

Hospital Administration – Your Friend?

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Objectives

- Understand Hospital reporting structure and Decision making
- Create some practical strategies to achieve success for the Emergency Department in the short and long term
- Review and Discuss some practical examples relevant to practice at the Black Lion
- I have no disclosures or conflict of interest

This session will be recorded

- We are recording this Zoom session so that it can be watched again at your convenience, and so that we can share it with your colleagues who were not able to join us today.
- If you would prefer that this recording **not** be shared with your EM colleagues, please email amcknight@ghem.ca within 24 hours of the session.
- We will share the presentation slides and other materials (journal articles, etc.) by email; you will have access to all materials regardless of whether the recording is shared.

- The information in this presentation and the video recording is up to date as of the date it was recorded (June 12, 2020)
- It has not been updated to include any subsequent advances in practice, and the information presented in this video does not replace hospital, health centre, or governmental guidelines.

Hospital Structure/Role in Health System

- Hospital Board
- Reporting relationship to Department of Health
- Hospital Admin structure- CEO/VP/manager
- Medical staff – relationship to Hospital management
- Department Chief
- Medical Advisory Committee

Hospital/Health System – Political Considerations

- Always high profile and of interest to politicians
- Emergency Department – high volumes/risk/visibility
- Private vs public hospital system
- No limit to need for funds
- Acute care issues often get more attention than public health/prevention

Covid-19 Pandemic – Hospital concerns

- Risk of overwhelming the current fragile system
- Inpatient/ICU care
- Risk of transmission in hospital
- Risk of transmission to HCW
- High mortality in frail elderly

Covid-19 – Possible Opportunities

- Improve supply chain – PPE
- Opportunities for virtual care
- Rethinking of models of care

COVID – 19 – Re-Imagine the ED

- Screening
- Virtual care
- Role of families
- Triage
- Protection of HCW
- Linkage to public health

What Matters to Hospital Administration

- Patient experience – ED is high volume and very visible
- Patient volumes – balance of scheduled surgeries, vs ED cases
- Academic mandate for education/research
- Role in Health System
- Budget/limited resources

How do you approach Hospital admin with an “ask”

- It needs to be about the patients and their families
- It can't be “because I am a doctor!”
- Avoid emotion or “patients will die” statements
- Tell a story
- Have the data [if possible] to support your story
- Build on relationships/alliances with hospital leaders

SBAR tool

- S = situation [a concise statement of the problem]
- B = background [pertinent and brief information related to the situation]
- A= assessment [analysis and considerations of options – what you found/think]
- R = recommendation [action requested/recommended – what you want]
- 1-2 page maximum! Try to quantify cost if you can

Example #1

- You have a number of broken or missing important equipment in the ED that is important to provide care. The only ECG machine has been broken for two months. 2 out of three O2sat monitors do not work, and your portable suction machine is unreliable, despite being “fixed” twice in the past two months.

SBAR

- Situation
- We have a number of broken pieces of medical equipment which are not functioning
- Background
- Chronic problem- multiple fixes in the past – patients at risk
- Assessment
- Situation that is unsafe for patient care for specific conditions
- Recommendation
- Purchase 2 sat monitors – in one week, and repair ECG and suction in one week

Where should the SBAR go?

- Dept Chief?
- Some manager?
- Social media?
- Patients/Families?

What happens if there is no response?

- Send it again?
- Did it go to the right place/person?
- Have a meeting?
- Utilize your social network
- Is the issue – supply or cost

Example #2

- You and your staff are very worried about COVID-19, even though the Black Lion is not a designated hospital
- There seems to be no real assessment/screening process and very limited PPE for your staff

SBAR

- Situation- non covid hospital – seeing covid patients
- Background- limited resources, PPE, screening for COVID
- Assessment - need COVID capacity
- Recommendation – PPE- masks/gloves, triage, screening , family policy

Example #3

- Patient seen in the ED – requires surgery for fractured ankle
- Awaiting OR date
- Surgeon insists that patient stay in the ED until surgery date
- ED physician concerned about risk to patient in the ED, and also ongoing waiting for patients to get an assessment/treatment bed in the ED

SBAR

- Situation- admitted patients in the ED
- Background- chronic problem – results in poor care for other patients – their care is poor
- Assessment - as above
- Recommendation- admit the patient to the surgical ward-go home and wait for the surgery

Leadership/Administration

- How can I learn to be a leader?
- Are there examples inside/outside of Health Care
- What about mentorship?
- Why would I want to do this?

Nelson Mandela

- Clear vision
- Value based
- Active listener
- Mentor and teacher



Key Attributes of Leaders

- Internal self awareness
- Strong values
- Trust
- Active listening
- Coping with change

Emotional Intelligence

- Self awareness
- Self- regulation
- Motivation
- Empathy
- Social skill

Thank You!

- Other questions and Discussion