

# Outcomes from the Senior **Medical** **Engagement** Forum

The 3<sup>rd</sup> Annual Forum

August 2016

Hosted by the Agency of Clinical Information

# Overview

The 3<sup>rd</sup> Senior Medical Engagement forum was held on Friday 26 August 2016 in the Yandhai & Deerubbin Rooms at the Agency of Clinical Innovation (ACI) in Chatswood. This event was attended by 72 delegates, the highest attendance rate to date.

Attendees included CE's from LHDs, Pillars and Networks, Medical Executive Directors, Directors of Medical Services, Lead Clinicians, Representatives of ASMOF, the AMA and the MOH.

# Forum Evaluation

An evaluation was conducted to assess the day.

It concluded that overall 72% of respondents rated the event very good to excellent. The event was rated as well organised and there were a number of suggestions for further events.



# Acknowledgements

## **Forum Committee:**

Dr Stephen Hampton, Dr Harvey Lander, Dr James Mackie, Dr Peter Flynn, Dr Claire Blizard, Chris Shipway, Libby Reynolds, Danielle Ford, Sarah-Jane Messum

# Agenda

**When:** Friday, 26 August, 2016  
**Time:** 9.30 am – 3.30pm  
**Venue:** Yandhai & Deerubbin Rooms (ACI)  
Level 7, 67 Albert Avenue; Chatswood  
NSW 2057

## Senior Medical Engagement Forum

TOPIC	TIME
Registration and Coffee	09:15 - 09:30
Welcome & Acknowledgement to Country <b>Dr James Mackie</b>	09:30 – 09:45
Maximising the benefits of the partnerships between Chief Executive/Senior Executives and Executive Clinical Directors/Clinicians <b>Mr Gerry Marr, Chief Executive, South Eastern Sydney Local Health District</b> <b>Dr James Mackie, Medical Executive Director, South Eastern Sydney Local Health District</b>	09:50 – 10:05 10:05 – 10:20
Maximising the benefits of the partnerships between Chief Executive/Senior Executives and Executive Clinical Directors/Clinicians <b>Dr Teresa Anderson, Chief Executive, Sydney Local Health District</b> <b>Dr Rob Ogle, Clinical Director Women’s Health, Neonatology &amp; Paediatrics.</b>	10:20 - 10:35 10:35 – 10:50
<b>MORNING TEA</b>	<b>10:50 - 11:00</b>
Maximising the benefits of the partnerships between Senior Chief Executive/Senior Executives and Executive Clinical Directors/Clinicians <b>Mr Scott McLachlan, Chief Executive, Western NSW Local Health District</b> <b>Dr Clayton Spencer, Director, Medical Services for Western NSW</b>	11:00 – 11:15 11:15 – 11:30
Maximising Medical Engagement in the Health System <b>Dr Tony Sara, President, Australian Salaried Medical Officers' Federation of NSW</b> <b>Professor Brad Frankum, President, Australian Medical Association NSW</b>	11:30 – 11:50 11:50 – 12:10
The Ministry’s perspective in Medical Engagement <b>Mr Brad Astill, Acting Branch and Program Director, Whole of Health Program, NSW Ministry of Health</b>	12:10 – 12:30
<b>LUNCH</b>	<b>12:30 - 13:15</b>
<b>WORKSHOP</b> Developing and exploring options and strategies to improve Medical Engagement at LHD level <b>ACI Facilitator – Dr Sarah Dalton</b>	13:15 – 14:45
Feedback from Workshop Groups <b>ACI Facilitator – Dr Sarah Dalton</b>	14:45 – 15:10
<b>CLOSE</b>	
<b>Dr James Mackie</b>	15:20 – 15:30

# OUTCOMES FROM THE SENIOR **MEDICAL ENGAGEMENT** FORUM 2016

Key Point's from the speakers

**Mr Gerry Marr**  
Chief Executive  
SESLHD



The relationship between the MED and the CE is pivotal to Medical Engagement. A few years ago in SESLHD Medical Engagement was limited. We have taken steps to rectify this by:

- Changing the management structure Service Lines, to increase the role of the heads of department. Service lines have the three aims of: organisational development, clinicians defining the future of service delivery and empowerment of clinical engagement and leadership.
- Changing the purpose and key accountabilities of the Medical Executive Director position to: provide high level advice on service planning and clinical models, leads the Clinical Streams, and chairs the District Clinical and Quality Council to name a few.

In this journey SESLHD has achieved a change in conversations from money and performance, to safety and quality.

In this newly defined role, the five priorities were: medical engagement, patient safety & quality improvement, eMeds project executive sponsor, research & innovation and Service Rationalisation.

Initial collaboration with our Improvement and Innovation Hub to facilitate a workshop to set medical priorities for the coming year, involving both junior and senior medical staff. The outcomes of the day centred around removing barriers for our medical staff to be involved in leadership, break down silos, strengthen management and front line clinical staff and to aid decision making by increasing access to patient information. I.e. devolved autonomy, HR, SMO recruitment, IT (BYOD, wifi, eMEDs, WaaS), access to outcome data and protected time. Medical engagement has increased with the follow through of these issues requests, and the Service Rationalisation projects led by the clinical streams underpinned by the triple aim, provide evidence of increasing engagement.

**Dr James Mackie,**  
Medical Executive Director  
SESLHD



**Dr Teresa Anderson**  
Chief Executive  
SLHD



Success factors for clinical engagement in SLHD include: high quality patient care, patient and family focused, visible leadership, true involvement of clinicians in the decisions of the organisation, contributions across disciplines – no silos, formal and informal communication and meetings, camaraderie, open door policy, respect and valuing each other's skills and expertise, data driven, integrated system, ongoing reporting and analysis and performance orientation.

Strong Clinical Streams with a matrix structure who are involved in all the decisions is key. The Streams need clinical directors that are practicing, meet with the clinical heads (VMOs, staff specialist, Allied Health and NUMs) regularly including constant attendance at the 7.45am handover, be provided with reporting packs that have relevant data and information, and set 5 year position plans.

The Clinical Directors and management need to work as partnership. They advocate to management on behalf of the clinicians.

Tips for engagement with clinicians: Team approach, facilitate communication, listen, need to like your job, consistency, credibility, camaraderie, being contactable, open door policy, still need to be a practicing clinician.

Challenges to working in partnership: Understand each other's roles and responsibilities, limitations / constraints, mutual respect, different drivers, different expectations, time, communicate, risk management, leadership, multitask, be available, balance clinical and administrative responsibilities.

Partnerships are complex and require: respect, knowing what you want and expect from each other, good governance, time, diligence, good communication, trust. It needs to be worked on all the time and not taken for granted.

**Dr Robert Ogle**  
Clinical Director Women's Health,  
Neonatology & Paediatrics, SLHD



**Mr Scott McLachlan,  
Chief Executive,  
WNSWLHD**



WNSWLHD has strived for meaningful partnerships with doctors. The District Clinical Council is intimately involved in developing strategy and engagement solutions ie. Strategic plans, clinical services plan, technology strategy, clinical stream visions and strategy, and integrated care strategy.

The unique demographics of WNSWLHD resulted in 9 clinical streams with the introduction of a rural generalist stream. The streams have a strong governance with regularly scheduled DMS and Medical Managers Workshops. The district will appoint a second DMS to allow better engagement with the 30 non base hospital sites. The geographically distanced streams work together to prioritise projects to assist clinicians i.e. remote access, collaborative online workspaces etc.

Methods to increase engagement:

1. Introduction of social contracts between with VMOs, an agreement at the start of the recruitment process that defines what both parties want in the contract period.
2. Use of RaRMs (Rural and Remote Medical Services) Contracts with innovative contract design, involving quarterly business meeting and incentive bonuses for involvement in quality and safety, improved patient interaction or partaking in innovative models of care etc.
3. GP VMOs are scored against an 11 point performance score to identify areas of improvement and engagement opportunities.

It is important to engagement with expert partners outside of the LHD to achieve the district strategies such as the findings in the AMA / ASMOF Senior hospital doctor engagement survey, working with the Cognitive Institute and the Australian Institute of Health Innovation to ensure we stay aligned with best practice.

**Dr Clayton Spencer,  
Director Medical  
Services, WNSWLHD**



**Dr Tony Sara, President  
ASMOF**



The Garling Report, a joint ASMOF and AMA submission to the Inquiry stated *"During the course of this inquiry, I have identified one impediment to good, safe care which infects the whole public hospital system. I liken it to the Great Schism of 1054. It is the breakdown of good working relations between clinicians and management which is very detrimental to patients"*

There exists robust evidence based regarding how organisational culture, teamwork and strong clinical engagement deliver: better patient experience, stronger financial management and better quality care.

The 'Have your say' survey will be done every 2 years and can be used by LHDs to monitor their clinical engagement and identify areas for improvement.

In NSW there is currently a dangerous situation where managers and senior doctors do not trust each other. This wastes resources and finances. This is a shared problem. There are many doctors whose view is limited to their own department and private practice. We need to change this.

There are a large number of public minded Junior Doctors, we need to improve the culture and include them. We need doctors to be genuinely involved in scarce resource allocation as a whole, instead of just looking at our own departments.

To create genuine engagement clinicians need to have access to meaningful data, be able to influence decision making at the board level, have sufficient support (admin, business managers) and be consulted and listened to.

**Prof Brad Frankum,  
President, AMA NSW**



**Mr Brad Astill, Acting  
Branch and Program  
Director Whole of  
Health Program,  
Ministry of Health**



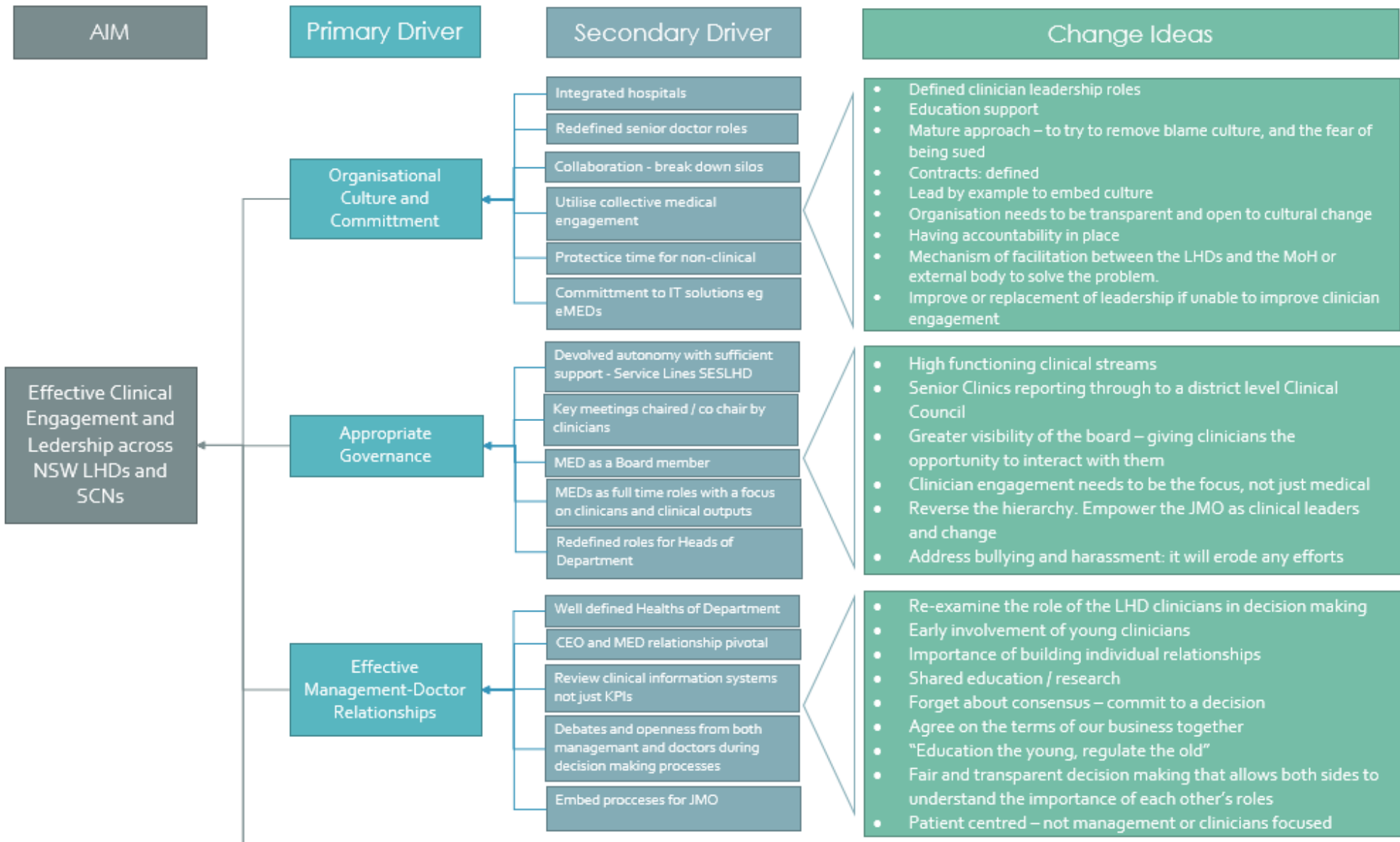
To deliver 21<sup>st</sup> Century Healthcare in NSW requires positive involvement and engagement of doctors. To achieve this we need a culture change in medical and health settings, in the fundamental way stakeholders work together.

The importance of strong clinical governance to improve confidence in the system is also required, with embedded methods for clinical reviews for mortality and morbidity, feedback for JMOs on their performance, reviewing ED patient discharged who return, increasing the confidence in the system for reporting incidents and use of protocols and pathways.

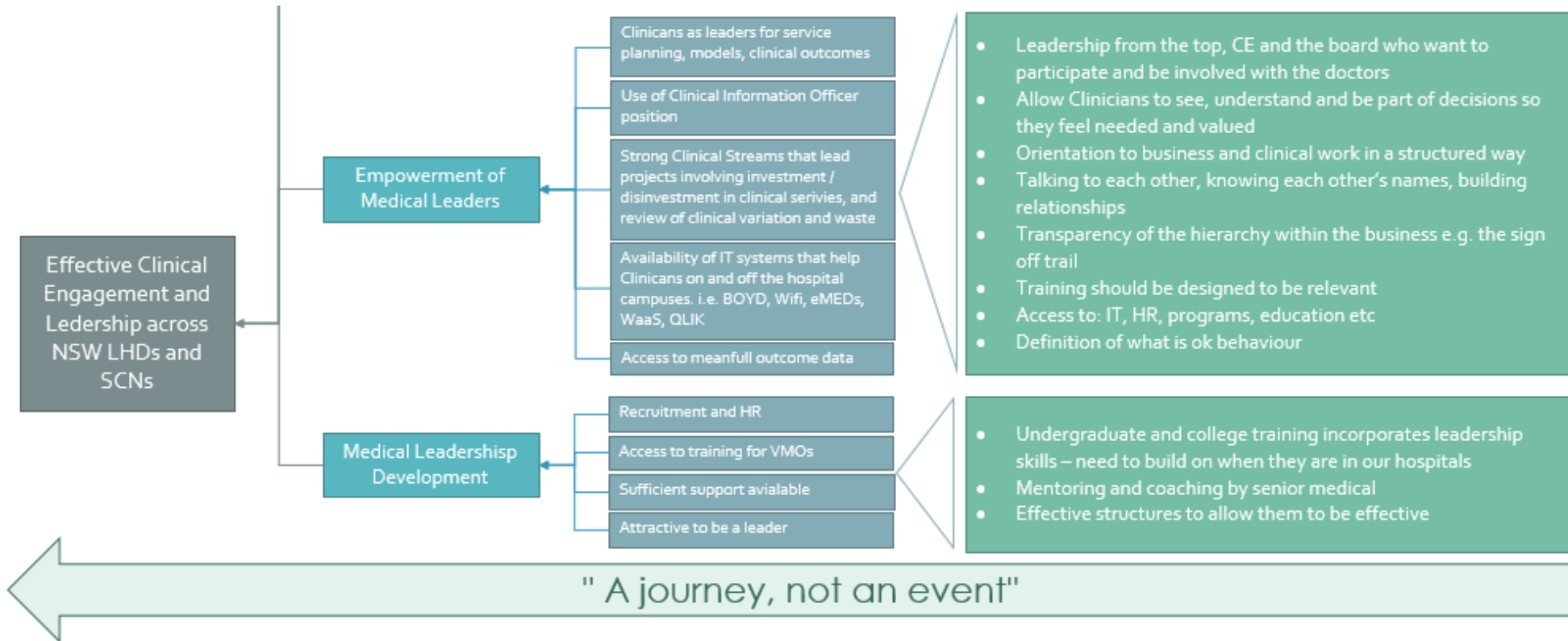
All changes within the system need to be centred on the driver of patient care. The Minsitr can assist by providing performance support functions.



# WORKSHOP: Exploration of options and ideas for how to improve Medical engagement



## Continued...



# Recommendations to achieve change DRAFT

The Medical Engagement Forum Planning group seek support and endorsement of the MOH, CEC and ACI to establish a "NSW Health Medical Engagement Committee". The committee should support the recommendations and agree who will have responsibility to oversight the future direction and ensuring the recommendations are implemented.

The Medical Engagement Forum Planning Group will act as the executive for this group. The Executive will establish formal terms of reference for the Medical Engagement Committee.

The Medical Engagement Committee should focus on the recommendations arising from the August 26<sup>th</sup> Workshop in addition to any other objectives to enhance the involvement medical staff across the state in Health Service leadership covering, patient safety, quality and health service improvement.

Recommendations from the State-wide Forum 2016:

Provide advice and support to Medical Quality and Safety activities in NSW, including:

- Advice to ACI and CEC during program development and when requested
- State-wide Quality and Safety events/forums
- Expert advice when required or requested by external groups

Investigate the use of Social Contracts with VMOs to define expectations during the contract period.

- Evaluate the impact of social contracts in WNSWLHD or any other LHD trial and review international literature on their use
- If appropriate, advocate and/or support the spread of social contracts throughout the other LHDs

Enhance links with professional colleges and societies to lead and support best practice medical leadership nationally

Support the proposal to modify SLA's for LHD & Specialty Networks to include Clinical Engagement KPI/s, including:

- Identified measures for clinical engagement and leadership

Lead and support the development of mechanisms to improve hospital culture, including:

- Advise, support and monitor and/or lead a culture survey
- Defined appropriate professional behaviours
- Support for clinician involvement in hospital leadership

Develop guidelines and lead the support to LHDs aimed at increasing medical engagement and leadership, including:

- Involvement at Senior Executive Committees
- Partners in decision making at local hospital level
- Transparency of budget and service planning activities
- Support protected time to be involved
- Methods to foster continual clinical engagement at all stages of medical career

Act as a network for MEDs in NSW by:

- Utilising subgroups involving NSW MEDs for each piece of work recommended by the committee
- Providing minutes and agendas to all MEDs with an offer to feedback or suggest improvements
- Allow a method for ideas and concerns to be raised to this committee by all MEDs
- Organise regular NSW Medical Engagement Forums