

Supporting a Clinical Head

You are a DMS of an outer metropolitan public hospital with 300 beds and a busy emergency department.

The latest Department report indicates that your Hospital Acquired Complication (HAC)/Quality Safety Markers (NZ) rate, average length of stay and readmission rates are all above peer group limits.

One of the main causes of the variance appears to be the Orthopaedic Surgery Department which is mainly staffed by fulltime staff specialists. Consultants are supported by a mix of JRMO's and registrars. The registrars carry the burden of the on-call roster.

The HAC data seems to show that there is a particular problem with urinary tract infections and delirium in the elderly, as well as a high readmission rate for wound breakdown and peri-prosthetic infections.

Turn-out to Orthopaedic M&M meetings is very patchy and there is little interest in peer review or benchmarking. The specialists claim their hospital is unique and so cannot be reasonably compared with other services.

The newly appointed head of the Orthopaedic Surgery Department has minimal management experience. She is keen to lead and manage the department and, most importantly, improve its ability to meet clinical goals. She books a one-hour appointment with you to discuss clinical performance and her role as department leader.

Questions

- 1. What are the issues raised by this scenario?**
- 2. What further reports and benchmarks would you advise the Head of the Department to seek to explore the issues?**
- 3. What are your expectations for the meeting with the Head of the Orthopaedic Department?**

Censor notes for: Supporting a Clinical Head

Summary of the scenario

This scenario concerns Clinical Governance leadership -specifically it explores assisting a recently appointed departmental head with understanding clinical governance and performance metrics to inform the engagement of clinical staff in a journey of culture change.

Critical issues will be

- data analysis and benchmarking generally, and
- creation of an action plan to address specific issues of higher complication rates in an orthopaedic service.

Outline of topics/tasks which could be considered in presentation and discussion

Leadership of senior medical staff

- Leadership - role of the department head in providing leadership and encouragement for change
- Encouraging clinician engagement in performance review
- Avoiding a name blame and shame mentality in engaging medical staff
- Resistance to changing long standing practices
- Challenges of peer review, anonymity and accountability

Clinical governance across a hospital, and specifically within a Surgical Department

- Creating an awareness of harm and need for changes in clinical practice
- Timely and appropriate admission and discharge planning
- Range and validity of Hospital Acquired Complications (HACs/Quality Safety Markers) in identifying clinical risk
- Distinction between urgent and elective case mix

Improving clinical performance

- Takes a holistic approach to process change – cross departmental collaboration and cross disciplinary (medical, nursing, Allied Health) contributions
- Common sources of clinical performance reports and benchmarking
- Ensuring reports are intuitive and relevant to medical staff
- Limit of a Clinical Head of Department's capacity to lead or manage whole of hospital improvement process to reduce HACs/Quality Safety Markers, particularly infections, delirium and readmissions

THE CUSTOMISED RUBRIC for: Supporting a Clinical Head

Met the standard (i.e., score = 3)

Answered the question specified in the scenario. With or without prompting covered the following points:

Knowledge

- Sources of clinical outcome data within a hospital data set
- Sources of comparative performance data
- Classification of hospital-based complications (either HACs - Australia or Quality Safety Markers - New Zealand)
- Sources of guidelines to minimise complications
- Options for presenting performance reports while retaining clinician confidentiality

Skills

- Positive engagement with the head of the department
- Identifying change processes, realistic timeframes and deliverables with the Director
- Mentoring and encouraging the head of the department
- Ability to consider and interpret variance
- Ability to facilitate cross departmental and inter-disciplinary working groups

Professional Approach

- Importance of appointment and professional development of Department Heads, in leadership and management
- Identifies there are hospital wide issue beyond the Orthopaedic Surgery Department
- Appropriate reporting occurs
- Mentoring and empowering the head of the department while ensuring organisational priorities are achieved
- Raises the need for cultural change to achieve objectives

Better than Pass (i.e., score = 4 or 5)

- Raises strategies for engaging clinicians in behaviour change
- Identifying and leveraging clinical champions
- Engaging exemplar organisations and learning from others.
- Appreciating the incentives and drivers for dysfunctional behaviour
- Recognising the challenges of being a head of a department – clinical load, collegial relationships, accountability, reporting etc

Key points which would indicate an overall clear fail (i.e., overall score less than 7.5)

- Assumes immediate control of the Orthopaedic Department performance rather than supporting/advising Head of Orthopaedics
- Fails to identify the additional data and reports required
- Fails to appreciate the cultural issues in the Orthopaedic Department

2022 COLLEGE TRIAL EXAMINATION
DAY 2: QUESTION 1

Generic rubric

	1 Poor Articulated capacity well below expected.	2 Limited Lacked elements important for specialist level functioning.	2.5 Marginal Insufficient to demonstrate independent specialist capacity.	3 Met standard Response sufficient for demonstrating independent specialist capability.	4 Good More than sufficient for demonstrating independent specialist functioning.	5 Outstanding Approaching, or at, level of experienced specialist.
Dimensions						
Knowledge (K) Identified and explained significance of issues in scenario with reference to laws, policies, standards or practices.	Identified wrong or irrelevant issues, laws, standards, policies or practices.	Little/ no identification of important issues, laws, standards, policies or practices.	Identified some relevant issues, laws, policies, standards or practices, little explanation of significance.	With/without prompting appropriately identified the key/critical issues in the scenario and outlined significance with reference to relevant laws, policies, standards or practices.	Identified and expanded on significance of key/critical issues with detailed description of relevant laws, policies, standards or practices.	Demonstrated authoritative knowledge, possibly citing and explaining current literature.
Skills (S) Described appropriate priority setting and sequencing of practical actions in managing the issues in the scenario.	Did not suggest relevant effective interventions.	Identified very few important interventions and/or explanation of methodology inadequate.	With/without prompting, identified some key interventions but did not sufficiently explain stages or processes involved in managing the actions.	Answered the questions by outlining and explaining sufficient actions for scenario role, based on relevant methodologies for acquiring information, making judgements in consultation with others, managing actions, reviewing, and reporting.	Provided expansion on possible intervention actions required by scenario e.g., timeframes, contents, reporting and priority settings.	Described advantages and disadvantages of key management actions; or may have also explained actions for minor issues in scenario.
Professional approach (A) Described adoption of relevant leadership & management responsibilities	Did not identify or explain her/his interpretation of responsibilities. Did not identify key needs of stakeholders.	Described actions, or non-actions, which may actually create additional/ unnecessary problems, or need re-working. Described limited insight into key stakeholder requirements in scenario.	With/without prompting identified elements of responsibilities required in scenario role, provided insufficient explanation of risks. Insufficient description of key stakeholders in this scenario and the impact that in/action may have on them.	Addressed management responsibilities relevant to scenario role, identifying challenges and/or risks in steps to be taken. Identified key participants and/or consumers in scenario, noting potential impacts of her/his engagement with them.	Described collaboration in leading the management processes, highlighting relevancy to, and with, stakeholders in scenario role.	Described understanding and dealing with complexity of own role and interactions of others with stakeholders in the scenario.