



..... ICSM

Pre-implementation preparedness



health

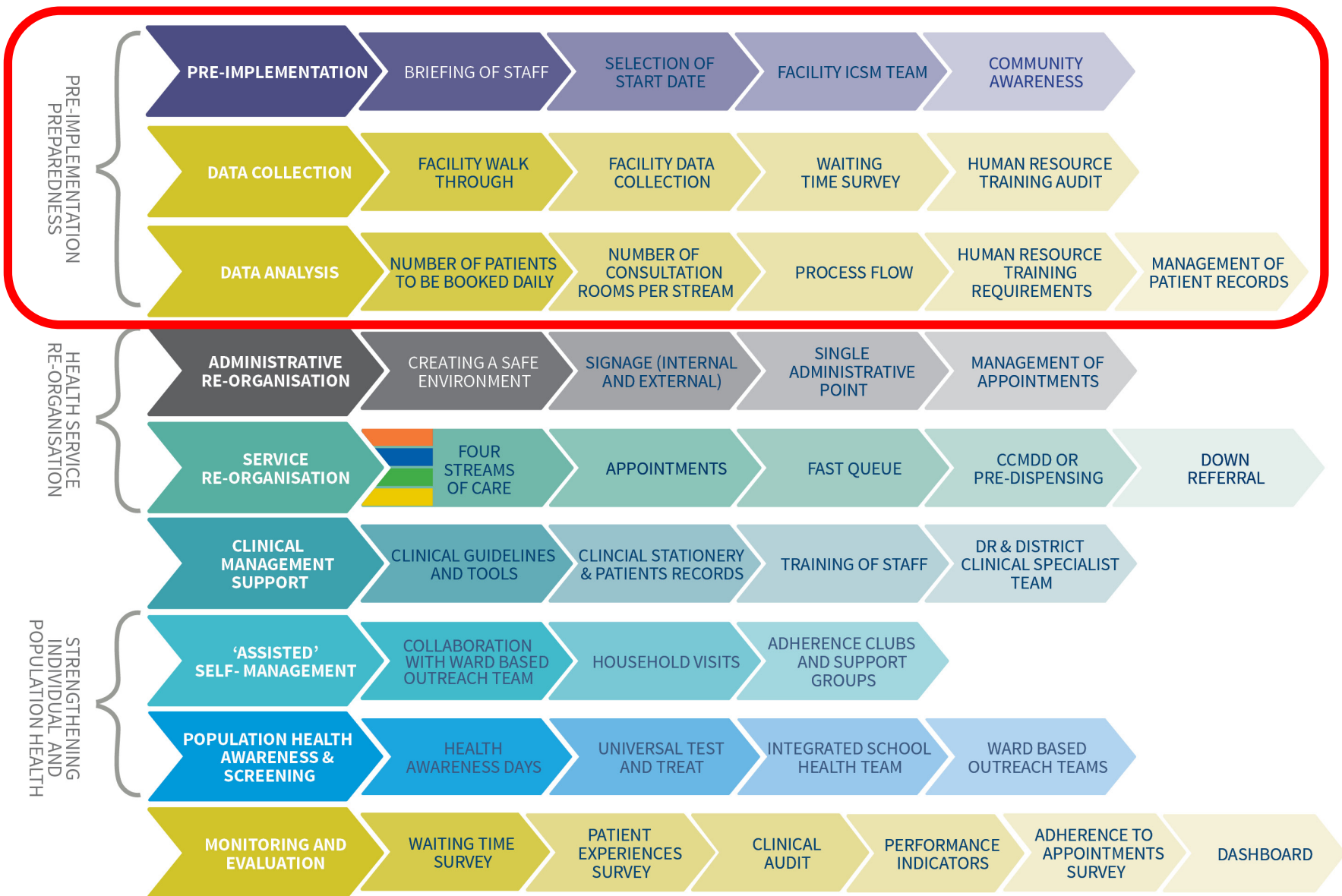
Department:
Health
REPUBLIC OF SOUTH AFRICA

Pre-implementation



Although this manual presents the implementation steps sequentially, the practical application of each of these steps may occur simultaneously.

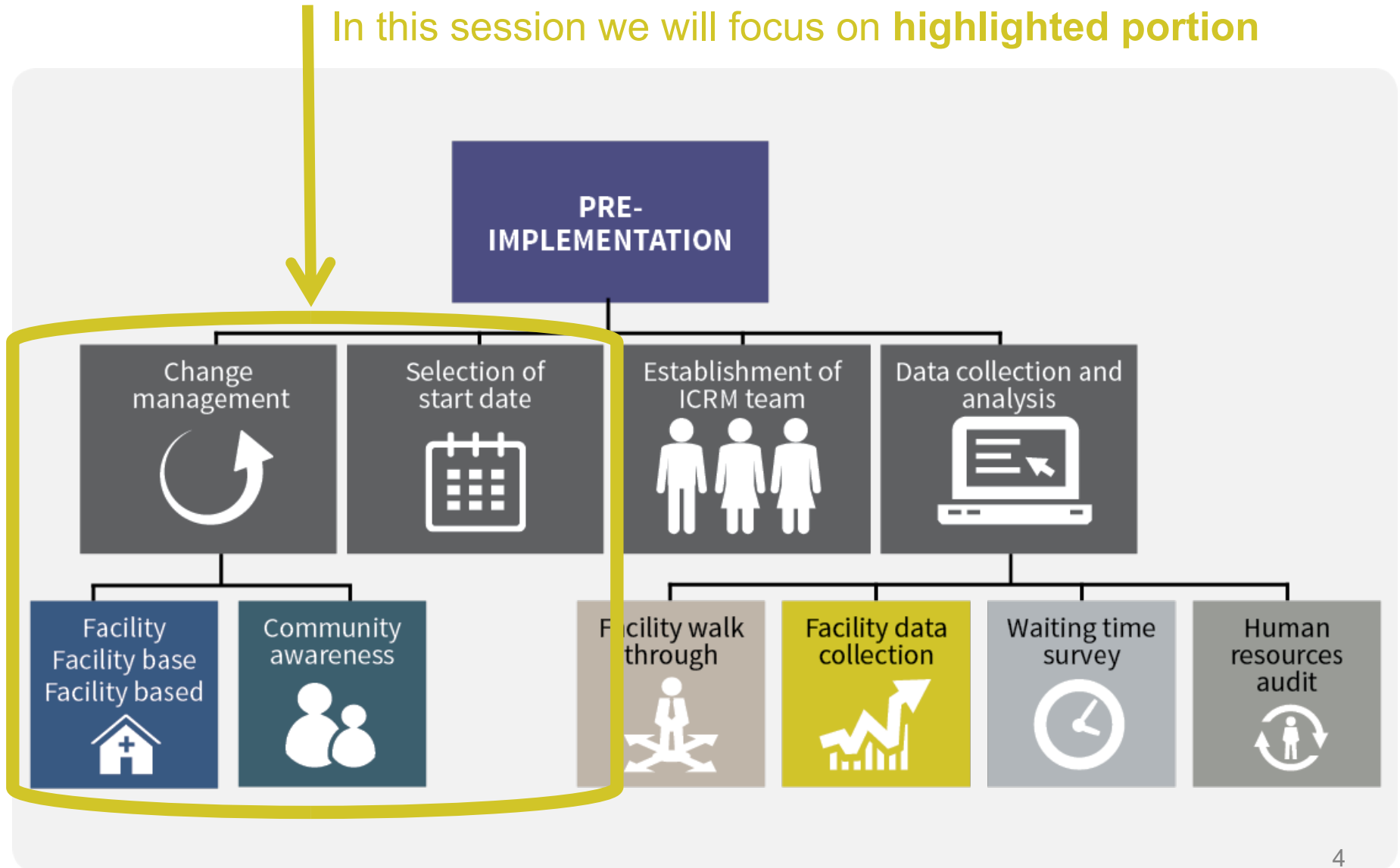
ICSM pre-implementation



Pre-implementation



In this session we will focus on **highlighted portion**

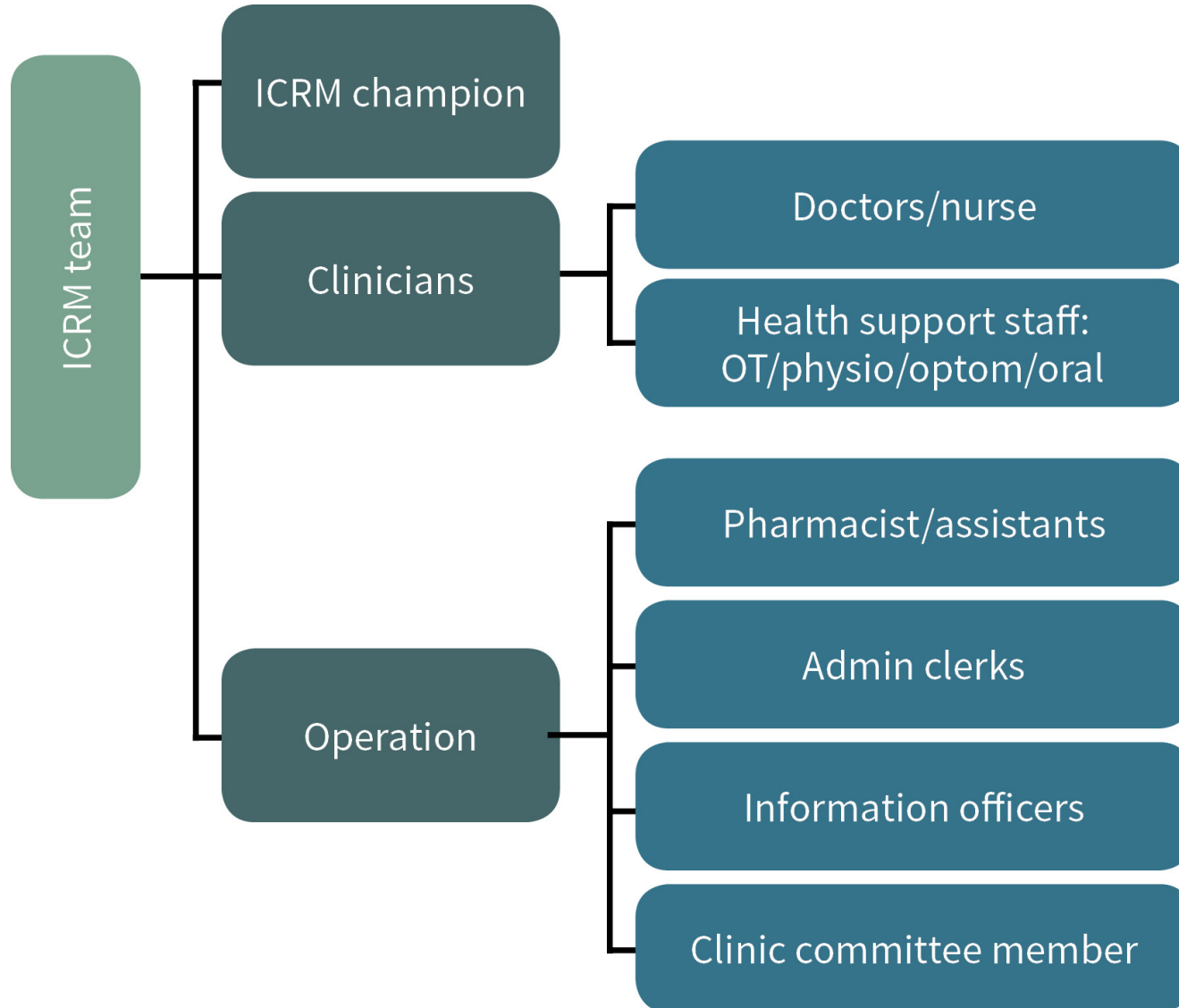


Selection of starting date



- It is important to **work backwards** from a target
- **All the facilities** identified to initiate the ICSM model **should commence within the same period**
- All facilities should commence with **full implementation of the ICSM** on the first Monday of a new month, 6-8 weeks after the training workshop. **[Kick off]**

ICRM team: Large facilities



ICRM champion: Characteristics



- The **ICRM champion** is someone who will advocate for ICSM at all times, and who will always act as if the project is '**his/her baby**'
- The **ICRM champion** should be an individual of considerable importance in the clinic and should be diplomatic, have good communication skills, and should be the '**proactive type**' (meaning he should ask about the status of the project rather than be told about the status of the project).

ICRM champion: Role



- **Co-ordinator** and **mentor** for ICRM
- Ensures **stakeholder satisfaction and engagement** from conception to completion
- **Addresses the various obstacles** with respect to ICSM
- **Makes decisions** or plans the steps that will make the project move forward.
- **Liaison** between the facility and the district management team and external stakeholders

ICRM champion: Role



- Maintains a **harmonious relationship** between the ICRM team and its stakeholders
- Provides **suggestions for solutions** to the stakeholders who will then pick the best option
- **Communicates** dates on the project's development and issues to upper in case they have any concerns, requests in a change of direction or simply questions about the project's status and progress

Change management



Rationale

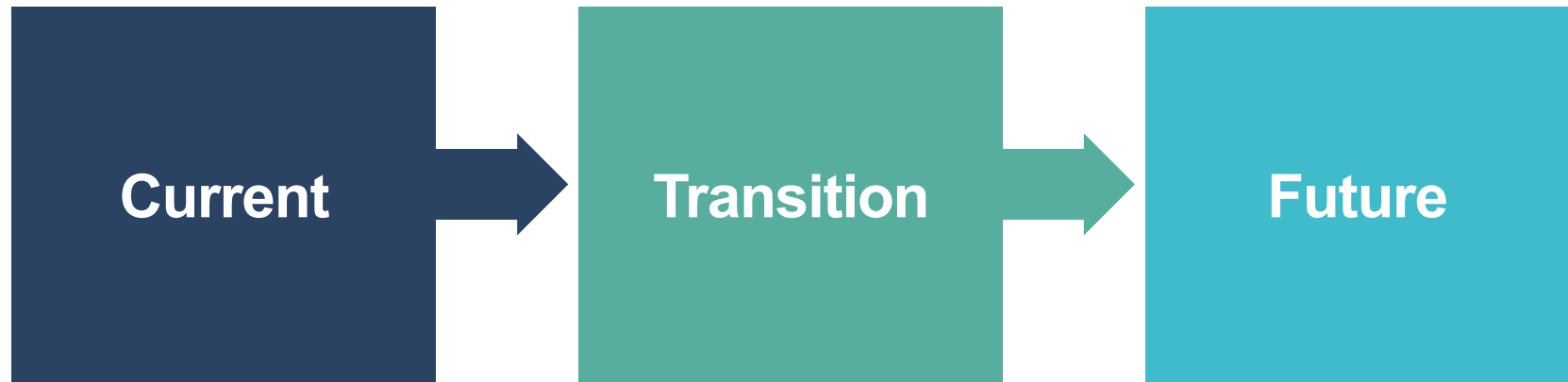
- ICSM requires a **paradigm shift** from the current service delivery approach and will require the active participation and buy in from both patients, communities and health service providers.
- It is therefore important that patients and **employees** impacted by the change are supported **through their own transitions** - from their own current state to their own future state that has been created by the project or initiative.

Change and change management



- **Significant** and **important difference**
- If there is no clear delineation, the result is **confusion** and **lack of clarity** on what is needed to move an initiative forward.

Change



Movement out of a **current state** (how things are today), through a **transition state** and to a **future state** (how things will be done)

Happens all around us - at home, in our community and at work.

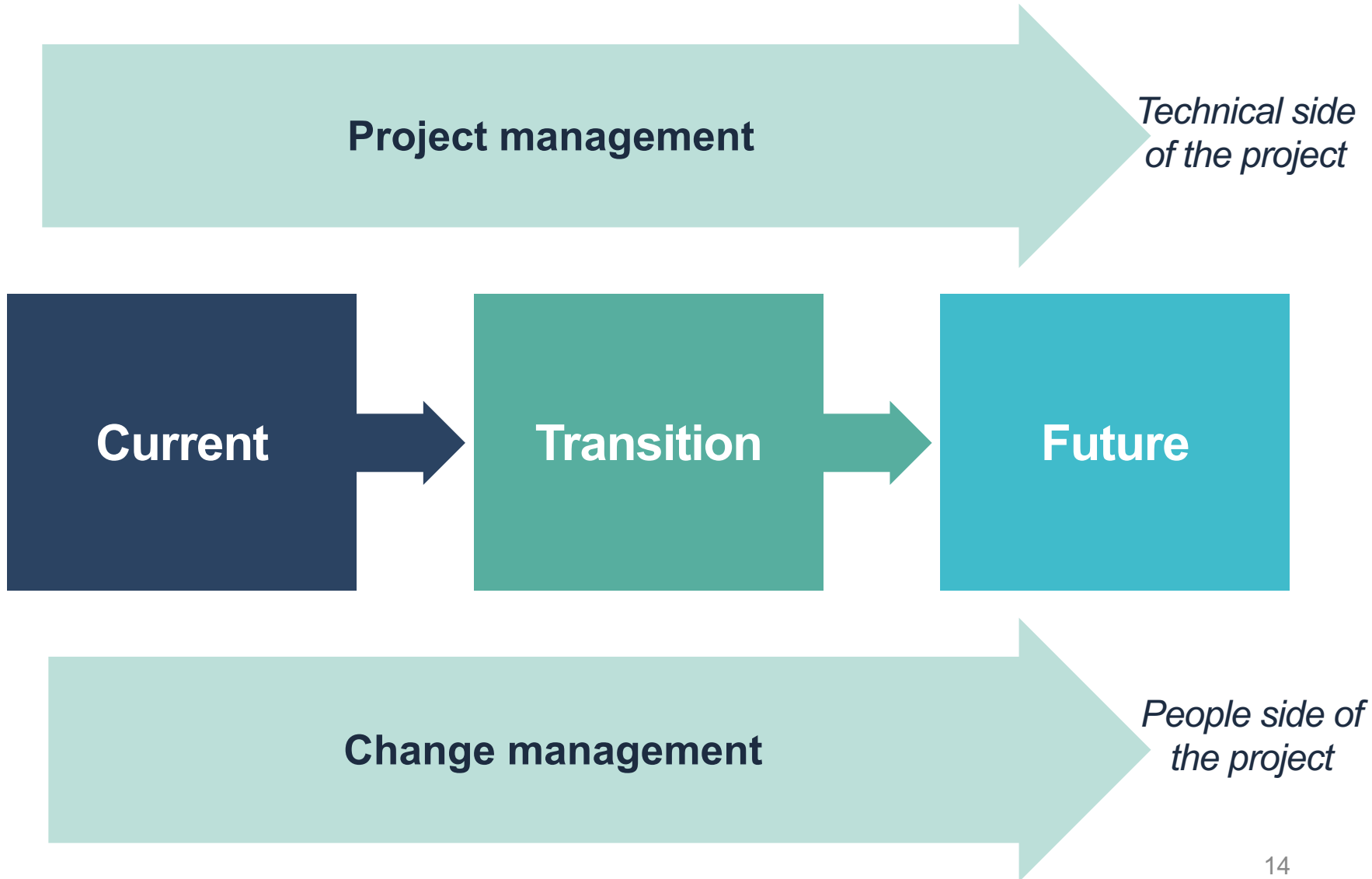
- *Internally motivated or externally motivated*
- *Can be a dramatic departure from what we know or it can be minor*
- *Can be anticipated or unexpected*

Change



- Ultimately, the goal of change is to **improve the organisation** by altering how work is done
- When you introduce a change to the organisation, you are ultimately going to be impacting one or more of the following four parts of how the organisation operates:
 - *Processes*
 - *Systems*
 - *Organisation structure*
 - *Job roles*

Project management versus change management



Change management



A systematic approach in facilitating the movement of individuals, groups and organisations from one current state to a desired future state.



Change



Managers **perspective**
Employees **perspective**
With ICSM: Patient **perspective**



Managers perspective



- **Results oriented**
- When a change is needed, they require action quickly.
- **When** can the change be completed?
- How much **improvement** will be realised?
- How will this change impact our **financial performance**?
- What is the required investment?
- How will this change **impact** our customers?



I need results

Employee's perspective



- **Changes** individual team members' **tasks**
- **Blurs roles** and increases team interdependence
- Can be **threatening** to individuals' view of their role in the organisation



What will this change mean for me?

Patients perspective

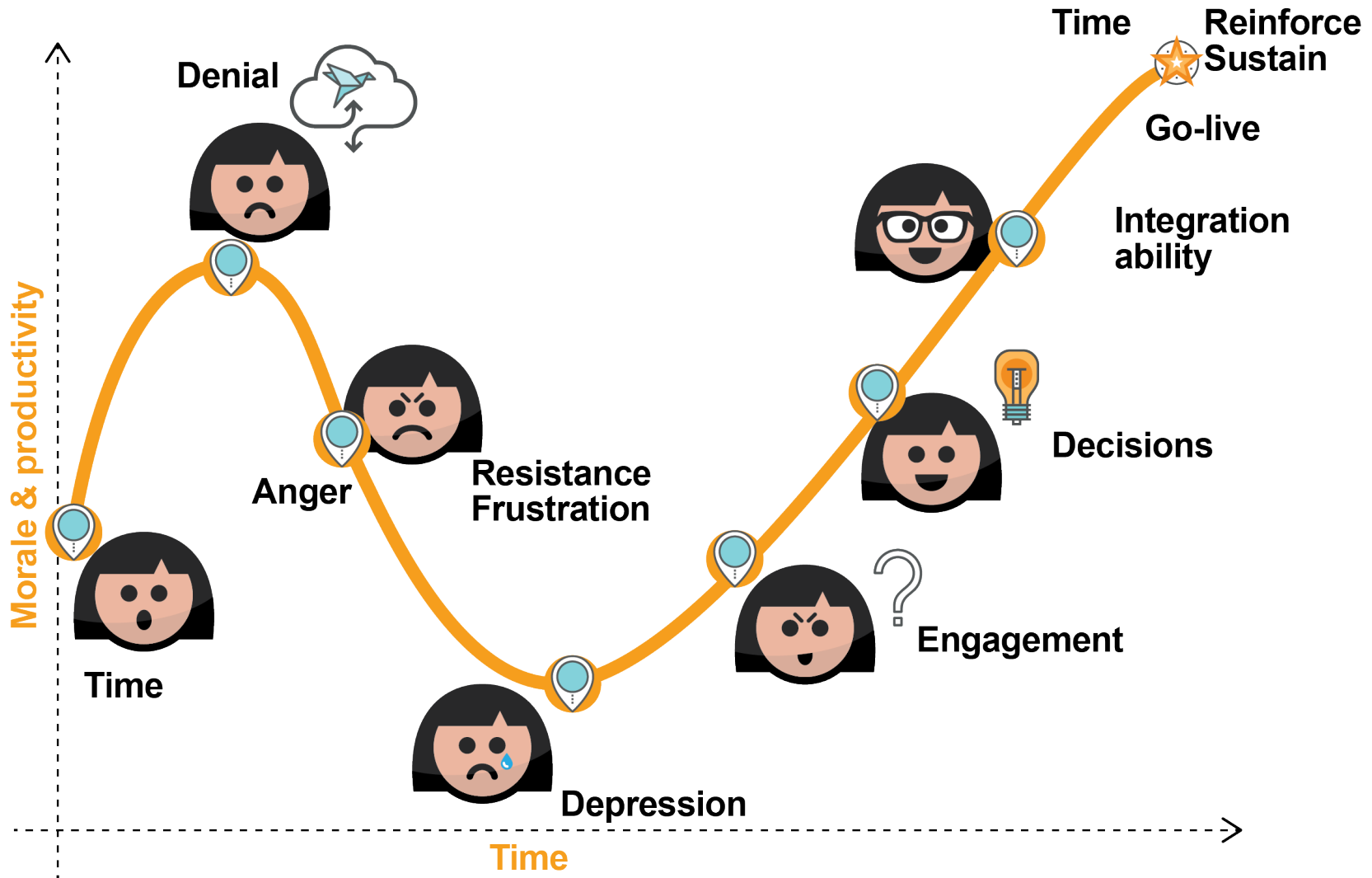


Patients may feel they:

- Will not receive adequate care or medication
- Will be left alone
- ‘What happens if I am sick?’

**What will
this change
mean for
me?**

Individual response to change

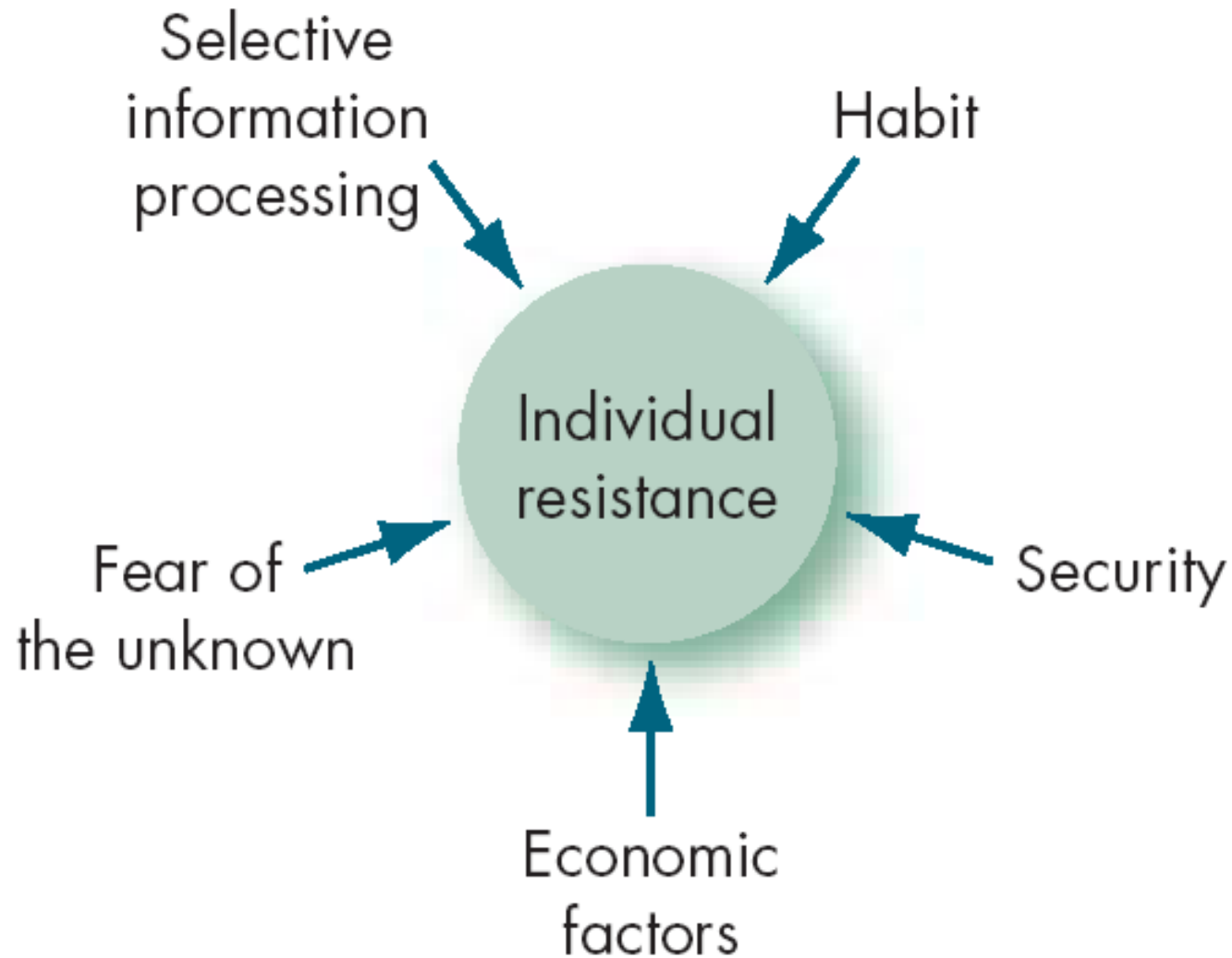


Potential if change not managed properly



- **Employees** resist the change
- **Valued personnel** leave the organisation
- **Critical projects** are delayed
- **Patients** feel the impact indirectly through upset employees
- **Productivity** declines

Sources of individual resistance to change



Organisational resistance to change



Importance of change management



Change management:

- Should not be addressed after the fact
- Must start at the beginning and be integrated into all facets

Both perspectives of change management must be addressed:

- Managers
- Employees

Goal of change management



To implement these business changes quickly to:

- Minimise the impact on productivity
- Avoid unnecessary turnover or loss of valued employees
- Eliminate any adverse impact on your customers
- Achieve the desired business outcomes as soon as possible

When to start change management?



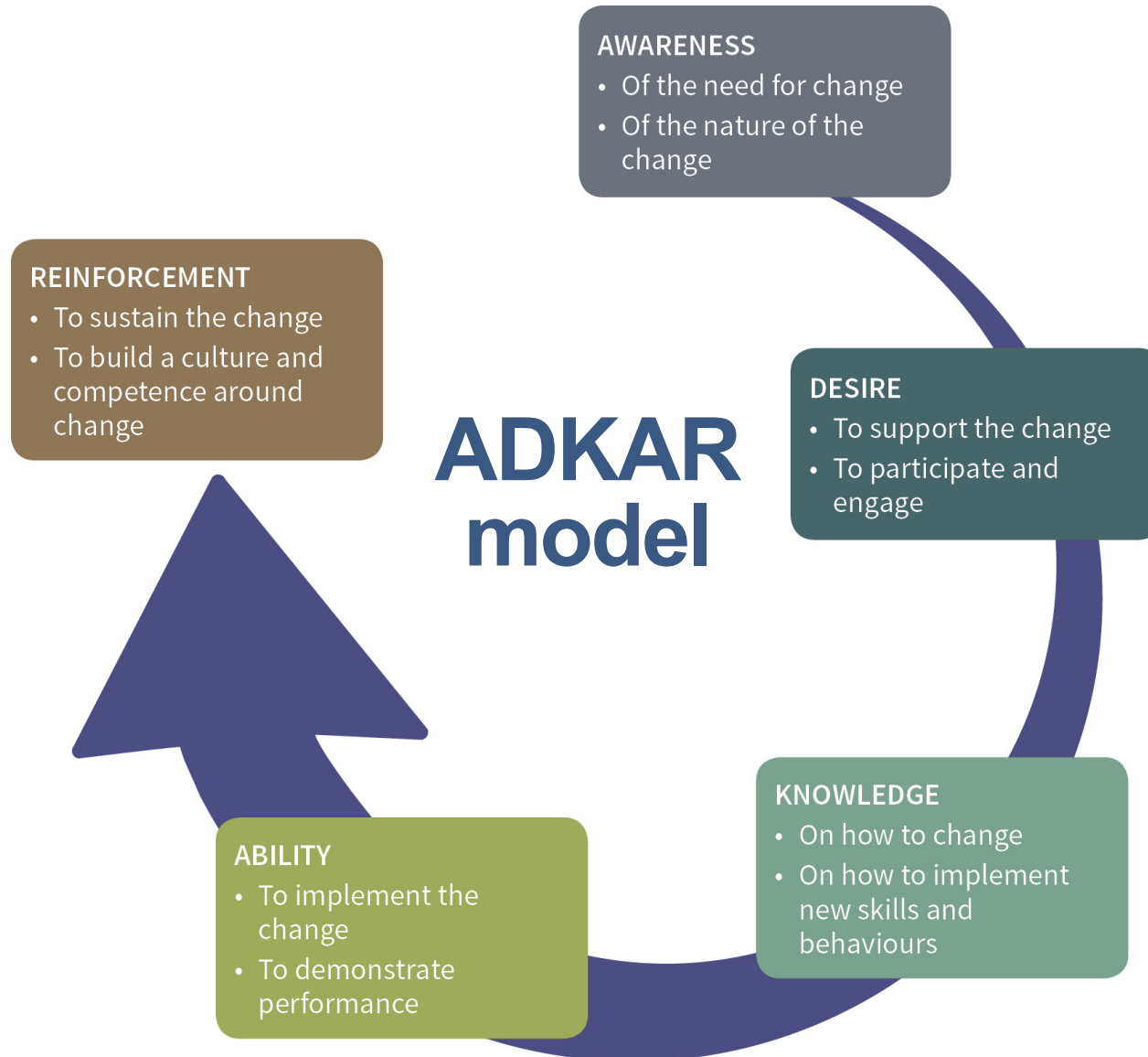
- Initiating change management **early** in the project
- Change management activities that are launched at the beginning of a project can be more **proactive** in addressing the people side of change
- When change management is brought in as an add-on late in the project, it is typically to **'fight fires'** and help with damage control

Individual change management



- When a group undergoes a change, it is not the organisation that changes, but rather the behaviours of individuals
- This change in collective behavior is what produces different outcomes for the organisation
- **Organisations don't change, people within organisations change**

Individual change model

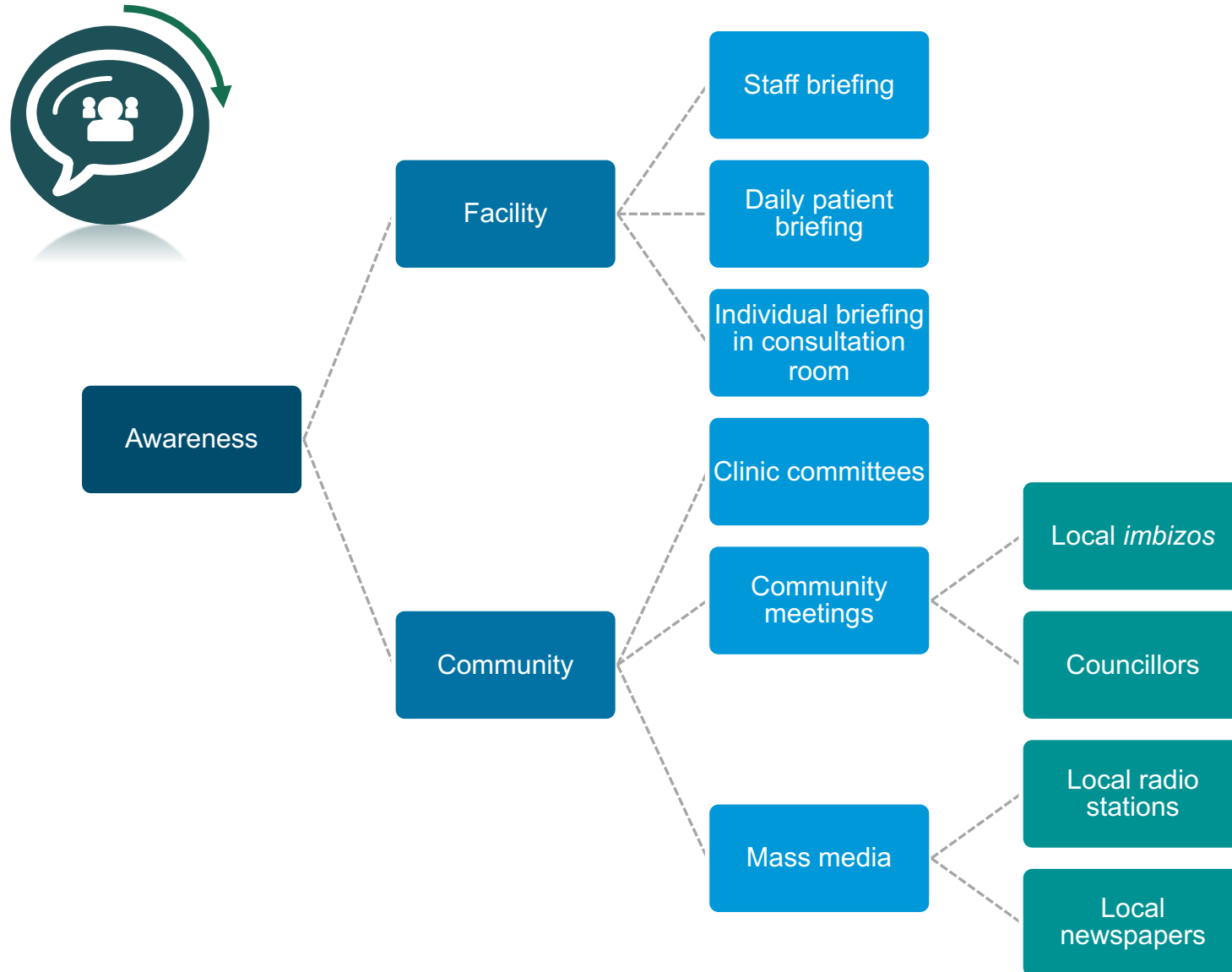


Change management for ICSM



Change management process	Patient perspective	Health service provider perspective
Awareness	<ul style="list-style-type: none"> Briefing of clinic committees Media announcement by the district and local radio stations Meeting with communities and local leaders: community <i>imbizos</i> Briefing of patients attending the facility on a daily basis 	<ul style="list-style-type: none"> Briefing of the staff by the PHC supervisor and operational manager on the Ideal Clinic model and vision of department of health
Desire	<ul style="list-style-type: none"> From patient perspective - the improved waiting times and clinical care should be emphasised 	<ul style="list-style-type: none"> All staff will have input in potential solutions Active involvement of Quality Improvement Plan Team Mentoring and coaching
Knowledge	<ul style="list-style-type: none"> Patients will be provided with information on how to access the system 	<ul style="list-style-type: none"> Onsite training will be provided on how to implement the Quality Improvement Plan Outreach based training for clinical supportive component
Ability	<ul style="list-style-type: none"> Ward based outreach teams will provide supportive clinical management during household visits 	<ul style="list-style-type: none"> Master trainers will be available for supportive supervision Direct involvement of ICRM team in coaching, mentoring or addressing challenges
Reinforcement	<ul style="list-style-type: none"> Patients missing scheduled appointments will receive adherence counselling 	<ul style="list-style-type: none"> Best practice will be shared Employees will be acknowledged Nomination for Premiers Service Excellence Awards and National Department of Health Awards

Awareness: ICSM



Raising awareness



The **district ICRM team, local area manager/PHC supervisor and District Clinical Specialist Team (DCST)** should provide a briefing to all the staff at the clinic about the **Ideal Clinic** and **ICSM**

Refer to **Page 47** of manual

Raising awareness amongst staff



ICRM TEAM BRIEFING TO FACILITY STAFF

1. PHC re-engineering is the selected mechanism for overhauling the health system and improving patient outcomes.
2. The PHC re-engineering approach consists of three streams, namely; a ward based PHC outreach team for each electoral ward; district based clinical specialist teams with an initial focus on improving maternal and child health, and strengthening school health services.
3. An Ideal Clinic model has been launched to address the deficiencies within PHC clinics.
4. An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community.
5. An Ideal Clinic cooperates with other government departments as well as with the private sector and nongovernmental organisations to address the social determinants of health.
6. The Ideal Clinic dashboard comprises 10 components, 32 sub-components and 273 indicators. At the same time a renewed focus has been placed on improved management for patients with long term conditions.
7. ICSM aims to assist facilities to achieve compliance with Domain 2 of the National Core Standards. The ICSM covers seven of the 32 Ideal clinic sub-components and 55 indicators.
8. Integrated Clinical Services adopts a ***supermarket approach*** in the organisation and delivery of services. The supermarket approach refers to the following:
 - a. All services offered daily.
 - b. Services are organised in different streams (like aisles in the supermarket) for ***planned*** and ***unplanned services***.
 - c. Staff are clearly identifiable.
 - d. Standard operating procedures and clinical guidelines guide the services offered.
 - e. Customer satisfaction is the central goal of the services.

Raising awareness amongst staff



Integrated Clinical Services offered appropriately at the PHC centre has the potential to achieve benefits for the patient, facility and the health system at large.

From a patient perspective:

- Reducing number of facility visits – improve the patients social and economic productivity.
- Improved quality of care will be achieved – due to continuity of care being provided.

From a facility perspective:

- Improved working environment due to the reduction in the overflow of patients.
- Decreased patient waiting times.
- Improvement in quality of care provided – standardised documentation and care guided by protocols.

From a health system perspective:

- Improved coordination of care between clinics and community.
- Improved efficiency in services delivered.
- Decreased costs.
- Strengthening of up and down referral system.
- Improved capacity of human resources.

Raising awareness amongst the ICRM implementation team



INFORMATION BOX: ICRM IMPLEMENTATION TEAM

The ICRM implementation team should comprise:

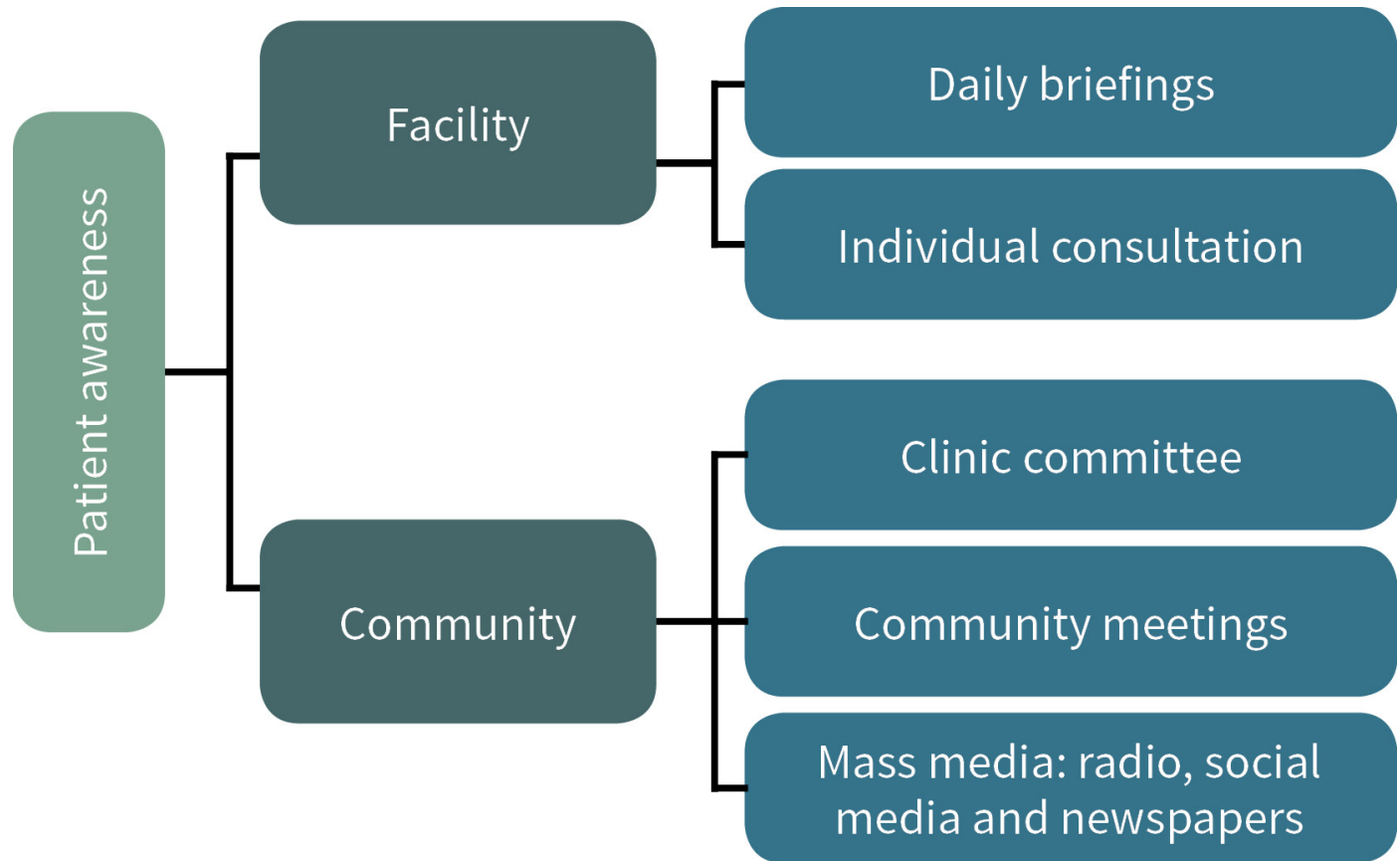
1. A **team leader** should have authority in the organisation.
 - They would be able to institute a suggested change and to overcome barriers that may inhibit its implementation.
 - They need to have authority over all of the areas affected by the change.
 - This person should also be authorised to allocate the time and resources the team needs to achieve its aim.
2. A **technical/clinical expert** knows the subject intimately and understands the processes of care.
3. An **ICRM improvement champion** must help to drive change, the provider should be a well-respected person who is influential among the medical staff, works well with management, and is open to change and new approaches. They would be best suited as the facility clinical trainer or as a 'go to person'.
4. An **operations person** should be integrally involved in current processes and be part of the team, because much of the innovative work involves designing new processes and streamlining old ones; doctors, nurses, support healthcare workers, administrative staff, information officers.

Facility level: raising awareness



- Over a period of two months, the ICRM should provide **general information** to patients during morning health talks and prayer meetings
- During the consultation process, service providers should **inform patients of the impending changes**

Raising awareness amongst patients and community



Raising awareness amongst patients and community



- The district manager should **convene a meeting with all local councillors** within district and brief them about the ideal clinic and changes at facility level
- The operational manager and the ICRM champion should **convene a clinic committee meeting** and provide the clinic committee with details regarding the impending changes at the facility and the anticipated implementation timeframes
- The operational manager and/or ICRM champion should attend **community imbizo's** as well as obtain slots on local radio stations to explain the ICSM

Raising awareness amongst patients



ICSM BRIEFING FOR PATIENTS

- ICSM is intended to improve your experience with the services and also ensure you receive excellent quality of care using evidence based clinical guidelines.
- In order to provide you with the best service possible, we will be reorganising the facility into four streams of care: • acute episodic care • chronic care • maternal, women and child health • health support services.
- As a patient, you will either have a planned visit (in the case of repeat visits) or an unplanned visit for acute services or as a first time patient.
- You will receive an appointment for your planned visits and, where possible, all services will be offered to you at a single point of care. Alternatively, you will be referred internally for the additional service, but will receive it on the same day.
- If you have a long term condition, and you are stable with no signs of any complications, you will be assessed with respect to the feasibility of your receiving your medication via a designated service provider, adherence clubs or collecting medication from the clinic.
- You will receive six monthly prescriptions and an appointment for review after six months.
- The ward based outreach team will follow-up with respect to your adherence to medication and if you missed your follow-up appointments.
- If you miss your follow-up appointment and have not made alternative arrangements you will be treated as an unplanned visit and thereafter re-booked for the planned services.
- You will be provided an emergency number to contact, should you not be able to attend your scheduled appointment.

Raising awareness amongst clinic community committees



ICRM TEAM BRIEFING TO CLINIC COMMUNITY COMMITTEES

1. An Ideal Clinic model has been launched to address the deficiencies within PHC clinics.
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3. Integrated Clinical Services adopts a ***supermarket approach*** in the organisation and delivery of services. The supermarket approach refers to the following:
 - All services offered daily.
 - Services are organised in different streams (like aisles in the supermarket) for planned and unplanned services.
 - Staff are clearly identifiable.
 - Standard operating procedures and clinical guidelines guide the services offered.
 - Customer satisfaction is the central goal of the services.
4. Planned visits (appointments) will be implemented for chronic or maternal health patients.
5. Patients to contact the facility if they need to change an appointment.
6. If a patient misses the scheduled appointment they will be required to wait in the queue before they are consulted.
7. Stable chronic patients will be down referred to either the CCMDD unit or facility based medication collection or referral to adherence clubs.

Desire



- Second building block of **Prosci's ADKAR Model**
- Making a **personal decision** to support and participate in the change
- Desire is only achieved when the individual would say to us,
'I am in - I will be part of this change'

How will this be implemented for ICSM?



- Staff meeting and consultations
- **Not a fixed solution:** staff can come up with alternatives to implement
- Customer views
- Showcase reduction in waiting times
- **Benchmarking or twinning with successful facilities:** Site visits

Knowledge



- **Knowledge** on how to change (*what to do during the transition*)
- **Knowledge** on how to perform effectively in the future state (*knowledge on the ultimate skills and behaviors needed to support the change*)
- Without awareness and desire, you cannot effectively create the **knowledge** that is necessary for a change to be successful

Knowledge for ICSM



- **Training programme** on how to implement ICSM
- ICSM and **Ideal Clinic manual**
- **ICRM champion** and mentor
- External **technical assistance**

Ability



What fosters ability to implement the required skills and behaviors?

- Practice
- Time
- Coaching or role modeling behavior
- Access to right tools
- Feedback

Potential resisting factors:

- Inadequate time available to develop skills
- Lack of support resources
- Existing habits contrary to the desired behavior
- Psychological blocks
- Limitations in physical abilities
- Individual capabilities (personal limitations)

Tactics for fostering ability:

- Direct involvement of coaches
- Access to subject matter experts
- Performance monitoring
- Hands-on practice during training
- Availability of expert resources to help employees

Reinforcement



- While making a change is difficult, sustaining a change can be even more difficult
- **Reinforcement** encompasses the mechanisms and approaches so that the new way stays in place
- It takes concerted effort and time to make sure a change **'sticks'** - and given the scarce resources and change saturation that many organisations face
- Reinforcement efforts can often **fall short**

Change Management



What builds reinforcement to sustain the change?

- Celebrations
- Rewards and recognition
- Feedback
- Corrective actions
- Visible performance measurement
- Accountability mechanisms in place

Potential resisting factors:

- Rewards not meaningful or not associated with achievement
- Absence of reinforcement for accomplishments
- Negative consequences including peer pressure for desired behavior
- Incentives that directly oppose the change

Tactics for fostering reinforcement:

- Feedback from supervisors directly to employees - saying 'thank you'
- Visible recognition by senior level sponsors
- Project-sponsored celebrations for employees

Conclusion



Change management is very important

- Do you have any ideas of what will work best?

Acknowledgements



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