## Can Culture Have an Impact on Clinical Performance? How can we Evolve for Ourselves and our Patients?

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#### Abstract

Westrum (2004) proposed a typology of organisational culture in healthcare organisations, illustrating through case study evidence that the 'generative' organisation, characterised by performance orientation, high cooperation, shared risks and novelty (innovation), would make best use of assets and enhance patient safety. This seminal paper, which has been cited 221 times, seems so simple, yet the converse, 'pathological' organisation, characterised by power orientation, and in which there is low cooperation, messengers are shot, responsibilities shirked and failure is scapegoated, still seems to be part of the healthcare landscape.

This presentation will explore the reasons why organisations have difficulty transforming from pathological to generative, including analysis of teamwork as proposed by Lencioni (2002), and the positive impact of Sinek's (2009) 'Start with why' movement. The concept of values based leadership, will be proposed as a tipping point (Gladwell, 2000) of Joint Health Command's evolution.

The literature even includes a randomised trial of rudeness and the impact on medical team performance (Riskin et al, 2015) in which significant performance shortfalls were observed in the intervention group.

The presentation will conclude that through positive leadership interventions, some of which are simple, a healthcare service can move to, and consolidate itself, as Westrum's generative organisation.

### Biography

Dr Isaac Seidl is a specialist medical administrator and general practitioner. He completed his medical degree at UWA, then undertook a variety of Army appointments across all military environments, before being appointed to Qld Health as Deputy Executive Director Medical Services, Townsville Health Service. He returned to the Australian Regular Army in 2012 and holds the rank of Colonel. Dr Seidl's academic interests include crisis leadership, clinical governance and ethics. He is Adjunct Associate Professor in Public Health at James Cook University. Dr Seidl lives in Canberra, Australia with his wife and two children.

#### References

Gladwell (2000) The Tipping Point: how little things can make a big difference. Boston, Little-Brown.

Lencioni (2002) The five dysfunctions of a team: a leadership fable. San Francisco, Journey-Bass.

Riskin et al (2015) The impact of rudeness on medical team performance: A randomised trial. Pediatrics 136(3):487-495.

Sinek (2009) Start with Why. London, Penguin Group.

Westrum (2004). A typology of organisational cultures. QualSafHlthCare 13(Suppl II): ii22-ii27

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# Changes to Health Support Allowance and the New Health Declaration

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#### Abstract

Health Support Allowance is available to eligible ADF Reserve personnel to help offset the health costs associated with maintaining their health readiness. With the revision of the Pay and Conditions Manual determination, all Reserve members applying for this allowance after its introduction (after 01 July 2016, date to be confirmed after the election on 02 July) will need to complete a Reserve Health Declaration. This potentially annual process will involve any change in their health status since their last application to be declared. In this case, health information from their treating GP will be required.

As Reserve members do not receive their routine health care from Defence, Defence has little visibility of their current health status, often the only health information is gathered on the five yearly medical. This means that they may not be employed safely when rendering reserve service, and may be at risk of an adverse health outcome. Provision of current updates from the Reserve members GP, when relevant, will enable the Defence Health Service to have better oversight of individual member's health status and from the health perspective a more reliable capability to be employed by the Services.