Government of **Western Australia**
Department of **Health**

ClinicalSenate

Executive Summary Report and Recommendations

Dial E for Engagement – Are clinicians on hold?

Clinical Senate of Western Australia

5 June 2015

Executive Summary

The second meeting of the Clinical Senate of Western Australia for 2015 was held on 5 June at the University Club of WA. The topic for debate was Dial E for Engagement – Are clinicians on hold?

For more than a decade the Clinical Senate, working in parallel with the WA Health Networks, have provided a mechanism for clinician engagement at a state-wide level. Both organisations consider system-wide issues, working in partnership to identify solutions for key health reform.

There is consistent and growing evidence that clinical engagement is necessary for health reform. This stimulated the topic for this debate: How do we embed a culture of clinical engagement in healthcare settings. It seemed appropriate that the Executive Sponsor for debate be the Chair of the Clinical Senate with support from the Office of the Director General.

The specific focus for debate was on strategies to engage clinicians so that healthcare reform can occur at the facility level.

The mandate for clinicians was to consider how to identify best practice in clinician engagement and determine how to implement this in our health services.

In planning for the debate, multidisciplinary healthcare professionals, senior and emerging leaders, clinical leads, researchers and academics were invited as expert witnesses to share their expertise in clinician engagement.

The day opened with a moving Welcome to Country by Nyungar Elder, Ms Marie Taylor, who shared a simple message encouraging participants to speak to each other, share and build on relationships.

The Acting Director General, Professor Bryant Stokes, AM officially opened the debate by acknowledging the substantial evidence base that correlated clinical engagement and health service performance. Clinical engagement, he emphasized, was an integral element of health system culture.

Professor Stokes stated that in its simplest form, clinical engagement is how we interact both formally and informally, and involve health care professionals across all of our organisational activities. He stated that engaged clinicians care about the future of their organisation and are prepared to invest effort into reform. Furthermore, they do not come to work just to do a task, but rather to be part of the organisation and contribute to its success. As a result, Professor Stokes stated, patient care improves, staff satisfaction grows and our health system is stronger.

Professor Stokes called on senators to examine how they could make a difference in health reform and service improvement at a health services level. He stated these vital questions can only be answered by engaging with clinicians themselves. Professor Stokes called on senators to embrace the opportunity to discuss this important issue with the knowledge that all recommendations from the debate would help to improve clinical engagement in the health sector.

In her opening address outgoing Senate Chair, Adjunct Associate Professor Kim Gibson confirmed that the topic for debate went to the heart of what it meant to be a clinical senator. How do you bring your clinical experience and expertise to bear on the bigger picture issues of health reform and service improvement? She challenged senators to consider how to move their focus from the patient in front of them to what might be required to benefit our patients and populations as a whole, leaving aside issues of personal ambition, clinical comfort- zone and organisational or discipline rivalries, otherwise known as patch protection.

For the purpose of debate, she defined clinical engagement as: “the manner in which the health service involved the people who provide direct patient care in the planning, delivery, improvement and evaluation of health services”. She also acknowledged the importance of consumer, carer and community engagement at this level and emphasised that the focus for this debate was clearly on clinicians.

In setting the scene for debate, Mr John Clark, Senior Fellow, The King’s Fund, Honorary Associate Professor, University of Warwick Medical School and Advisor, Institute of Health Leadership, WA Health described his passion for clinical engagement. His research confirmed the critical role of doctors as shareholders in contributing to high quality care. He strongly stated that to deliver higher quality care, clinical engagement was not an optional extra, it was essential. “More patients suffer needless harm (and death) through poor management and leadership that due to clinical incompetence”.

Using examples from his research and experience in the NHS and The King’s Fund, he illustrated the importance of clinical engagement and clinical leadership. He stated it was important to move away from the notion of a heroic leader and instead create a culture of empowerment that enabled others to be involved in a collective leadership approach. Leaders, must create cultures that: focus on the delivery of high quality; safe health care; enable staff to do their jobs effectively; genuinely value, support and nurture the ‘front line’ and ensure the connection to a shared purpose. Furthermore, leaders must enable and support patient involvement, ensure transparency, openness and candour, promote and value clinical leaderships and support, value and recognise staff. He stated that every clinical professional should have management and leadership responsibility in addition to their clinical role. They are, shareholders involved in improving the system.

Mr Clark provided an overview of the Medical Leadership Competency Framework which describes the competencies doctors need to be actively involved in planning, delivery and transformation of health services. He also referenced the CanMEDS Roles Framework which addresses the changing nature of the medical profession and suggests that clinical leadership needs to start earlier in a professional’s life, from the onset of training.

He concluded by reaffirming the evidence of a powerful connection between medical engagement and clinical performance, however, cautioned without effective clinical engagement any health reforms will be sub-optimal. For clinical engagement to be effective, it requires both organisational and system wide cultural change. “To be a good clinician is more than being a clinical expert, it is also just as important to be a good manager, leader and advocate for health”.

Ms Sandra Miller, Executive Director, Safety, Quality and Performance, North Metropolitan Health Service (NMHS) provided an overview of the comprehensive approach by the North Metropolitan Health Service towards a framework of engagement. She stated it is a journey to build a culture of engagement across the service not just having pockets of excellence. They recognised that during this period of significant reform that clinical engagement was vital to the success of the reform agenda.

Ms Miller provided definitions of both clinical and consumer engagement which highlighted similar principles between the statements. She highlighted the principles of engagement and revealed the quality outcomes are also the same regardless of whether you are considering clinical or consumer engagement. She stated the NMHS engagement framework, C4 (clinician, consumer, carer and the community), used the levels of engagement based on the IAP2 model which provides a spectrum of engagement from informing through to empowering. She stated they would be using a staged approach over several years.

Ms Miller shared the process and results of phase one of the project: embedding engagement assessment and the tool utilised to assess levels of embedded engagement of both clinicians and consumers.

In phase two they looked at quality assessments across five NMHS sites. Several enablers to the process were identified: the credibility of the process, support and backing from senior staff, flexibility in the way they engaged with clinicians and the capacity for improvement.

Ms Miller closed highlighting the importance of recognising that it was a long term process of change. In NMHS they are embarking on drafting the Framework and encouraging site specific engagement plans. The intention is continue to monitor the progress and report on compliance to the NNMHS Executive.

Professor Frank Daly, A/Chief Executive Child and Adolescent Health Service and Commissioning Perth Children's Hospital spoke of leading change in the South Metropolitan Health Service (SMHS). In his reflection on medical engagement he highlighted the connection to achieve: better outcomes for patients, improved patient experience, development of a committed workforce and financial sustainability.

He reaffirmed the evidence of a clear relationship between organizational culture and patient outcomes. He identified that clinical and medical engagement are key contributors to this culture. Additionally, he stated that the evidence shows that the quality of teamwork in hospitals is associated with patient outcomes and that medical engagement is about the quality of the work doctors do together to lead and improve the whole system.

Professor Daly also spoke to the evidence and importance of 'people management' through robust HR processes and the impact of the relationship between staff satisfaction and patient satisfaction.

Professor Daly stated that one of the best predictors of mortality in acute hospitals is the percentage of staff who are working in well-functioning teams. These teams, he stated have clear mutually agreed objectives, use data to measure performance, meet regularly to review data and plan ways to improve and as a result these teams show a reduction in errors, staff stress, absenteeism and staff injury. He stated only 35% of staff in most hospitals work in real teams but evidence shows that for every 5% more staff working in real teams in acute hospitals there is a 3.3% reduction in standardised mortality. At one of Perth's adult tertiary hospitals Professor Daly states this would represent a reduction of 15 deaths per year.

Professor Daly provided an overview of the Frontline Leadership Program at Royal Perth Hospital where Medical Heads of Departments partnered with Nurse Unit Managers to undertake a master class series with follow up and experiential learning over six months. They considered how to lead their departments to develop a vision and two year plan that is complimentary to the hospital's values and strategic priorities.

He identified that a system wide plan is needed with a clear vision. The values need to be translated into clear goals that can be applied across all areas of the organisation. Professor Daly closed stating as clinicians we all need to consider "what can I do on Monday to convert these words to actions".

What followed was three rapid five sessions where clinician engagement was evident. These programs presented by some of Health's emerging leaders: Pharmacist, Ms Gillian Babe, Nurse, Ms Deborah Reid, and Junior Doctor, Dr Alexius Julian.

In her talk Gillian Babe, A/Health of Pharmacy, Sir Charles Gairdner Hospital highlighted that their core business is to manage medicines more effectively was recognition that Pharmacy's

business has broader implications across the clinical workforce. She identified that for improvements in the system, there is the need to manage change effectively, to create a culture of leadership at all levels, which included an environment for staff to share ideas, engage in open debate and challenge current systems. She stated we want good citizen's not just good pharmacists. The lessons learnt was that engaging clinical staff helped to address long standing deficits and improved planning for our future.

Ms Deborah Reid, Nurse Manager, ICT Commissioning at Fiona Stanley Hospital highlighted the importance of engagement from top to bottom, a clinician first approach, with cooperative decision making and a committed team with strong leadership and a defined purpose. Key elements were regular communication and mapping of clinical workflow. The lessons learnt included: poor clinician buy in at the commencement directly impacted the perception of the final result; services with no clearly defined leader proved most difficult to engage, conflicting agendas and competing interests at any stage causes delay and the success of the ICT Program relied heavily on flexibility in approach and change through evidence.

Dr Alexius Julian**,** Advisor, Institute for Health Leadership, shared a case study: Improving Gynaecology Community Handover at Discharge – to address the backlog and poor quality of discharge summaries in response to GP complaints. The study resulted in an updated discharge summary policy, RMO education and a business case for new discharge program.

In the plenary session "Clinician engagement – the true encounter", senators and experts shared their experience and coal face realities with regard to clinician engagement. The session confirmed themes from the earlier presentations about the need for a systemic approach to leadership and engagement and the clear evidence of the relationship of these to improved patient outcomes.

Several barriers to clinician engagement identified included: competing demands on clinician's time, clinician's engaged across multiple service sites and the lack of decision making where people are employed in acting positions. It was highlighted that any future approach for clinician engagement needed a multidisciplinary focus with development of a culture shift which recognises the value of engagement and opportunities to support emerging leaders.

It was identified that one opportunity to improve engagement to systemic issues could be through the use of performance appraisals, where goals can be agreed upon for competency standards in management and leadership. Another concept identified by John Clark was a model used in the UK where newly appointed clinicians are orientated to the work of the system by chief executives for the first two weeks of their appointments and again at regular intervals throughout their employment.

It was also highlighted that there is a need for better clinician involvement into the design of policies and practices. The engagement needs to be clinician led rather than just clinical input.

An important theme that arose from the plenary discussion was that clinical engagement shouldn't be separate from daily clinical work. It was felt that improvements in clinical work would be strengthened by increased engagement (of the teams) in system management issues.

Senators agreed there is a challenge to win over the disengaged clinicians.

The attitude and treatment of clinicians are important components in increasing clinical engagement. The senior clinicians should have ongoing contact with chief executives to maintain this engagement. They identified the importance of embracing junior healthcare professionals as an opportunity to develop clinical engagement and leadership early on in their careers.

Clinicians agreed the challenge is to develop a culture which survives organisational changes and budget restrictions. Clinical engagement should become part of a good culture. Part of that culture must be changing the notion that we have moved the heroic leaders and acknowledge that we need to share the load of leadership across professions and levels.

There were two concurrent workshops in which participants focused either on the clinicians' responsibility and how to create a culture of engagement or the organisations responsibility to ensure sustainability within WA Health around clinician engagement.

In conclusion, many clinicians in our health system do not feel engaged. Perhaps one of our emerging leaders summarized it best: "The best solutions come from the people who know the business best; the people who know the business best work at its coal face; the coal face is diverse and complex, thus engagement must be at senior and junior levels across many disciplines – our problems are multi-faceted. Appropriate and lasting solutions must come from a multi-level and collaborative approach".

WA Health must have a corporate vision for effective engagement throughout all health services. They must embrace a values based recruitment (best practice) of all staff to grow a culture of engagement. There must be opportunities for participation in leadership training and development for the multidisciplinary workforce with ongoing monitoring and reporting of clinician engagement.

The Clinical Senate recommendations that follow signal the importance of clinician engagement and will assist the A/Director General and SHEF to create greater alignment across WA Health by providing a way forward on this important issue. They offer strategies that align with the WA Health Strategic Intent 2015-2020.

A response from the Director General of endorsed, endorsed in principle, or not endorsed is requested.

Sincerely,

Adjunct Associate Professor Kim Gibson
Outgoing Chair
Clinical Senate of WA

Professor Julie Quinlivan
Incoming Chair
Clinical Senate of WA

20 June 2015

Dial E for Engagement – Are clinicians on hold?

Recommendations

1. WA Health refines, implements and embeds best practice in strategic human resources management, with a specific focus on:
   - Values-based recruitment and selection.
   - Optimising orientation of new appointments into the culture of the organisation.
   - Regular and appropriate performance management that's meaningful to clinicians and the organisation (and links to patient, team and business outcomes).
   - Talent management and succession planning frameworks and initiatives.

   With the aim to improve engagement processes in the organisation.

2. WA Health to adopt an agreed clinician engagement tool that is measured annually and reported to SHEF.
   - Each health service to develop an engagement strategy
   - Engagement outcomes are to be correlated annually against an agreed set of quality indicators, determined with clinician input (and which include a measure of patient experience)
   - Departmental results must be feedback to clinicians at the front line

3. WA Health establishes a system-wide framework for effective clinical engagement (in addition to consumer, carer, community) to be used in strategic reform, policy development, system redesign, safety and quality improvement and ICT development. The framework could include the following:
   - Multi-disciplinary/professions/level/services
   - Adequate resources
   - Leadership models
   - Training
   - Infrastructure to support
   - KPI's
   - Process and implementation plan

4. The Chief Officers from Medical, Dental, Nursing/Midwifery and Health Professions, work collaboratively with the Institute for Health Leadership (IHL) to ensure future leadership programs are interprofessional and more accessible (i.e. more places, all levels of employees, equitable access).

5. WA Health to develop a clinical leadership framework that outlines the competencies required across all levels of the clinical workforce.
   - Picking up on Health LEADS* and other work in this area
   - In partnership with education providers as appropriate
   - Aligned with existing efforts or programs
   - Includes performance appraisal

* https://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf

Recommendations continued on next page

6. WA Health increase opportunities for participation in health leadership programs with a focus on clinician engagement through Clinical Service Redesign (CSR).
    - Engagement in CSR is part of annual performance review
    - Participation in CSR is a pre requisite for contract renewal

7. WA Health sponsor and oversee/train facilitators to enhance and progress team based service delivery. These facilitators may be sourced from within DoH, IHL, from other Clinical Leads, or external. [The facilitator is external to the team being considered].

8. WA Health to adopt an online moderated platform* – specifically “Patient Opinion Australia” and “Carer Opinion Australia” – in order for health services and clinicians to listen to and engage with the experiences, good and bad, of consumers and carers.

    * https://www.patientopinion.org.au/

9. WA Health to commit to the development of a common vision for all health services in WA.

    To:

    1. Achieve unity in shared values and collaboration
    2. Inspire engagement
    3. Focus on patients as the core
    4. Link these common values to orientation/leadership/appraisal process

10. WA Health commit that adoption of all new information technology systems will require a process that engages clinicians with active patient contact in their design, configuration and ongoing development. This should be incorporated into the implementation of the WA Health ICT Strategy.

Presenters

- Ms Marie Taylor, Nyungar Elder
- Adjunct Associate Professor Kim Gibson, Chair, Clinical Senate WA
- Professor Bryant Stokes AM, Acting Director General, Department of Health
- Mr John Clark, Senior Fellow, The King's Fund, Honorary Associate Professor, University of Warwick Medical School and Advisor, Institute of Health Leadership, WA Health
- Ms Sandra Miller, Executive Director, Safety, Quality and Performance, North Metropolitan Health Service
- Professor Frank Daly, A/Chief Executive Child and Adolescent Health Service and Commissioning Perth Children's Hospital
- Ms Gillian Babe, A/Head of Department, Pharmacy, Sir Charles Gairdner Hospital
- Ms Deborah Reid, Nurse Manager, ICT Commissioning Fiona Stanley Hospital
- Dr Alexius Julian, Medical Leadership Advisor, Institute for Health Leadership and Clinical Lead ICT Commissioning, Fiona Stanley Hospital

Expert Witnesses

- Ms Gail Milner, Assistant Director General, System Policy and Planning, WA Health
- Ms Kate Baxter, Co-lead, Disability Health Network
- Dr Harry Moody, Consultant Nephrologist, Sir Charles Gairdner Hospital and Co-Lead, Renal Health Network
- Dr Helen McGowan, Clinical Director, Older Adult Mental Health Program, North Metropolitan Health Service
- Dr Anil Tandon, Palliative Care Physician, Sir Charles Gairdner Hospital and Clinical Lead, Palliative Care Network
- Mr Jason Micallef, Manager, Institute for Health Leadership
- Dr Simon Towler, Intensive Care Specialist and Medical Co-Director of Service 4, Fiona Stanley Hospital
- Mrs Olly Campbell, Acting Executive Director, Patient Safety and Quality, WA Health
- Dr Alide Smit, Paediatrician, Joondalup Health Campus
- Dr Janet Hornbuckle, Consultant, Maternal Fetal Medicine and Co-Lead, Womens and Newborns Health Network
- Professor Hugh Dawkins, Director, Office of Population Health Genomics
- Dr Hemant Kulkarni, Renal Physician, Royal Perth Hospital and Co-Lead, Renal Health Network
- Dr David Ransom, Co-Director and Medical Advisor, WA Cancer and Palliative Care Network
- Mr Mark Slattery, Director, Health Networks, System Policy and Planning, WA Health

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