NSW GOVERNMENT Health
Hunter New England
Local Health District

Whole of Health Program
Master Class #8: Safety and Quality, Leadership and Discharge Planning

Medical Leadership

Michael Hensley
DMS, John Hunter Hospital (JHH)

Medical Leadership

- Personal Context
- Early days of JHH
- Current JHH
- Models for Medical Leadership
- Medical Leadership and Governance at JHH
- Progress to date

Medical Leadership: Personal Context

- U Sydney MB BS
- Sydney Hospital: Intern/RMO
- SVH Sydney:Med Reg (FRACP and RMOA)
- U Sydney: PhD USyd
- Harvard & PBBH: Research Fellowship/Staff
- U Newcastle: Comm Med/Clin Epi/Medicine
- UoN: Dean of Medicine 2002-2011
- HNELHD/JHH: Clin Acad/HoD/staff specialist
- JHH: DMS 2014 (first DMS at JHH)

John Hunter Hospital: History

- Recommended and Planned from 1984
- Due to open about 1993; fast tracked to January 1991 after December 1989 earthquake took out health facilities
- US-style academic medical centre with medical leadership by Medical Chairs of 6 Divisions; matrix structure with all budget held by the Divisions and costs recovery by services
- Built from 4 hospitals: RNH; CMN; West Sub; Wallsend;
  - many primary, secondary and tertiary functions;
  - elective orthopaedics at RNH site to 2007
- Recent challenges: incorporating two of the 4 hospitals on the site (RNC and RPC) into JHH; the other hospital is JHCH
- Tertiary services in Oncology and Palliative Care located at Calvary Mater Newcastle via PPP.

John Hunter Hospital: Today

- About 640 beds: 440 ED accessible for adults
- 75,000 + ED presentations: 25,000 admissions
- Trauma and Neurosurgical Referral Centre for Northern NSW
- About 600 medical staff:
  - approx 360 senior: 200 staff specialists; 160 VMOs
  - approx 250 junior: 90 PGY2/PGY2; training programs ++
- Physically constrained; needs a new hospital
  - No hybrid theatre
  - Less than half ICU beds of a comparable TRH
  - Small ED for total presentations: ESSU not co-located

Medical Leadership: Principle 1

- Medical Leadership is essential
  - Doctors must be central players in the changes needed to transform health care
  - No one guides, leads and influences doctors better than another doctor, especially an active respected clinician
  - Clinical and operational nuances are best understood through the lens of a doctor
- Every doctor is expected to be a leader in the clinical environment
- Personal values, commitment and role-modelling are fundamental

Medical Leadership: Principle 2 (Drucker/Evans)

- Administration/Management:
  - Budgeting and Accounting
  - HR/ rosters/payroll
  - IT Systems etc
- Leadership
  - Building commitment to the mission and operating plan
  - Solving problems
  - Engineering change
  - Selecting opportunities
- Given time constraints and skills, medical leaders need excellent administrative/ management support

Medical Leadership: Principle 2 (Grint)

- Rather than focussing on management types and styles, classifies problems and responses

1. **Tame**: predictable and can be fixed by **Management** processes: simple eg rosters, payroll or complicated, eg heart surgery
2. **Critical**: Require rapid answers through **Command & Control** approach; eg disasters
3. **Wicked**: Complex; Uncertainty about exact cause or solutions; requirement for **Leadership and Collective Intelligence**

Medical Leadership: Principle 2 (Grint)

- Wicked Problems
  - "Some problems are so complex that you have to be highly intelligent and well-informed just to be undecided about them" L J Peters
  - Climate Change
  - Closing the Gap in Indigenous Health
  - Running a 'health' service Vs an 'illness' service
  - Engaging doctors in quality and safety
  - Winter in NSW for health services
- Often Use 'Clumsy' solutions: measure effect

Medical Leadership: Principle 3 IHI Overall Model

- Triple Aim: Fundamental and recurring theme for health services and systems internationally

1. Improving patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing per capita cost of health care

- Valid and reliable measurements of effectiveness of interventions are essential

Medical Leadership HNELHD: Excellence (Studer)

*'**Excellence** is the planned, disciplined approach to doing the right thing for patients and their families, doing it consistently, and doing it with respect*

- ***Excellence** has two components:*
  - *Improving patient care directly by clinician rounding on patients, bed-side care-boards, 24 hour follow-up phone calls, good communication, safe clinical handover, using patient care essentials, using communication tools (HAIDET and ISBAR)*
  - *Improving the ability and accountability of leaders within the hospital and the health service by leader rounding on staff, annual operational plans, 90-day work plans, Monthly Accountability Meetings, recruitment and re-recruitment, professional development and review (PDR)*

- *The pivotal processes within Excellence are **alignment** to ensure that everyone is focussed on the main goal of high quality patient care and **accountability**, taking responsibility for the high quality patient care*

Medical Leadership HNELHD: Excellence 2

Aligning goals

- Strategic plan
- Operational plan
- 90 Day Action Plans
- Monthly accountability meetings
- Measure performance using SMARTViewer
- Performance development review for ALL leaders
- District leadership forum
- Management development
- Service/network specific leadership development programs

Aligning behaviours

- Leader rounding with staff/traffic light reports
- Leader rounding with patients
- Service rounding
- Key words
- Managing up
- Patient Care Essentials
  - Hourly patient rounding
  - Care boards
  - HAIDET/ISBAR
  - Bedside clinical handover
- Follow up phone calls
- Values charter
- Standards of behaviour
- Speaking up
- Code of conduct
- High-middle-low performance conversations
- Re-recruit new staff: 30 + 90 day conversations
- Skills lab
- Patient Experience Tracker System (PETS)

Aligning process

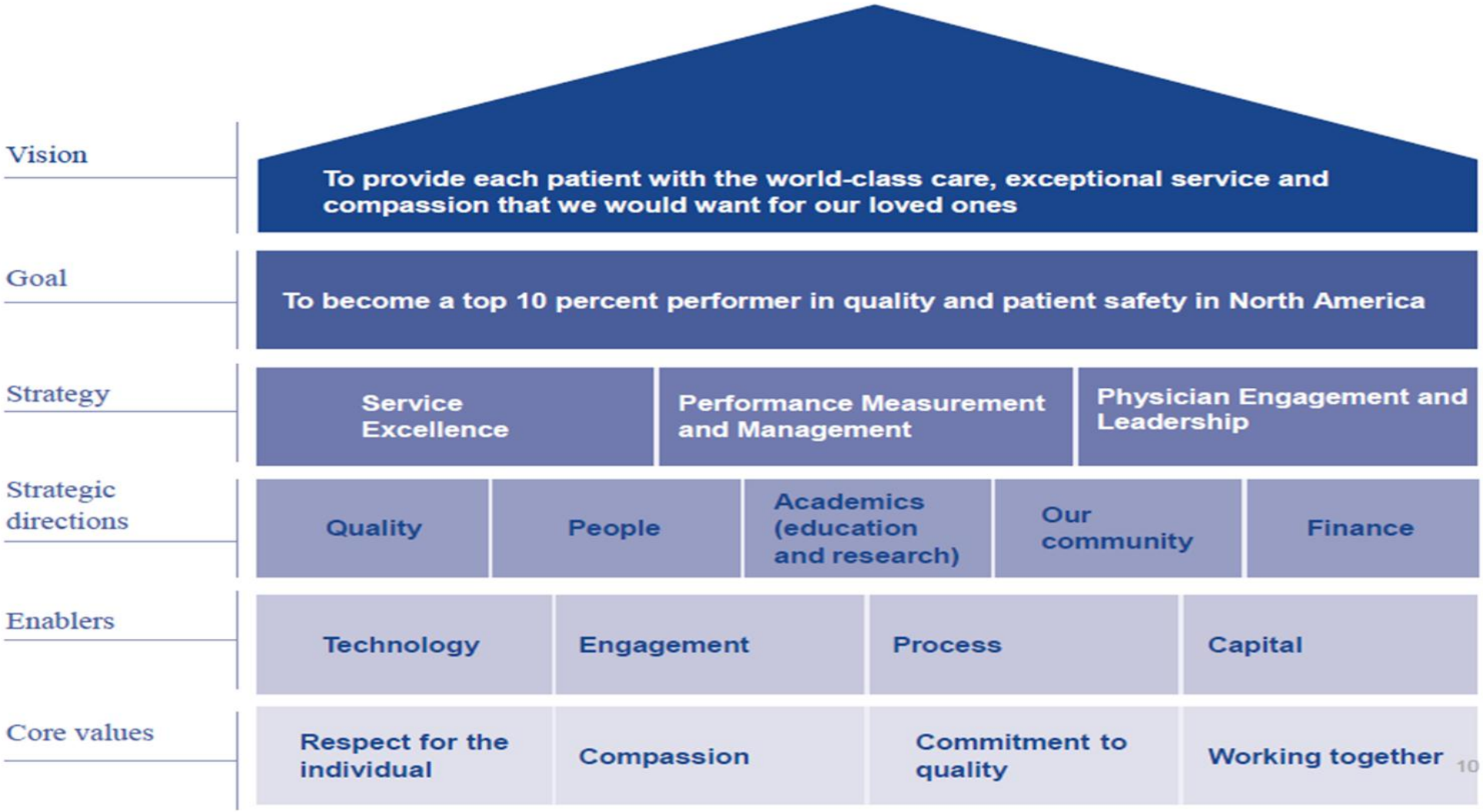
- Cycle of innovation
- Practice development e.g. Essentials of care
- Between the Flags
- Clinical handover
- Cultural redesign
- Clinical redesign
- Policies and procedures
- Automation
- Technology
- Education
- Research and innovation

EXCELLENCE
Every patient. Every time.

Medical Leadership JHH: Excellence 3

- Doctors must be engaged and must lead change/transformation
- The WHY and What's In It For Me must be communicated: the more often the better
- Measure, especially at the individual level, across clinical service, training, education and research: Quantity & Quality
- Use those measures to identify High, Middle and Low Performers:
  - "The best management of low performers is recognition of high performers"
- Apply the tools and strategies
  - Cascaded operational plans, 90 day plans
  - Monthly accountability meetings on 90 day plans
  - Expected behaviours; AIDET
  - Rounding and Acknowledgements
  - Recruitment and PDR

Medical Leadership: The Ottowa Hospital



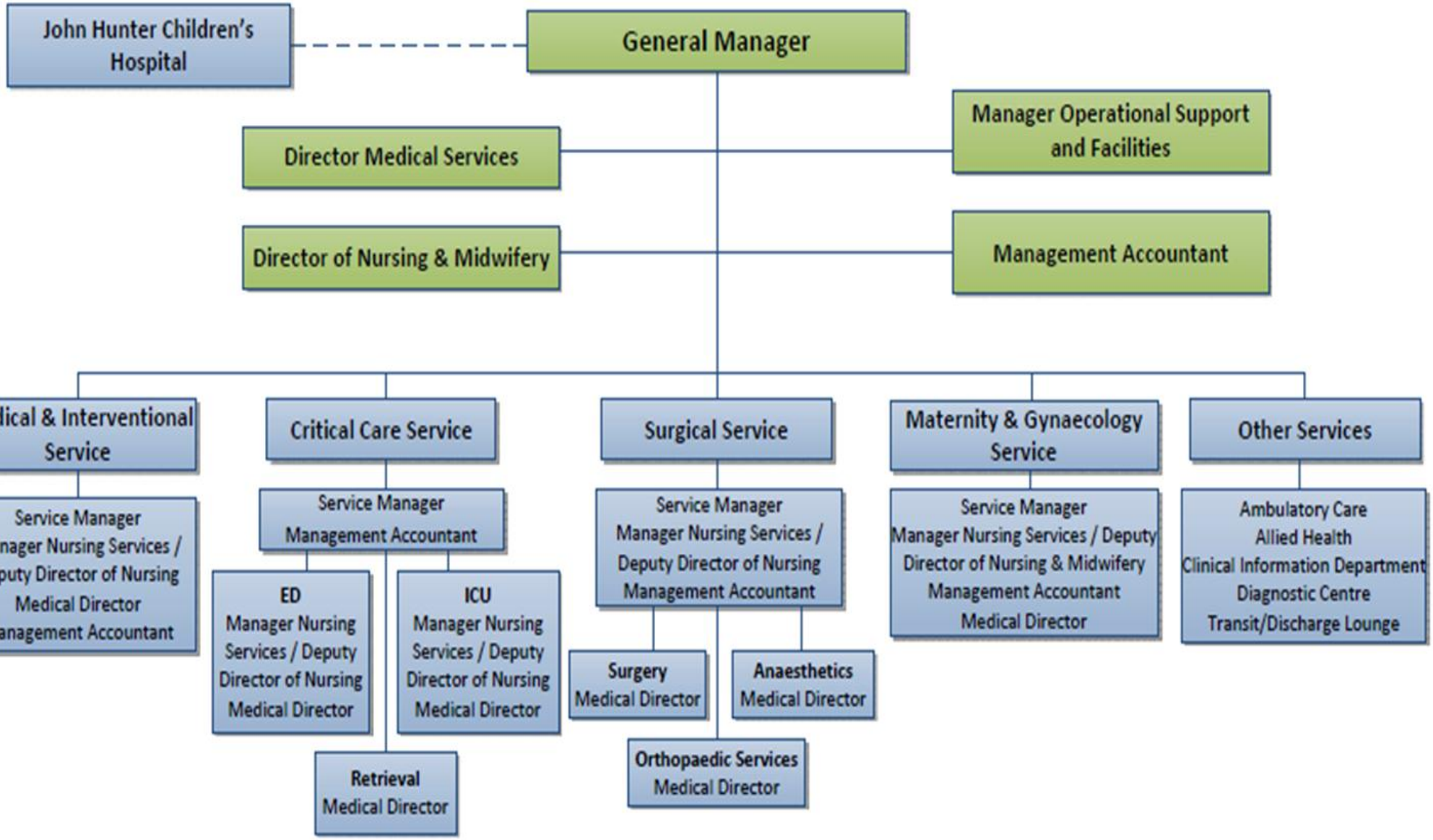
Measurement of Leadership: The Ottowa Hospital

				2014/15	2015/16					
Pillar	Domain	ID	Performance Measure	Baseline	No Improvement (Score 1)	Partial Improvement (Score 2)	Goal (Score 3)	Partial Stretch (Score 4)	Stretch Goal (Score 5)	Weight
Quality	Access	1	Proportion of Admitted Patients whose ED LOS was less than a day	81.1% (Jan/14 - Dec/14)	<81.1	81.1	85.0	89.0	97.0	10.0%
	Safety	2	Hospital Standardized Mortality Ratio (HSMR)	75.7 (Nov/13 - Oct/14)	> 100.0	<= 100.0	78.0	<= 76.0	75.0	5.0%
	Efficiency	3	Total Cost per Weighted Cases ($/HIG)	6,411 (Oct/13 - Sep/14 *crosses costing years*)	> 6,411	<= 6,411	<= 6,000	<= 5,900	<= 5,800	20.0%
	Experience	4	Excellent overall rating of care - inpatient survey (%)	46.3 (Nov/13 - Oct/14)	< 46.1	>= 46.1	>= 51.0	>= 53.0	>= 57.0	30.0%
People	Engagement	5	Engagement of staff, physicians & trainees composite (%)	58.2 (weighted Staff/Phys 2012, Residents 2013)	<58	>=58	61.0	64.0	70.0	20.0%
Academic	Research & Education	6	Research success composite measure		<2	>=2	>=3	>=4	5.0	5.0%
Partners	System Integration	7	Unplanned 30-day readmissions (%)	10.0 (Dec/13 - Nov/14)	> 10	<= 10	<= 9.6	<= 9.0	<= 8.0	5.0%
Finance	Sustainability	8	Variance from budget (%)	-2.5% (Apr/14 - Dec/14) -1.6% (Apr/13-Mar/14)	<-2.0	<=-2.0	<=0.0	<=1.1	>=2.1	5.0%

John Hunter Hospital – Medical Leadership Team

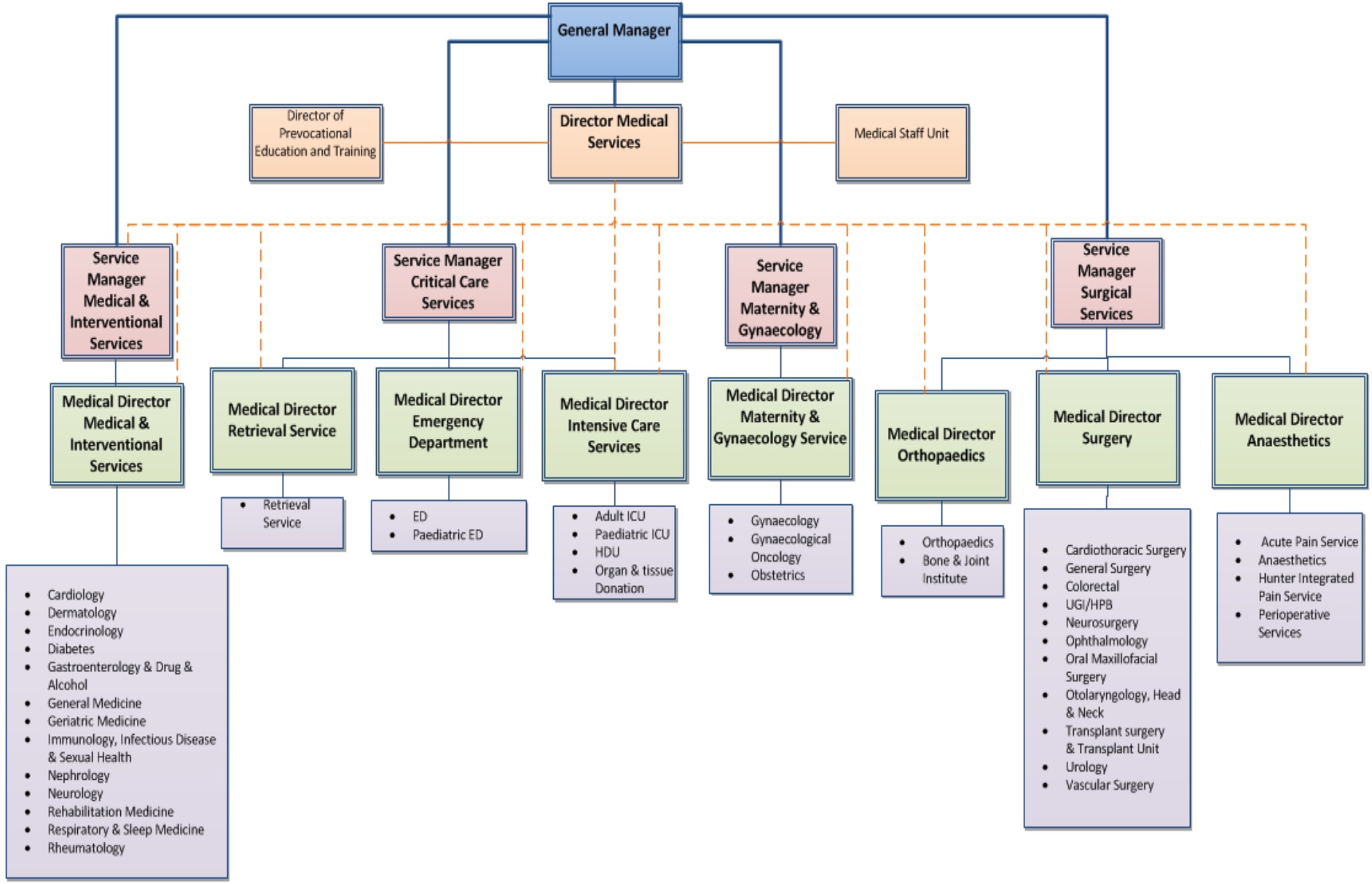
- Vision: John Hunter Hospital is committed to provide each patient with world class care, exceptional service and the compassion that we would want for ourselves and our loved ones (TOH).

John Hunter Hospital Organisational Chart



Medical Leadership at John Hunter Hospital

NSW GOVERNMENT Health
Hunter New England Local Health District



JHH 2015: Medical Leadership Team (MLT)

- National Standards Accreditation of JHH
- Winter bed management meetings
- Medical Staff Unit
  - HETI accreditation of JMO program: new DPET
  - Recruitment of over 65 temp and permanent SMOs
  - Management Allowances; Leave Review
- Surgical Services and Maternity &Gynaecology
  - OT 6 from September 2015
  - 'Hot Floor' Level 3: G1/J3 interchange: planning AGSU ward
- Critical Care Services
  - Start of building PICU in November 2015
  - Increase ICU beds by 4 in a temporary ICU (2) from February 2016
- Medical and Interventional Services
  - Amalgamation of RNC and RPC into JHH
  - Ortho-geriatric Model
  - Fifth Interventional Laboratory from February 2016: mainly INR
- Research, Innovation, Education and Training: Overall Performance

JHH 2016: MLT Priorities- Overall

- **Completion of projects started in 2015**
  - ICU(2)
  - Interventional Laboratory 5: INR service
  - AGSU Ward and ‘Hot Floor’
  - Flow of rehabilitation and aged care patients
  - ‘One call’ Policy: relaunch
  - When appropriate transfer of care from Acute to Palliative
- **General priorities**
  - Quinquennium for VMO staff
  - Staff Specialists: Rostering, annual leave, TESL and outside practice
  - Senior Medical Staff: ‘Annual Planner’
  - Junior Medical Staff: DPET/MSU/Performance indicators
  - Complaints & Incidents Management, incl RCAs & London Protocols
  - Research, Innovation, Education and Training: Measure Performance


JOHN HUNTER HOSPITAL
John Hunter Children's Hospital
MAIN ENTRANCE
SECURITY