

# CEC Clinical Leadership Program

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Program Manager CLP

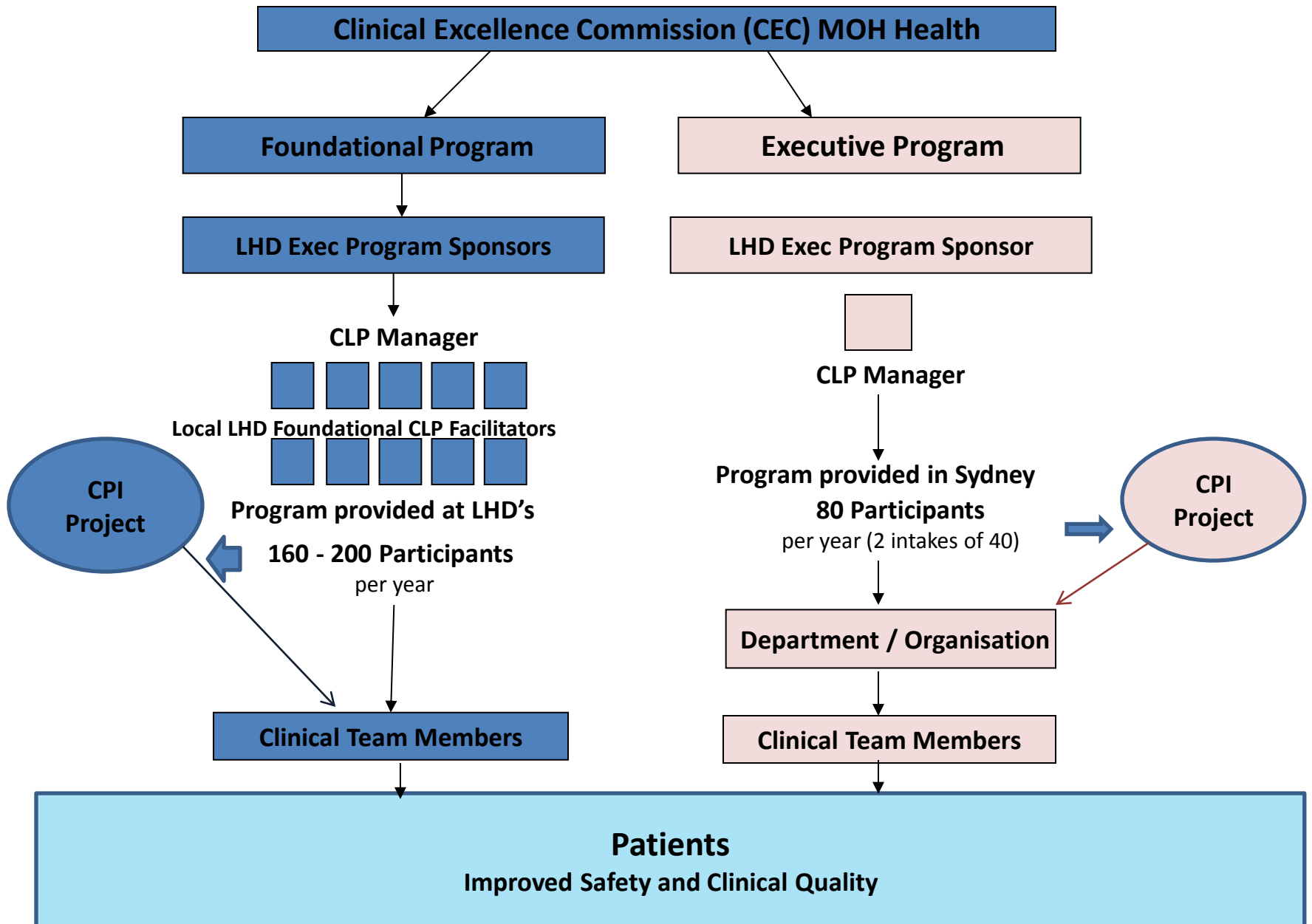
# CLP Background (2006)

- Recognition of the importance of effective clinical leadership in the quality and safety agenda
- Broad consultation with major stakeholders
- Two formats developed:

**Executive** – centralised model for senior clinical leaders

**Foundational** – experiential model in LHDs (locally facilitated) for middle level clinical leaders

# Clinical Leadership Program (CLP)



To build a cohort of effective clinical leaders who progressively become the 'critical mass' needed for sustainable patient-centred system change

# Program aims to:

- Enhance knowledge of contemporary approaches in relation to patient safety and clinical quality systems
- Enhance the skills of clinicians in relation to communication, conflict resolution and team leadership within an environment of health care resource limitation
- Enhance personal and professional clinical leadership skills
- Improve the ability of clinicians to influence the direction of health policy and
- Develop the knowledge of clinicians about the workings of NSW Health

# By end of 2014 over 1600 Clinicians will have completed the program



**21 participants and 8 discharges from pre-existing outpatient group over 4 – 5 year timeframe**

**Aims of the program were not being met**  
A multidisciplinary team review also identified a lack of cohesion and collaboration between the GOTU staff resulting in inefficiency. The team identified;

- lack of standardised goal setting;
- no formal review process;
- lack of individual care plan;
- lack of measurable outcomes; and
- sporadic Case Conference

**Diagnosis of the problem**  
Quantitative and qualitative data techniques were used to identify the extent of the problem. This included brainstorming, cause and effect diagram and a review of the current practice. Quantitative data was used to identify current practice efficiency. Within a timeframe 4-5 years there were 21 attendees and 8 discharges to the GOTU Outpatient Group.

**Results**  
Initial outcomes of the program demonstrate an improvement of 9.5% in Mini Mental State Examination (MMSE), 21.4% in Geriatric Depression Scale (GDS) and 11% in Quality of Life (QoL) Health Indicators for the patients.

**Sustainability**  
Continued funding of Co-ordinator position. Continued review of individualised patients outcomes and management plan at Case Conference. Discharge process includes the appropriate handover to G.P. Assistance with transition into home and community programs. Empowering patients through education and peer learning programs to make and monitor lifestyle changes. Follow up contact with patient and care review monthly post discharge.

**Transferability**  
Program is simple and flexible. Assessment tools were commonly used by relevant disciplines, no further training required. Minimal changes to current funded staffing levels.

**Team members**  
Lauren Archibald - Speech Pathologist  
Cate Anderson-Environ Health  
Alexis Bishop - Clinical Nurse Specialist  
Aimee Fennell - Clinical Nurse Consultant  
April Carr  
Alex Carr - Dietitian  
Fay Hill - Language Therapist  
Alicia Hobbins - Occupational Therapist  
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Gaye Symonds - Occupational Therapist  
Michelle Taylor - Occupational Therapist  
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**MMSE Pre vs Post**

MMSE Score	Pre	Post
20-30	10	19.5
10-20	10	10
0-10	0	0.5

**Geriatric Depression Scale**

Score	Pre	Post
15-30	20	10.5
10-15	10	10
5-10	0	0

**Quality of Life (QoL)**

QoL Score	Pre	Post
100-120	10	11
80-100	10	10
60-80	0	0

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# Outcomes

- Benefits to the participating LHD, in terms of improved patient safety, staff morale, the quality of clinical care and/or efficiency
- Leadership of 1600+ clinical improvement projects
- Networking between and within health services

Project	Result	Local Health District
Reducing unnecessary pathology tests for patients, performed in a Stroke unit without impacting negatively upon patient care.	5.3% reduction of pathology testing from Jan to Mar 2014. Cost saving benefit is \$1,743.70 month with potential cost saving over 12 months \$20,924.40.	Illawarra Shoalhaven
Decreased readmission rate within 28 days at a Rural Hospital	Readmission rate fell from 12% to 3.6% in 6 months	Murrumbidgee
Changing the way we think: Resetting the ambition and reversing the trend - To reduce the number of nursing FTE vacancies	Nursing FTE vacancies reduced by 94% over five months, cost savings of \$116,601.00	South Eastern Sydney
Reduction Length of Stay (LOS) for patients with undifferentiated chest pain (low risk chest pain with AMI excluded) through the use of chest pain clinical pathway for 12 months period.	Project demonstrates 50% of cases (increase form 10%) have used the chest pain clinical pathway in 6 months. If reduction in LOS is realised the estimated cost benefit for 12 months ~ \$280,688.59.	Western Sydney
Avoidable admission of patients with cellulitis through home based cellulitis therapy through home based treatment (2 treatment regimens) with support by online treatment algorithm and education	Project demonstrates 85% use of decision support algorithm and a total of 2688 home visits, the strategy increased the DRG capacity by 52% (representing avoidable hospital stay of 1396 bed days). Potential cost saving benefit for 12 months would be \$1,010,000.00.	Central Coast
Managing the distribution, efficiency and stock of medications on a mental health unit so that it is streamlined, safe and efficient.	Reduced the time of medication round by 30% and drug cost saving over twelve months \$24,000 in one clinical unit.	Mid North Coast
Reducing the number of adult patients with non-operative ENT transfers	14 patient transfers avoided with a cost \$795 per transfer in 6 months = \$11,130.00 with no adverse effects	Northern Sydney