CEC Clinical Leadership Program

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Clinical Leadership Program

CLINICAL EXCELLENCE COMMISSION

Ten years of quality and safety

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

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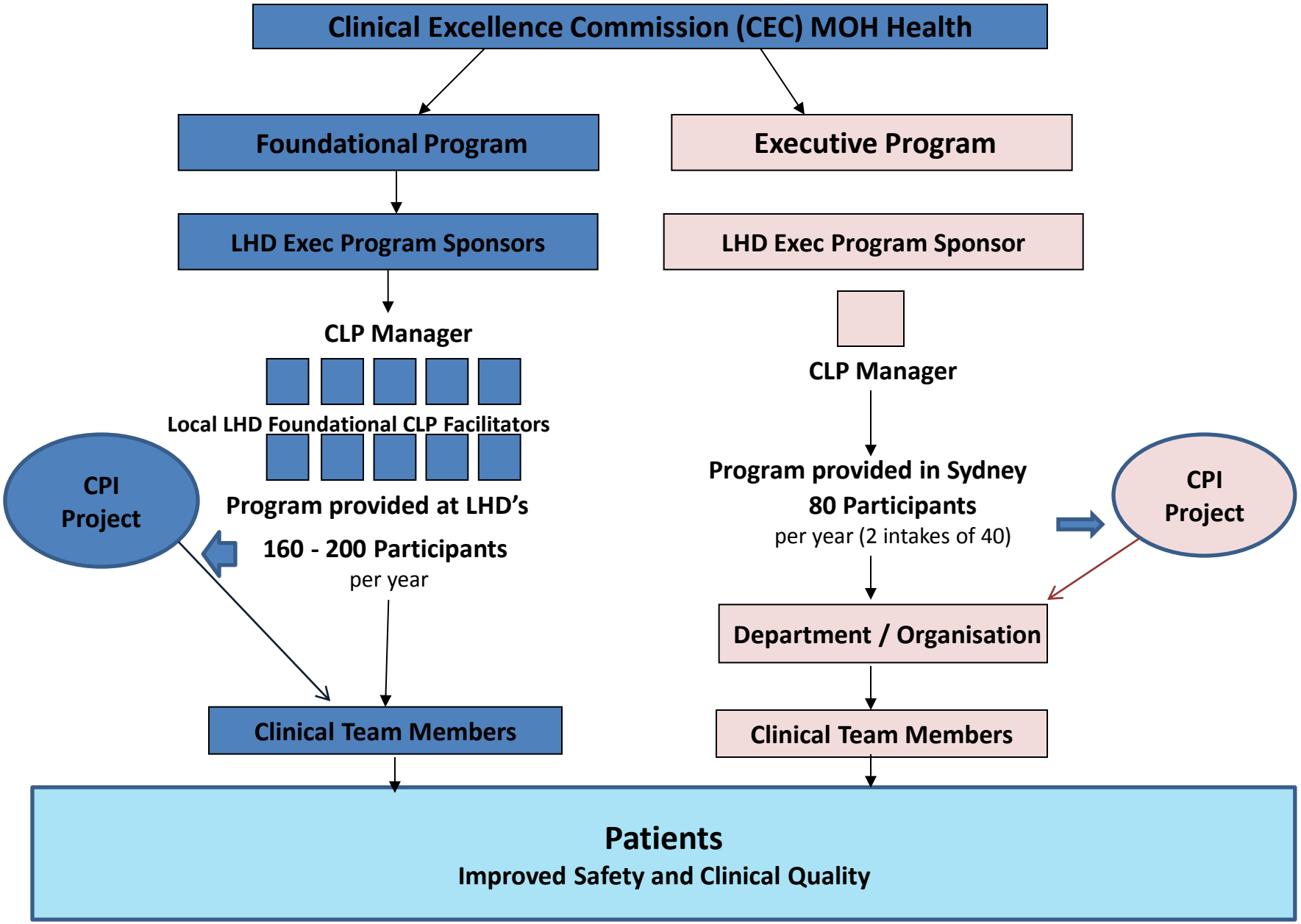
Clinical Leadership Program (CLP)



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

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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