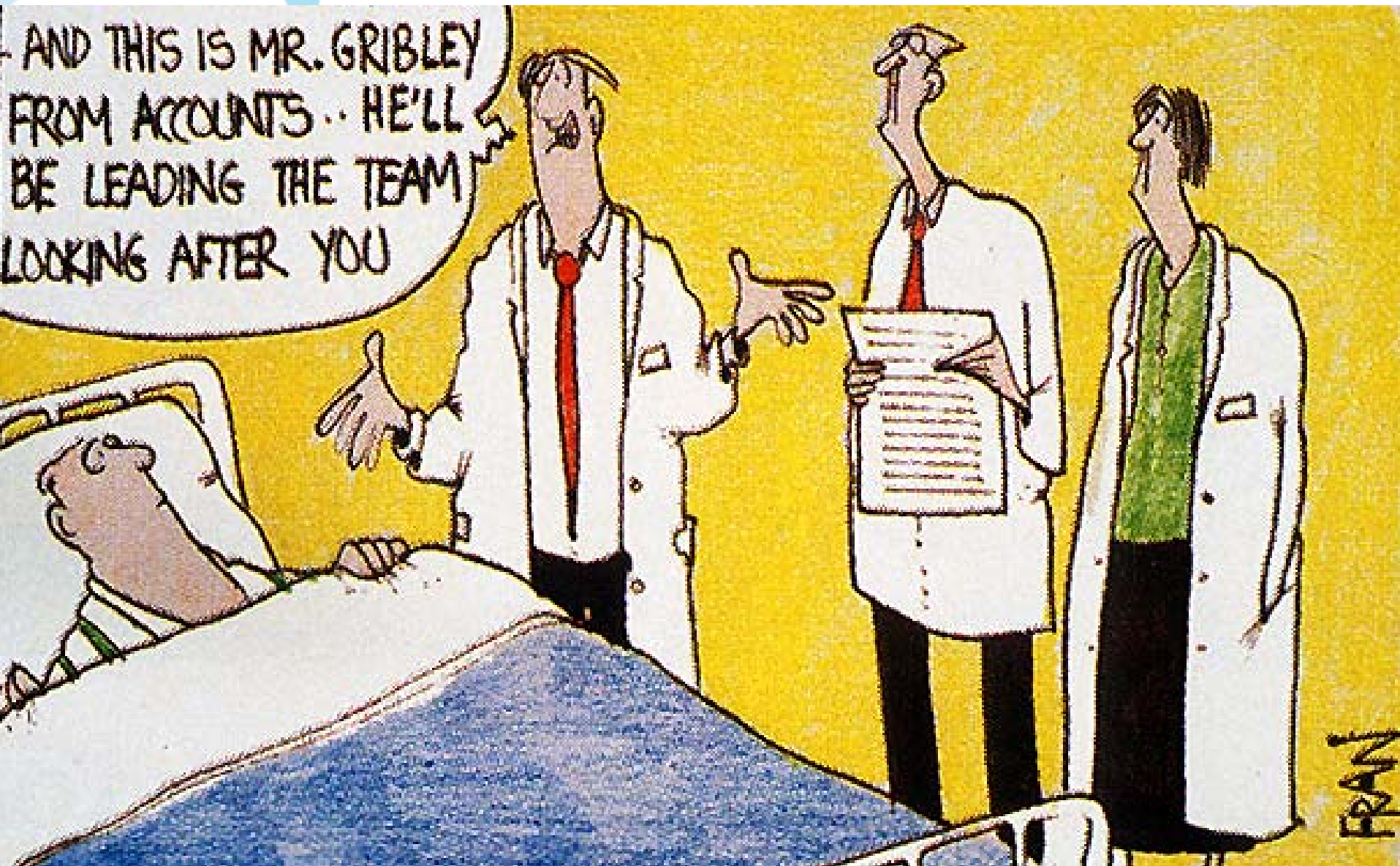


Administrator perspective:
addressing resource and cost
benefit issues

What do administrators
want?

Paddy Phillips
Chief Medical Officer
SA Health

AND THIS IS MR. GRIBBLEY FROM ACCOUNTS.. HE'LL BE LEADING THE TEAM LOOKING AFTER YOU



The old ways...

19th century poor house hospital:

- Consultants predominantly in outside private practice
- Donate time *pro bono* to public hospital
- “Residents” manage patients 24/7 – in return learn from consultants + get room and board
- “Honorary” does ward round once or twice a week at his convenience
- Eminence based medicine
- Apprenticeship learning model
 - *See one, do one, teach one*
 - *Time based*
 - *“Old boy” network*





The new ways...

21st century hospital:

- Consultants in public hospitals increasingly fulltime (or close to it)
- Paid well
- Doctors in training work in shifts
- Consultants actively involved in care
- Clearly defined roles and responsibilities which match competence
- Team based
- Competency based learning
 - *Simulated learning environments*
 - *Rigorous supervision*
 - *Life long learning and professional development*





So what do “administrators’ want?

- Clarity
- Reliability
- Accountability
- Working together

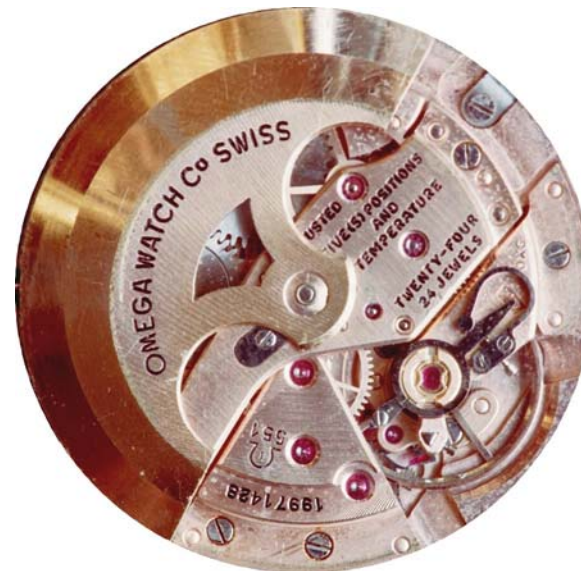


Clarity

- Role
 - what does it do?
 - how many does it do?
- Nomenclature
- Infrastructure
 - space?
 - equipment?
- Staffing
 - what professions?
 - what levels?
 - how many?
 - how often?
- Expectations
 - workloads/targets
 - standards
 - benefits vs old ways

Reliability

- Staffing
- Meet expectations
- Be part of a high quality system





Accountability

- Leadership
 - setting direction
 - taking others with you
 - being a role model
- Care
 - safe
 - effective
 - efficient
 - timely
 - patient centred
 - evidence based
- Management...



Accountability cont'd

- Management
 - processes
 - volumes
 - standards
 - budgets
 - staffing
 - quality improvement
 - planning
 - innovation
 - change

*By people who know what they are doing
i.e. credentialled - just like in clinical care.*



Working together

- Shared goals
- Mutual respect
- Competence
- Professionalism



So how do Acute Medical
Assessment Units do?



Clarity

- Role
 - what does it do? NO
 - how many does it do? NO
- Nomenclature NO
- Infrastructure
 - space? NO
 - equipment? NO
- Staffing
 - what professions? NO
 - what levels? NO
 - how many? NO
 - how often? NO
- Expectations
 - workloads/targets NO
 - standards NO
 - benefits vs old ways YES



Reliability

- Staffing NO
- Meet expectations NO
- Be part of the system NO





Accountability

- Leadership

Beginning

- Care

- safe ?
- effective ?
- efficient ?
- timely ?
- patient centred ?
- evidence based ?

Accountability cont'd

- Management
 - processes ?
 - volumes ?
 - standards ?
 - budgets ?
 - staffing ?
 - quality improvement ?
 - planning ?
 - innovation ?
 - change ?

*By people who know what they are doing
i.e. credentialled - just like in clinical care. NO*



Working together

- Shared goals NO
- Mutual respect Variable
- Competence Clinical – YES
Managerial - ?
- Professionalism Variable



“You want proof? I’ll give you proof!”



How to move forward?

- Engage your colleagues and those with influence
- Define and standardise
 - role
 - names
 - standards
- Develop accepted/standardised measures and use them to inform change and learn from each other
- Define scope of practice and credentials for staff
- Develop curricula to train for the future



But the most important thing you
can do is



Learn change implementation and management

- Set direction
- Build the foundation
- Build will
- Centre on the patient
- Work as a system
- Innovate
- Execute change

Based on James Reinertsen's "Summary of theory of transformation" (2004)



Disclaimer...

Paddy Phillips has received payment for consultancies, advice, or talks from any number of pharmaceutical companies in the distant past but none in the last 2 years.

He has also been commissioned for work by the Commonwealth of Australia, KPMG, the Singapore Government, the state government of South Australia and by various universities and hospitals.



Government of South Australia

SA Health



Change implementation and management

Set direction:

- Define the problem - for problem solving there has to be a problem that is acknowledged as a problem
- People won't fix something they think is not broken
- State the aim



Change implementation and management

Build the foundation:

- Transform yourself
- Transform your team
- Build capability



Change implementation and management

Build will

- Develop meaningful aims that resonate
- Publicly declare these
- Make these advantageous – philosophically, morally, financially



Change implementation and management

Centre on the patient

- Map the patient's journey – only they see it all
- Involve patients in the planning



Change implementation and management

Work as a system

- Promote teamwork as the only way to do things
- Break down silos/tribes



Change implementation and management

Innovate

- Know the best there is
- Seek and consider new ideas
- Develop willingness and ability to try new things
- Ask the people who do the work



Change implementation and management

Execute change

- Use a well founded method – CPI, Lean thinking or something else – and stick to it
- Focus on data and results
- Commit to maintain the successes and scrap the failures
- Make improvements the responsibility of those who do the work
- Ensure everyone is involved and understands their role
- Celebrate success



Change implementation and management

Principles:

- Set direction
- Build the foundation
- Build will
- Centre on the patient
- Work as a system
- Innovate
- Execute change

Based on James Reinertsen's "Summary of theory of transformation" (2004)