

Academic - Clinical Interfaces and Issues

Challenges Opportunities

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Position Description - Feb 2003

- Re-engage Queensland Health clinicians as teachers
- Rebuild UQSOM-QH managerial relationships
- Develop a patient safety / quality of care as
 - A health systems research program
 - Part of the MB BS program
- Use role in QH Skills Development Centre as focus UQ-QH integrated education & educational research
- Re-organise / develop School IT/IM resources

Changes and Challenges

School of Medicine

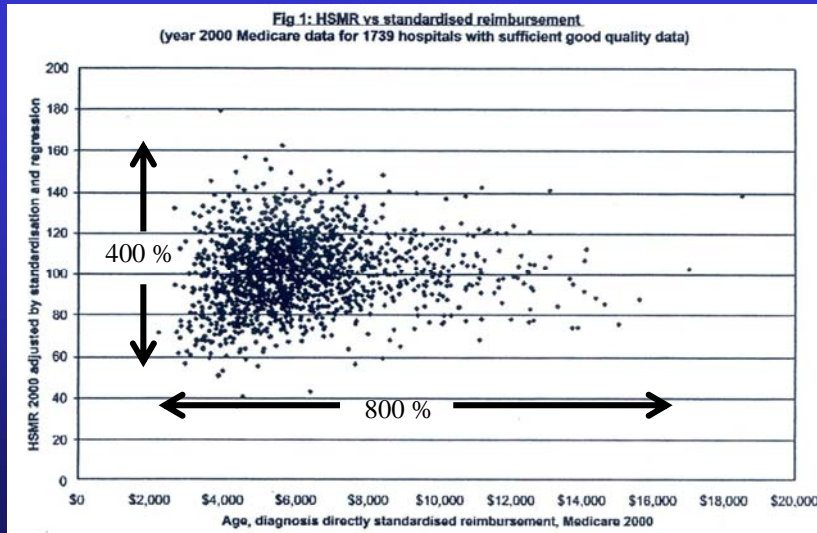
- MB BS program
 - Labour intensive, complex PBL format
- Shift in academic focus and function
 - From departments to disciplines / centres
 - Decline in academic unit clinical service role
- Impact of research intensive mission
- Decreasing direct government income
 - Increasing total and overseas student loads
 - Inequitable University-Hospital appointment conditions
- New medical schools - competition for
 - Students
 - Clinical placements
 - Clinical academics

Changes and Challenges

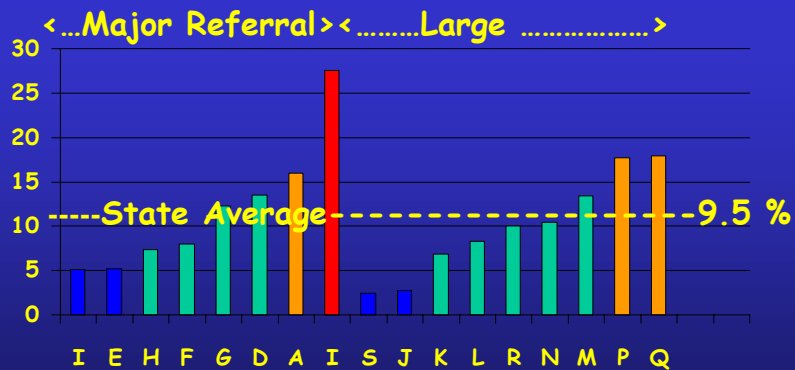
Hospitals

- Clinical
 - Changing case-mix : \uparrow acuity \downarrow length of stay
 - Increasing specialisation
 - Reconfiguration of natural workgroups
 - Clinician uncertainty about:
 - Whether gains of new MB BS program are proportional to costs
 - Exactly what is required of them
 - Anxieties about clinical outcomes
 - Widespread variances
 - High risk of adverse events
- Teaching & Research
 - Budget tightening /efficiency focus \downarrow time available
 - Managerial perceptions of limited value of much research

New anxieties - the cost-outcomes disconnection



Qld. Inter-hospital Acute Coronary Syndrome mortality variances



Risk adjusted rate per 100 separations
Up to 20% ACS deaths preventable from optimisation (Scott 2004a)

Adverse Events

Quality in Australian Healthcare Study

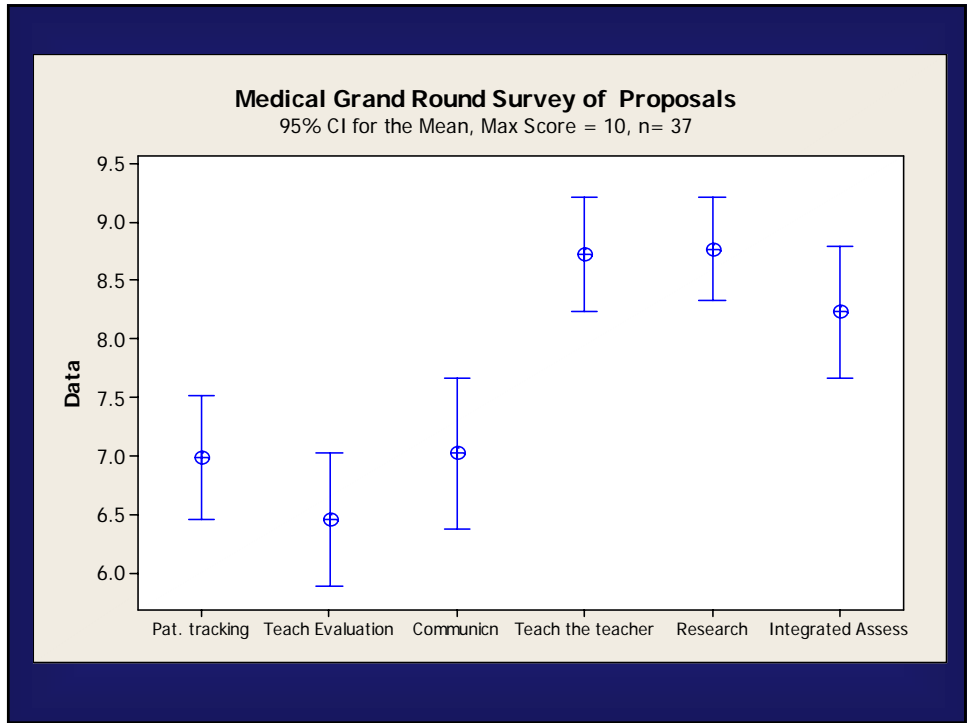
- Adverse events occur in 16.6% all hospital admissions of which :
 - 50% "Highly Preventable"
 - 47% Cause temporary disability
 - 5% Result in death
- Cost estimates \$800M to \$4 billion p.a.

McL Wilson et al 1995

Reconnecting with the clinical teachers

Options canvassed @ RBWH Medical Grand Rounds

- Teaching
 - Patient tracking for clinical teaching
 - Assessment of learning outcomes
 - "Teach the teacher" learning program
 - Better communication of curriculum, content targets etc
- Research
 - Develop/ promote research as an asset rather than a liability
 - Support for clinician-realistic research
- Clinical
 - Integrated UQ-QH assessment of services and individual career development



Current Initiatives

- Shift in focus from bed-side to "couch-side" clinical coaching
 - Patient Tracking System
 - Database of classified resources
 - Scheduling sessions for students, patients & teachers
 - Clinical teaching "collaborative" of younger clinicians
- Joint School-hospital operational research unit
- New hybrid appointments to attract younger academics
- Balanced score card approach to service-academic unit evaluation

Patient tracking system

Sources :

Inpatients

Outpatients

Database

Used for :

Clinical
Coaching

MB BS
exams

FRACP etc

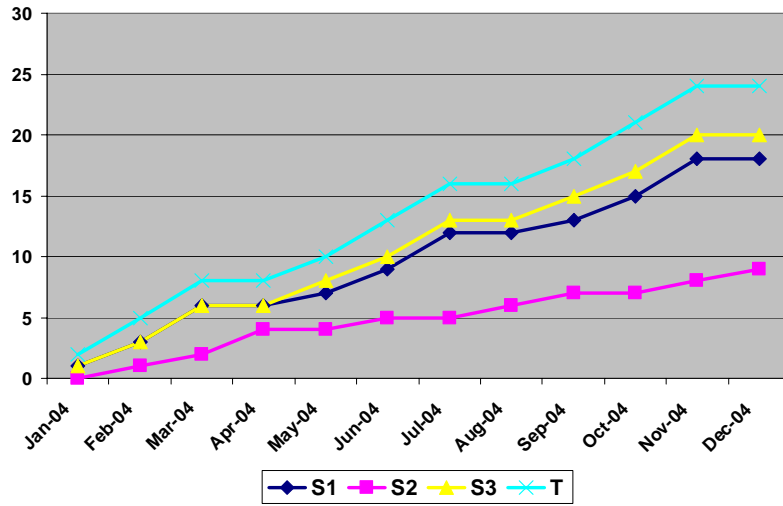
Patient database

Patient ID

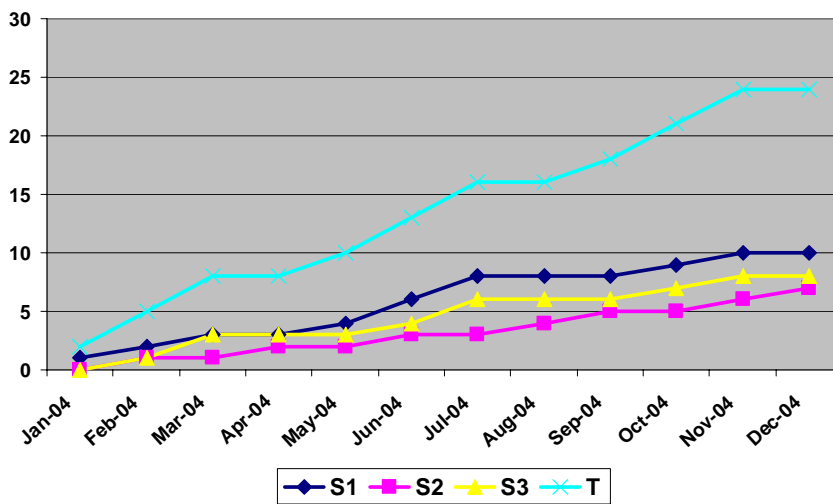
Features 1-n

Sessions 1-n

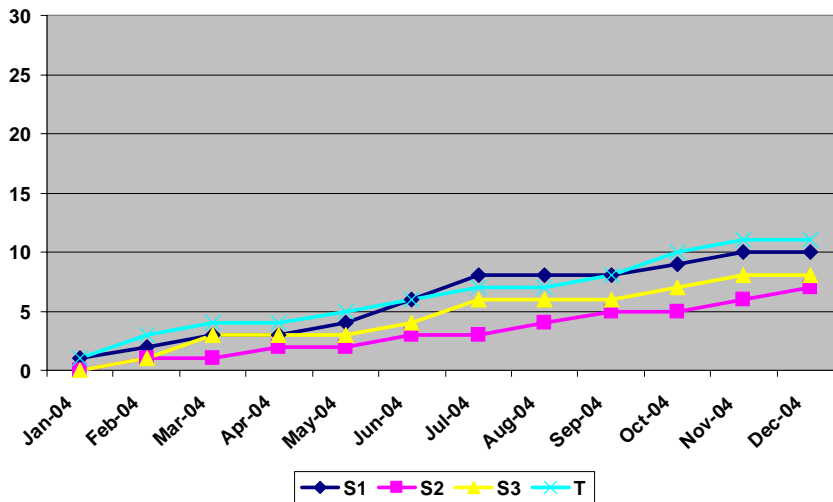
Theoretical model - 1 Suboptimal student ?



Theoretical Model - Suboptimal learning experience for all students ?



Theoretical model - suboptimal environment / unclear objectives ?



Research as an asset for hospitals rather than a liability

- UQ-QH partnership in research problem selection & support :
 - Focus on local operational priorities
 - Clinical outcomes
 - Patient safety
 - Resource utilisation
 - Educational outcomes evaluation
 - Statistical process control / data mining as valuable functions and research opportunities
 - Demonstrate short term gains but build long term capacity
 - Research based higher degrees
 - Raise quality and credibility of operational research

An example - Qld Collaboratives for Healthcare Improvement

Improving clinical *and* efficiency outcomes

Project	Statistically significant outcome improvements		
	Evidence based practice	Mortality	Efficiency
WestCOP (Ipswich)	↑ use appropriate therapies	ACS ↓ from 16.7 % to 4.0%	ALOS ACS ↓ from 7.6 to 6.2 days
CSSP (PAH, RBH, QEII, Div GP)	↑ use appropriate therapies	CHF ↓ from 32.8% to 22.4% ACS from 13.4 to 10.1%	ALOS ACS ↓ from 7 to 6 days
Cardiac CHI (9 hospitals)	↑ use appropriate therapies	ACS ↓ from 6% to 3 %	Readmissions CHF ↓ from 7.2% to 2.4 %

Scott et al MJA 2004a,b

Putting it all together Balanced Score Card : Rationale

- Traditional financial markers are necessary, but not sufficient to measure organisational success
- Better methods needed of linking organisational goals & values with day to day activity the "*vision-reality gap*"
- Better measures needed of " intangible assets" eg staff knowledge and skills

Content: 4 standard dimensions

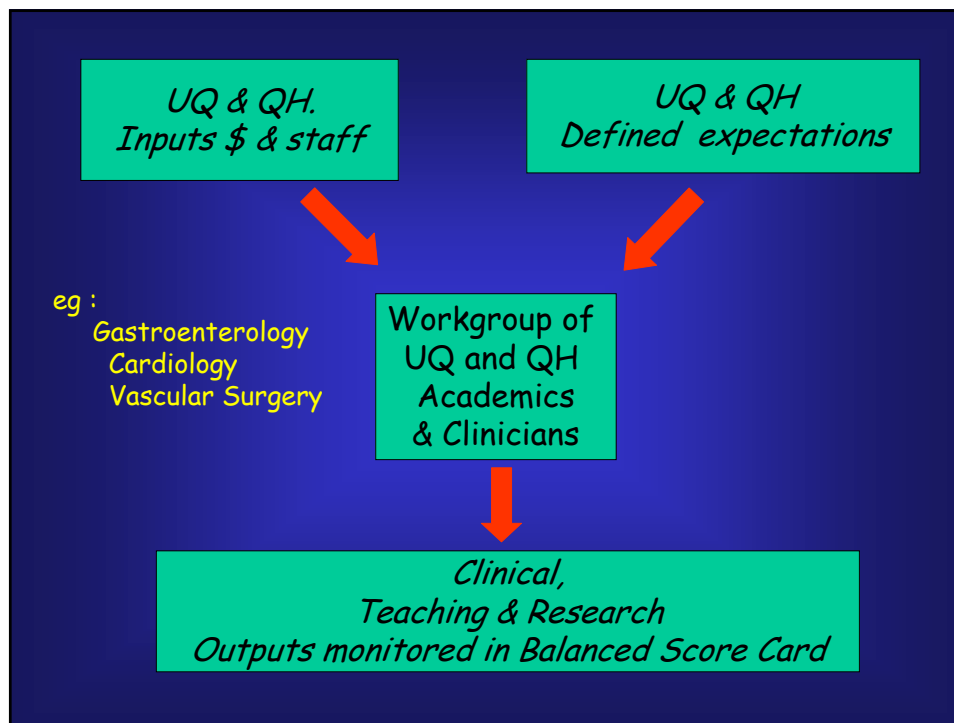
- **Client / customer** *How do we look to our customers ?*
 - Service quality, customer satisfaction, return business
- **Internal operations** *How efficient / effective are we ?*
 - Volume / rate / cost of production
- **Learning** *Do our staff have the knowledge and skills they need now and for the future ?*
 - Work practice protocols / innovation, research, education
- **Financial** *How do we look to our funders ?*
 - Budget - expenditure variances, return on investment

The 5th dimension - staff

- **Staff** : *How do we look to our staff ?*
 - Workplace climate surveys
 - Turnover
 - Unfilled vacancies
 - Number of appropriately skilled applicants for positions
 - Sick leave

What an academic joint card might look like

- **Client / customer** *How do we look to our customers ?*
 - Clinical outcomes, adverse events, student evaluations etc
- **Internal operations** *How efficient / effective are we ?*
 - Patient, student numbers, volume per unit cost
- **Learning** *Do our staff have the knowledge and skills they need now and for the future ?*
 - Measured learning activities, grants, publications
- **Financial** *How do we look to our funders ?*
 - Budget - expenditure variances, return on investment
- **Staff**
 - Recruitment and retention, workplace climate etc



Summary

- Changing environments of schools of medicine and hospitals requires new partnership approaches to
 - Clinical teaching
 - Operational research as a joint enterprise
- This requires
 - Clear definition of shared clinical, research and teaching objectives
 - Equitable joint clinical academic positions
 - Re-organisation of clinical teaching patient resources
 - Re-thinking of ways to re-engage and support clinical teachers
 - Joint individual and service level performance appraisal

Performance Appraisal Sept 2004

	Self (/10)	UQ/QH
Re-engage clinicians	2	?
Restore UQ QH relationships	2	?
Develop operational research	4	?
Develop Skills Centre	7	?
IT/IM	4	?