Old habits die hard!

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After five years of NHI projects in an NHI Pilot District, it is time for me to reflect on what was achieved, what was implemented and what was gained by all the time, effort and money put into projects and investigations.

Was it really worthwhile?

It can only be seen as worthwhile if it resulted in improved service delivery and improved understanding of our services, and if the hindrances that impede service delivery were identified and plans put in place to mitigate the risks these hindrances pose.

To my mind this has been achieved, yet there is one thing that stands in the way of improved service delivery. It at times seems like an impassable mountain – OLD HABITS!

I cannot for the life of me understand that once systems are put in place to ensure that ward rounds (and AMS and rational medicine use and effective supervision of PAs) are done, at the first sign of a challenge we fall back to the old way of working. And it is not only pharmacists who are guilty – the same applies to all professionals and to our support staff as well.

Change management is a much neglected field in health management, yet the only thing that is constant in our lives, is change. We all feel threatened by change, yet we should learn from an early age that we need to embrace change if it is the kind of change that will improve our lives and the lives of others.

With that said, we should also remember that a car needs an accelerator and brakes! If we have brakes only, we are going nowhere! If we have an accelerator only, we are in even deeper trouble. We need to appreciate that both our staff members who are agents of changes, and those who are resistors to change, bring valuable contributions to efficiently manage our systems! Once the correct balance and sequence of braking and acceleration is established, we can proceed with caution. However that is not the point at which we can conclude “and they drove happily ever after”.

What irks me are the people who only have a reverse gear… Back to the past! You have set safe systems in place, with due care and consideration. You have made certain that the systems are functional and efficient, that all involved know what to do and how to do it, but when you turn your back, they revert back to OLD HABITS.

The same applies to compliance with National Core Standards, SAPC inspection standards and GPP. We quickly do window-dressing before an inspection, and if the inspector arrives without warning we are really upset! Then once the inspection is done we are happy to accept that we are fine until the next one!

When and how do we make the mind shift that the only way forward is continual compliance? Compliance should be the guiding principle to all we do. A very effective way to enforce changes in practice and compliance is to make it part of every staff members’ performance plan, with the requirement that proof of adherence and compliance be provided, to be marked as ‘fully competent’.

With this in place, I can finally stop moaning and groaning and continue with the positive changes that are needed to take our service forward. I also no longer dread doing my staff members’ performance management, as they now need to prove that they are adherent to changes as well as compliant to standards!

When you are given lemons, make lemonade!