A CALL FOR LEADERSHIP TO IMPROVE PATIENT CARE

Paediatric Emergency Physician Dr Sarah Dalton discusses the importance of effective leadership in reforming the health system, to reduce costs and, through big and small changes, ensure all patients receive high-quality care.

Think of someone you love. Now imagine they have cancer. Imagine a type of cancer that means multiple rounds of chemotherapy and a prolonged time in hospital. What is your greatest fear for them? Aside from progression of their underlying illness, imagine how terrible it would be if the health system somehow harmed them. Through a medication error. Or a fall. Or a hospital acquired infection. Something that ultimately led to ongoing morbidity, pain and suffering that could have been avoided. And a cost to our health system that is already unsustainable. Now imagine you are in a position to prevent that. That there may be a way to identify and improve the little things that lead to problems in our health system every day.

It’s not unrealistic. You do have that power. We all have a role to play and we can all contribute to improvement. Batalden said that clinicians fundamentally have two jobs every time they go to work: to perform their clinical duties and to improve the system within which they work.1 OK, I know we all know that and it’s important, and of course we agree with the concept ... but it’s just too hard. Our health systems are in many ways designed to achieve exactly the results they do. How can we as individuals make progress against what sometimes seems like an overwhelming deluge of problems?

Leadership is all about change – about creating the preconditions that encourage colleagues to follow us on a journey to something new and something better. We all know that the system has to change. In NSW alone it is estimated that there are over 50,000 healthcare associated infections (HAIs) every year. Quite apart from the associated morbidity and mortality of our patients, the cost to the NSW health system from lost bed days has been estimated at over $600 million.2 People are being harmed in our system, and its financial sustainability is threatened. What if your loved one really did need the healthcare system to provide them with safe, effective, efficient care?

One of the professional attributes of a physician is as a leader and manager. In reality, all doctors have a leadership role of some sort, and even if we are not team leaders, we can still influence others. Indeed, as professionals, we are expected to continually display leadership behaviours to our patients, our staff and our colleagues. As supervisors of junior staff and as members of care teams we are constantly leading. We’re sometimes following too, but being a good follower is a characteristic of effective leadership.

We can learn leadership skills – and indeed we need to – if we’re serious about improving care for our patients. Learning how to influence people, how to bring teams along, and how to inspire others are key leadership competencies which can be learned, if we want to. Ultimately, leaders achieve results, and they change things for the better, sometimes by working on what seem to be really simple things. For example, hand washing. Yep. Boring. Heard it all before. But we know it is one of the most effective ways of reducing HAIs3, and we also know it is something that doctors can improve upon. So where can we, as leaders, start if we really want to change that behaviour? Modelling great hand-washing behaviour is a leadership task. Ensuring our junior staff learn this lesson and practise it diligently is another.

There are many leadership frameworks available and even more books and courses to teach you about leadership. Health
Workforce Australia has recently released a leadership framework\(^4\) that identifies the individual domains of leading self, engaging others, achieving outcomes, driving innovation and shaping systems as key aspects of clinical leadership. It closely mirrors our own work in the College to describe a set of professional behaviours within the SPPP framework\(^5\), one of which is leadership. All of us have a responsibility to be effective leaders to ensure improvement in our workplaces.

Ultimately, each of us has different needs depending on our role, our background, and our individual strengths and weaknesses. But together we all have a responsibility to improve patient care. And that takes change. And that takes leadership. So think about what leadership means to you – do you lead by example or lead a team? Can you do one thing tomorrow that will be the first step toward improving care for our patients? Maybe you could wash your hands. Maybe you could encourage someone else to wash their hands. Because we all have an obligation to ensure that this healthcare system is as effective and efficient as it can be – to minimise harm, and to ensure that it is sustainable for our communities and our future.

Dr Sarah Dalton  
Paediatric Emergency Physician

With thanks to Dr Kate Clezy, Infectious Diseases Consultant, Clinical Excellence Commission, for the HAI statistics, and Associate Professor Grant Phelps for advice and support in writing this article.

References

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**CPD ONLINE**

**E-learning resources for clinical audit**

[www.rcpch.ac.uk/e-learning-resources-clinical-audit](http://www.rcpch.ac.uk/e-learning-resources-clinical-audit)

The Royal College of Paediatrics and Child Health, UK, working with the Healthcare Quality Improvement Partnership (HQIP) and others, has developed a series of e-learning materials for clinical audit. These free resources support all healthcare professionals working in clinical audit. The four modules (a total of one to two hours study time) provide a great overview of the subject, with links to further evidence-based resources.

Want to recommend a CPD resource to your colleagues? Please send your suggestions to MyCPD@racp.edu.au.

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**Physicians’ Professionalism**

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