



Medical Engagement: Words to Action

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What are we trying to achieve?

- Better outcomes for patients
- Improved patient experience
- Committed workforce
- Financial sustainability

Key points

- There is a clear relationship between organisational culture and patient outcomes
- Clinical and medical engagement are key contributors to this culture
- The quality of teamwork in hospitals is associated with patient outcomes
- Medical engagement is about the quality of the work doctors do together to lead and improve the whole system

Acknowledgements

People from whom I have much to learn and whom I quote often

- John Clark
- Prof. Peter Spurgeon
- Prof. Michael West
- Vijaya Nath
- Sir David Dalton
- Prof. Danny Samson
- Prof. Vivian Lee

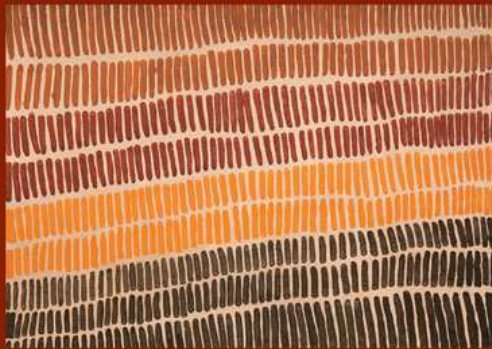


Special Commission of Inquiry
Acute Care Services in NSW Public Hospitals

Final Report of the Special Commission of Inquiry

Acute Care Services in
NSW Public Hospitals

Overview



Peter Garling SC
27 November 2008

THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary



Inquiry into obstetric and
gynaecological services at
King Edward Memorial Hospital
1990 - 2000



These disasters were heralded years in advance by poor clinical engagement

Quality indicators indicated a problem retrospectively

Need to understand what lead indicators gauge the health of an organisation

How do hospitals work?

- Complex socio-technical organisations
- Reverse hierarchy
- Tribal
- Until recently medical training has placed a high value on autonomy and heroic leadership styles
- Formal and informal power systems
- Patients have the greatest power to create system change but their power is rarely harnessed to improve performance

- It is axiomatic that we should provide evidence-based clinical care wherever possible

- There exists a robust evidence-base regarding how organisational culture, teamwork and clinical engagement effect patient outcomes, organisational performance and financial outcomes

Creating cultures for high quality care

Michael West

Professor of Organisational Psychology at Lancaster University Management School

- Vision
- Translation of vision to clear objectives
- Robust people management
- Continuous learning and quality improvement
- Team working
- Values based leadership strategy

Vision translated to clear goals

- Simple
- Quantifiable
- Aligned to quality and safety
- Applicable at all levels of the organisation

People management

- Clear relationships between staff satisfaction and patient satisfaction
- Patient satisfaction highest where staff have clear goals
- Good HR processes associated with lower mortality in acute hospitals

West M & Dawson J. Employee Engagement and NHS Performance. Kings Fund 2012.

West MA, Borrill CS, Dawson J *et al.* 'The link between the management of employees and patient mortality in acute hospitals'. *International Journal of Human Resource Management*. 2002; 13: 1299–1310.

People management

- Recruitment and selection
- Appraisal
- Management of inappropriate behaviour

Dr David Evans- Northumbria NHS Trust UK

Sir David Dalton- Salford NHS Trust UK

Michael West- Lancaster University; King's Fund

Teams

- *Compassion* is often cited as the key ingredient required to provide high quality care
 - Notice others
 - with an empathetic response
 - that leads to intelligent action
- Staff do not come to work thinking they will not be compassionate that day. A lack of compassion comes from being ill-equipped to cope with day-to-day challenges
- Working in teams* provides the capacity to manage challenges and continually improve

Teams

- One of the best predictors of mortality in an acute hospital is the percentage of staff who work in well structured 'true' teams (rather than pseudo-teams)
 - Have clear mutually agreed objectives
 - Use data to measure performance towards objectives
 - Meet regularly to review data and plan ways to improve

Teams

- Only 35% of staff in most hospitals work in real teams (rather than pseudo-teams)
- Working in real teams associated with decreased errors, staff stress, absenteeism and staff injury
- For every 5% more staff working in real teams in acute hospitals there is a 3.3% reduction in standardised mortality (p 0.006)

West M & Dawson J. NHS Staff Management and Health Service Quality 2006-2009

- At one of our adult tertiary hospitals this would represent a reduction of 15 deaths per year

Values-based collective leadership strategy

- Based on a strong evidence base high performing health care organisations are using strategies to
 - Clearly articulate a vision for the organisation associated with values
 - Translate this into clear goals everyone can understand
 - Train staff to lead and work in true teams
 - Use modern techniques to ensure senior staff are appointed based on values, attitudes and behaviours
 - Require staff to be responsible for improving outcomes in their areas

Medical engagement

- “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”

Spurgeon P, Barwell F & Mazelan P. Developing a Medical Engagement Score (MES). *The International Journal of Clinical Leadership* 2008;16:213–23.

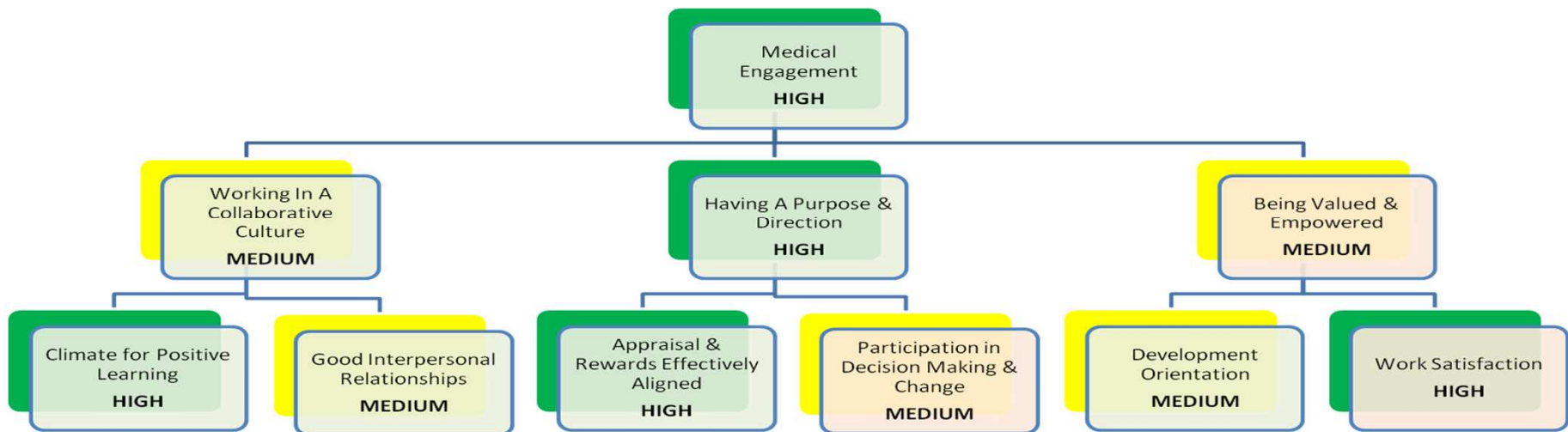
- More about how well doctors in the hospital work with each other to improve care

- Medical engagement is not necessarily about interactions with the hospital executive or the quality of communication between clinicians and the executive
- Medical engagement not about consensus or compliance
- Constructive communication and cooperation between clinicians to improve the systems of care
- It is something that the executive must somehow foster and encourage

- Medical engagement scores also closely correlated to
 - Hospital acquired infection rates
 - Hospital complications rates
 - Patient experience
 - Financial performance
 - Mortality

Royal Perth Hospital 2012

- One month lead up with a much direct communication
- Survey 254 doctors and approximately 30 other senior non-medical personnel
- On-line survey tool open for 3 weeks
 - Anonymous
 - 30 questions
 - Can be completed in 6 minutes
- Analysis and reporting
- Action plan



Medical Engagement Action Plan

- *Working in a collaborative culture*
 - Code of conduct
 - Frontline Leadership Program
 - JMO Service Improvement and Medical Leadership Program
- *Having purpose and direction*
 - Job plans for all senior medical staff
 - Measuring the patient experience
- *Being valued and empowered*
 - Head of Department appointments
 - Selection of senior medical staff based on values, attitudes and behaviours
 - Medical staff forums

Consultant appointments

- Short listing based on technical skills and credentials
- Appointment based on values, attitudes and behaviours

Dr David Evans Northumbria NHS Trust UK

- Psychometric testing to inform interview process
- Simulation testing
- Formal induction
 - Structure of hospital
 - Mandatory training
 - Job plan
 - Service improvement
 - Goals for first 6 months, 12 months and 5 years

Frontline Leadership Program

Royal Perth Hospital; South Metropolitan Health Service

- Medical Heads of Department partnered with Nurse Unit Managers
 - Master-class series
 - Mission and values; understanding their roles as leaders in the organisation
 - Working in teams
 - Leadership behaviours; appreciative inquiry
 - Quality, safety and risk; clinical governance
 - Health finance and ABM
 - Domains of care- patient; staff; hospital
 - Development of strategic plan with department to act as a true team
- Follow-up and experiential learning over 6 months
 - Meetings with cohort to discuss progress
 - Support with use of performance dashboards

Homework for the NUMs and HODs

- Lead their departments to develop a vision and two year plan that is complimentary to the hospital's values and strategic priorities
- Lead together at least one simple improvement project for their service focused on
 - Patient (e.g. a significant quality of safety issue)
 - Staff (e.g. staff development; OH&S)
 - Hospital (e.g. NEAT; NEST; budget)
- Present to their peers on the program on their experience
- Guide the development of our service level reporting tool in collaboration with Business Managers and the Business Intelligence Unit

Junior Doctor Service Improvement and Leadership Program

John Clark & Institute of Healthy Leadership WA

- 11 week non-clinical term for up to six JMOs per site
- Induction training in service improvement (redesign)
- Support and mentoring during completion of a clinical redesign project
- Extra-curricular master-class series through Institute Healthy Leadership. Based on the medical leadership competency framework

- Approach organisational capability and culture in a structured and evidence-based manner
- Ensure there is a clear and inspirational vision for each service
- Clarify goals at every level
- Routinely assess patient experience, staff satisfaction, medical engagement and the quality of teams
- Appoint senior staff in a way that enhances culture. Short list on technical skills; appoint on values, attitudes and behaviours
- Strong HR practices
- Invest in leadership, teamwork and quality improvement training and expertise