Round-up on Health Leadership Joint Congress 2017
The winds of change - adjust your sails!

The winds of change swept through Sydney from 27 – 30 September as Health leaders from around Australia and overseas joined together to learn from experts and from each other on improving their leadership capabilities. Based around a nautical theme of ‘adjust your sails’, the winds of change referred to the constancy of change in health and the desirability to be able to read the environmental and human signs to be able to find ‘true north’.

Gathering together leading international and national experts provided a rich forum for the exchange of learnings and new knowledge.

Key highlights from the two and a half day congress included:

**Day 1 - Learning the Ropes**

Starting with four pre-congress workshops, the congress was formally opened by Uncle Chicka Madden, Gadigal Elder extending a warm and hospitable welcome to all guests. David Gillespie, Acting Minister of Health, MP formally opened it with ACHSM National President Dr Neale Fong, and ACHS President Professor Len Notaras AM extending the welcome and speaking on the congress’s collegial opportunities to learn.

**Navigating in Stormy Seas**

Helen Bevan

Helen Bevan Chief Transformation Officer, Horizons, from the UK National Health Service delivered the first keynote address, explained the role of the Horizons teams to support change in the NHS and wider health care. Her biggest message for leaders was the one thing they should do less of: micromanage, explaining the problems isn’t so much about micromanaging, it is about ‘macroleading’. She quoted Henry Mintzberg “Many of the things we are doing aren’t taking transparency into account.” Helen said “We need to do things in smaller cycles, because the rate of change is so intense. Every environment changes in less than three years,” she said.

She said hierachical power is diminishing as ‘power is shifting’, and quoted Bertrand Russell: “Power is one’s ability to achieve goals”. Helen analysed the framework of power between old and new power:

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*(Jeremy Heimens, Henry Tim)*

Helen suggested that there is a new layer of power at the top, and that leaders have to operate in the ‘zig -zag place in the middle’. Her top tip for making change happen: connect with the three percent of the workforce who are ‘influencers’. She identified the personality of those in an organisation who can make change happen, and explained the evidence behind the failure of large scale trial change projects. Helen quoted Mark Jaber on the science behind resistance, and what not to do when engaging people. Her key philosophy for executing change is that “we don’t need buyers (for change), we need investors who can understand that it is a shared outcome”.

Helen explained the critical point of building agency on large scale change occurred where the realm of the Structure met with the Agency, and gave examples such MOODOCS (Massive, Online, Open, Disease-Orientated Committees), and the rise of the new public passion moment. Being a ‘Facilitator of joy’ could be a new job title for the future, and Helen asked the eternal question...
many seek an answer for: ‘How do we create meaning at work?’

Helen summarised her keynote by referencing the Aristotle Study (the biggest ever longitudinal study on high performance) which found the number one criteria to achieving high performance required just one thing - Being Nice to People!

Dr Ray Pentecost

Dr Ray Pentecost is described as “one of the most influential people in healthcare design in the world”, with a wealth of knowledge in his position as director of the Centre for Health Systems and Design at Texas, A&M University. Dr Pentecost gave a ‘current but sobering look at currency’, describing the USA health system as the most expensive in the world, declaring the appropriateness of the congress theme, while stating that in itself the term ‘sea change’ has become a cliché.

His opening point revolved around the ‘ABCD and E’ of Health, namely: Accountability, Budget, Connectivity, Direction and Excellence, explaining that the business behind Health is not too dissimilar in practice to McDonald’s and revolves around human behaviour. He noted that for 86% of all health care spending is on chronic disease consumers, that 33% of all USA patients were only marginally literate, 43% experienced meds confusion and 25% had follow-up confusion.

While patients didn’t necessarily like doctors telling them what to do (and mostly choosing not to listen), the biggest key to connectivity between Dr and patient was … more time.

Under the topic of Budget, he explained that every nation has a different tipping point, in what they can financially cope with, and while USA healthcare spending was currently at 20% of the budget, he predicted that its tipping point would be at 25% (estimated to occur in about 2025).

Currently more than 60% of Americans do not have a spare $500 for emergency car repairs, let alone healthcare. Perhaps the most alarming statistic of all was of the $1 trillion health budget, an estimated 30% is wasted – approximately $400,000,000,000. Other equally disturbing facts are that IBM’s Watson computer can store medical information of 8,000 books, and of every 1,000 patients, physicians didn’t find actionable treatments for 30% of them. And for any doctor feeling guilty for getting behind in medical publication reading – Ray said it would require 29 hours a day to maintain currency in medical practising.

“95% of what we do doesn’t need to be done in a hospital,” he said “At Kaiser Permante 63% of what they do doesn’t involve facilities. However, the system hasn’t been oriented that way, if ever. The top two trends in hospital care are consolidation and network.”

And while after seven years of ‘Affordable Care’ – the USA health system only ranks at number 15, globally, and ranks last in the Commonwealth ranking system (with Australia at number 2), Ray did state that there are ‘seeds of opportunity’.

Lesley Dwyer

Lesley Dwyer gave her own account of the modern day ‘Battle of the Medway’, leading the charge as an Australian import to turn around a self-described ‘worst hospital in England’ into one which has re-invented itself and its direction.

Having weathered rough seas and storms Lesley shared her experiences as she went to work for one of the largest organisations in the world (the NHS) and the need to learn about the system before she could begin to master it. Listing the points of failure to the point where a capsize sounded imminent, Lesley is now celebrating 61 key changes achieved in two years.

The first part of recovery was firstly about safety, and a key step was to buddy with the leading Guy’s and St Thomas’ Hospital to recover a direction that encompassed quality, followed by re-visiting the ‘Vision and Values’ for all 600 staff, and then addressing the critical recruitment issue.

Among many notable wins was the introduction of a program that mentors junior doctors in leadership, with Lesley herself mentoring two of them.

The top 5 challenges facing Lesley in order of priority were: Patient safety, finances, service reorganisation, workforce shortage and the patient experience, with a further 10 specific challenges listed.

Lesley’s said the ability to discern what was important under pressure was probably the greatest challenge when she first arrived.
Masquerade Congress Dinner 2017

For more photos of the Congress and Masquerade Dinner, visit www.achs.org.au
(Day 1 cont’d)

**Tacking with the Winds**

**Catherine Stoddart, CEO for Northern Territory Health**

Catherine discussed the topic of the environment vs reform and the similarities in place between the UK and Australia. She noted the stable framework which is provided in this country, via organisations such as ACHS and the work we do to ensure patient safety is a priority.

Carefully pointing out the physical and social differences (and similarities) between Oxford and Darwin, Catherine noted the political environments of each, with both communities committed to having the very best available care. Catherine noted the effect of Brexit in terms of research as well as the EU nurses who are part of the workforce and the immediate effects on the stability of employment felt after the Brexit election result was announced.

**Elizabeth Koff, Secretary NSW Health**

Elizabeth Koff provided an overall view of the roles and goals of the largest individual healthcare provider organisation in Australia, NSW Health. In addressing the future goals, Elizabeth noted the roles of both ACHS and ACHSM for having been ‘enduring contacts’ throughout her career.

Central to assuming the role less than two years ago was determining the key mission – being ‘Better Value Health Care’ and that “the layers of efficiency is anaethema for many clinicians.” The question Elizabeth asked of herself at the time was “are we doing the right health care?” and that ‘Better Value Health Care’ needs to recognise the patient experience, and in turn their need to hear about what we are doing.

One of Elizabeth’s personal insights she shared was the quote from George Bernard Shaw:

“I marvel that society would pay a surgeon a large sum of money to remove a patient’s leg … but nothing to save it.”

Elizabeth spoke on the following:

- The global drivers for change (and listed them)
- There are uneven levels of quality “We have a responsibility as the stewards of the system to address this.”
- Australia is not immune from global health care “How do we make it more sustainable? Out of pocket expenses is a big item.”
- Australia and NSW perform very well.
- “No country has a lower spend than NSW.”
- We need to make it sustainable
- “It is about choosing wisely.”

On noting the publication of the Second Atlas of Health and the difference in results: “Not all variation is bad variation, but one can assume that the outcome is going to be different.”

- The NSW experience
- “The economy is performing well, but future projections are ominous. We are going to be pushing over 35% of the state budget and currently our budget is $21.6billion. We need to reign in the budget now, systematically and in a way that is meaningful. (Thankfully) we are not under constant pressure, which does buy us some time, in terms of what we can do, and how we can get savings.

Since 2011 there has been significant reform in the health system, through the devolution of government structure.

NSWH’s top 5 strategic priorities are:

1. Patient safety first
2. Leading Better Value Care
3. Systems integrate
4. Digital health and Data analytics
5. Strengthening governance and accountability

Elizabeth concluded with, “It is our responsibility to question current clinical practices”.

**The Hon Catherine King MP, Shadow Minister for Health and Medicare**

The Hon Catherine King MP, Shadow Minister for Health and Medicare spoke on the importance of leadership in health and the current range of problems in healthcare and how not all political solutions can be solved overnight. “The role of prevention in proving healthcare cannot be underestimated” she said.

“The first issue in health and equality in relation to access is the biggest challenge for the whole system.”
Day 2. ‘Time and Tide Waits for no Man’

Rachel de Silva, Digital Health Agency

Rachel focused her talk on the impact of the changes in technology in recent years and the incredible rate of change that we are living through. She identified some of the many things which will shape our future, notably:

1. Artificial Intelligence (AI) noting it is an evolution, not a revolution.
2. Automation and roboticsation
3. Driverless cars (what does this mean for patients? Where will they go in the future?)
4. Global – drones in Africa, i.e. WHO has a network of drones in operation that can deliver medicines to inhospitable areas, quickly.
5. Precision medicine pharamacogenomics and geotypes – you can alter the medicine to the physiology of the patient.
6. Personalised medicine Developing a ‘real’ case plan for the patient, not for the disease.
7. Integration of clinical and connecting care packages
8. Value-based health – who’s Value? Quoting Horton – value is measured as outcome (of) dollars spent, but, not just for clinical reasons, but should be for social reasons too.
9. Audio and Video – video/audio (i.e Microsoft’s hollow lens)
10. What about mobile? Mobile health was a trend. Now, how do we better present the images?
11. Healthcare in the Home – CSIRO figures – adoption was 89% and most were over 60 – would adopt it.
12. Remote monitoring and service provisioning.

Big technology shifts = big cultural shifts in the workforce. One significant transformation will be to pay people for outcomes, rather than a salary that is set. The question is – can we utilise the technology? It won’t be about money – quality, flexibility, green energy and asking staff, and involving them. “Data is the new big shift we are grappling with,” said Rachel.

Scott Slotterback, Global Green and Healthy Hospitals

Scott Slotterback, Global Green and Healthy Hospitals spoke on the environmental sustainability in hospitals, their involvement in the Pacific region, their programs and benefits, and how they go about saving energy in hospitals. Technology has a role to play in making the possibilities of sharing data information on energy uses to be able to provide useful comparisons globally, and assist other hospitals work to their energy-saving goals. Scott also spoke about their Ten Goal Framework and how this works.

Scott spoke about the effects of global warming and the impact this has on environmental disasters, using Hurricane Katrina in the USA as an example of a catastrophic event and the consequences that affect all of us, not just those who were hospital during such an event.

For any doubters in the audience as to the importance of our environment, Scott asked the question: “What do you think kills more people today than AIDS, Malaria and TB combined? The answer - air pollution – should alarm us all.

Stan Grant, Journalist and Media Host

Stan Grant used his career in journalism, working overseas for 16 years and his experiences as a war correspondent to great effect in addressing the ‘Time and tide waits for no man’ theme.

Speaking about the big shifts in history, and how his world view has been shaped by the different connections made through different wars, Stan spoke of covering the long-running conflicts of Afghanistan and Iraq and how these have stretched into modern day terrorism attacks.

“The years that I spent reporting on the conflicts ... I had a sense that I was living my own history in real time,” he said. Following his return to Australia he saw another country “a country that was still divided across the chasm of its own history, and the different tensions that existed”.

During his broad-ranging address, Stan quoted Polish Nobel prize winning poet Czeslaw Milosz’s “Spirit of History”, the exterminating war that ensued for the Wiradjuri (his) people around the settlement of Bathurst, to the personal history of his own extraordinary ancestral family’s demise.

Stan took the audience on a historical journey of indigenous hardships and loss from Australia’s formation during the time of Federation and through to the 1930s, and the fight to end segregation and towards acceptance in the late 1960s.

From Brexit to the rise of Trumpism, Stan’s view of the world has been shaped at many levels, from many vistas and we were privileged to hear from him, and his take on a multicultural Australia and what it means to all of us.
Three hospitals from three different states have been announced as winners of the 20th annual ACHS Quality Improvement Awards at the ACHS / ACHSM Joint Congress in Sydney today.

Royal Brisbane and Women’s Hospital (QLD), North-Eastern Community Hospital (SA) and Nepean Blue Mountains Local Health District Service (NSW) each took out one award, demonstrating their leadership status as innovators in different aspects of healthcare.

ACHS Executive Director of Customer Services and Development Ms Linda O’Connor said the awards covered three categories – Clinical Excellence and Patient Safety, Non-Clinical Service Delivery, and Healthcare Measurement.

Royal Brisbane and Women’s Hospital won the Clinical Excellence and Patient Safety Award for their ‘Kidney Supportive Care – our patients, our care’ project aimed at patients with advanced kidney disease who experience high symptom burden, requiring complex health care decision-making.

The Non-Clinical Service Delivery Award was won by North Eastern Community Hospital, SA for their ‘First demonstration in an Australian healthcare setting of an in-line electrochemical water treatment system for optimising potable water.’

Nepean Blue Mountains Local Health District Service won the Healthcare Measurement Award for their ‘Breathe better at Blue Mountains – a multidisciplinary approach to reducing the length of stay for Chronic Obstructive Pulmonary Disease patients’.

Ms O’Connor said the quality of the submissions within the three categories continues to increase each year, “The judges were impressed by the diversity and the very high level of entries submitted,” she said.

“The winners have each identified an area of improvement in health, and delivered a worthwhile project that shows measurable results. Now in their 20th year, the Quality Initiative Awards help showcase practical innovation projects that challenge standard practices to provide useful initiatives.”
Day 3 ‘Rock the Boat’

The Australian Council on Healthcare Standards (ACHS) awarded its prestigious ACHS Medal 2017 to longstanding ACHS surveyor and highly experienced nurse Ms Rosemary Snodgrass.

In presenting the award, ACHS President Professor Len Notaras, AM said “The Board of ACHS are delighted to present this award to Rosemary Snodgrass who is highly-regarded for her enormous achievements in improving quality and safety in healthcare.”

“With nearly a lifetime’s works as a nurse, and as a lead ACHS accreditation surveyor for 24 years, Rosemary has generously shared her passion for continuous quality improvement across all states and territories of Australia. Numerous healthcare organisations have experienced Rosemary’s quietly-spoken but determined influence in ensuring staff are given concrete educational examples to improve both theirs, and their patient’s experiences.”

“By imparting her knowledge gained firsthand from around the country she has shared a wealth of wisdom and practical knowledge that can’t just can’t be ascribed to learning from a textbook.” Professor Notaras said.

Rosemary’s nomination was based on meeting three of the Award’s criteria, namely:

1) distinguished leadership in quality practices, 2) outstanding achievement in maintaining a continuous improvement focus and 3) achievements in the promotion of quality in healthcare.

“Rosemary’s calmness and friendliness has been her trademark tool, and it is testament to the esteem she is held in by the number of people who will quote something she said from years ago, as an invaluable piece of advice,” said ACHS CEO Dr Christine Dennis.

“As a ‘quiet achiever’ Rosemary’s successful career can be measured not only in the high-profile positions she has held (including the Director of Nursing for Royal North Shore Hospital in the 1990s, and more recently as ACHS Surveyor Workforce Manager), but the lasting impact she has had in driving quality and safety improvements that have made a real difference.”

“The awarding of the ACHS Medal recognises the outstanding contribution from an individual and Rosemary Snodgrass’s career achievements personify a professional-team approach that is genuinely an inspiration to many,” said Dr Dennis.
Ita Buttrose

Capturing perfectly the essence of the theme ‘Rocking the Boat’, media-publisher and well-known Australia identity Ita Buttrose AO OBE delivered a highly engaging review of her career and how she personally had ‘rocked the boat’ in a man’s world.

Building a career of ‘first’ achievements in the media publishing world, and becoming a public figure through her editorship of the much-loved ‘The Australian Women’s Weekly’ and then as the Editor of ‘Cosmopolitan’, Ita’s career achievements marked her as both a formidable and very contemporary Australian in a period of change.

In assessing her own leadership skills and lessons learned, Ita suggested that despite what people may think, leadership is “very enjoyable”. “In terms of fearing change, it is not going away. Today’s leader will have to ask, is there another way a leader could keep up with the change in technology? Other gems provided were: “You are never too advanced in your career not to think about having a mentor”, she said. “Leadership ticks all the boxes for me – in terms of making the big decisions and being prepared to accept the problems that come your way. I made a conscious decision to play in the jungle and there comes a point in all of our careers where you have got to be able to take whatever comes up in the jungle – and make it work.”

Ita also spoke about her own connections with health, particularly with her involvement in the 1980s with AIDS and the people and connections she made with patients, their carers and health workers at the time.

Ita Quotes

“They threw in every ‘S’ word when they got Asher Keddie to play me in Paper Giants.” Ita said.

“If you need to be a leader, don’t pussyfoot around – just do it.”

“As a young leader – walk through the flames.”

“What kind of strategy will you have to cope with the glass ceiling?”, she asked.

Dr Roberto Leonardi

Health Futurist Dr Roberto Leonardi presented one of the most authentic, refreshing and appealingly ‘real’ congress keynotes with his masterful take on our collective, predicted working futures.

Through a thick Italian-Australian accent, Dr Leonardi share some distinctly Australian-flavoured humour from a perspective that drew as many gasps as it did laughs. Who would have thought a Futurist could so presciently paint a future so many of us, with a shared interest in Health, could relate to?

Only these pictures can demonstrate the true impact he had on the audience!