Service organisation and managers – mutually exclusive concepts ?

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So you are a rheumatologist now

- You have a job
- It is unlikely that you will be starting a new service de novo
- It is likely you will join an established team with established patterns of behaviour
- You might have a solo takeover and be in a position to modify the service from the get-go

Responsibilities

1. responsibility
2. [rɪˌspɒnsɪ'bɪlɪtɪ]
3. NOUN
4. the state or fact of having a duty to deal with something or of having control over someone.
5. "a true leader takes responsibility for their team and helps them achieve goals"
6. synonyms:
7. authority · control · power · leadership · management · influence · duty
8. the state or fact of being accountable or to blame for something.
9. "the group has claimed responsibility for a string of murders"
10. synonyms:
11. blame · fault · guilt · culpability · blameworthiness · liability
12. (responsibility to/towards)
13. a moral obligation to behave correctly towards or in respect of
14. "individuals have a responsibility to control their behaviour"
15. synonyms:
16. trustworthiness · level-headedness · rationality · sanity · reason · [more]
17. reasonableness · sense · common sense · stability · maturity · soundness · reliability · dependability · competence
18. the opportunity or ability to act independently and take decisions without authorization.
19. "we expect individuals to take on more responsibility"
20. (responsibilities)
21. a thing which one is required to do as part of a job, role, or legal obligation.
22. "he will take over the responsibilities of Overseas Director"
23. synonyms:
24. duty · task · function · job · role · place · charge · business · [more]
25. onus · burden · liability · accountability · answerability · province · pigeon

Responsibilities

- To yourself – your health and well-being
- To your employer [as your employer has to you as an employee]
- To patients
- To colleagues
- To other agencies – Medical Council, College

Accountabilities

- The definition of accountability is taking or being assigned responsibility for something that you have done or something you are supposed to do.
- Process of being called to account

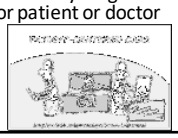
Accountable to

- Managers – are we doing what we are employed to do ?
- Agencies – are we performing appropriately
- Patients – are we treating them correctly

- How does the system match responsibility and accountability in a constrained environment?

Whose service is it ?
The patient

Quick access to diagnosis
Being seen when needed, and not when not.
Correct treatment
Good information
Continuity of care – am I always seen by different providers?
Be treated with respect
Valuing my time, not waiting unnecessarily long at appointment – service designed for patient or doctor convenience?
Trust – relationship issue



Whose service is it?
The Doctor

- Want to see patients with inflammatory disease early, not months later
- Want follow-up appointments in timely fashion
- Want continuity of care
- Want to have time to teach

Image 11

Whose service is it?
The manager

- Needs production volume seen
- Avoid breaching patients
- Minimise complaints
- FSA in preference to f/u
- Maximise discharge

Whose problem is that ?

- There are too many patients to be seen. How do we triage them, or see them?
- My manager demands that I see extra patients because of breaching rules.
- The patient did not attend – rebook or discharge
- Who gets priority – new or follow-up patients?
- My colleague suddenly left/died, what about all these patients?

Responsibility/accountability

- You are responsible for seeing patients in the clinic, and accountable to your manager [employer]
- Your manager is responsible for providing an appropriate workplace and accountable to you for that but also
- Your manager is responsible for achieving the organisational goals and is accountable to the next higher level
- The DHB is responsible for providing health care for the population, and is accountable to the Government.
- The Government is responsible for fiscal prudence and accountable to the People.

My manager's work list

- My job is mostly it is about listening to staff and trying to negotiate the best outcomes for our teams.
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- My day typically starts with checking and signing off leave and expense requests followed by at least an hour of answering emails providing staff with information.
- I monitor performance including ESPI 2 compliance, overdue results, overdue typing, delivery plans, budgets, patient waiting times, incidents and risks, HR compliance e.g. APC's, resus dates
- I receive and respond to the complaints sent in by patients and staff to our services.
- Recruitment, orientation for new staff and credentialing take a reasonable amount of time – interviews, organising accommodation and travel, completion of paper work for visa applications etc.
- Listening to staff needs for resources, accommodation and trying to negotiate with services to provide our teams with their requirements.
- Overseeing some of the building renovations.
- Writing business cases for more resources – staff/equipment
- Organising and prioritising the minor capital spends so that equipment is replaced in a timely manner.
- Helping services to plan and implement changes to their processes.
- Quality improvement projects e.g. the renal publicity project, renal IT project
- HR issues e.g. return to work programmes
- Asset management.
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Values

- Waikato DHB vision: *Healthy People. Excellent Care*
- Our values:
- *People at heart - Te iwi ngakaunui*
- | Give and earn respect - Whakamana
- | Listen to me talk to me - Whakarongo
- | Fair play - Mauri Pai
- | Growing the good – Whakapakari
- | Stronger together – Kotahitanga

HEALTH WAIKATO
CARING FOR YOU

Rheumatology service Waikato DHB Discussion

Alan Doube
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Underpinning principles

- Patient centred service – close to home
- Clinically appropriate care – commitment to patients accepted into service
- DHB wide focus – Hamilton and T hosp
- Continuity of care with clinician – chronic disease model
- Appropriate teaching experience for registrars
- Individual clinicians carry accountability

A common perception of rheumatology?

The Rheumatology Unit

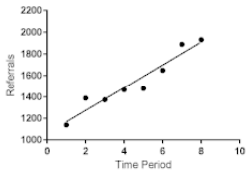
- Multi-disciplinary, co-location in single site
- 3 clerical staff plus typist
- 5 SMO persons [3.4 fte]
- 1 GPSI [0.2 fte]
- 1 advanced trainee
- 0.5 pre-part 1 trainee [with neurology]
- 3 CNS, 1 staff nurse
- 2 research nurses
- Physio/ OT/ podiatry
- And now 1 rotating JHO from Dec.

Patient service

- Majority out-patient volume, significant ward referral, occasional inpatient [usually complex unwell].

- Clinics
- Hamilton
- Thames x2/month
- Te Kuiti x1/month
- Tokoroa x1/month
- Frequency proportional to population/deprivation
- Special clinics – scleroderma, vasculitis, ank spond, myositis, bone, paediatric transition, combined dermatology

Rising Referral Numbers

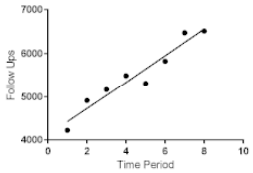


Linear increase in referral numbers.
Y=105.8*X+1064, R^2=0.92, p<0.001

We triaged 800 more referrals in 2017 than in 2010 and are seeing the same number of new patients

With rising referral numbers, and constant new patient volumes, strategies are already underway to handle referrals.

Rising Follow Up Load



Linear increase in follow up numbers

Regression line: Y = 309.5*X + 3926
R^2=0.93, p<0.001

So, we accumulate ~310 follow up patients annually

Adjustments to date

- Effective use of CNS capacity
- Introduction of Helpline, now both phone , e-mail and TXT
- Attention to discharge if possible
- Extending follow-up appointment intervals to maximally clinically acceptable timings
- Developed pathways and Map of Medicine
- Developed electronic triage tool [BPAC]
- Developed rheumatology Capacity Planner tool
- GP, PGY1/2, Registrar etc teaching

Internal challenges

- Meeting increasing volume , complexity and compliance with current staff
- Lack of useful OPD data systems
- Restricted clinic access, unmet need
- Appropriately wide diagnostic groups to facilitate training
- Education across the medical community
- Appropriate space in any future building

External challenges

- Barriers to access
- Changing GP models of care
- Loss to GP/patient relationship
- Reluctance of GP to prescribe our drugs
- Poor clinical information on BPAC referral
- Increased Pharmac/ MoH compliance issues

"Shared care"

- Who is responsible/accountable?
- In chronic disease what is "primary" and what is "secondary" – do rheumatology manage the cv risk in RA, that is, manage BP, lipids, glucose; infection in immunosuppressed?
- Who supplies ongoing scripts in stable patients ? Rheumatology? GP?
- In March 2018 we saw 696 individual patients of whom 259 were RA.

The future ?

- *Do it differently* – what does "different " look like ?
- What would be needed ?
- How do GP issues marry with ours ?
- Do we have the same problems, or different versions of the same problem, or really different problems ?

PEOPLE

- This includes non-clinical staff – clerical and managers
- Look after each other
- We all have pressures – try to understand other people's issues.

Finally

- As the doctor clinical accountability rests with you. While it remains so you are in a position of strength and no-one can ask you to behave in a way that puts you at risk.
- Above all have fun.