

Medical engagement

A NSW perspective

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Objective

To foster a culture of high performance within the NSW Health system where medical and non-medical professionals partner in delivering better care to patients, and doctors are valued and empowered as equal participants in leading the system.

Initially, this partnership will work to achieve the NEAT in accordance with identified targets.

Medical engagement

Defined as:

the active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high-quality care

a measure of a physician's emotional and intellectual commitment to an organization.

Engaged physicians

- Willing to exceed expected level of effort
- Inspired to do best work
- Personally motivated to help organization succeed
- Make meaningful contributions through work
- Feel part of greater work community
- Feel valued for work contributions

“If I was to do it all again I would start with an analysis of the hospital’s organisational capability; Listen to staff priorities; Analyze clinical engagement”

Frank Daly Executive Director Royal Perth Group WA

In practice

- The evidence suggests that medical management has often been under resourced and the **incentives for doctors to become involved in management and leadership** have been weak.
- All high performing organisations emphasised that engagement efforts should be proactive and persistent, and **should be extended to the entire medical workforce**, not just those in designated leadership roles.

Elements

- *Organisational opportunity* reflecting the cultural conditions that facilitate doctors to become more actively involved in leadership and management activities, and,
- *Individual capacity* reflecting perceptions of enhanced personal empowerment, confidence to tackle new challenges and heightened self-efficacy.

AMA/ASMOF Garling implementation survey Nov 2009

510 public hospital system doctors completed the survey.

No real signs of improvements in the system

74% do not believe that the NSW public hospital system has become a better place to work in the last 6 months.

Two thirds of public hospital doctors do not trust their hospital managers to tell things the way they are.

71% of doctors say their health service has reduced the number of clinical staff by not filling vacancies or making staff redundant.

Garling recommendations implementation has failed to produce positive change

A mere 6% agreed there had been a positive change in workplace culture whereas and overwhelmingly 70% disagreed.

Only 20% of doctors were aware of an active local Committee or Team was responsible for overseeing recommendations

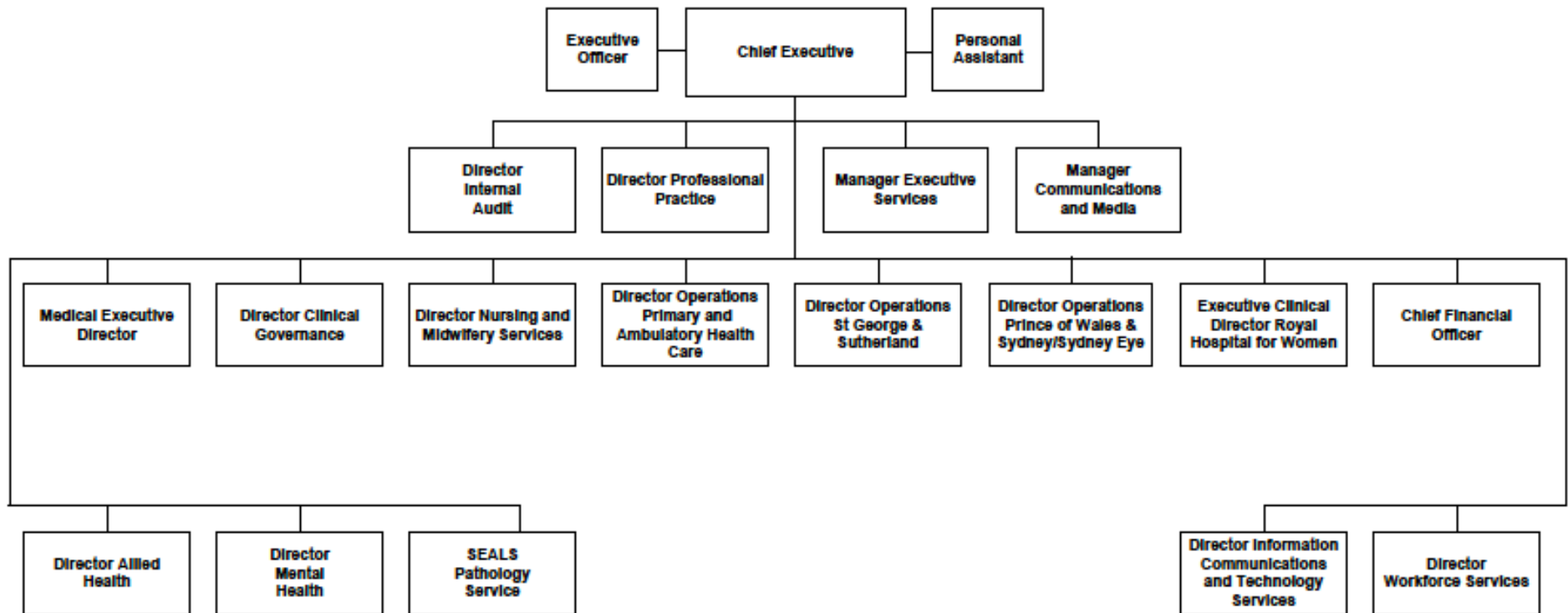
Only 14% of doctors agreed the Area Health Advisory Council was taking an active role in the implementation process.

62% of doctors have not seen efforts to improve local decision making.

68% have not seen efforts by management to seek doctors input.

35% of public hospital doctors provided examples that showed their concern about the Garling recommendations (or lack of implementation).

Example of post-Garling LHD structure including Executive Medical Director role



AMA (NSW) 2013 hospital doctors' survey

In the last 12 months the NSW public hospital system has become a better place to work:

Agree	7%
Disagree	56%
Neutral	38%

Managers at my workplace can be trusted to tell things the way they are:

Agree	24%
Disagree	52%
Neutral	25%

The hospital in which I primarily work is generally kept in a satisfactory state of cleanliness:

Agree	56%
Disagree	23%
Neutral	20%

On a scale of 1 to 10 (1 being not valued at all, 10 being highly valued), to what extent do you feel the following groups value your skills and effort at work?

Patients	7.6
Co-workers in your dept/unit	7.6
Other health professionals in the hospital	6.9
Hospital/service management	4.8
LHD management	4.1
Ministry of Health	3.5

AMA (NSW) 2013 hospital doctors' survey

The provisions for doctors to be involved in decision-making in my health service are:

Poor/inadequate	60%
Satisfactory/good	28%
Don't know	12%

There have been consistent efforts to better engage doctors in decision-making in my health service over the last two years:

Agree	18%
Disagree	46%
Neutral	36%

The information provided to me about the budget in my department/unit is:

Poor/inadequate	69%
Satisfactory/good	18%
Don't know	12%

The information provided to me about the budget in my department/unit has improved over the last two years:

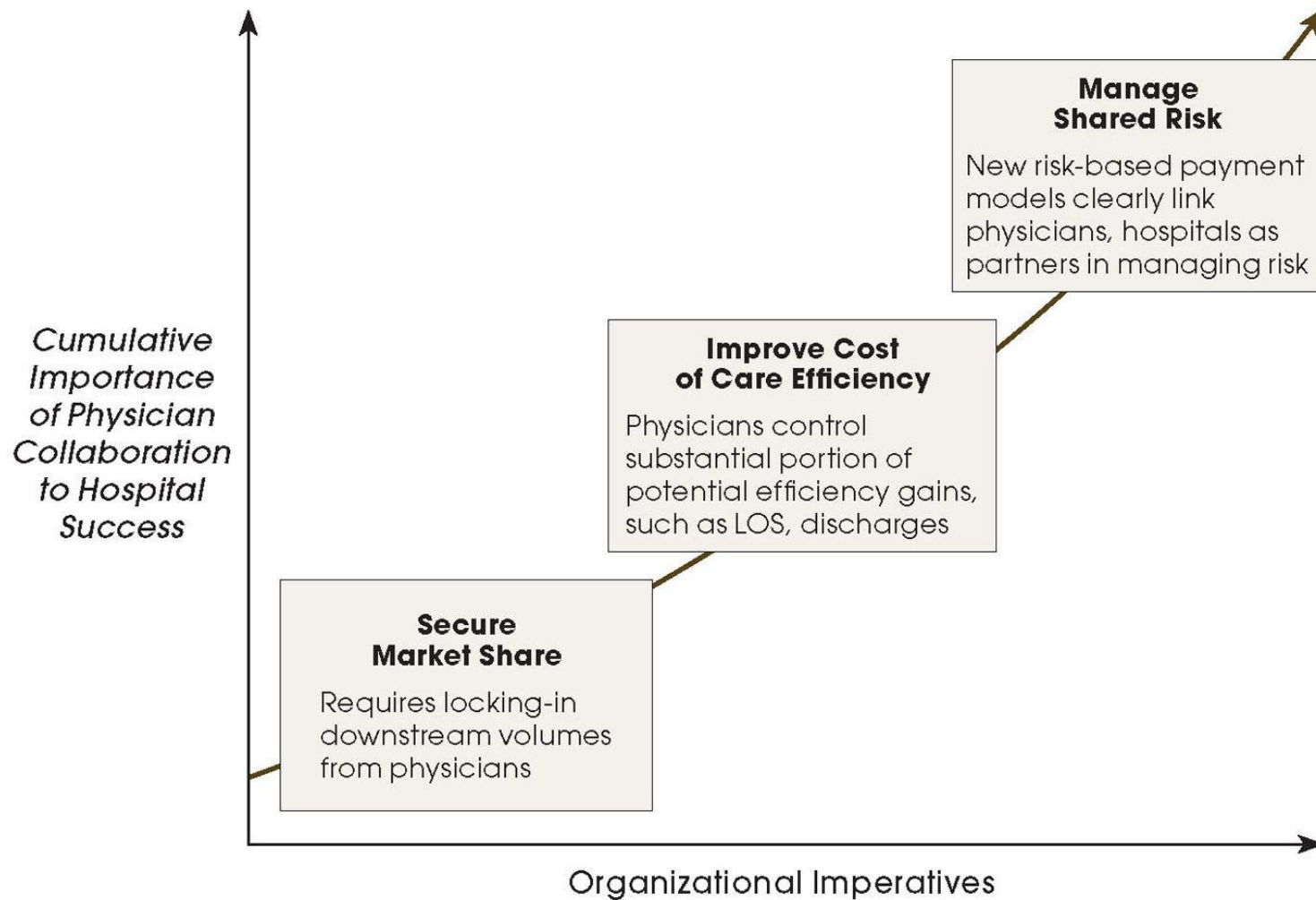
Agree	12%
Disagree	57%
Don't know	32%

AMA (NSW) 2013 hospital doctors' survey

- >> My immediate work division is an excellent team and keeps me going. The hospital overall is a constant battle, mainly because of exhausting red tape, rules and inability to know where we stand.
- >> I am generally pleased with the specific work I do but I see much that is counter-productive within the system and that cannot realistically be changed to any significant extent.

Hospital-Physician Relationships More Crucial Than Ever

Cumulative Impact of Key Organizational Imperatives



Feedback from the ground

- Medical staff council rep is observer at LHD Board (*? Why not an ex-officio Board member*)
- Need clarity around structures and remit of executive medical director positions
- ? Is there an executive medical director group to communicate with
- Clinical council often chaired by administrator (*rather than senior clinician*)
- Feedback from clinical council variable or no feedback (*eg accessible meeting minutes or reports following each meeting*)
- JMOs mostly have no other input than that regarding training and supervision concerns
- Lack of clear message from the top that medical engagement is desired or important
- Still a lack of budget transparency
- Need a dashboard for monitoring medical and clinician engagement

WOHP approach

- Communication
- Structures
- Processes
- Measurement
- Tap into others' work
- (And look outside the health system too)

How to proceed?

- decide to commit to engaging doctors
- clear communication
- creating mechanisms to do this
 - Fix many (seemingly) small issues eg. “listen-take action-get credit” cycle of fixing doctor complaints
 - Consistent message
 - Organisational structures
- measure and seek feedback from medical staff to track how things are going