



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division



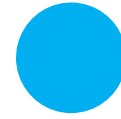
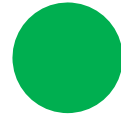
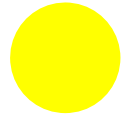
National Doctors Training & Planning



Front Line Ownership supporting postgraduate learning of leadership and management.

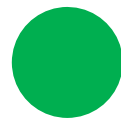
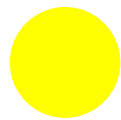
Dr Catherine Diskin
National Lead NCHD /NDTP Fellow

Diskin, C.^{1,2}, Mc Govern, E.¹, Guidera, J.². Crowley, P.².
National Doctors Training & Planning, Health Service Executive
Quality Improvement Division, Health Service Executive



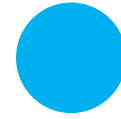
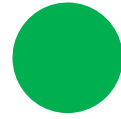
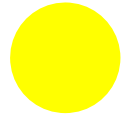
What I will talk about?

- The Lead NCHD initiative
- Front Line Ownership (What is it? Our application!)
- Liberating structures (What are they? Our application!)



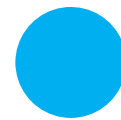
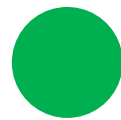
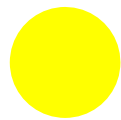


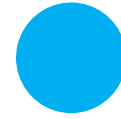
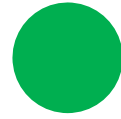
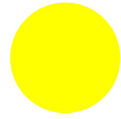
Current Lead NCHDs



We, approximately 6000 non consultant hospital doctors (NCHDs) are an **“untapped resource”**

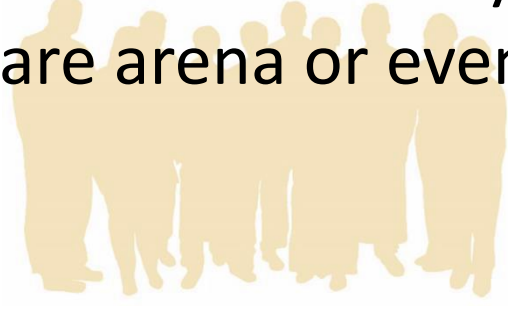
Sir Bruce Keogh, Medical Director, NHS England



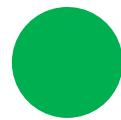
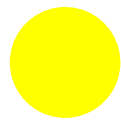


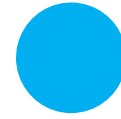
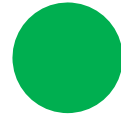
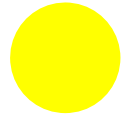
Does this sound familiar?

“At present we are an entire workforce who come to work, fulfil our service requirements ... And achieve CCT, as an almost entirely separate entity to what is actually happening within the healthcare arena or even within the hospital itself”



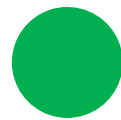
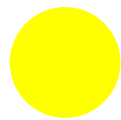
(Spurgeon, 2012)

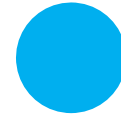
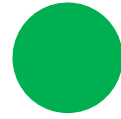
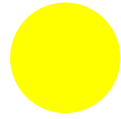




The overall purpose of the Lead NCHD Initiative is

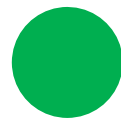
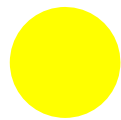
...to develop leadership capacity within NCHDs... Promote our engagement within the Irish health serviceContribute to patient safety and quality improvement





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...to develop leadership capacity within NCHDs... Promote our engagement within the Irish health service Contribute to patient safety and quality improvement



The timeline so far



2013: Pilot of Lead NCHD Initiative

2014: National roll out to 31 hospitals

2015: 1st Lead NCHD workshop

2016:

- 1st National Lead NCHD
- Lead NCHD Awards
- Commended in Irish Healthcare Awards

2017: Roll out to Mental Health

Context:

An initiative undertaken at national level to improve NCHD recruitment and retention in the Irish public health system.

Supported by National Doctors Training & Planning and National Quality Improvement Division

Format:

Lead NCHD is appointed in variety of hospitals and Community Health Organisations (CHOs) to support and develop a relationship between hospital management and NCHDs

NOTED: A Clinical Task Handover System for NCHDs and Nurses

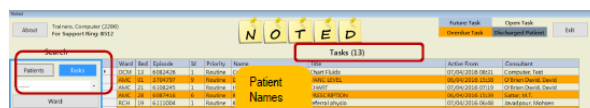
John C. Duddy
Lead NCHD and SpR in Neurosurgery
Beaumont Hospital, Dublin.

Introduction

Clear communication between doctors and nurses is a vital aspect of providing safe patient care. Our objective was to develop an electronic task handover system to securely record ward-based tasks and allow safe and efficient handover of clinical tasks between NCHDs and nurses.

Methodology

A project board was set up comprising Lead NCHD, consultant and nursing representatives, and IT staff. IT staff met with Beaumont Hospital personnel to discuss applicability of their DocIT system to the needs of Beaumont Hospital. It was decided to use the concept but develop a new software package locally to meet the requirements of Beaumont



UHW Gazette

Dr Ken Courtney Lead NCHD University Hospital Waterford



Objectives

The aim of this project is to increase education and provide a method of communication with NCHDs and other multidisciplinary team members at UHW.

- To provide a method of communication with hospital staff at UHW
- To improve education and increase awareness of initiatives at UHW
- To provide lifestyle and mindfulness advice to hospital staff

The UHW Gazette is a newsletter published every two months, and distributed to all clinical staff at UHW.



Implementation

- Convened working group of NCHDs to discuss creation of the newsletter
- Involved hospital management and received approval from CEO
- Involved other key clinical staff including Pharmacy / Dietetics / Hospital Consultants / Hospital Management
- Invited Dietetic staff / Pharmacy / Nursing staff / Hospital Management to submit articles for newsletter / consultants / NCHDs after hospital management.

Outcomes

The Newsletter Includes:

- A summary of the Monday Masterclass teaching initiative
- Prescribing guidelines and projects
- New initiatives being launched at UHW including HSE Quality Assurance Initiatives, and reminders about current initiatives such as Early Warning Score, Sepsis 6
- Health and fitness advice including advice re diet and mindfulness
- Highlights internal hospital data such as inoculation injuries, flu vaccine uptake
- Highlights new initiatives at UHW including bed management initiatives and the visual hospital

Difference the Monday Masterclass made to the NCHDs at UHW

Currently NCHDs may spend as little as 3 months rotating through a hospital. The newsletter allows effective communication with NCHDs and other clinical staff at UHW and provided a forum for UHW to present new initiatives to staff in the areas of education / audit/prescribing.

The Gazette allows communication with key clinical staff and ensures the commitment to lifelong learning and improvement of healthcare is met at UHW.

Transfer to other sites

The creation of a Gazette at UHW has proved to be an effective method of communication between key clinical staff and NCHDs. Such has been the overwhelming positive response to the newsletter it will be continued at UHW for the foreseeable future. The creation of a Gazette in each hospital would provide an effective method of communication with NCHDs during their rotation in each hospital.



"A Bun in the Oven" Baked... By the Coombe

Lynnda A. Schaler, L
Coombe Women and Infants University Hospital, Cork St, Dublin 8.

Objective

"Baked... By the Coombe" was initiated as a community building project involving all departments of the Coombe Hospital.

The aim of the project was to enhance communication and integration between NCHDs and other colleagues and the Hospital and to build team cooperation and support amongst colleagues.



Grand Finale

The Grand Finales of the 2 finished teams and members divided into 3

Teams were given each by hospital catering staff supplied by the chef to 'Cook/nickels' figure of each bake off round. All staff attending were encouraged to attend. An also held on the day. The ultimate decision was celebrated by the chef. All participating teams were presented with a certificate of appreciation.



Outcome

A total of 14 teams for competition. Each team by the Coombe participating teams and members of staff from



Qualitative/Quantitative: A survey of 30 staff respondents showed a positive response and that the event had a positive effect on staff and year. 80% of those departments following the project.

Potential for Continuation or Transfer

The potential for continuation of the project at the Coombe or transfer to other sites is being explored. It is due to temporary nature of the Lead NCHD post. However in light of the positive feedback received, we would encourage future Lead NCHDs to consider organising similar events.

Acknowledgements

Sharon Sheehan, MEd, CMHLI
Ewan McKelvie, Executive Development Officer, Friends of the Coombe
Patrick Clonahan, CFO, CMWHL
Tom Dowling, Catering Manager, CMWHL

Objectives:

Our hospital has over 300 NCHDs who constantly change from team to team throughout the year. Pagers (bleeps) are carried by NCHDs primarily for nurses and other doctors to contact them. Unfortunately the bleep list did not accurately reflect who carries which bleep, and many bleeps were broken or missing. Therefore this method of communication was inexact and unsafe.

Implementation:

We organised meetings with Communications Department and Facilities Management to affect a solution. We developed a new on-line bleep list that could be updated live by our Communications Department on an hourly basis. We distributed information to all NCHDs on how they can inform Communications by phone or e-mail of any inaccuracies pertaining to their own bleep. We also secured agreement from Facilities Management for funding for repair or replacement of damaged or missing bleeps through the hospital Directorate structure.

Outcomes and duplication of project:

Audits of our hospital Bleep List showed that the accuracy of its information increased from 70% to 98% following the implementation of this project. Nurses and NCHDs report reduced wastage of time spent sleeping the wrong person. This item remains a standing order on our NCHD Committee meeting agendas so that the topic will be kept under monthly review. This model can be easily mimicked across other hospital sites.



Clinical Leadership Programme 2016

Mater Misericordiae University Hospital

Dr Sarah McErlain
Dr. Dairine Kelly
Dr. Karl Neff

- ### Objectives
- Leadership Skills
 - Management Skills
 - Self-Investment
 - Professional Development
 - Quality Improvement

- ### Implementation
- Lecture Series
 - NCHD driven
 - Leaders in Healthcare / Management / Business
 - 5 weeks
 - Certified
 - Feedback



- ### Outcomes
- Improved Morale
 - Engagement
 - Participation
 - Education
 - Positive Feedback

- ### Quantifiable Benefits
- 25 participants
 - 9 with full attendance
 - 2 new members of NCHD Committee
 - 3 pursued Smurfit Certificate in Healthcare Management

Replication

- NCHD Driven
- Collaboration with Postgraduate Department
- Links with Irish Leadership Community
- Formalised Training within HSE

along with the Master Development Officer L. by the Coombe fully launched in period with weekly

Spide, Departments 74 people. Teams were invited to sensory dish. Recipes cookbook to be sold in and final outcomes adjudicated. Cumulative scores for top scores entered on certificate and final



of NCHDs to all 14 teams to be reviewed and feedback by email to be contacted via

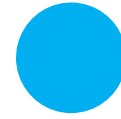
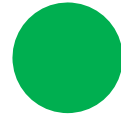
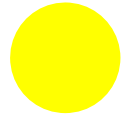
smaller regular update to attend, each round.

What
feedback
told us

Challenges related to Lead NCHD role

- Senior leadership engagement with Lead NCHD role
- Familiarity with management structures within the health service
- Doctor engagement and our culture within our health service
- Infrastructure (IT/ protected time / space) to support the role

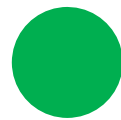
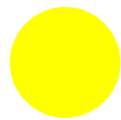




Potential solutions

Embed a Front Line Ownership (FLO) ethos

Encourage use of Liberating Structures





FLO deeply engages with staff to creatively develop solutions to daily challenges

FLO uses a combination of liberating structures and positive deviance

FLO encourages staff to acknowledge their own capacity and potential

Principles of Front Line Ownership

1. Go slow to go fast
2. Invite the unusual suspects
3. Work with those who want to work with you
4. Participation is voluntary
5. Nothing about me without me
6. Change can spread bottom up, top down, and sideways
7. Make the invisible visible
8. Act your way into a new way of thinking

Gardam M, Gitterman L. If you don't succeed the first 20 times, please try something different... Accreditation Canada Qmentum Quarterly 2013; 6(2):6-11.

Why Front Line Ownership? Patient outcomes and staff wellbeing are directly linked to how well we engage staff.

Easy to learn
tools to
enhance trust,
creativity and
innovation

Alternative way
to approach and
design how
people work
together

Provide a way
to foster
participation in
groups

Liberating Structures at work - Impromptu Networking



Speed dating – HSE STYLE!



Speed dating – HSE STYLE – Conversation content

Conversation with Clinical Director

Lead NCHD: “How do you engage in the hospital management process? ... I struggle being involved in meetings and feel like a “mini-me””

Clinical Director: “Have an agenda item... HR department is underused”

Conversation with National Clinical Advisor

Lead NCHD “Do you enjoy what you do now?”

NCAGL: “YES... Feel good at addressing needs.. Medicine doesnt always equip you for what you need to do”

Conversation with Medical Workforce Lead

Lead NCHD “Is it messy firefighting?”

MWL: “No.. Not firefighting but challenging”



Speed dating – HSE STYLE – Qualitative Feedback

Lead NCHDs

- “want longer for meet the management session”
- “want managers to be specific in what they have achieved”
- “some clarity around various roles”
- “Greater understanding about the vision of Lead NCHD role”
- “Ways to approach people diplomatically”

Management

- “went very well”
- “I liked it”
- “Nice to have the opportunity to speak with face to face NCHDs”
- Generated food for thought – “service posts”
- “None had met the hospital manager”
- “Some Clinical Directors refuse to meet Lead NCHDs”



The spread of the Frontline Ownership Ethos



The Way Forward

NEXT STEPS

**Embedding of
Lead NCHD model
within hospitals
and CHOS**

**Evaluation of
Frontline
Ownership pilot
projects**

**Share
success
stories!**

**Ask that you
support the role and
NCHD efforts**

Thank you

Front Line Ownership supporting postgraduate learning of leadership and management.

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