

Case Stories

Rebuilding a deteriorating clinical service in a large city hospital.

REBUILDING A SPECIALIZED HEALTHCARE UNIT

Situation

Dalmau Consulting was approached by the Director of Medicine of a very large private tertiary hospital to aid in rebuilding a dysfunctional clinical unit. This unit was the only one in the state that provided a very unique and highly specialized service to patients with a particular type of neurological condition.

The state government provided a significant portion of the unit's funding and there were other hospitals who were vying to provide a similar service at the expense of the funding that went to this hospital. Executive management within the hospital had made a clear decision it wished to retain this service, but this would not be possible without a fundamental rebuilding of the way the group operated. There are less than six such units in all of Australia and the training, experience required of those who can lead such units means their numbers can be counted on the fingers of two hands across the globe.

Challenge

The particular medical condition that this clinical unit services is highly complex, and patients can be tracked for number of years before its highly skilled people and processes are brought to bear, often as a last resort. The diagnosis, decision to intervene, the actual clinical treatment, and patient care of the extreme conditions that this unit seeks to treat in patients, depend to a large extent on the quality and functionality of the relationships among the medical, nursing and support staff. In this particular case, many of the unit's members were fearful, confused, and uncertain. Moreover, the hospital Director of Medicine was acutely aware treatment protocols, management systems and decision-making within the unit were suspect.

Our Approach

Dalmau Consulting partnered the Director of Medicine to ...

- > Interview all medical, nursing and support staff in the unit.
- > Use a tried and true measure of group functionality to assess the group's performance.
- > Build a strategy to replace the clinical lead of the unit.
- > Work with the group to establish minimum behavior standards with one another.
- > Provide on going coaching to individual staff from within the unit.

Outcomes

The work put an immediate pause into the continuing deterioration of relationships within the unit. Individuals reported that they felt safe for the first time in coming to work for a number of years. Patient management systems and protocols were established over time.

The head of the unit left the hospital, as did two of their political supporters who were also the source of much friction and conflict within the unit. Unit now has the support of hospital management and the state government and is resuming the highly specialised service it had previously provided.

Under the guidance of a new clinical leader, people report they are much happier at work, feel much safer, and are getting good clinical outcomes for patients.



Beyond limits