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2019

Patient involvement in healthcare projects: A mixed method study on the perspectives of project staff in Western Australian (WA) public hospitals and health services

Melanie Wright

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Publication Details

Wright, M. (2019). Patient involvement in healthcare projects: A mixed method study on the perspectives of project staff in Western Australian (WA) public hospitals and health services (Master of Philosophy (School of Nursing)). University of Notre Dame Australia. <https://researchonline.nd.edu.au/theses/228>

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## CHAPTER 1: INTRODUCTION

### 1.1 Background

The researcher worked as a Project Manager in public health services and was also a Registered Nurse. The researcher observed that the corporate environment of a health service is very different to, and distant from, the clinical patient interface.

Whilst working in several different hospitals, the researcher noted a significant reluctance from staff to involve patients in healthcare projects. It was unclear why staff were reluctant to involve patients and what the perceived barriers were, apart from anecdotal comments such as “patients are too sick to bother”, or “a patient won’t know what we are talking about” and “we don’t need to ask them, they just expect us to get on with it”.

There are national and local policies, which are discussed further in section 2.3, suggesting that it is best practice to involve patients in healthcare projects; however, it seemed there was a translational gap from policy to practice and a lack of education around the process and the implications. In the WA public health system, patient involvement in projects is not mandatory and if patients are being involved, this rich source of data is not captured or collated and is therefore performed at an unknown rate.

The researcher formed a guiding hypothesis (Punch, 2016), based on informed opinion from personal workplace experience, that patients were not being involved in all healthcare projects for a variety of reasons. It is important to assess if patients are being involved or not, as the projects may be lacking critical information and therefore not designing services that will meet the patient’s needs. This study identified opportunities for improvement and articulated barriers that may be able to be resolved or mitigated, to enhance a genuinely active patient involvement culture in healthcare organisations.

This study gathered staff perspectives, thoughts and ideas which assisted to refute or support the guiding hypothesis and answer the research questions. The staff perspectives provided insight into the opportunities or challenges arising when involving patients in healthcare projects.

Whilst patient and consumer perspectives are vitally important, this study focused on the perspectives of the staff, as they are essentially the project 'gate-keeper', and in a pivotal influencing position when the decision to involve patients (or not) arises.

The next section provides information about the public health system in WA, project management and project methodologies, and the scope and purpose of this study.

## **1.2 The WA Health system**

The WA public health system (WA Health), consists of the Department of Health (DoH), five health service providers (HSPs), and Health Support Services (Government of Western Australia, 2016). The five HSPs include the Child and Adolescent Health Service (CAHS), East Metropolitan Health Service (EMHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS) and WA Country Health Service (WACHS) (Government of Western Australia, 2016). Each HSP is responsible for the management of several community, general, specialised or tertiary hospitals and community services within their area.

As with any business, WA Health services should be informed by the actual and potential users' requirements of the service. Hospitals do have systems in place for patients to lodge compliments or complaints about their care or service provided, and there are external surveys performed regularly to evaluate patient satisfaction (Rodne & Daly, 2007). An annual survey of patients is conducted across WA Health HSPs by an external contractor (Press Ganey, 2018). The survey asks generic questions about different aspects of the services delivered

and the patient experiences of them (Department of Health, 2018c) ; rather than questions specifically related to a patients involvement or experience in a healthcare project.

In the last ten years, WA Health invested more than \$7 billion in building new hospitals and improving existing health facilities and infrastructure, with support from the Commonwealth Government and other partners (Department of Health, 2018b). Since 2008, WA Health has delivered some major infrastructure projects with the commissioning of three new metropolitan hospitals and two major regional health campuses; upgraded and expanded thirty regional sites; created bigger and more responsive Emergency Departments in twenty-five locations across the State; built a State Cancer Centre and Harry Perkins Institute of Medical Research Centre and developed new and improved facilities at six Perth hospitals and six regional locations (Department of Health, 2018b).

In addition to these large infrastructure projects, there are numerous other site-based improvement projects occurring, of various size and complexity, often initiated by the Health Service Board or senior administrative managers.

### **1.3 Healthcare projects**

The term 'healthcare project' does not have a distinct definition in existing literature. For the purpose of this study, a healthcare project means any activity classified as a 'project', which has been delivered within a healthcare setting. Healthcare projects can be small or large, involve one person or multiple people, and can be completed in a short timeframe or take years to complete (Schwalbe, 2013). Healthcare projects can range in complexity from new hospital builds, new service developments, revising models of care, or patient journey redesign i.e. improving patient flow from admission to discharge. For the purpose of this study, the term 'healthcare project' does not include Quality Improvement (QI) projects or research projects, but it does include executive directed projects, innovation and improvement projects and WA Health mandated projects.

### **1.3.1 Definition of a project**

The definition of what constitutes a 'project' is often linked to the project management methodology in use, as there is no standard industry definition. For example, the preferred project management methodology for WA Health was 'PRojects IN a Controlled Environment (PRINCE2®), which defines a project as "a temporary organisation that is created for the purpose of delivering one or more business products according to an agreed business case" (Murray, 2013, p. 3). PRINCE2® provides an overarching governance framework in which to conduct and manage the project.

In contrast, the Project Management Institute (2017b) defines a project more clearly on its website as "a temporary endeavour undertaken to create a unique product, service or result". Projects are unique, have a set beginning and end in time, and defined scope and resources (Project Management Institute Inc, 2017b).

### **1.3.2 Definition of project management**

It is important to distinguish the definition of a project and then how that project will be managed, as they have different foci. In PRINCE2®, project management is defined as "the planning, delegating, monitoring and control of all aspects of the project, and the motivation of those involved, to achieve the project objectives within the expected performance targets for time, cost, quality, scope, benefits and risks" (Murray, 2013, p. 4).

### **1.3.3 Project methodologies**

While PRINCE2® was the preferred project management methodology of WA Health, its use is not mandatory and WA Health project staff may choose to use other methodologies based on the project scope, size and complexity, and their individual skills, qualifications and experience. For example, WA Health project staff may decide to use the Project Management Body of Knowledge (PMBOK) guidelines (Project Management Institute Inc, 2017a), which have a range of practice standards and a guiding framework.

PRINCE2® and PMBOK are internationally recognised project management methodologies; however, there are also many other different methodologies and tools that can be applied, especially for software or computing projects, i.e. 'Waterfall' and 'Agile' (Kassab, Lee, Mazzara, Succi, & Tumyrkin, 2016).

Project staff in WA Health also incorporate different techniques within their projects, according to the problem or opportunity, and often utilise an adjunct improvement methodology, such as Clinical Service Redesign (CSR) (Department of Health, 2013), LEAN (Hakim, 2014), Six-Sigma (Hung, Wang, Lin, Chen, & Su, 2015) or the Plan-Do-Study-Act (PDSA) model (Moule, Evans, & Pollard, 2013).

The WA Health CSR methodology (Define, Measure, Analyse, Improve and Control - DMAIC), is a combination of elements of LEAN and Six-Sigma from industry settings, tailored specifically to the healthcare environment (Department of Health, 2013). This five phase DMAIC approach provides a framework and a logical, sequential methodology to follow in each phase. Define is where the project charter is developed, the customer is defined and the project objective is agreed. Measure involves gathering baseline data. Analyse involves data analysis and determination of root cause(s) of the problem. Improve is where solutions are generated to fix and prevent problems and Control is where the solution is embedded into the business as usual activities and monitored for sustainability. The CSR model is often used when improving a process, redesigning patient flow or improving services.

LEAN originated from production of cars in Japan and has been incorporated into healthcare projects since the 1990s (Hakim, 2014). The core idea of LEAN is to increase the value of a service to a customer whilst reducing and minimising waste (Lean Enterprise Institute Inc, 2000-2019). There is a five step iterative process involved ; identify value for the customer; map the value stream; create and improve process flow; establish pull from other value streams and perfect the process until there is no waste (Lean Enterprise

Institute Inc, 2000-2019). LEAN is often used for process improvement e.g. admission of a patient or waste reduction projects such as stock control.

Six-Sigma is a method that provides organisations tools to improve the capability of their business processes (Hung et al., 2015). An increase in performance and decrease in process variation leads to defect reduction and improvement in profits, employee morale, and quality of products or services (American Society for Quality, 2018). Six-Sigma is highly statistical and often used in projects where the improvement can be quantified in numbers i.e. key performance indicators or dollar values.

The PDSA model is an iterative Quality Improvement (QI) cycle, which is used primarily by staff conducting a small audit in one ward or department to check compliance against standards and improve care or services as a result (Moule et al., 2013). The 'Plan' stage involves identifying key measures, assigning tasks and agreeing on the expected outcome. 'Do' involves implementing the agreed plan. 'Study' involves studying the process and reviewing its success or not. 'Act' involves developing the new standard of work and incorporating it into daily practice for sustainability.

Depending on the scope and complexity of the individual project, these improvement methodologies can be used in isolation, together or with an overarching project management framework such as PRINCE2® for enhanced rigour and governance. For example, a project can be managed in a PRINCE2® governing environment with LEAN as the improvement methodology.

WA Health project staff may have had specific training in these and other project and improvement methodologies, however, this information is not available in a centralised database to enable this study to specify the use of one methodology. Therefore, as this study is focused on staff perspectives of patient involvement in projects, it is regardless of the project or improvement

methodology that was utilised i.e. the inclusion criteria is not contained to DMAIC projects only.

#### **1.4 Purpose**

The purpose of this study is to explore the perspectives of staff who are specifically employed to lead and manage healthcare projects in WA public hospitals and health services, regarding patient involvement in their projects and the perceived benefits and barriers of this involvement.

##### **1.4.1 Definition of project staff**

The term 'project staff' refers to any staff member specifically employed within WA Health to lead and manage healthcare projects (e.g. Project Manager). There were many different position titles attributed to project staff working in WA Health, however the five main groups in order of seniority were: Project Director; Project Coordinator; Project Manager; Senior Project Officer and Project Officer.

While it is not compulsory, project staff may also possess a clinical background such as nursing, medicine or allied health. Project staff perspectives were defined as their "attitude towards or way of regarding something; a point of view" (Oxford English Dictionary, 2016). Whilst many other healthcare staff may have been involved in leading or managing projects, there is no specific register to obtain their details from; therefore, people employed by WA Health in one of the five groups stated above were chosen as the target participant audience, as they were specifically employed to manage projects, and their details were available on a global staff address list.

##### **1.4.2 Inclusion / Exclusion criteria**

Project staff who are specifically employed to lead and manage healthcare projects in WA public hospitals and health services were included in this study. Age, gender, position and experience were not excluding factors.

Categories of staff that were excluded from this study were WA Health staff who were 'managing' projects but were not specifically employed in a project role; such as ward staff managing local QI initiatives, as it was not the focus of their job to manage projects, although they may be expected to participate in improvement activities as a component of their employment.

Other staff working in WA Health projects that were not employed by WA Health or worked on a fee for service or contract basis, such as external consultants, were excluded as there was no central registry to obtain their details from. These contracted staff may have had different perspectives from those of employed project staff that will not be captured.

### **1.5 Aims and objectives**

The main aim of this study was to further explore the researchers' hunch or 'guiding hypothesis' (Punch, 2016), that 'patients were not being involved in all healthcare projects for a variety of reasons', by developing general and specific research questions.

To challenge the first component of the guiding hypothesis that 'patients were not being involved in all healthcare projects', the general research question was:

*Are project staff involving patients in WA public healthcare projects, and if so, in what ways and what types of projects?*

To challenge the second component of the guiding hypothesis 'for a variety of reasons', the specific research questions were:

*What opportunities or challenges have project staff encountered when involving patients in public healthcare projects?*

*Are WA Health project staff receiving specific training in how to involve patients in public healthcare projects and do staff feel confident to involve the patients?*

*How do project staff measure the value of patient involvement in public healthcare projects?*

## **1.6 Summary**

Chapter 1 has provided the necessary background information regarding health services in WA and an insight into the world of healthcare project management.

The thesis is now structured into five ensuing chapters and appendices.

Chapter 2 documents the structure of the literature review and findings; Chapter 3 discusses the theoretical perspective, the research design, method and subsequent data collection and analysis; Chapter 4 details the findings in each of the three phases; Chapter 5 further discusses the findings and Chapter 6 details conclusions and recommendations for future practice.

The appendices contain relevant material for reader reference such as approval letters, the participant information sheet, the questionnaire tool and consent form used in the focus group.