



Clinical Leadership in Action

Introduction

The community health sector in Victoria has been actively engaged, since 2005, in developing systems to ensure effective clinical governance for the delivery of services in the community. A significant area of focus has been the exploration of clinical leadership. The implementation of a robust process for clinical leadership in community health would position the sector for the future in a reformed health care system. This document provides a model for clinical leadership and recommendations for future action in developing clinical leadership in the sector. The document is based on DHS funded project work undertaken by VHA researching the theoretical foundations, current and best practice in clinical leadership (see VHA Project Report 2009 for full report).

Rationale

The need to articulate a model of clinical leadership in community health arises from the (clinical) governance requirement to ensure the quality of services delivered within and across program areas is based on evidence and is continuously monitored and improved. The development of 'clinical leader' or 'senior clinician' roles within some Victorian community health services has occurred to ensure quality systems and methods extend beyond the broad organisational level and are applied within programs. These roles while offering the perceived benefits of improved team communication, supporting staff and innovation have been problematic to date. The roles generally require a small number of individuals within an agency to take on a large range of tasks in a limited number of program areas. The model proposed in this document moves away from the concept of a clinical leader and towards clinical leadership. Clinical leadership therefore involves both a wide range of staff spread across the organisation (i.e. from board, senior management, program management and clinician level) and external partners facilitating improvement at the program level at a community health service.

Tasks and Attributes

Clinical leadership extends the concept of leadership to add the responsibilities for the care and safety of clients and the monitoring of both service and individual outcomes (Davidson et al 2006).

Clinical leadership in the community health sector can be described as:

The process of developing a culture and leading a set of tasks to continually improve the quality and safety of service delivery to consumers.

Effective clinical leadership occurs when the appropriate skills and attributes are present at all levels within an organisation and with the external partners and networks in the sector.

As the definition above outlines, clinical leadership requires not only a set of tasks to be completed but particular attributes to be present at the organisational and individual level. The extensive literature on leadership identifies the following



individual attributes for effective leadership; the ability to inspire a shared vision, enable others to act and to challenge the process (Kouzes and Posner). Individuals with the appropriate attributes can be identified and supported in the development of general leadership and specific clinical leadership skills. At an organisational level the Board and Senior Management are required to establish a culture which encourages and rewards openness, mutual respect and teamwork as part of the safety and quality agenda. The governing body of the organisation is responsible for articulating a requirement for clinical leadership that will drive high quality clinical practice and service delivery which will be monitored through its reporting framework.

The tasks required for effective clinical leadership are varied and responsibility for those tasks is spread across an organisation and sector. A key learning from the VHA project is the need to develop clinical leadership at a program and service delivery level. Whilst there have been significant advancements in clinical governance and clinical leadership at a governance level, the project has highlighted substantial clinical leadership gaps at a service delivery level due to a lack of system development and resource capacity. Some of the key clinical leadership tasks identified by the sector as requiring further development include:

- development and application of appropriate models of care
- workforce redesign
- integration of relevant research into clinical service delivery
- development and analysis of clinically relevant data, including clinical indicators
- application of quality theory

The VHA project also identified a need to develop strong sector wide clinical leadership. Clinical leadership, while occurring at all levels of the organisation, must also be actively supported by external funding bodies and through external networks. There is a need for funding bodies to demonstrate strong clinical leadership through the appropriate preparation of new programs/initiatives and support to program level clinical leadership in organisations. Specifically, an external funder needs to provide clinical leadership in the development of program objectives and scope, analysis of evidence based research, establishment of evaluation mechanisms, data requirements and allocation of appropriate resources for skill development and change management.

Opportunities exist for sector wide networks, consisting of clinicians, professional organisations, the tertiary sector or cross sector partnerships, to be developed to promote clinical leadership in targeted program areas. Networks can support sector wide program quality improvements through the development of evidence based guidelines and dissemination of information.

Clinical Leadership in Community Health

Ideas for improvements to service delivery, or indeed new services or programs, can come from many sources within or external to an organisation. The translation of proposed initiatives into successful outcomes for the community requires clinical leadership at an individual, organisational and sector wide level.

For example, a clinician may identify an unmet need or propose an alternative model of care. For the proposal to be effective there needs to be an organisation culture that



supports innovation and mechanisms in place for ideas to be heard and analysed and if appropriate developed. A range of tasks will need to be undertaken at both the clinician, program and organisation level to demonstrate the need, embed change and evaluate the effectiveness of the initiative. This requires clinical leadership from:

- the board and senior management in determining the alignment with strategic directions, allocating appropriate resources and monitoring the initiative,
- the program level in implementing and monitoring the change and
- the clinicians in enacting change and engaging in related quality activities to support the initiative.

Similarly, the board or senior management may propose an initiative after review of information relating to service quality or needs assessment or a proposed initiative may come from an external funding body. Again the same culture needs to be present and tasks need to be undertaken at all levels of an organisation to ensure effective implementation of the change required.

Clinical Leadership Model and Audit Tool

Figure One below provides an overview of the main tasks that need to be undertaken within and external to an organisation to support effective clinical leadership and result in anticipated outcomes for clients. The model assumes the attributes for effective leadership are in place at an external, organisational and individual level. The diagram highlights that while the source of an initiative may change, the set of tasks to support the success of an initiative is generally the same.

Organisations need to identify where there are gaps in the ability to perform some of the clinical leadership tasks and develop appropriate skills within the organisation or seek assistance externally. An audit tool has been developed to assist organisations in undertaking a self assessment of clinical leadership tasks occurring within their own organisations (see Appendix One).

References

Davidson, P. M., Elliott, D., & Daly, J. (2006). Clinical leadership in contemporary clinical practice: Implications for nursing in Australia. *J Nurs Manag*, 14(3), 180-187.

VHA Clinical Leadership in Community Health Project Report March 2009 accessed from www.vha.org.au

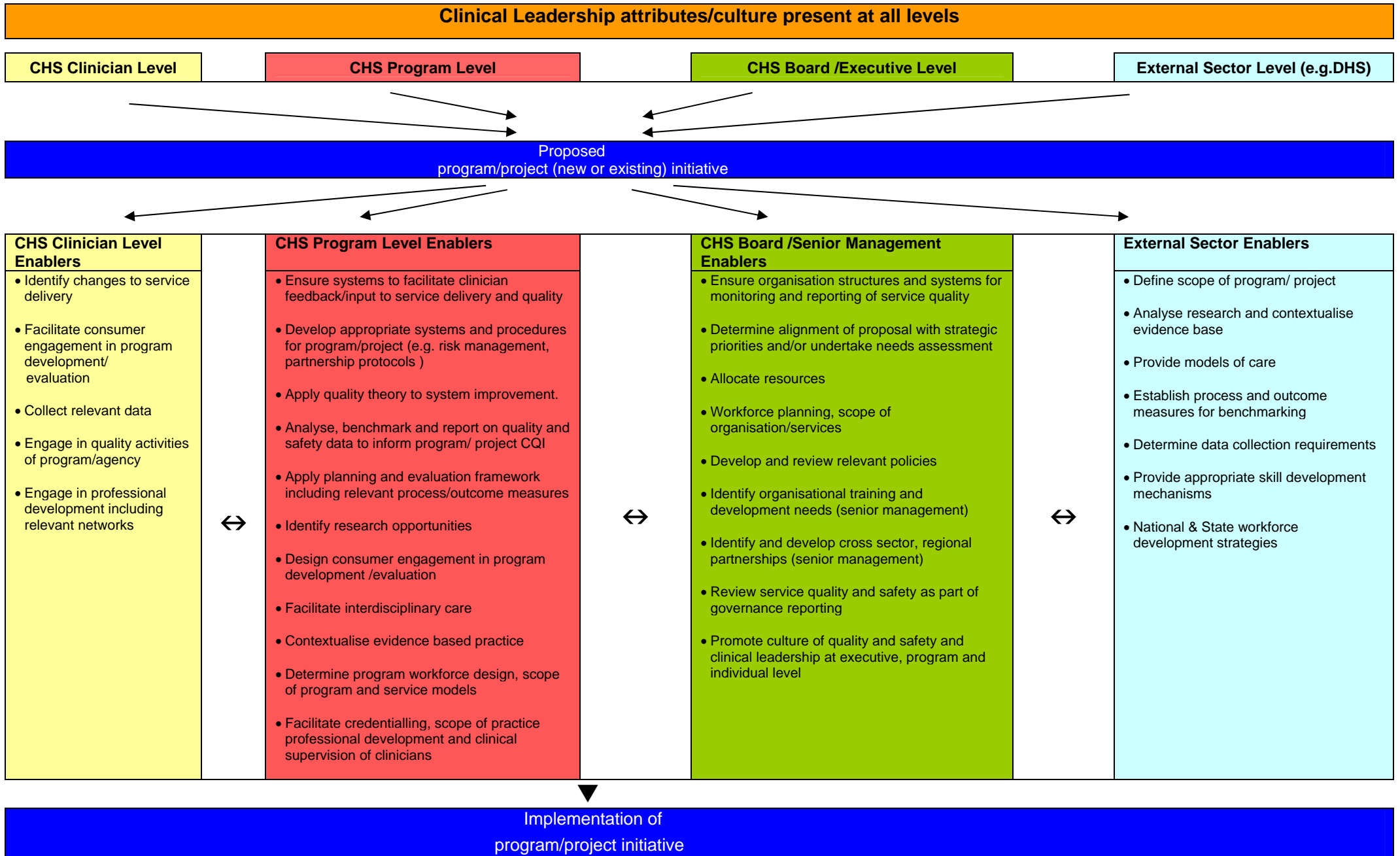


Figure 1: Model of Clinical Leadership

Recommendations

The VHA Clinical Leadership in Community Health Project has enabled an examination of current practice and an exploration of a suitable model of clinical leadership for the community health sector. The recommendations provide some first steps to assist the community health sector in strengthening its approach to clinical leadership and considering longer term actions. Furthermore the recommendations provide a basis to discuss with relevant stakeholders possible avenues to pursue the additional work in developing further clinical leadership at the level of funders and statewide quality organisations as identified in the final three recommendations.

Recommendations to community health services

Recommendation 1

That Community Health Services undertake an audit of current clinical leadership activities within their organisations to inform the development of priority areas for skill development and future initiatives to support clinical leadership in the organisation and across the sector.

Recommendation 2

That Community Health Services build internal capacity by identifying professional development opportunities to develop the skill base of staff to undertake general leadership and specific clinical leadership tasks.

Recommendation 3

That Community Health Services establish external linkages and local partnerships (including cross sector) to support clinical leadership development, evaluation and research activities.

This recommendation will build on work occurring in some program areas to provide clinical leadership e.g. HARP, Headspace)

Recommendations to funders and state wide quality organisations

Recommendation 4

A pilot project be established to:

- develop specific competency training units in clinical leadership tasks identified from the findings of the audit
- evaluate the effectiveness of skill attainment in two settings-
 1. a medium to large CHS which also supports the development of clinical leadership roles;
 2. a collaborative catchment based service model to support smaller CHS located in a rural setting.

Recommendation 5

Link with or develop suitable structures or mechanisms for the promotion and development of clinical leadership for the community/primary health care system. This includes the identification of priorities and hosts for clinical networks (disease/conditions or life stage specific such as a diabetes or paediatric network) or relevant research/collaborations.

Recommendation 6

Funding bodies demonstrate clinical leadership in the development and maintenance of program areas

Clinical Leadership Audit Tool

Introduction

The purpose of this audit tool is to provide agencies with a self-assessment tool to evaluate their clinical leadership functions. The VHA Clinical Leadership Project has adopted the following definition of Clinical Leadership:

“Clinical leadership in Community Health is the process of developing a culture and leading a set of tasks to continually improve the quality and safety of service delivery to consumers”.

Effective clinical leadership occurs when the appropriate skills and attributes are present at all levels within an organisation and with the external partners and networks in the sector.

Instructions

This tool focuses on the tasks of clinical leadership that will improve safety and quality across the organisation and support effective clinical governance. The tasks are distributed among board/senior management, program (defined service area) and clinician level to reflect where these tasks may occur in an organisation to enable effective clinical leadership.

Clinical leadership positions may not exist in your organisation but the tasks/activities listed could form part of roles undertaken by staff (and listed in position descriptions) or be accessed externally. Please indicate whether the function of clinical leadership described:

- exists
- to what extent it operates
- identify any barriers to full implementation
- include any comments relevant to the function.

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
Board/Senior Management Enablers						
1. Board/senior management analyse/review data (population, demographic, epidemiological, program) to inform: <ul style="list-style-type: none"> • strategic planning • operational planning • program/service change 						
2. Board/senior management ensure reporting and monitoring mechanisms on organisational and program level quality and safety issues (including risk) are in place for: <ul style="list-style-type: none"> • Board of Management • Senior Management team • Quality & Safety Committee 						
3. Board/senior management ensure appropriate and effective consumer involvement for: <ul style="list-style-type: none"> • Organisation planning and evaluation • Program level planning and evaluation • Individual care level planning and evaluation 						

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
4. Financial resources are identified to support development of skills, culture and implementation of clinical leadership tasks						
5. Board/senior management facilitate collaborative working arrangements to identify/research/implement program improvements with external networks: <ul style="list-style-type: none"> • Tertiary institutions • Community based health and human services • Acute health services • Divisions of General Practice 						
6. Board/senior management facilitate organisational participation in cross sector quality and safety initiatives when required, to ensure a uniform approach						
7. Board/senior management facilitate organisational participation in research activities to develop evidence based practice.						

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
8. Board/senior management undertake workforce planning, and review scope of organisation/services						
9. Board/senior management identify organisational training and development needs						
Program level Enablers						
10. At a program level practice change is actively supported and evidence based						
11. At a program level data (population, demographic, epidemiological, program) is used to inform service planning						
12. At a program level service quality and safety data is reviewed and drives service delivery change (including consumer data)						
13. At a program level clinical service delivery is externally benchmarked						

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
14. Risk (including clinical) is addressed at a program level						
15. Program level information is regularly reported <ul style="list-style-type: none"> • For organisational strategic and operational planning • To clinicians for service improvement 						
16. At a program level workforce design, scope of program and models of care are reviewed.						
17. At a program level quality and change management theory is applied to effect system improvement.						
18. At a program level appropriate and effective consumer involvement is in place for: <ul style="list-style-type: none"> • Program planning and evaluation • Service feedback (individual intervention) 						

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
19. Client outcome and/or process measures are defined and used at a program level						
20. Appropriate program related systems, policies and procedures are developed						
21. Credentialling process are facilitated at a program level for clinicians						
22. Professional development is facilitated at a program level						
23. Defining and reviewing scope of practice for clinicians occurs within a program						
24. Interdisciplinary care is facilitated at a program level (promoting disciplines working collaboratively to provide client focussed care to achieve optimal outcomes)						
25. Clinical supervision mechanisms are in place at a program level						

Clinical Leadership Task	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	What are the barriers e.g. skills, recruitment	Comments
Clinician Level Enablers						
26. Clinicians participate in quality and safety activities						
27. Clinicians represented on Quality & Safety Committee/Structures						
28. Clinicians participate in collection and analysis of program data						
29. Mechanisms exist for supporting clinician identified opportunities for service improvement and innovation						
30. Clinicians knowledge and skills maintained through participation in external structures: <ul style="list-style-type: none"> • Clinical networks • Professional associations • Special interest groups • Cross sector liaison 						