report

July 2014

Ingham Institute Clinical Skills & Simulation Centre

strategic planning workshop

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INTRODUCTION

The Ingham Institute Clinical Skills and Simulation Centre held a planning workshop on 11 July 2014 to commence the development of its inaugural strategic plan. The workshop was attended by members of the governance group and commenced with a presentation by A/Professor Marcus Watson of Queensland Health, which runs the largest simulation centre in the world (see appendix 1 for a list of the workshop participants).

The workshop was facilitated by Greg Masters, the director of Nexus, who prepared this report on the workshop outputs. The report is structured as follows:

• section 1 describes how a thriving, successful Ingham Institute Skills and Simulation Centre would look like in 2020: the 2020 Vision
• section 2 describes the Centre’s research agenda
• section 3 discusses the Centre’s education and training program
• section 4 considers the Centre’s funding and governance systems
• section 5 summarises the Centre’s approach to community engagement
• section 6 sets out the next steps in finalising the strategic plan.
1. THE ‘2020 VISION’

Figure 1 depicts the role and aims of the Ingham Institute Clinical Skills and Simulation Centre as a house.

FIGURE 1: THE HOUSE

The goal of the Centre (the roof) is to achieve better patient outcomes through improved patient-centred, team-based and evidence-based care that draws on the Centre’s research and training programs (‘the pillars’). The foundations of the house are its funding and governance systems and community engagement and partnerships.
By 2020, the Centre will have been successful in building the house if:

- the research and teaching programs are integrated and have provided demonstrable improvements to patient outcomes
- these improvement have come directly from the Centre’s contribution to improved team-based, patient-based and evidence-based clinical practice
- the research program has expanded substantially
- the teaching program is structured and strategic and incorporates care in community-based and primary care settings
- the Centre has led major culture change in the district’s adoption of simulation education
- the Centre has networked with other simulation and skills centres in conducting research and forming educational partnerships
- the Centre has diversified its funding sources and has a sound financial footing
- the Centre engages effectively with the local community had has a high profile.
2. RESEARCH

As depicted in the house diagram, the Centre’s research agenda aims to lead directly to improvements in clinical practice and patient outcomes. There are two prongs to the research program:

- translational research
- evaluation of the efficacy of simulation education.

The workshop agreed that the second of these should increasingly be couched in terms of translational research also; that is, rather than portraying as educational research or evaluation per se, the emphasis will be on how the Ingham Skills and Simulation Centre effects clinical practice change and improves patient outcomes.

2.1 RESEARCH PRIORITIES

The workshop stated that the research priorities should align with relevant national bodies including the Australian Commission on Safety and Quality in Health Care and the Australian Society for Simulation in Healthcare.

Provisional research priorities identified include:

- translational health on inter-disciplinary team-based clinical practice
- implementation of clinical guidelines
- research on service delivery and outcomes for culturally and linguistically diverse communities, possibly in collaboration with other centres as part of a large scale project.

2.2 MAKING IT HAPPEN

The workshop acknowledged that start-up funding is required to seed a sustainable program. Specific proposals canvassed include:

- UNSW Australia funding for a PhD scholarship
- UWS funding for clinical/surgical skills training research
- submitting a business case to the Ingham Institute of Applied Medical Research.
The workshop also identified possible sources of research staff, aside from grants:

- fellowships (e.g. international exchange)
- research internships
- ILP students
- consumer-based fellowships.

It was stressed that the research program extended to the nursing and allied health workforce.
3. EDUCATION & TRAINING

The Centre’s education and training programs also aims to contribute directly to improved clinical service delivery and patient outcomes. In this context, it was agreed that SWS LHD clients should retain priority access to the Centre without fees. While it was acknowledged that the Centre needs to pursue other revenue streams, including commercial activity, this should not occur at the expense of priority access for LHD staff.

The workshop agreed that the Centre should build upon its existing strengths – surgical skills, multidisciplinary team-based care, basic and advanced life support, communication skills – while developing a more strategic assessment of its training program. This would entail:

- a needs assessment of LHD clinical, nursing and allied health staff
- analysis of LHD’s quality and safety data
- an assessment of online courses available for use as an adjunct to simulation education in the Centre
- articulation of a simulation strategy for the Centre (what programs are suitable for simulated learning? how will these be developed and resourced? How will they align with existing methods?)
- a review of HETI policy and resources.

The output of this strategic overview would be a more systematic approach to program development and delivery setting out some training priorities for the Centre (while not constraining its ability to respond flexibly to emerging needs and commercial opportunities).

The surgical training program was seen as a potential model for wider adoption. The model has evolved from provision of informal surgical skills training through development of an accredited program leading to a formal qualification that can facilitate entry into the graduate program. The plan is to extend this program on a state-wide basis with the Centre accrediting other institutions to deliver the training.

3.1 TEACHING PRIORITIES

Prospective priorities nominated apart from the existing strengths included:
• workforce communication skills (taking patient stories; performance review and feedback)
• interdisciplinary leadership
• training in simulation education.

Some principles were identified to underpin the Centre’s training programs:
• harmonisation of the UNSW and UWS curricula
• greater integration of the Centre’s offerings with the curricula
• developing a niche for clinical skills and simulation education.
4. FUNDING & GOVERNANCE

A key theme of the workshop was that the Ingham Clinical Skills and Simulation Centre needed the funding and governance platform to enable it to build a growing and sustainable research and education program.

4.1 FUNDING SOURCES & PRIORITIES

The workshop brainstormed a list of possible funding sources include:

- research grants
- industry (e.g. provision of equipment), with appropriate safeguards
- fee for service training for external organisations (e.g. private hospitals, GPs, simulated work experience)
- Ingham Institute (which would require a business case)
- commercial opportunities (movies/TV, entertainment, ‘Dutch auctions’).

The workshop concluded that the funding of staff positions for technical support, educators and administrative support was the funding priority, as opposed to additional capital equipment already in place or planned.
5. COMMUNITY ENGAGEMENT & PARTNERSHIPS

The workshop agreed that a fundamental strength of the Centre was its partnership model involving:

- the Ingham Institute of Applied Medical Research
- UNSW Australia
- the University of Western Sydney
- the South Western Sydney Local Health District and Liverpool Hospital.

Indeed, the workshop saw a need for the Centre to extend this network beyond its partners and form research networks to attract grants and to build links with other parts of the health system (primary care, Medicare Locals, community-based services, VET providers).

Moreover, the workshop acknowledged the need for the Centre to engage with the local community.
6. **NEXT STEPS**

The workshop endorsed the establishment of a small working group comprising:

- Christy Bruce, Liverpool Hospital
- Andrea Herring, UNSW Australia
- Rebecca Leon, Centre for Education and Workforce Development, SWSLHD
- Scott MacKenzie, UWS
- Craig Smith, UNSW Australia (Chair)
- Ben Taylor, Liverpool Hospital

The role of this group is to review this summary report on the workshop and develop a draft plan across the four ‘domains’ (research; education and training; funding and governance; community engagement) that:

- lists specific projects under each domain
- assigns priorities to these projects
- allocates responsibilities and timeframes for their completion.

The draft plan will be presented to the governance group for review and feedback.
APPENDIX 1: WORKSHOP PARTICIPANTS

Mark Ainsworth
Michael Barton
Kellie Blackmore
Les Bokey
Christy Bruce
Lorinda Carter
John Daly
Bronwyn Everett
Carolyn Hayes
Andrea Herring
Dush Iyer
Sharon Jacobs
Matt Jennings
Maree Johnson
Greg Kaplan
Rebecca Leon
Scott MacKenzie
Patrick McNeil
Judy North
Craig Smith
Kathryn Spears
Anna Thornton
Craig Wainwright
Marcus Watson
Robyn Williams
Jeremy Wilson
Kylie Wright