



Sudden Planning Is Required

2014 (November) - DAY 2 – Q5

Medical Leader	•
Medical Expert	□
Communicator	
Advocate	
Scholar	
Professional	
Collaborator	•
Manager	•

Your Director of Intensive Care at a major outer metropolitan hospital in a marginal electorate has been successful in lobbying the newly-elected Government, through the national Health Department / Ministry to provide funds for a new simulation training centre for RMOs and nursing staff. A total of \$2.5 million had been announced for the project during the election campaign: \$2.0m is for capital works and \$0.5m for the first year's running costs.

You are further advised by your Ministry / Department of Health that the facility will only receive \$0.1m for running costs and the remainder of running costs will have to come from other sources.

The main reason for the medical staff group lobbying for the facility was due to a number of significant adverse patient events occurring where the main factor was the inexperience of staff in performing relatively simple clinical procedures.

As mentioned, the \$2.5m is only potentially allocated at present. For the hospital to receive the money, it must provide within two months a justifying business case as to:

- i) how your hospital will accommodate and construct the facility, and
- ii) how the facility can be successful and self-sustaining after the first year of operation.

The CEO of your hospital asks you (the senior Medical Administrator for the Hospital) to take the lead for this new initiative as none of the senior medical staff have the time to undertake this task.

Questions:

- 1) How would you approach the preparation of the business case?
- 2) In particular, with whom would you be discussing the development of this proposal? and
- 3) What would be some possible key outcomes you would be expecting to occur?



Guidance for Censors:

KNOWLEDGE

- Should be able to indicate that this is a situation where the Medical Administrator must lead a planning exercise and s/he has to be the leader of the planning team that will involve co-opting others to make it possible – it is not an issue that can be done alone by the Medical Administrator
- Should be aware that this initiative has resulted from political lobbying and it is likely that there will be scrutiny from many quarters
- Should be aware that the capital funds will probably be adequate, but the medium / long term issue will be availability of sufficient recurrent funding
- Should understand that in measuring the success of the initiative there will be a need to ensure that improvement in clinical standards of junior medical staff will be required
- Understand that there will be staff who will be expecting to assist with this exercise (part of their territory e.g. staff educators and senior clinicians, and others who may see it as a threat / challenge to the way things have been done in the past e.g. educators)

SKILLS

- Ability to set a framework for planning and setting priorities
- Ability to get a team of the appropriate people together – key stakeholders should be involved and key resource people
- Understand how the project fits with existing hospital / area / network / state or national plans. In particular the Clinical Services Plan and the Site Master Plan of the Hospital
- Work with existing people and services who may be able to leverage a better result
- Ensure there is appropriate communication mechanisms in place – ensure adequate upward briefing to CEO / Board / Health Department ~ Minister as appropriate
- As recurrent funding will be an issue after year one, must consider early on in planning other potential sources of recurrent funding and/or partners with whom collaboration can occur
- Should also be watching capital costs in case these may be inadequate as well
- As simulation facilities are expanding in many areas e.g. Universities, Learned Colleges, other nearby Hospitals – is there a possibility of sharing resources during planning and eventually rationalizing the specific types of training that may be offered.

ATTITUDE / BEHAVIOUR

- Need to understand that some staff may see the initiative as a threat – thus should be planning how to manage possible objections and resistance – risk management
- The Health Department / Ministry may be unhappy because the Hospital was not the top priority in its list of Hospitals that need a simulation centre
- Should be able to discuss how s/he would cope if key staff are not 'buying-in' to the planning
- Should be able to consider the other benefits that may flow to the Hospital and how these can assist other activities
- Should be able to plan for possible scrutiny by the media as the hospital has had clinical issues in the past