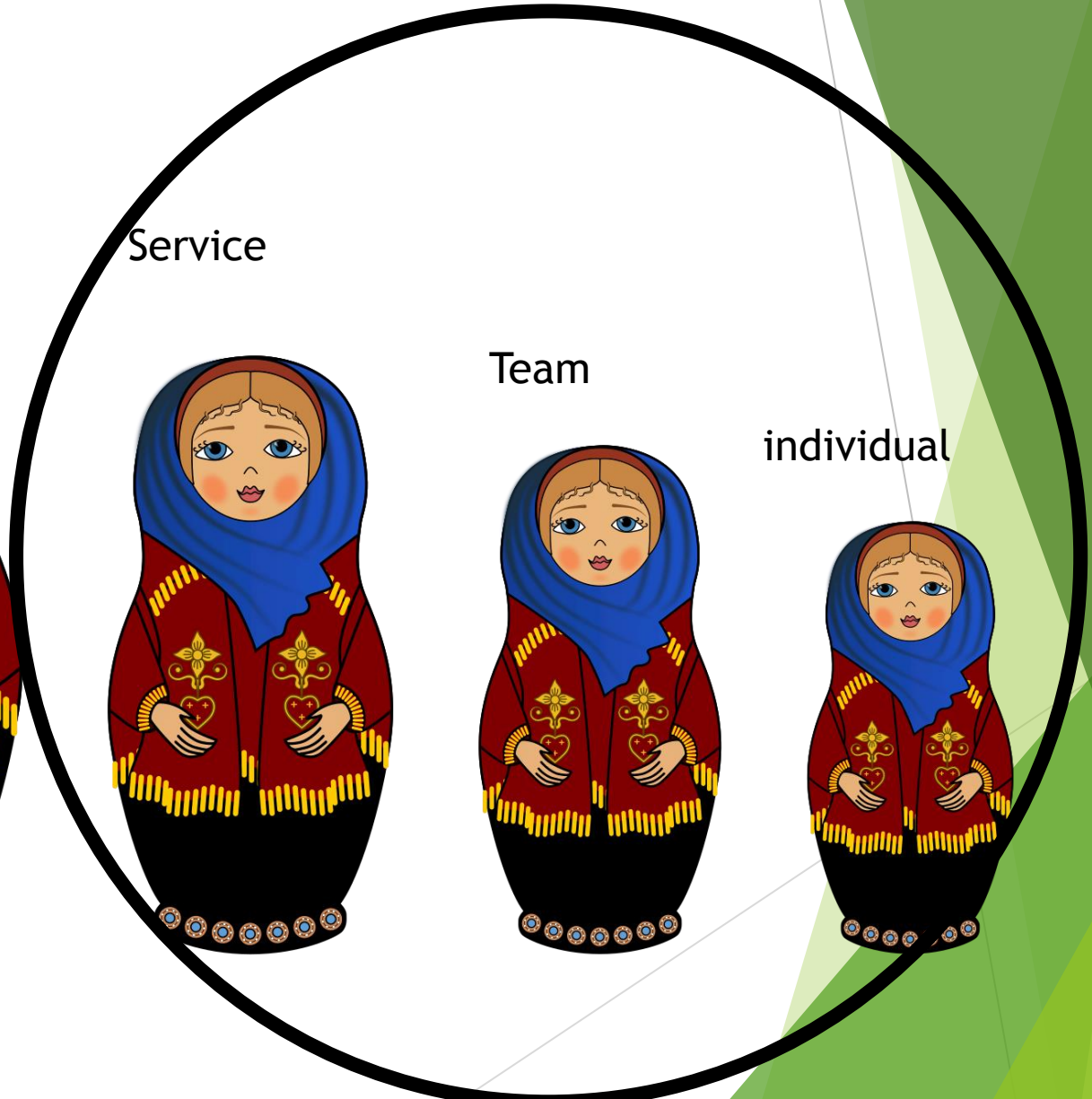
Service



Team



individual



de Sitter's Design Theory

▶ Attenuation

- ▶ Reduce opportunities for complexity to arise
- ▶ Manage complexity at every level by
 - ▶ Optimizing autonomy
 - ▶ Limiting specialization
 - ▶ Eliminating unnecessary noise

▶ Amplification

- ▶ Increase the environment for regulation
 - ▶ At every level
 - ▶ Reduce hierarchical barriers to decision making -
 - ▶ Clear role scope and boundaries
 - ▶ Skills and talent

Three core variables for viability of a system



The quality of the Organization or Program

Can its goals be achieved?

Is it adaptive?

Quality of the work done

Is the work meaningful and satisfying to employees?

Quality of the working relations

How effective is communication?

Key Considerations for the Redesign.

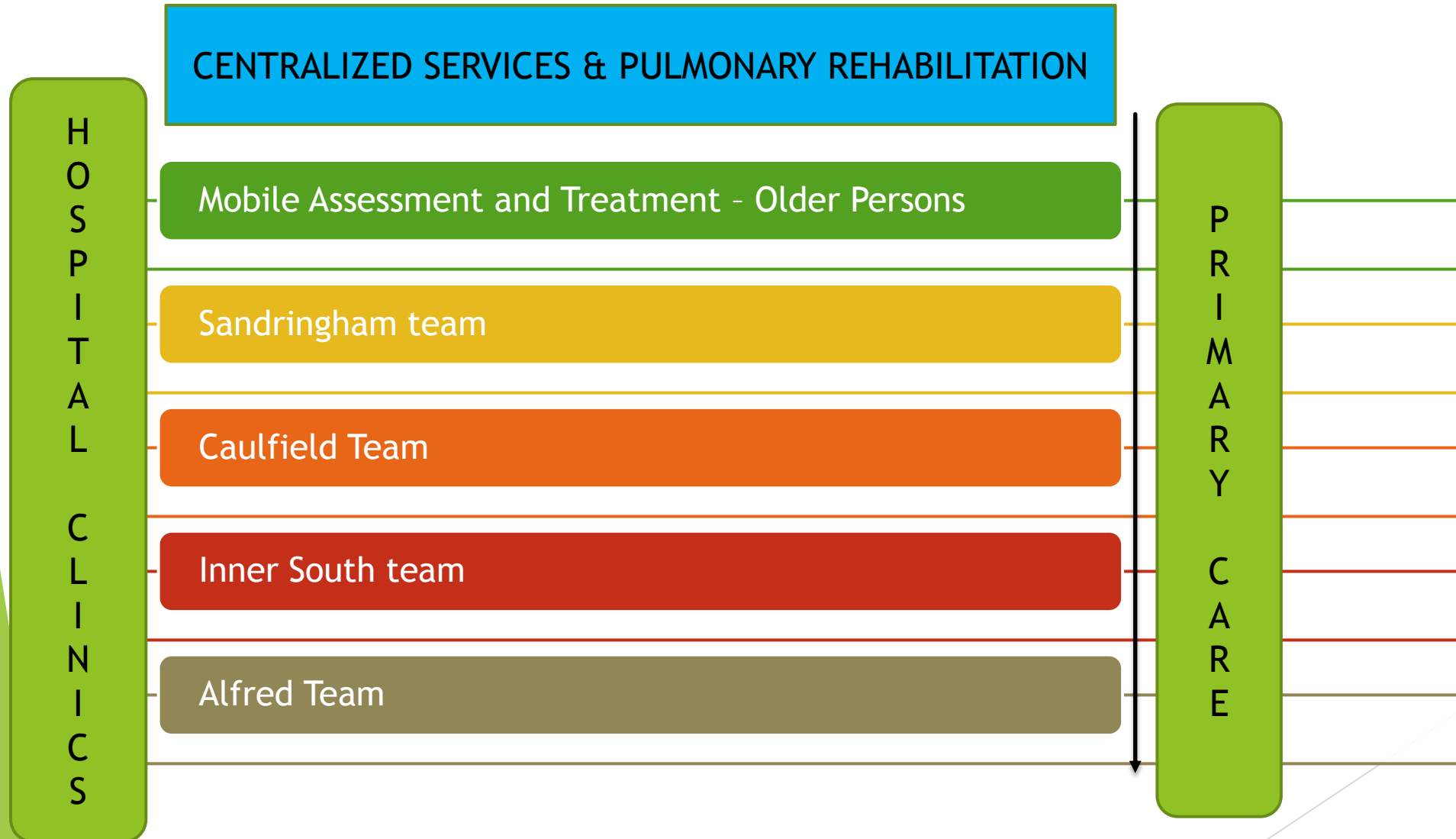


- ▶ What degree of specialization in the teams?
- ▶ Redundancy: planning for service demand, unplanned vacancy or other risks
- ▶ Levels of vigilance: aligned to the appropriate system level; Individual through to Management
- ▶ Centralized consistent communication & coordination via hospital data base
- ▶ Regulation: built-in feedback mechanisms - centralized reports and data; clear lines of communication.

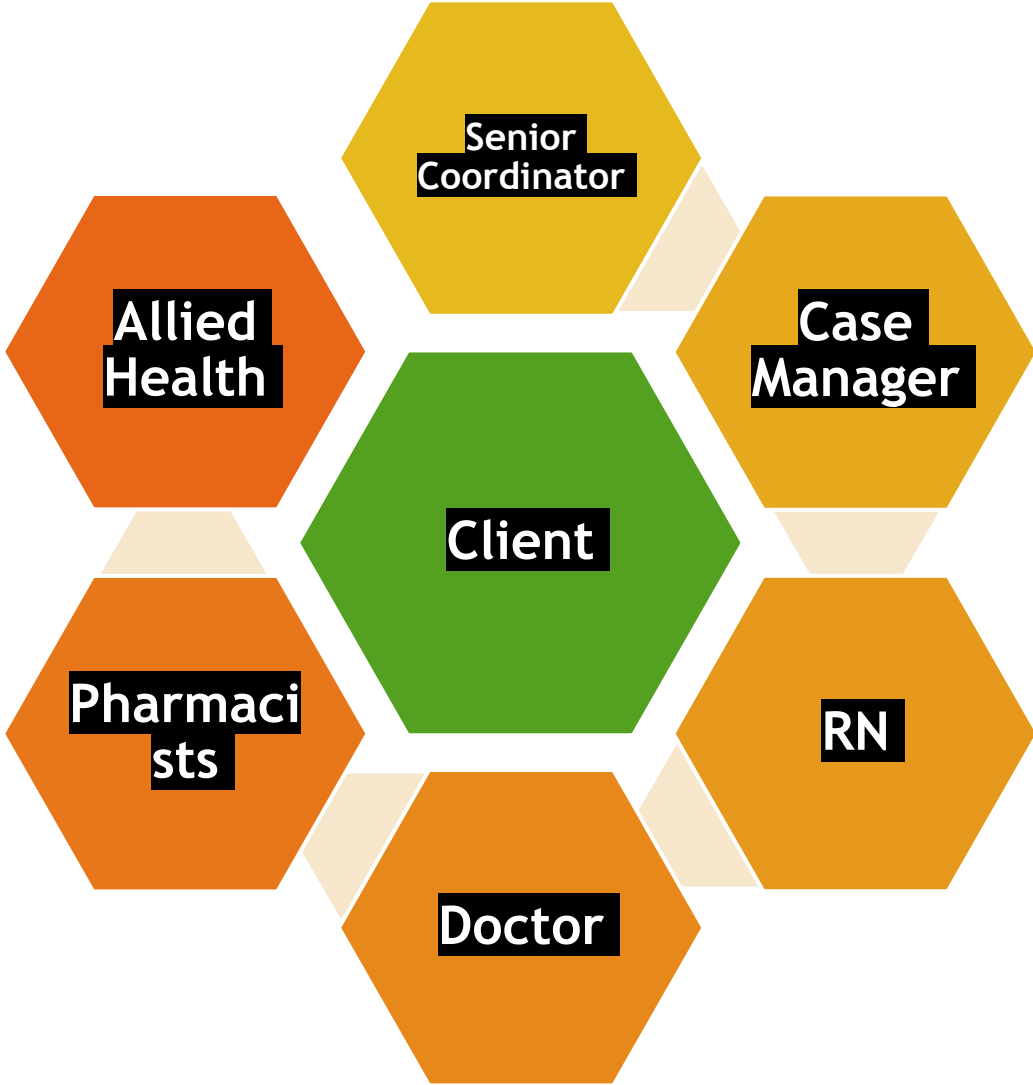
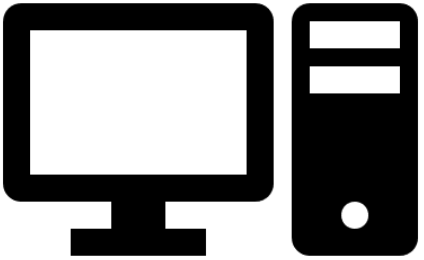
Redesigned HARP

- ▶ 4 identically configured geographically oriented complex care teams
 - ▶ Aligned to General Medicine Clinics at the 3 hospitals
 - ▶ 2 senior staff, case managers, RN
 - ▶ Same systems and processes in each team
- ▶ 1 aged care team - specialized
- ▶ 1 team of discipline specific staff: allied health, psychiatry, pharmacy, clinical nurse consultant, senior clinicians
- ▶ Pulmonary Rehabilitation - operates in parallel to complex care teams
- ▶ Central Point of Access
- ▶ Single Data Base

Aligning Structure and Function



Person Centered Teams



What is Next?

- ▶ Enrolled Nurse
Step Down Model
- ▶ Comorbid mental
health and chronic
disease



Questions and Thank You

- ▶ **Achterbergh, J., & Vriens, D. (2011).** Cybernetically sound organizational structures 2: Relating de Sitter's design theory to Beer's viable system model. *Kybernetics*, 40(3/4), 425-438.
- ▶ **Beer, S. (1972).** Cybernetics- A Systems Approach to Management. *Personnel Review*, 1(2), 28-39.
- ▶ **Beer, S. (1984).** The Viable Systems Model: Its Provenance, Development, Methodology and Pathology. *The Journal of the Operational Research Society*, 35(1), 7-25. Retrieved from <http://www.jstor.org/stable/2581927>