INNOVATIVE DISRUPTION
Changes that will make a difference

HMi
Health Management Institute of Ireland
www.hmi.ie/conference/

The Emerging Contribution of Clinical Leaders

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National Clinical Lead CD Programme

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emerge

[ih-**murj**]

Spell Syllables

verb (used without object), **emerged, emerging.**

1. to come forth into view or notice, as from concealment or obscurity: *a ghost emerging from the grave; a ship emerging from the fog.*

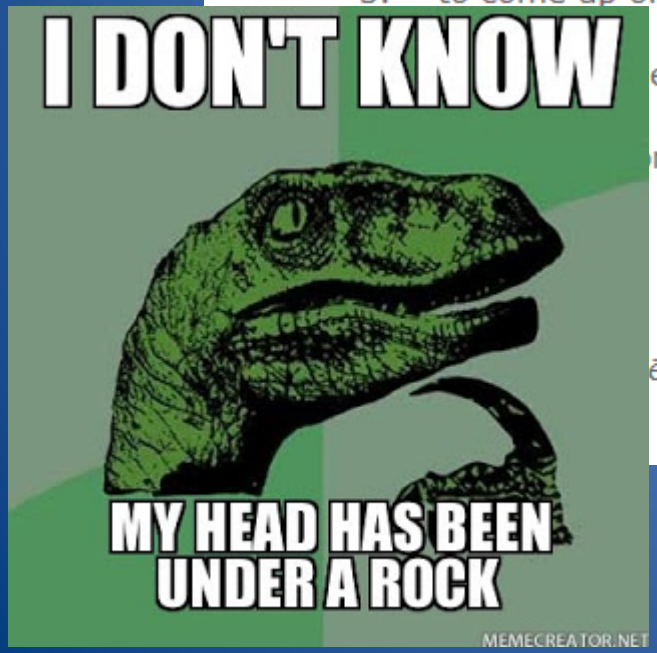
2. to rise or come forth from or as if from water or other liquid.

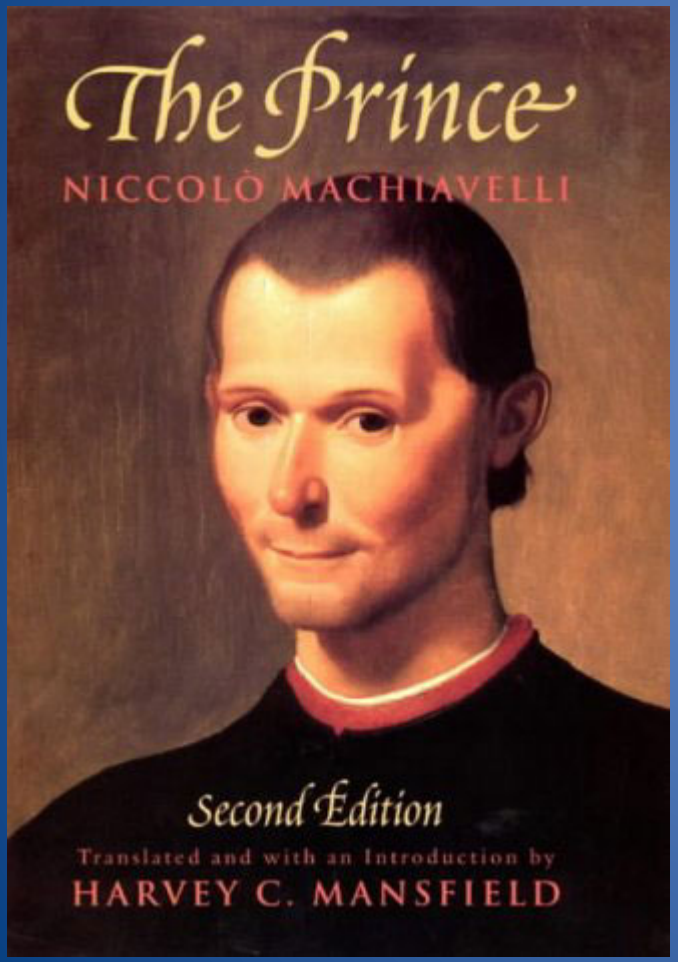
3. to come up or arise, as a question or difficulty.

existence; develop.

m an inferior or unfortunate state or condition.

ēmergere to arise out of, equivalent to ē- e-[1]+ *mergere*





"There is nothing more difficult to take in hand,

more perilous to conduct,

or more uncertain of success,

than to lead in the introduction

of a new order of things"

Niccolo Machiavelli: The Prince, 1572

clinical leadership

"Let whoever is in charge keep this simple question in her head … how can I provide for the right thing to be always done?"

Florence Nightingale

1820-1910

	ROLE		SKILLS
Institutional Leader	Clinician executive acting as steward of whole organisation	Highly credible to colleagues as a clinician and leader; able to communicate vision	Corporate level strategic thinking, political savvy, strong skills in negotiation and influence
Service Leader	Passionate advocate for own service- responsible for clinical and financial performance	Highly credible to colleagues, innovative, willing to take risks	Fluent service management skills- strategy and people development and budgeting
Frontline Leader	Great frontline clinician who focusses on delivering and improving excellent patient care	Passionate about clinical work, can see opportunities for improvement	Understanding of systems and QI techniques

Clinical Director- job description

- From the outset, in some hospitals [1], other non medical staff [2] may also report to the Clinical Director. Over time, it is expected that each member of staff in the directorate will have a reporting relationship, through their line manager, to the Clinical Director [3].

- Executive power, authority and accountability for planning and developing services for and managing available resources (direct or indirect) by the Clinical Directorate are delegated from the Employer.

- The Clinical Director will be responsible for, and will have authority over, all medical[6] services including resources for same (budget, staffing etc.).

Role of the Clinical Leader/Clinical Director

"To achieve the best clinical outcomes and experience for patients within the available resources for the hospital or hospital group"

(clinical director job description HSE 2012)

- **Deliver results**
- **Plan Strategy**
- **Advocate for patients**
- **Empower colleagues and create new leaders**
- **Empower patients**
- **Be innovative**

Hybrid of managerial and leadership roles whilst maintaining their own clinical practice

How hard can it be?

It depends on who you ask- “It’s not rocket science”

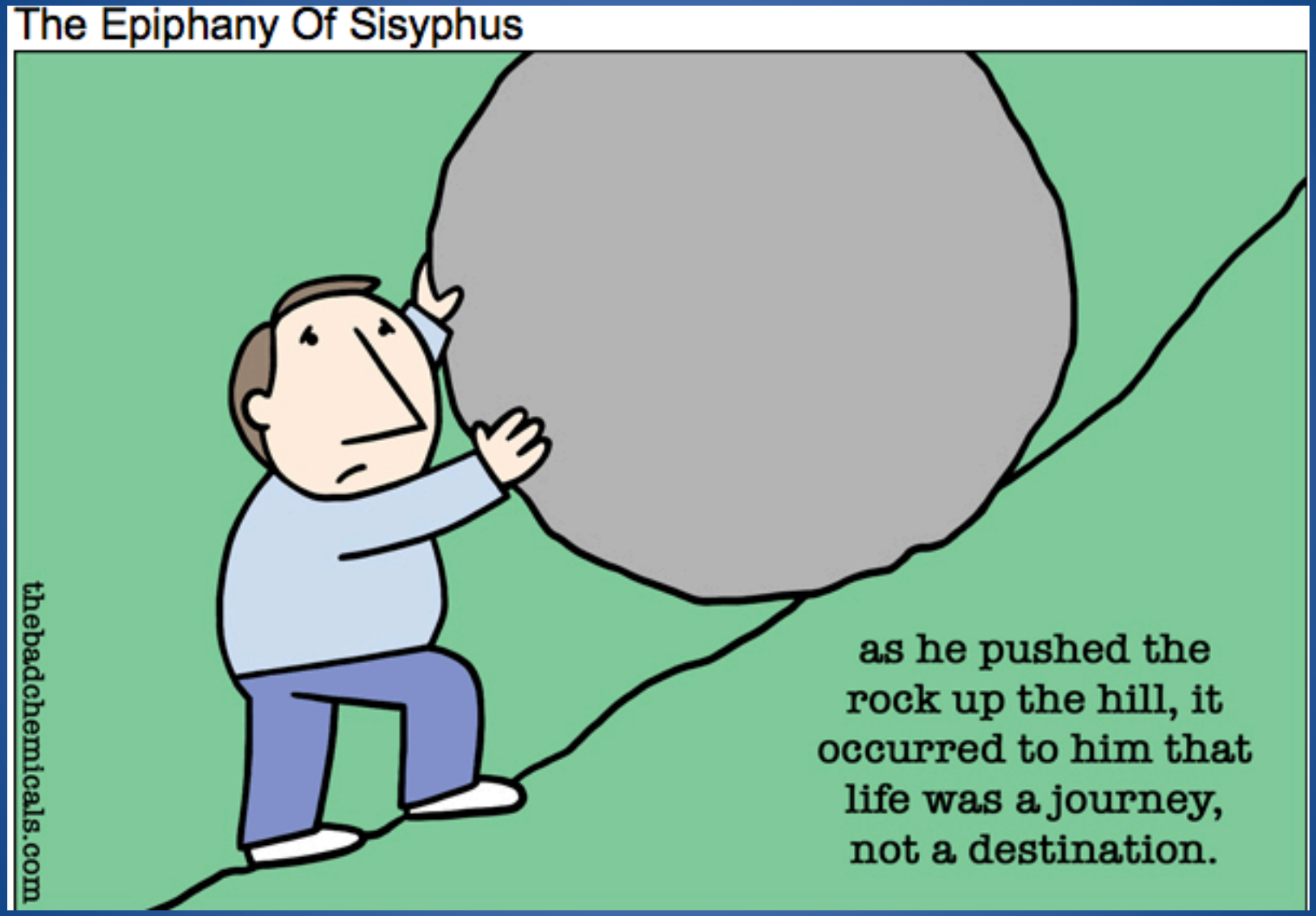
Chris Ham, CEO the King’s Fund

“Harder than rocket science”

Why is it so hard?

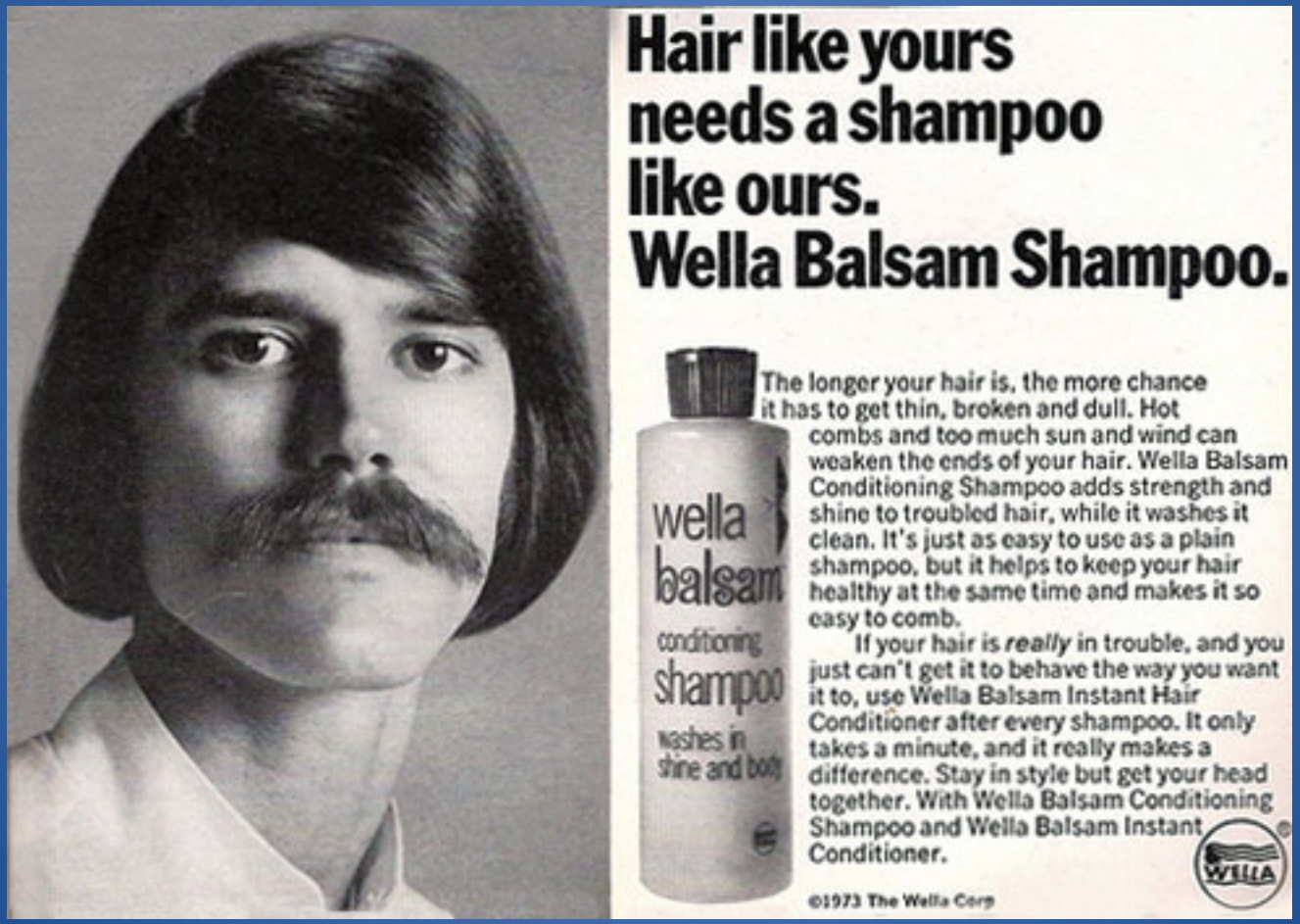
Clinical leadership/directorship Ireland

- Job description thought to be a “work of fiction” and “overly ambitious”
- Introduced in order to curtail consultant private practice and with the negative connotations of arising from IR talks
- Introduced in isolation, without any wider reform of system to accommodate effective integration or change to current practice


The Epiphany Of Sisyphus
as he pushed the rock up the hill, it occurred to him that life was a journey, not a destination.
thebadchemicals.com

Clinical director model, modern history

1973


Hair like yours needs a shampoo like ours. Wella Balsam Shampoo.
wella balsam
conditioning shampoo
washes in shine and body
The longer your hair is, the more chance it has to get thin, broken and dull. Hot combs and too much sun and wind can weaken the ends of your hair. Wella Balsam Conditioning Shampoo adds strength and shine to troubled hair, while it washes it clean. It's just as easy to use as a plain shampoo, but it helps to keep your hair healthy at the same time and makes it so easy to comb.
If your hair is *really* in trouble, and you just can't get it to behave the way you want it to, use Wella Balsam Instant Hair Conditioner after every shampoo. It only takes a minute, and it really makes a difference. Stay in style but get your head together. With Wella Balsam Conditioning Shampoo and Wella Balsam Instant Conditioner.
WELLA
©1973 The Wella Corp

The evidence from the literature going as far back as John Hopkins in 1973 recommends that in order for CD role to succeed the following factors need to be in place:

1. Executive managers willing to delegate authority for decision making,
2. Clinicians willing to assume responsibility for managing a business
3. Nursing willing to support the change and
4. New management and financial systems in place.

Ireland 2015…
(6 years post introduction of CD model)

Survey including the views of CDs, Nurses, BMs and GMs-

Evidence is that clinical directors want –

- More time
- More training
- More support

- 88% are not budget holders
- Many are unclear about reporting relationships
- There is still a significant gap between authority and accountability

Great Expectations

- Frustration among CDs and Managers around what is expected and what is possible

- Frustration among “followers” that no great leadership is visible on the ground

Great Expectations

- Romantic notion of great leadership is not only misconceived but positively counter-productive because it sets up a model of leadership that few, if any of us, can ever match and thus it inhibits the development of leadership, warts and all
  - Grint and Cole, King's Fund 2011
- Unrealistic expectation that leaders will solve all our problems, the leaders role is then to "disappoint people at a rate they can manage"
  - Ronald Heifetz

THE FUTURE OF LEADERSHIP AND MANAGEMENT IN THE NHS

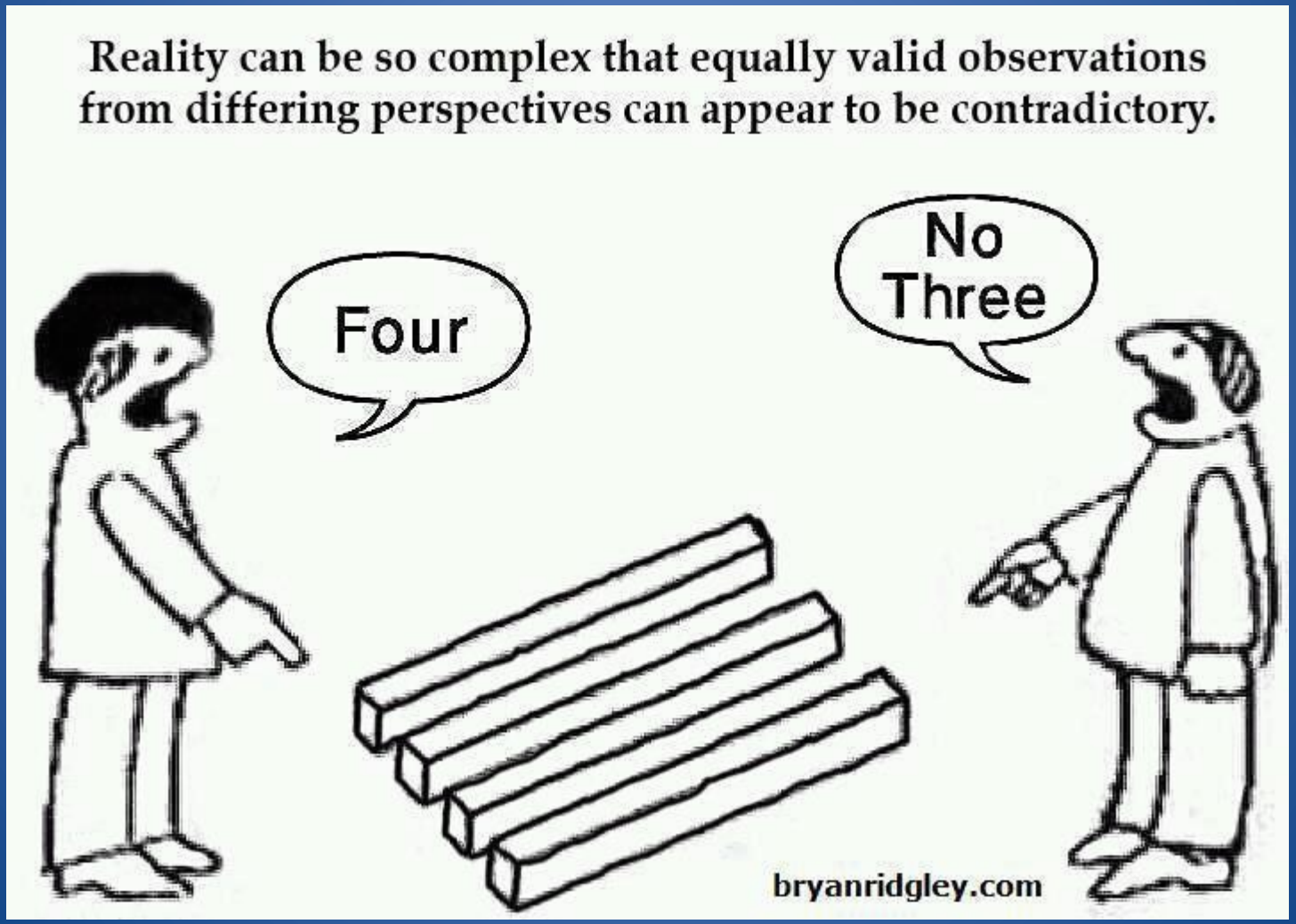
No more heroes

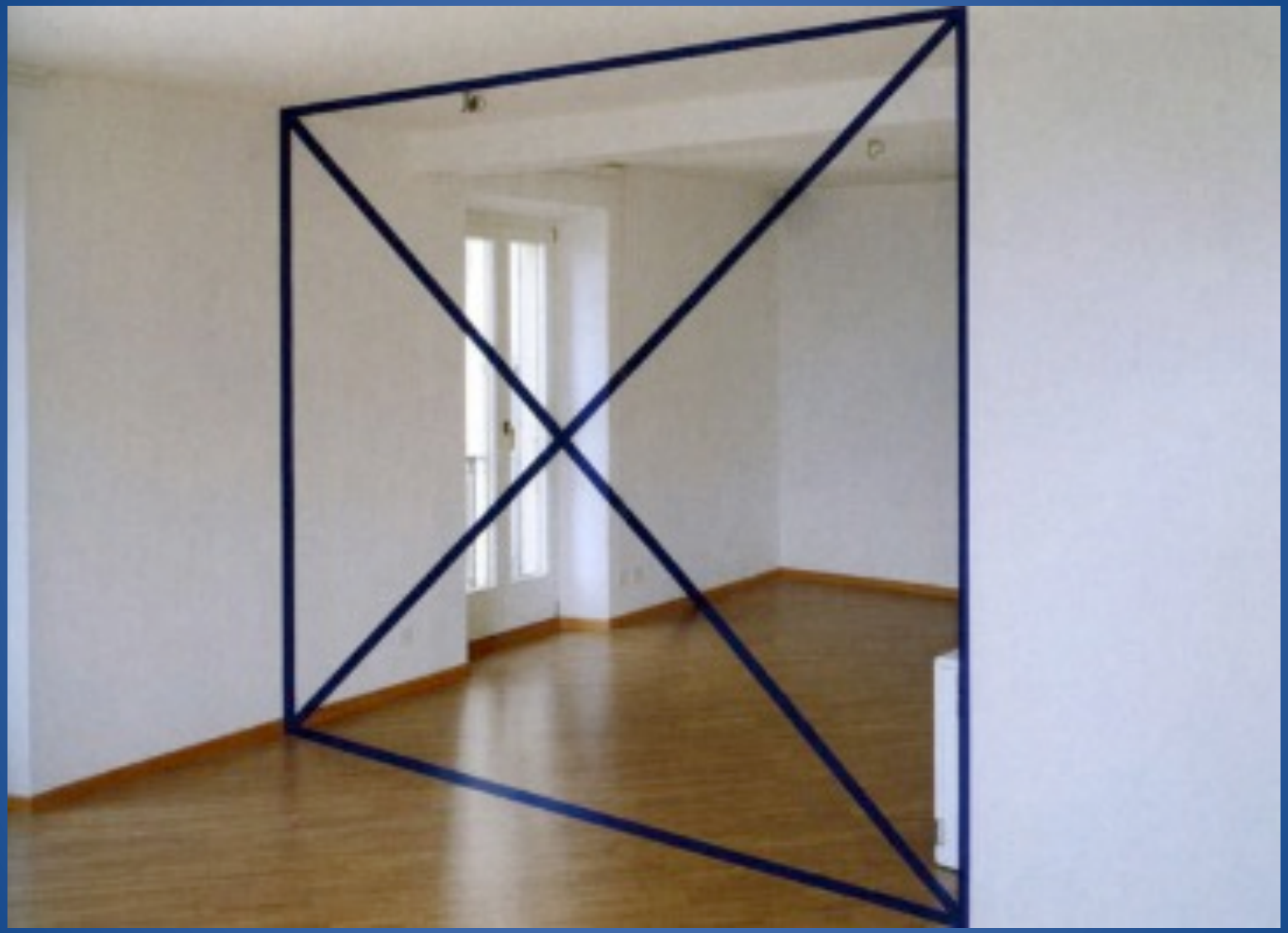
Report from The King's Fund Commission on Leadership and Management in the NHS

Collaborate to achieve success

- Success is possible if the clinical leaders are supported by the organisation and by the non-clinical managers in the organisation?

Managers and Clinicians see things differently





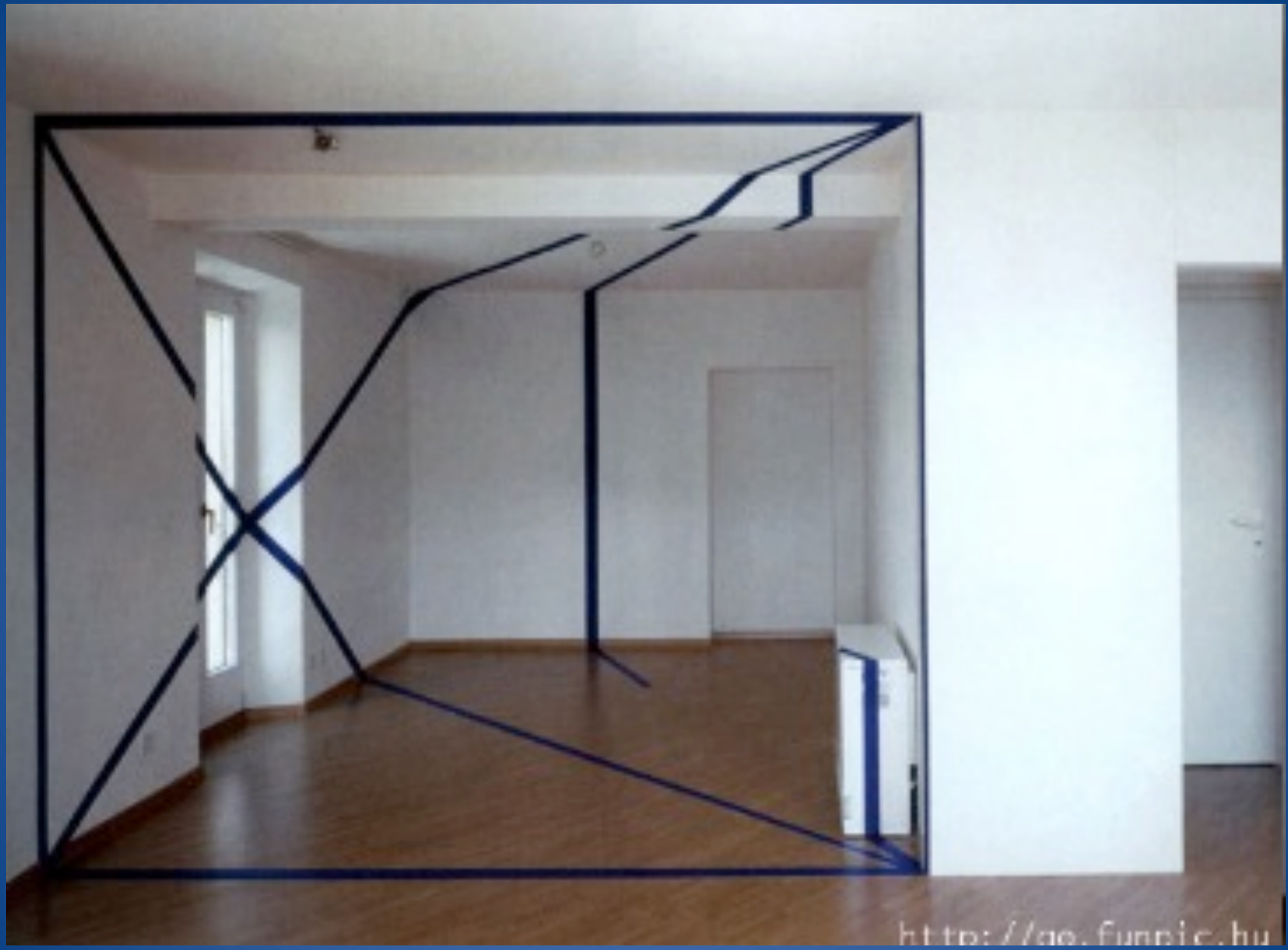

http://qq.funpic.hu

Figure 1 Do you think enough priority is given to the quality of care in the NHS? Yes

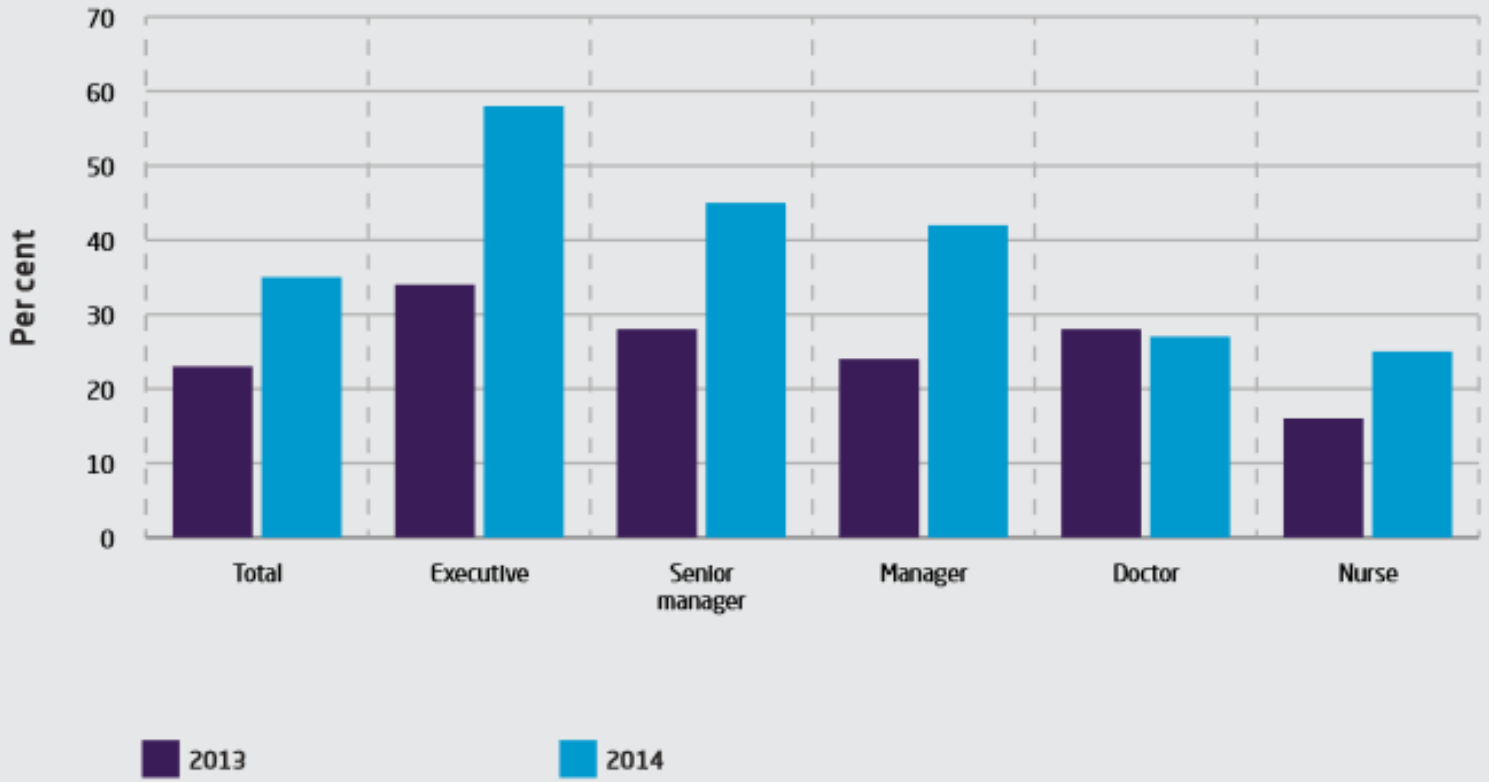
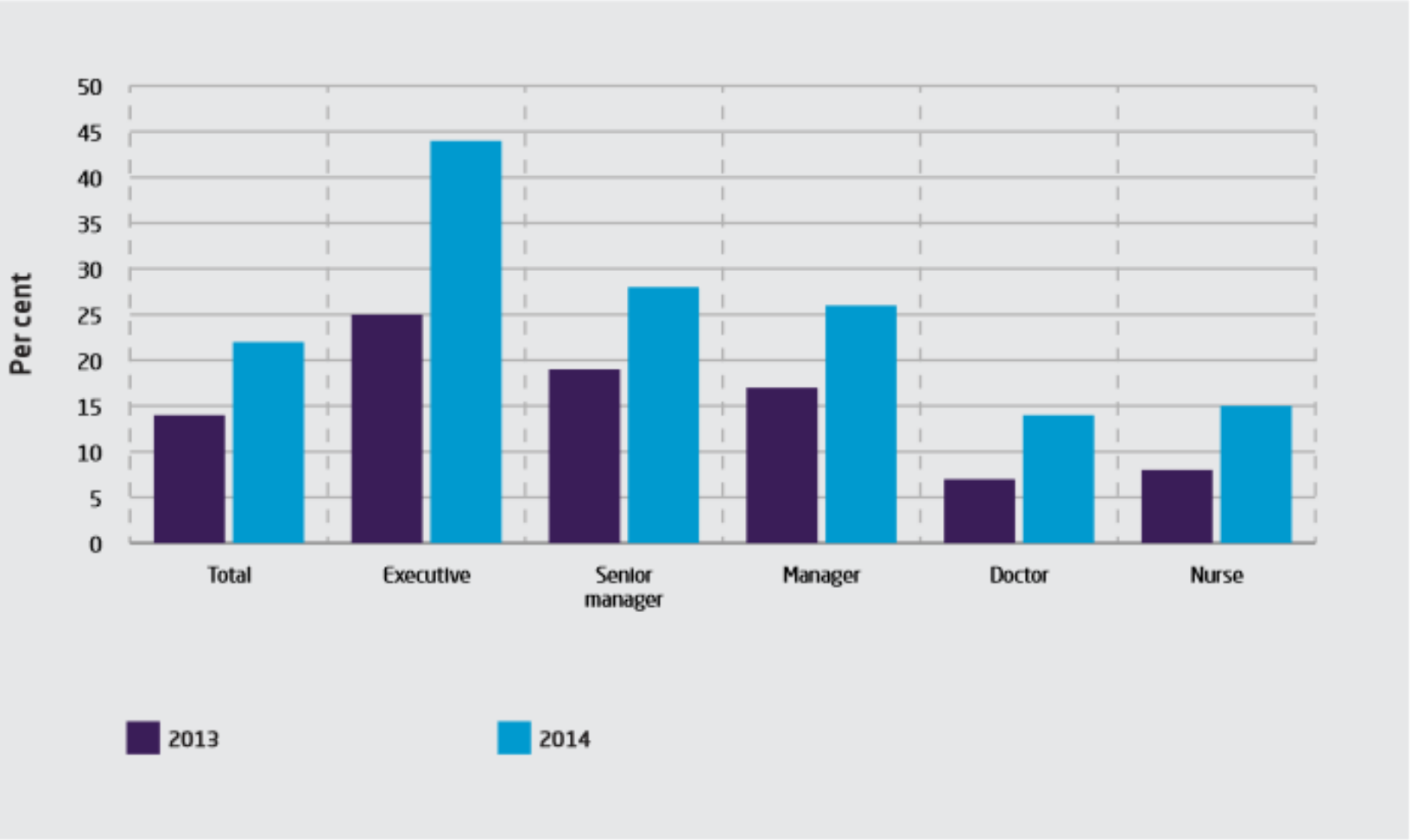


Figure 2 What do you think of the quality of leadership in the NHS? Very good/good



Managers and Executives are accountable for finances and KPIs- to central HSE and Dept of Health- and for delivering on "initiatives"

Clinicians are accountable to their patients for giving them good quality, safe and timely care (also to IMC!)

Who wins?

If our priorities were aligned; what could be achieved?

Discussion Paper

A CEO Checklist for High-Value Health Care

Delos Cosgrove, Michael Fisher, Patricia Gabow, Gary Gottlieb, George Halvorson, Brent James, Gary Kaplan, Jonathan Perlin, Robert Petzel, Glenn Steele, and John Toussaint*

June 2012

*Participants in the IOM Roundtable on Value & Science-Driven Health Care

INSTITUTE OF MEDICINE
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Advising the nation • Improving health

BETTER CARE			
LIVES SAVED	67% decrease in elective CABG mortality at Geisinger	HIV mortality rate half the national average at Kaiser Permanente	Up to 200 lives saved at HCA from reduced CLABSIs
HEALTH GAINED	50% reduction in heart failure readmissions at Partners	~60% reduction in ICU MRSA rates at VHA	~20% reduction in admissions and readmissions for medical-home patients at Geisinger
PEOPLE SATISFIED	95% percent of patients at ThedaCare's Collaborative Care Unit rate it 5 out of 5	More than 90% satisfaction with Geisinger's medical home	~18% improvement in timeliness of care at the Virginia Mason IOCP program

LOWER COSTS			
THE RIGHT CARE	$10 million saved ($8,000 per patient) with Partners heart failure home monitoring	$17.5 million saved system-wide at HCA from decreased CLABSIs	$6.3 million saved from reduced surgical site infections at Cincinnati Children's
AT REDUCED COST	7.1% reduction in total cost of care for medical-home patients at Geisinger	25% reduction in direct and indirect costs of patient care in ThedaCare Collaborative Care Unit	35% reduction in indirect cost of inpatient care for high-cost Medicare beneficiaries at Partners
EFFICIENTLY DELIVERED	$100 million in capital costs avoided at Cincinnati Children's	$158 million in financial benefit at Denver Health since 2006	$200 million saved in 5 years through supply chain improvement at Intermountain

Delos Cosgrove, MD
President and CEO
Cleveland Clinic

Michael Fisher
President and CEO
Cincinnati Children's Hospital Medical Center

Patricia Gabow, MD
Chief Executive Officer
Denver Health and Hospital Authority

Gary Gottlieb, MD, MBA
President and CEO
Partners HealthCare System, Inc.

George Halvorson
Chairman and CEO
Kaiser Permanente

Brent James, MD, MStat
Executive Director
Intermountain Institute for Care Delivery Research

Gary Kaplan, MD
Chairman and CEO
Virginia Mason Health System

Jonathan Perlin, MD, PhD
President, Clinical and Physician Services
HCA, Inc.

Robert Petzel, MD
Undersecretary for Health
Department of Veterans Affairs

Glenn Steele, MD, PhD
President and CEO
Geisinger Health System

John Toussaint, MD
Chief Executive Officer
ThedaCare Center for Healthcare Value

9/11 medical

High performing organisations in other countries

- Kaiser Permanente, Mayo Clinic, Intermountain Healthcare, Virginia Mason
- Long term investment in medical leadership
- Medical leaders from the top to the bottom
- Followership is also a critical ingredient
- Medical leaders are bilingual (managerially trained)

Virginia Mason

- Not for profit private Healthcare organisation integrating acute medical beds, primary care and specialist clinical facilities and a network of regional clinics throughout western Washington
- Established in 1920 now employing 6,000 staff
- Implemented a new management system following visit to Japan Toyota production "the VMPS using principles of Lean"
- Contracted by NHS in 2015 to improve patient safety and control healthcare costs (5 year $13 million) through

- An effective management approach to include
  - customer first
  - highest quality
  - obsession with safety
  - highest staff satisfaction
  - a successful economic enterprise

The Mayo Clinic

Not for profit organisation established 1889

Physician led, 4,100 physicians, 61,000 staff, multiple sites

$10 billion organisation, led by doctors with no MBA

Work in partnership with administrators & nurses

Supported by 300+ industrial engineers

“social capital” valued

Patient first ethos

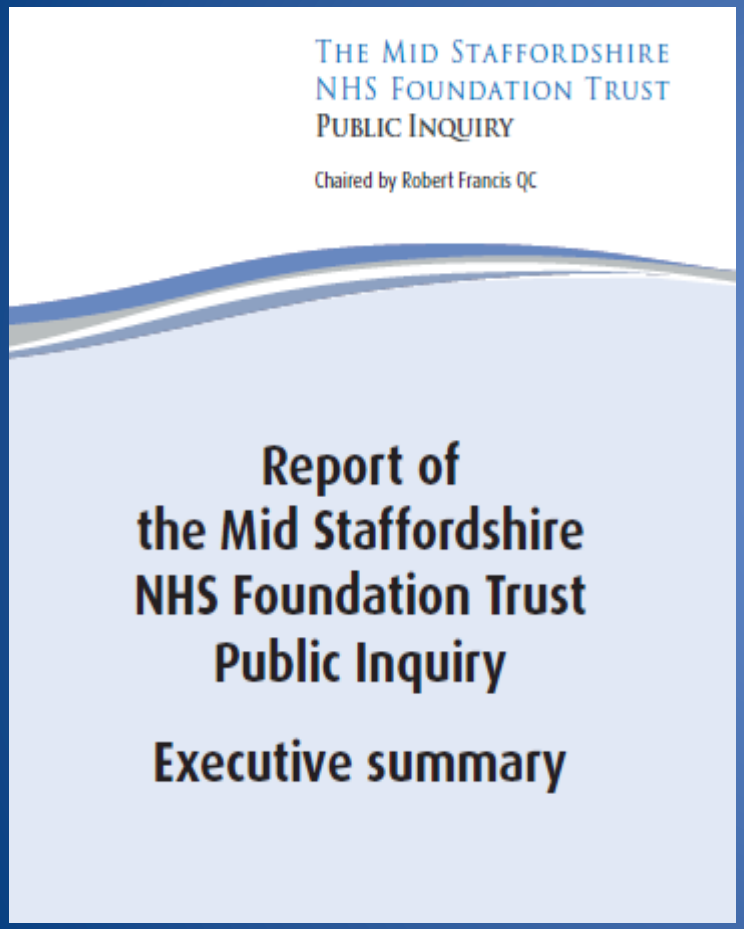
“if you walk past a gum wrapper on the floor, that is the standard you accept”

What happens when clinical leadership is poorly developed in an organisation?

Patients in Mid Staffordshire

current and historic evidence of bad outcomes for patients in institutions with poorly developed clinical leadership

Primum non nocere *first do no harm*



'The recognition that healthcare management and leadership is, or should be treated as a profession'

***

'Leadership must be visible, receptive, insightful and outward looking at all levels in an organisation, from board to ward'

***

'Clinicians must be engaged to a far greater extent in leadership and management roles and choices. In particular, the gulf between clinicians and management needs to be closed'

Time for change

-in the model of healthcare delivery

-in the role of clinical leaders within the organisation

"If we want things to stay as they are, things will have to change."

– Giuseppe Tomasi di Lampedusa, The Leopard

Health care systems worldwide face growing financial and performance challenges

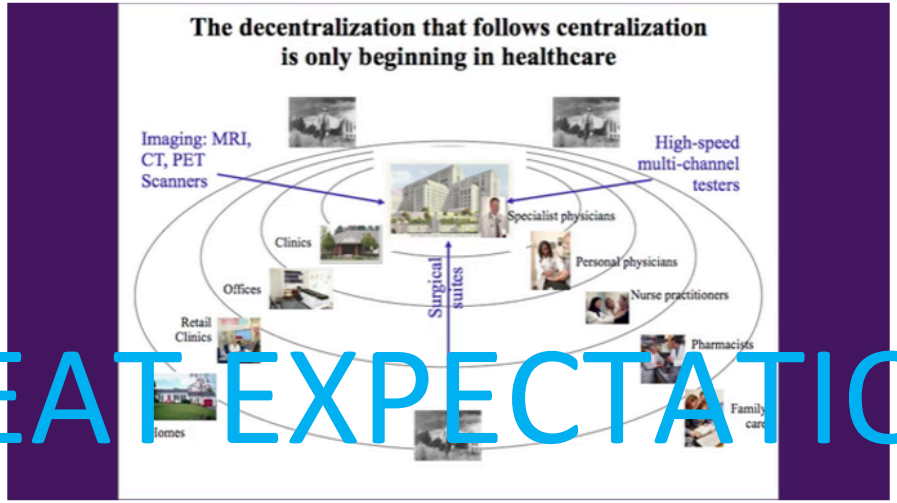
the majority of the budget (80%) is spent by clinical staff providing clinical care

Change is not implemented if it is mandated by politicians and managers

change imposed on clinicians is unlikely to be as successful as change that they see will improve their own practice or their patient care

innovation

Technology and data Local service design



GREAT EXPECTATIONS!

Clayton Christensen, Kim B. Clark Professor of Business Administration at Harvard Business School, explains how we can use disruptive innovation to make health care more affordable and accessible. Key to this is bringing technology to clinics, doctor's offices and patient's homes, then driving the technology to become

Disruptive innovation-
a model of healthcare based on decentralisation and supported by technology

-Acute hospital CD Sept 2017

“We had great expectations. But we had our wings clipped- by the system. Now we have to work out what is possible and aim for that”

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The Emerging Contribution of Clinical Leaders

Dr Julie McCarthy

National Clinical Lead CD Programme

Consultant Pathologist CUH