



Condizioni organizzative di successo per un professionista con responsabilità manageriali

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Conflict of Interest

Academic

- President Elect European Society of Intensive Care Medicine
- Member of the Surviving Sepsis Campaign Executive Committee



SUTTON & CROYDON Guardian

26th November 2015

Watchdog exposes inappropriate behaviour at Epsom and St Helier hospitals



“A senior doctor from St George’s Hospital, Dr Maurizio Cecconi, has been installed as clinical lead alongside Deborah Dawson as consultant nurse for intensive care, in a bid to turn around the service.”

November 2015 CQC visit:

- Serious concerns around patient safety
- 2 Consultants suspended for bullying
- A partnership was established with SGH to turnaround the service

“We identified significant concerns with the culture and leadership of the critical care service”

A gap analysis using the Critical Care Service Specification Standards (D16) were presented to PSQC.

The analysis confirmed concerns highlighted by a CQC and identified further areas requiring action.

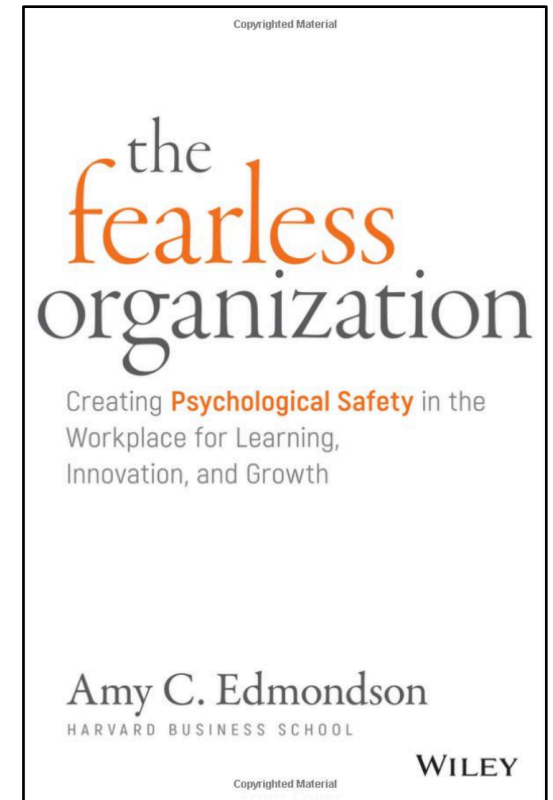
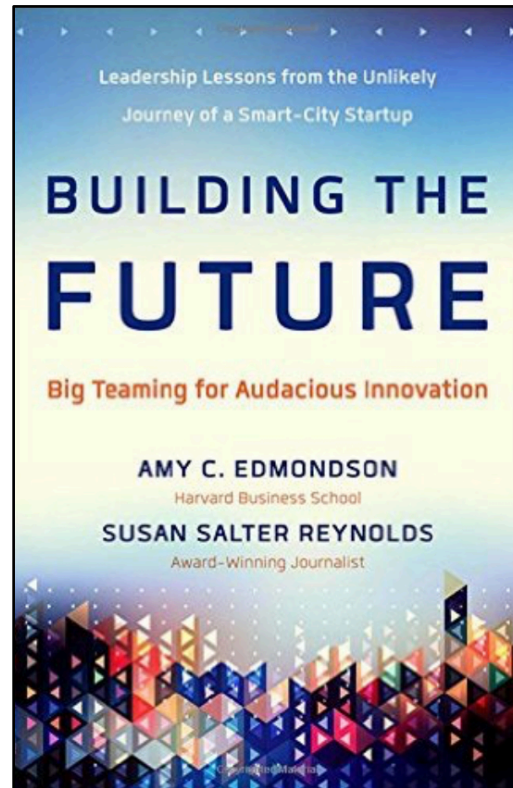
Concerns:

- lack of clinical leadership
- a weak governance structure
- under establishment
- poor team working within the critical care areas and also with the wider organisation

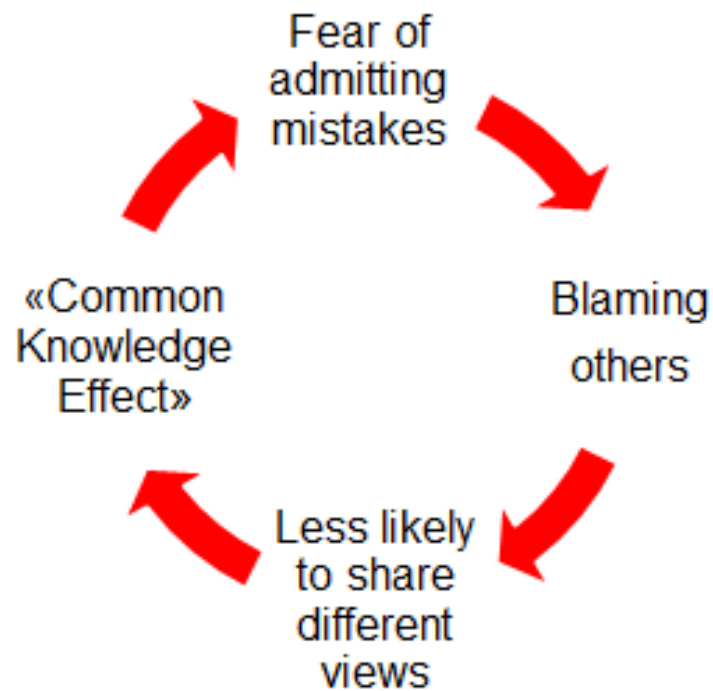


GO AWAY

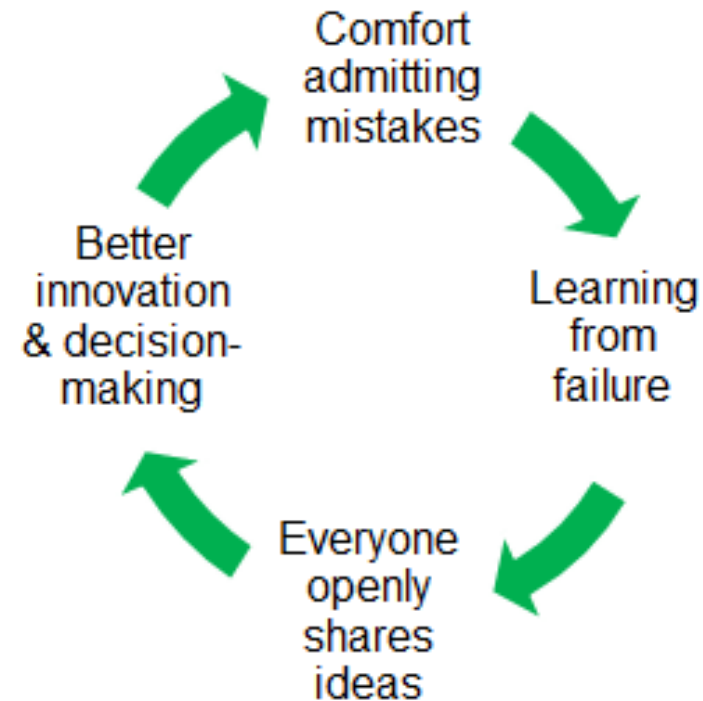


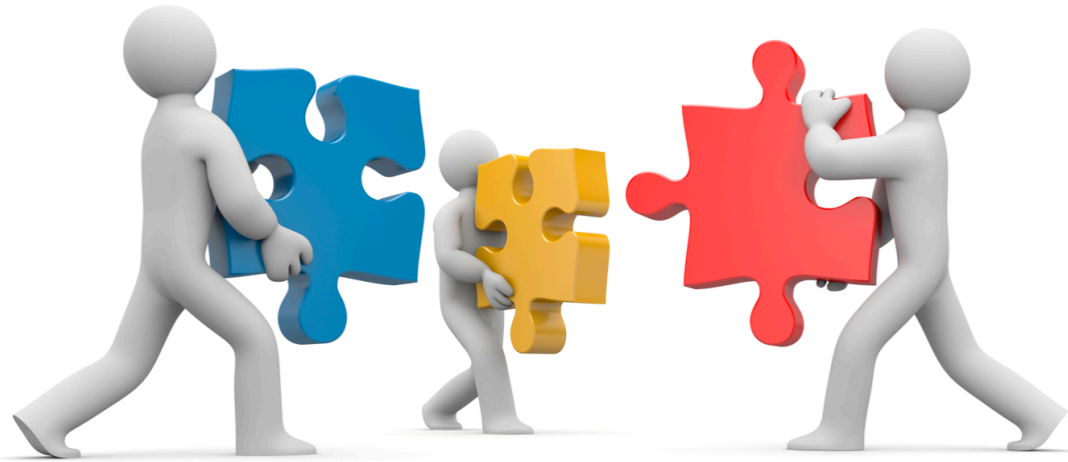


Psychological Danger



Psychological Safety

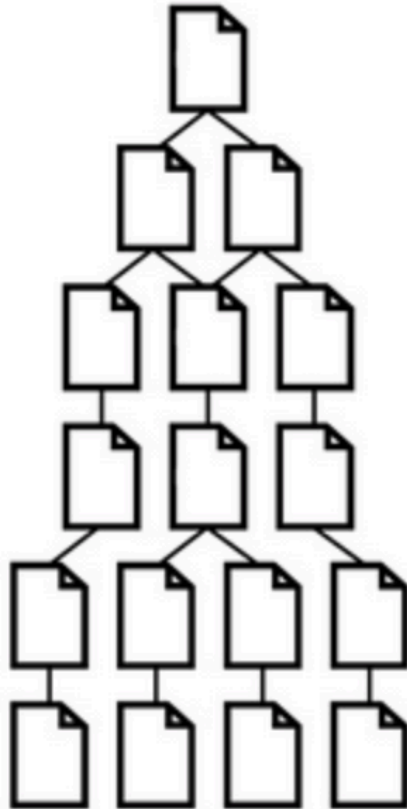




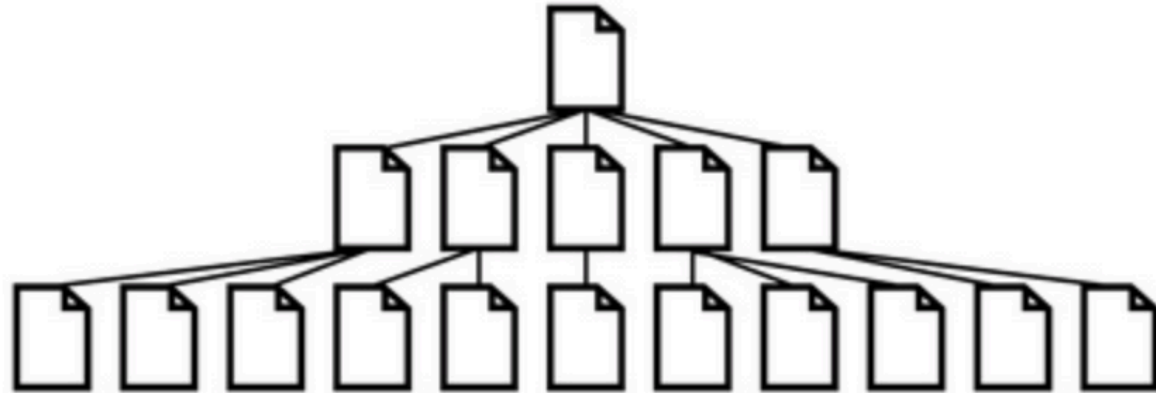
- Keep the Team
- Change the Culture
- Reinforce MDT Working



DEEP SITE ARCHITECTURE



FLAT SITE ARCHITECTURE



The Approach to Implementation:
Authority by Task, Skills & Delivery
not by age



Find the Gaps,
Choose the KPI
Work on Them
Measure
Share



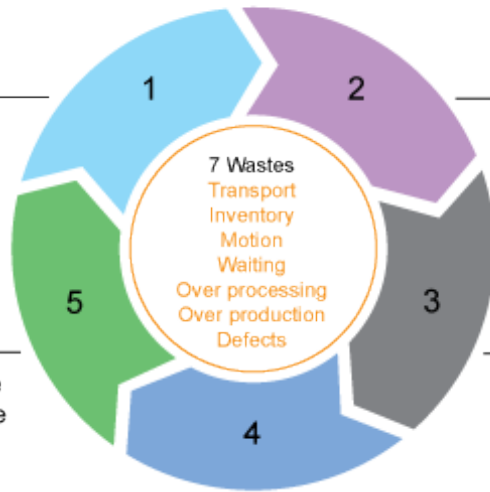
Lean Principles

Specify Value

Define **value** from the customers perspective and express value in terms of a specific product or service

Work to Perfection

The complete elimination of waste so all activities create value for the customer by breakthrough and **continuous improvement** projects



Map the Value Stream

Map all of the steps...value added and non-value added...that bring a product or service to the customer

Establish Flow

The continuous **flow** of products, services and information from end to end through the process

Implement Pull

Nothing is done by the upstream process until the downstream customer signals the need, actual demand **pulls** product/service through the value stream



What we do Funding and partnerships

Home > Browse content by topic

Quality improvement

Improving quality in health care is about making it safe, effective, patient-centred, timely, efficient and equitable

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Requires improvement	Requires improvement	Good	Requires improvement
Surgery	Inadequate	Good	Requires improvement	Requires improvement	Inadequate	Inadequate
Critical care	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Renal	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Ratings for St Helier Hospital and Queen Mary's Hospital for Children

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
Medical care (including older people's care)	Good ↑ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018
Surgery	Requires improvement ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↑ May 2018	Requires improvement ↑ May 2018
Critical care	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Maternity	Good ↑ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↑ May 2018	Good ↑ May 2018
Services for children and young people	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
End of life care	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Outpatients	Good ↔ May 2016	Not rated	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Renal	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Overall*	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2017	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018

The Surviving Sepsis Campaign Bundle: 2018 update

Mitchell M. Levy^{1*}, Laura E. Evans² and Andrew Rhodes³

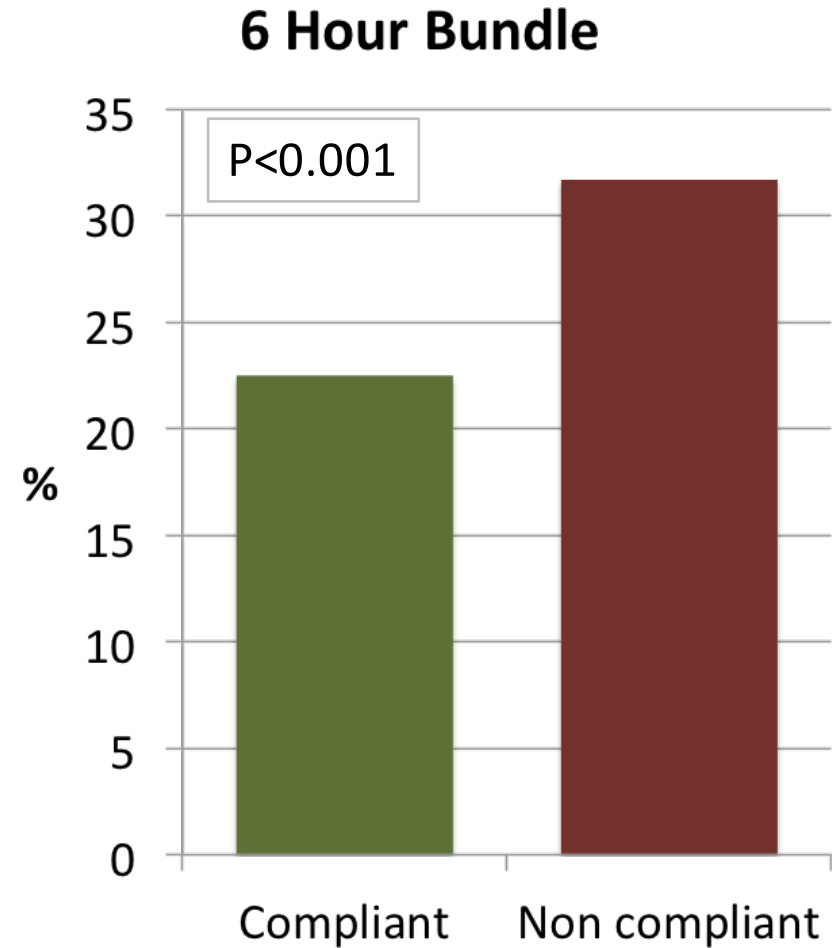
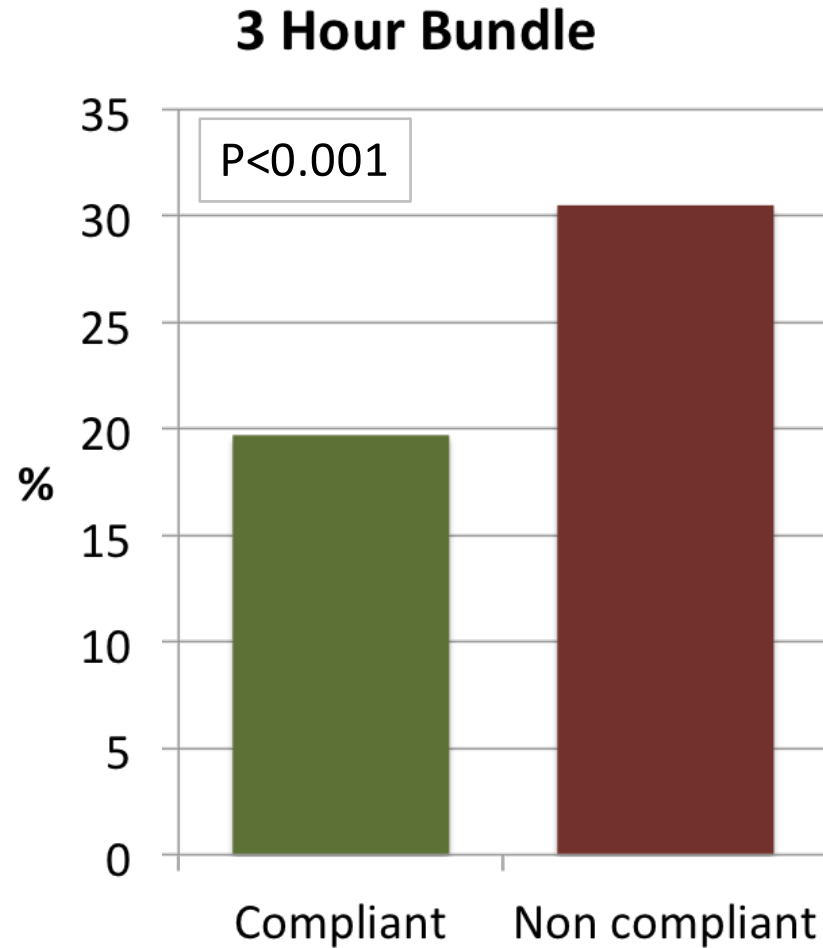
ICM 2018

- Measure lactate level. Remeasure if initial lactate is >2 mmol/L.
- Obtain blood cultures prior to administration of antibiotics.
- Administer broad-spectrum antibiotics.
- Begin rapid administration of 30ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L.
- Apply vasopressors if patient is hypotensive during or after fluid resuscitation to maintain MAP ≥ 65 mm Hg.

**“Time zero” or “time of presentation” is defined as the time of triage in the Emergency Department or, if presenting from another care venue, from the earliest chart annotation consistent with all elements of sepsis (formerly severe sepsis) or septic shock ascertained through chart review.*

Fig. 1 Hour-1 Surviving Sepsis Campaign Bundle of Care

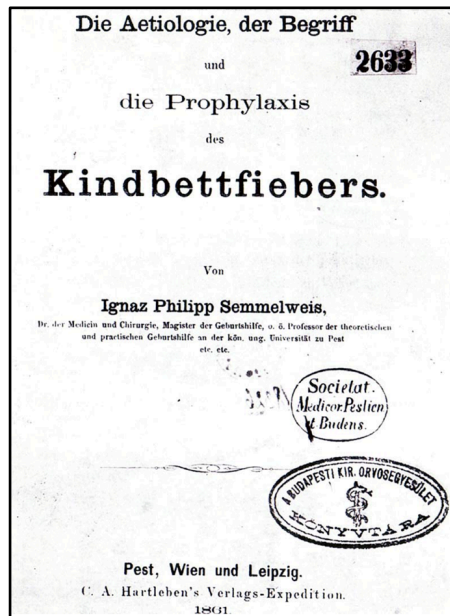
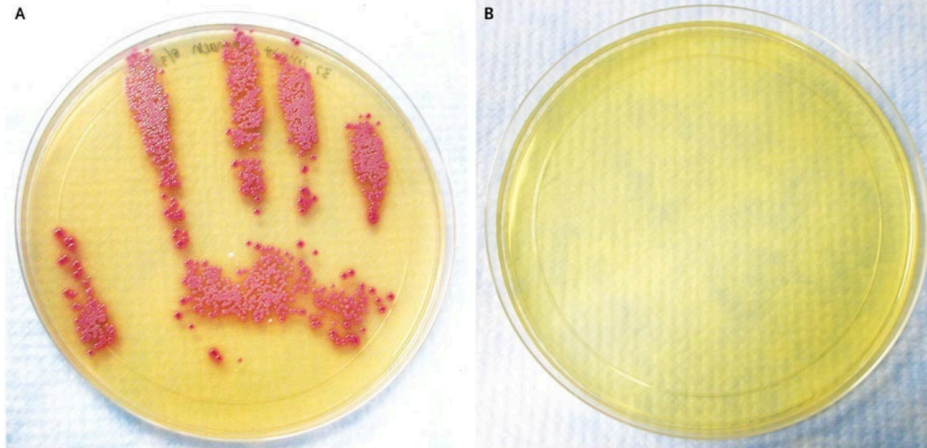
Hospital Mortality (%) by Bundle Compliance



Visione Dipartimento

*“Vogliamo essere un Dipartimento di
Anestesia e Rianimazione
Clinicamente Eccellente
di Livello Internazionale
con Didattica e Ricerca
come Luci Guida”*

The Hands Give It Away



March 2018 35% Compliance

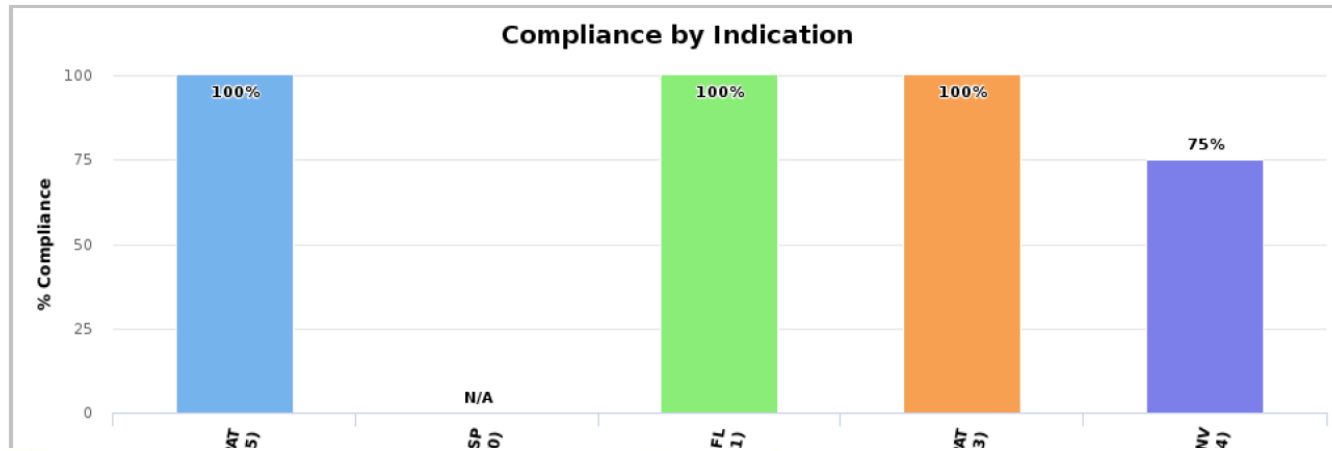


Infection Control Lead
Frequent Audit and Feedback
Blame Free Culture
Hyerarchy Free Peer Active Reminder

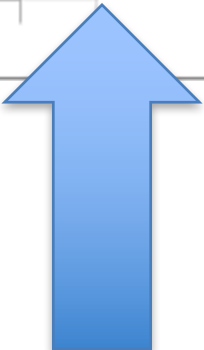
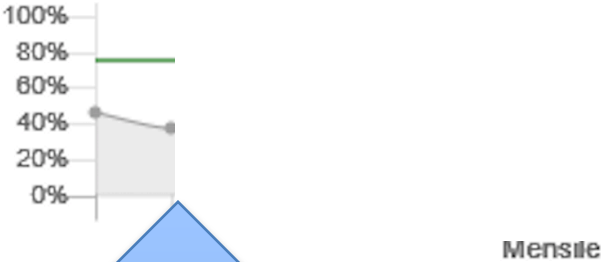
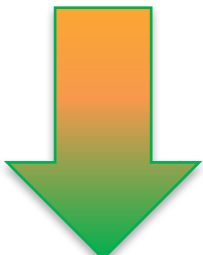
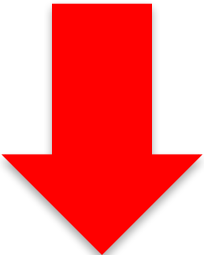
Audit e Feedback Settimanale

Number of Opportunities : 11

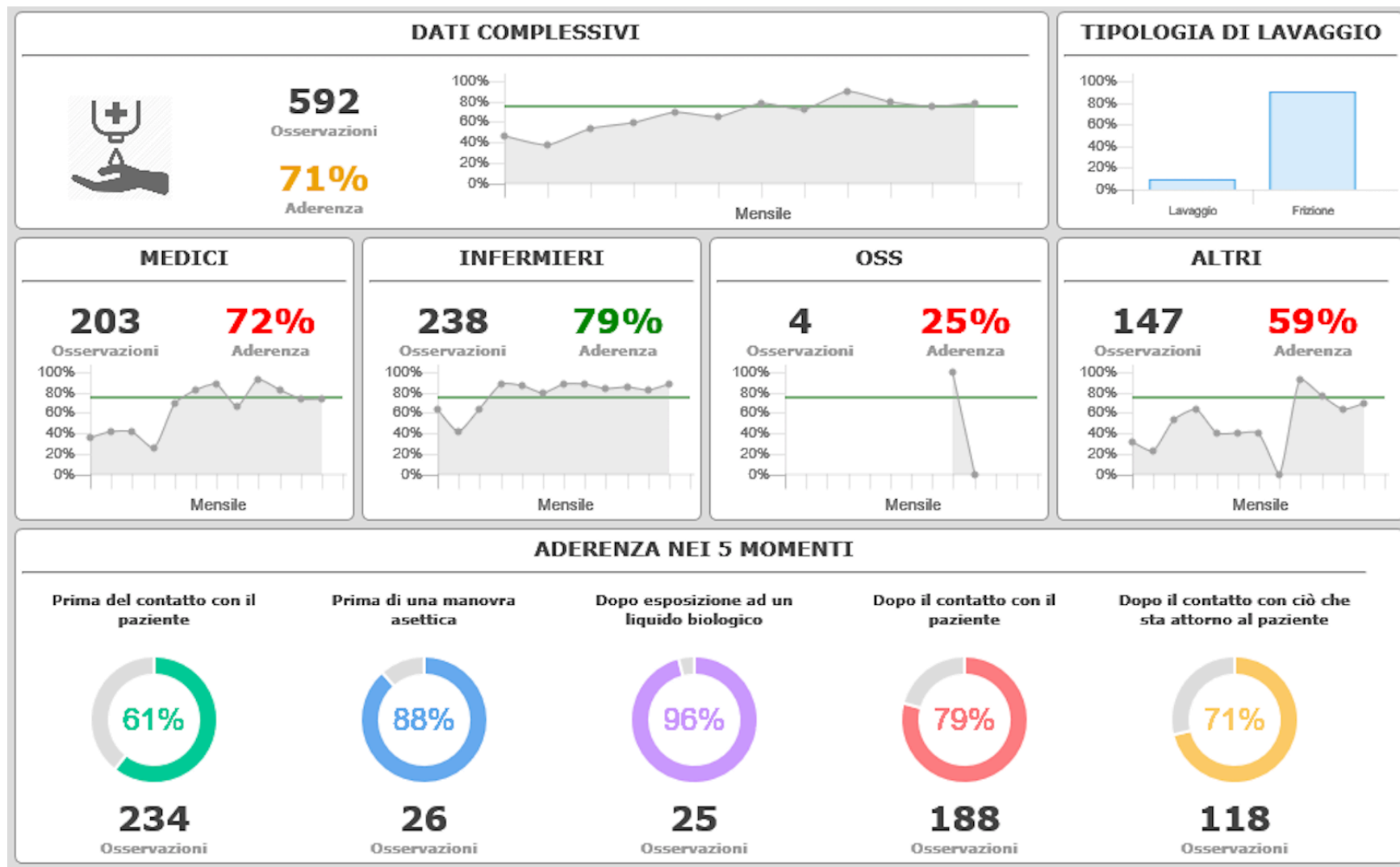
90.9%



March 2018 January 2019 80 % Compliance

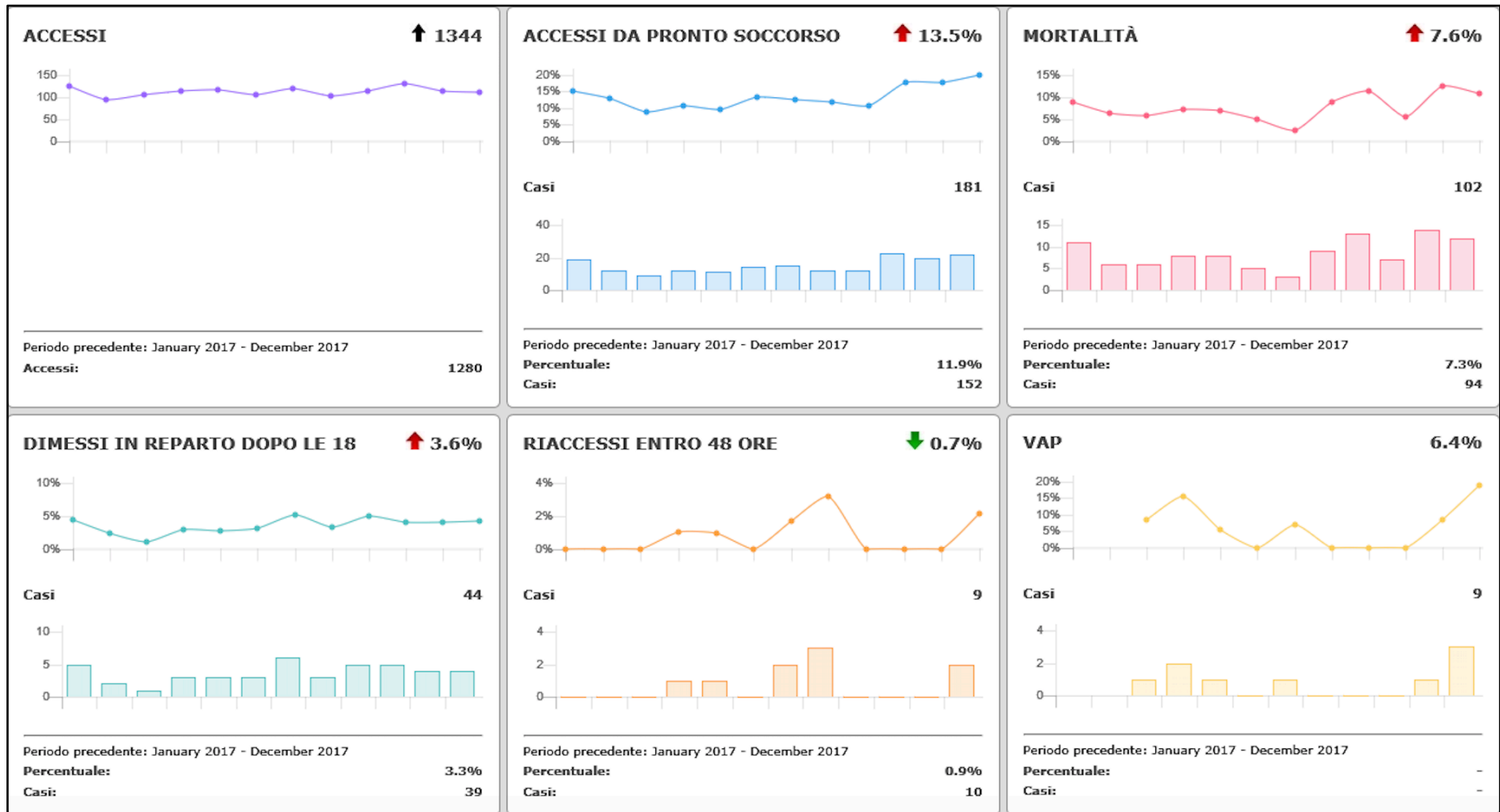


Infection Control Lead
Frequent Audit and Feedback
Blame Free Culture
Hierarchy Free Peer Active Reminder



Operational/Outcome Dashboard

Paired with Daily Reporting of Expected/Unexpected Admissions & Discharges



What do I think it's missing in Italy at the moment?

Not every Chief is ready for some “Flat” Hierarchy and Delegation

Clinical Governance is a Culture not just a Structure, it takes time to change

Multidisciplinary Team Working Often in Parallel & not as a Team

Bedside Professionals not always aware of Data and Improvement Projects

What did I like so far since I am back?

- Working in a place that measures itself
- A “Lean” Culture in the Management
- An Open Minded Approach to Change
- An enthusiastic team embracing new roles and responsibilities

Conclusion

- Choose the right Governance Structure for your Local Clinical Settings
- Have a Clear Vision
- Establish Psychological Safety
- Delegate, demand Reporting
- Measure, Own the Data, Share it and Act Continuously