Problems in a Changing Healthcare System: The Tame and the Wicked!

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Objectives

- Differentiating between time and wicked problems in clinical settings.
- Identifying novel approaches to wickedness.
- Embracing improvement vs. resolution.
Harnessing Health Care Complexity

- Corporatization of Health Care
- Pay for Performance vs. Valuing Outcomes
- Reimbursement and Doing More with Less
- Offshoring of healthcare personnel
- Impact of Technological Advances, i.e., Precision Medicine, Robotics, Data Fatigue and Data Mining
- Interdisciplinary care – Is it real?
- Fad methods of care delivery
- Patient Centered Care
- Relationship Based Care
- Problem denial; problem simplification; problem identification; problem resolution
Health Expenditures 2017

$3.5 Trillion; $10,739 per person; 3.9% Increase over 2016
What is a Tame Problem?

Tame Problems have:

• Relatively clear definitions with stable problem statements.
• In possession of definite stopping points.
• Solutions that can be evaluated as right or wrong.
• A similar class of problems that can be solved in a similar manner.
• Solutions that can be tried and abandoned.
• Name 2 tame problems that you recently addressed!
What is a Wicked Problem?

• One that is fragmented – differences in ideological perspectives, understandings and intentions of those who must collaborate to improve the situation.

• One that is socially complex.

• One that is unsolvable by linear processes.

• One that is unsolvable at all!
Characteristics of Wicked Problems

• Understanding the problem is only possible when you have developed a solution – no definitive formulation.

• There is no stopping rule – or definitive solution, solutions spawn new problems!

• Solutions are only better or worse never right or wrong or true or false.

• There is no immediate or ultimate test of a solution – unintended consequences.

• All solutions are one shot operations.
Characteristics of Wicked Problems

• There are no alternative solutions, only the best potential solutions and the creativity and judgment to create them.

• All wicked problems are unique, there are no classes of wicked problems.

• Every wicked problem is a symptom of another wicked problem.

• The causes of a wicked problem can be explained in many ways. The explanations determine the possible resolution.

• With wicked problems the intervener has no right to be wrong. The aim is not to find truth but to improve some part of the world.
Examples of Wicked Problems

• The Customer Service Movement in Hospitals
• Balancing Cost Effectiveness and Patient Acuity
• Nurses’ Scope of Practice
• Staff Mix and Care Outcomes: The Downfall of the All RN Staff
• The Gender Gap among Health Care Professionals
• Mandatory Nurse Patient Ratios
• Pay for Performance
• Emergency Department Throughput
Evolving Delivery Models in Response to Wickedness

• 1930s reemerging in 1980s - Total Patient Care - 1 Nurse, X Patients, 1 Shift

• 1940s - Functional Nursing - Task Oriented, Manager, Med Nurse, Procedures Nurse

• 1950s - Team Nursing - Multi level nursing team, RN, LPN, NAs, X Patients, 24 Hour Responsibility

• 1960s - Primary Nursing - The All RN Staff, 1 Nurse, X Patients, Total Stay Responsibility
Evolving Delivery Models in Response to Wickedness

- 1980s - Patient Centered Care - Patient and Family are center of care, Patient Care Coordinator - RN, PC Associates, LPN’s and NAs, Support and Administrative Associates.

- Goal of PCC - increase efficiency, improve quality and decrease costs.
Evolving Delivery Models in Response to Wickedness

• 2000s - Relationship Based Care - Triple Foci - the care provider relationship with patients and families, care provider relationship with self, and care provider relationship with colleagues.

• Interdisciplinary collaboration improves quality of care and staff satisfaction.
Drivers of Change for Nursing Sources of Wickedness

- Increased regulation and decreased reimbursement.
- Care of the underserved and uninsured.
- Aging and diverse population
- Reduction of medical error and adverse events.
- Defining the nature of quality care vs. safe care
- Technological shifts in care and cure – dealing with the knowledge explosion. Robots, Precision Medicine, Population Health
- Shifting from acute to chronic illness care with a rise in demand for nursing services.
- Educating the nurse workforce for complexity and chaos.
Embracing Wickedness

- ER Throughput - the concierge waiting area has become a new ER!

- The Opioid Epidemic
Emergency Room Through Put

- Social complexity – who are the players, patients and families; the ER staff; the Unit Staff; Payers; Regulatory Agencies; Admitting physicians etc.; lack of beds

- Solutions that Create Problems – the concierge waiting room

- Unintended consequences
Approaches to Wicked Problems

• Multiple alternative perspectives rather than single solutions
• Group interaction and iteration
• Ownership of problem by multiple constituencies through transparency
• Graphical representations
• Relationships between discrete alternatives rather than continuous variables
• Possibility vs. probability
Final Thoughts!

“Some problems are so complex that you have to be highly intelligent and well informed just to be undecided about them.” L.J. Peter

“... the art of dealing with wicked problems is the art of not knowing too early which type of solution to apply.” Rittel and Webber

Are you willing to “embrace the mess?”
Classic References on Wickedness and Complexity


Thank You!