

# CEC eChartbook Portal Extract

## Clinical Leadership Program

### Clinical Leadership Program Participants

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# CLINICAL LEADERSHIP PROGRAM

## Clinical Leadership Program

**Why is this important?** The Clinical Excellence Commission (CEC) is committed to making healthcare in New South Wales (NSW) demonstrably better and safer for patients and a more rewarding workplace for healthcare workers. Achieving this will require effective and supportive clinical leadership at all levels of the system. Those in positions of leadership need to have both the skills and support to carry out their roles in a compassionate, safe and effective manner. In order to make healthcare better CEC initiated the Clinical Leadership Program (CLP) in 2007 [1] with the ultimate aim being to build a cohort of clinical leaders with the skills and commitment to shape a sustainable culture of patient safety, professionalism and positivity within the NSW health system. The CLP is offered in two different modes: Foundational and Executive. The Foundational CLP is delivered locally across the state and covers the fundamental aspects of leading improvement initiatives within the NSW health system. The program is based on uniform statewide content which is designed to be delivered and adapted locally by LHD based facilitators, who link in to a CEC-coordinated program for resource and program support. Experiential and multidisciplinary in nature, it is directed towards clinical staff leading teams who are committed to improving patient safety and quality within a person-centred approach. The Executive Program targets senior clinicians who are looking to implement system improvements at the department, network or district level and is delivered centrally in Sydney by experts who have worked extensively in the areas of leadership, communication and professional development in a health care context. Both programs aim to improve patient safety and clinical quality through enhanced leadership practices. Participants attend modules which focus on the personal and professional attributes of effective leaders. Both programs require the identification of a clinical service challenge and completion of a clinical improvement project. This provides the opportunity for participants to apply the skills and learning they have gained in a real world context. It allows the strengthening of links between effective governance, core

leadership competencies, a culture of safety and quality and continuous improvement.

CEC's CLP modules were developed by local experts through reviewing a series of research reports from the Centre for Leadership Studies, University of Exeter [2]. Other key literature related to clinical leadership development, systems improvement and enhanced quality and safety in health was reviewed for inclusion. Clinical practice improvement (CPI) methodology is a key learning area of the program, as it provides a systematic approach which enables participants to undertake a clinical improvement project. The approach is based on the CPI methodology developed by Dr Brent James [3] at Intermountain Health Care in the USA and has been adapted to the Australian clinical context. Participants are required to identify a problem in their clinical area which directly impacts on the quality and safety of patient care. In addition, participants are encouraged to engage with patients, relatives and consumers of health services in their LHD.

**Findings:** Since the CEC Clinical Leadership Program was launched in 2007, about 2,234 participants have enrolled either the Foundational or Executive format of the program. During the period 2007-2015, a total of 1,682 participants have enrolled the Foundational Program (2007-2010: 701; 2011-2015: 981). At the state level, the numbers of participants in the Foundational program steadily increased from 158 in 2007 to 214 in 2015, an increase of 35 percent. There is a variation in participation among LHDs/SNs with a marked increase for participants from regional area in year 2015 (Chart CLP01). Between 2007 and 2015, 552 people from various healthcare related organisations have participated in the Executive Program (2007-2011: 224; 2012-2015: 328). Since its launch, the number of executive level participants has almost tripled until 2010 (from 29 in 2007 to 77 in 2010) after which time the number appeared to increase at a slower rate (Chart CLP02).

**Implications:** Clinical governance is the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient safety, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care. Through the CEC CLP, there is enhanced capability and capacity for clinical governance within NSW Health. Since the CEC's CLP was launched in 2007, about 2,234 participants have completed either the Executive or Foundational Programs. By integrating a clinical practice improvement project the CLP candidates are able to design and test improvements to patient safety and clinical quality in a real clinical environment. The CLP skills, along with practical experience gained by participants, make a significant contribution toward the development of sustainable, safe and quality healthcare. Some projects developed through the CLP have led to not only clinical practice improvement but also potential financial benefits and the possibility of being scaled up across the LHD or the system.

An example is a project from the 2011-2012 executive program called 'Frequent User Management Initiative' (NSW Ambulance) that demonstrated both financial and non-financial benefits. The project aimed to provide appropriate treatment to patients identified as frequent callers. Initial results indicated this initiative assisted in providing patients with the most appropriate care along with contributing to the appropriate deployment of ambulance resources. The project identified a 45% decrease in the number of calls in three months post intervention, amounting to approximately \$3.8M in avoidable costs per year.

**What we don't know:** It is not known how many participants are using the skills and knowledge learnt from the CLP for the improvement of patient safety and sustainable quality of health care in NSW. The healthcare

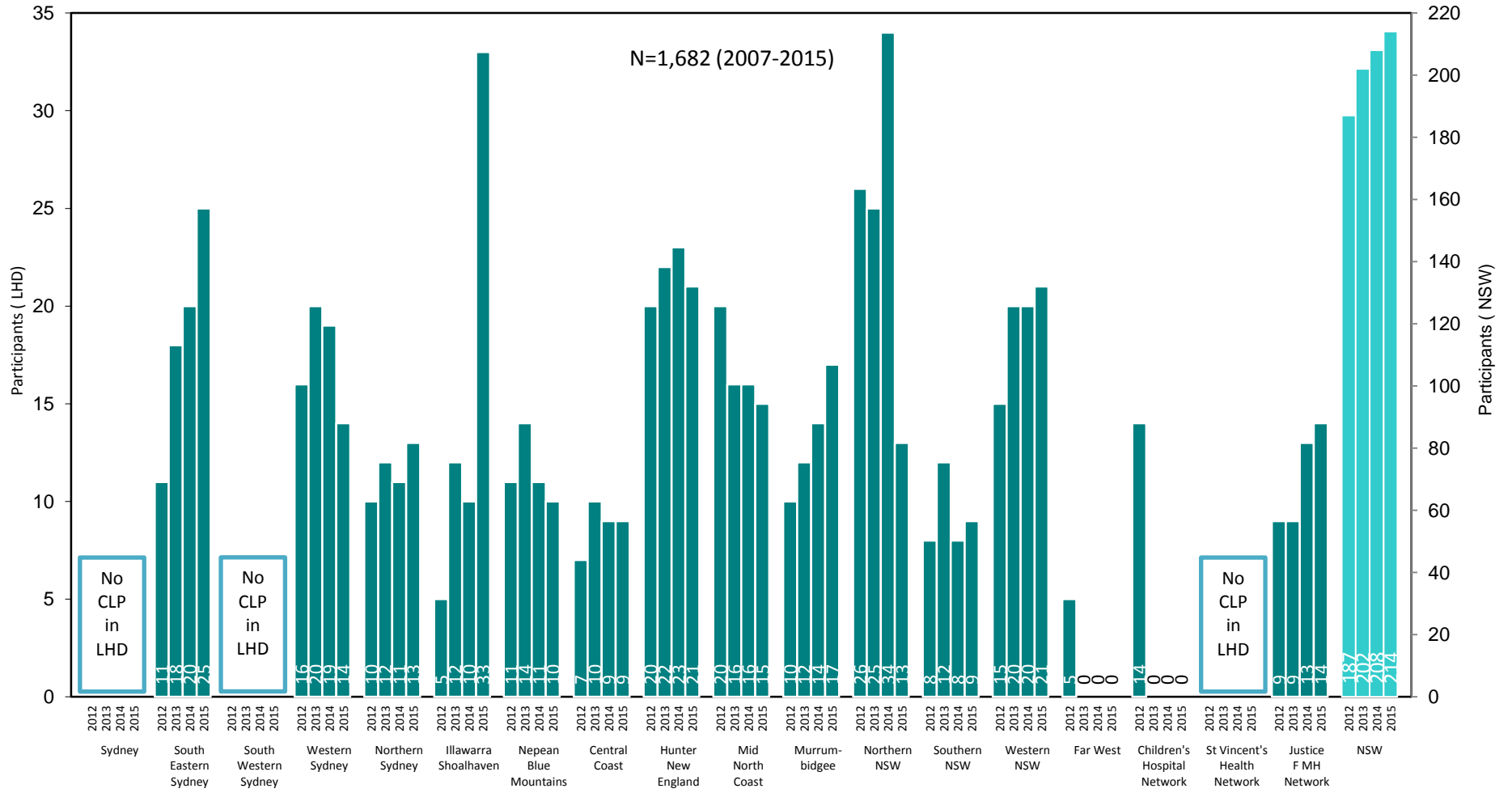
environment is always changing, staff move on, services may change and organisational priorities may shift. It is not known whether the knowledge gained by early CLP participants will be sustained in the long term to cope with the current/upcoming changes in health care settings.

Nevertheless, in December 2014, impact evaluation of the Foundational and Executive Clinical Leadership programs was conducted via telephone interview on a sample of 34 past participants. Almost 60 percent (n=20) stated that they were in a new role since doing the CLP. Of this, 89 percent (n=17) agreed that the CLP assisted them gain their new roles. A larger scale evaluation will provide valuable information for the programs improvement.

#### References:

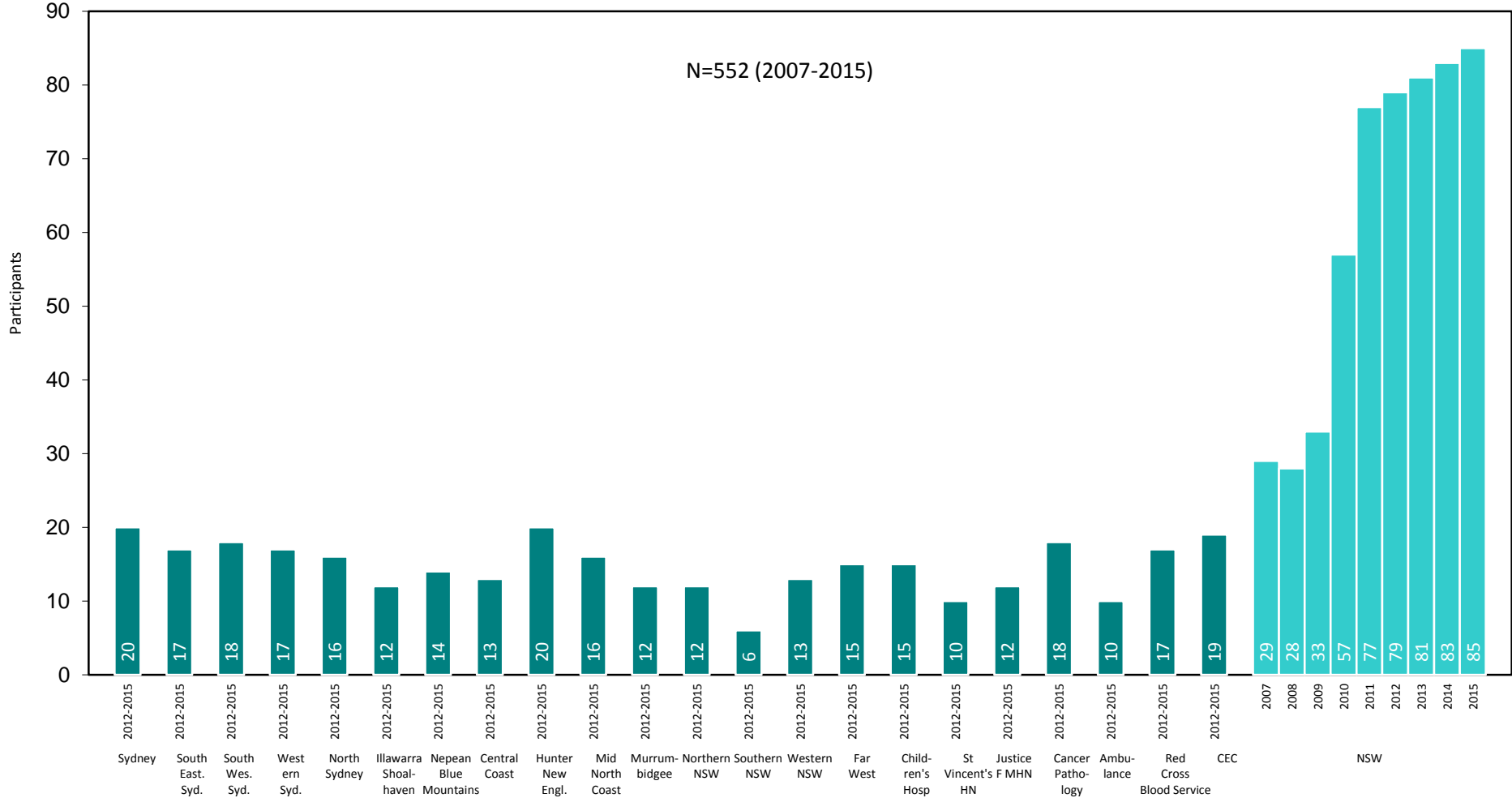
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- [2] Bolden R, Gosling J, Marturano A and Dennison P. A Review of Leadership Theory and Competency Frameworks, Exeter, 2003; United Kingdom: Centre for Leadership Studies University of Exeter
- [3] James BC. How to Run Your Own Clinical Quality Improvement Training Program, Institute for Health Care Delivery Research, Intermountain Healthcare, 2007, Salt Lake City, USA. Available from: [http://intermountainhealthcare.org/qualityandresearch/institute/Documents/Intermountain\\_miniATP\\_General\\_Program\\_layout\\_12-5-08.pdf](http://intermountainhealthcare.org/qualityandresearch/institute/Documents/Intermountain_miniATP_General_Program_layout_12-5-08.pdf)

Chart CLP01: Number of Foundational Clinical Leadership Program (CLP) participants by Local Health Districts and Specialty Networks (LHDs/SNs), NSW, 2012-2015



Source: Clinical Leadership Program, Clinical Excellence Commission, NSW Ministry of Health

Chart CLP02: Number of Executive level CLP participants by Organisation, NSW, 2012-2015



Source: Clinical Leadership Program, Clinical Excellence Commission, NSW Ministry of Health

## Data Definitions

|                         |   |
|-------------------------|---|
| <b>Chart:</b>           | CLP01   |
| <b>Admin Status:</b>    | Current, December 2015  |
| <b>Indicator Name:</b>  | Foundational CLP Participation                                    |
| <b>Description:</b>     | Number of Foundational CLP participants by LHD/SN, NSW, 2012-2015 |
| <b>Dimension:</b>       | Patient safety  |
| <b>Clinical Area:</b>   | Initiatives in safety and quality health care                     |
| <b>Data Inclusions:</b> | Foundational CLP Participants by LHD/SN                           |
| <b>Data Exclusions:</b> | None  |
| <b>Numerator:</b>       | Number of Foundational CLP Participants by LHD/SN                 |
| <b>Denominator:</b>     | None  |
| <b>Standardisation:</b> | None (numbers of participants were reported)                      |
| <b>Data Source:</b>     | Clinical Leadership Program, Clinical Excellence Commission       |
| <b>Comments:</b>        | None  |

|                         |  |
|-------------------------|--|
| <b>Chart:</b>           | CLP02  |
| <b>Admin Status:</b>    | Current, December 2015   |
| <b>Indicator Name:</b>  | Executive level CLP Participation  |
| <b>Description:</b>     | Number of Executive level CLP participants by Organisation, NSW, 2012-2015 |
| <b>Dimension:</b>       | Patient safety   |
| <b>Clinical Area:</b>   | Initiatives in safety and quality health care                              |
| <b>Data Inclusions:</b> | Executive level CLP Participants by Organisation                           |
| <b>Data Exclusions:</b> | None   |
| <b>Numerator:</b>       | Number of Executive level CLP Participants by Organisation                 |
| <b>Denominator:</b>     | None   |
| <b>Standardisation:</b> | None (numbers of participants were reported)                               |
| <b>Data Source:</b>     | Clinical Leadership Program, Clinical Excellence Commission                |
| <b>Comments:</b>        | None   |