

## Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

### Topic 12: Creating digital leaders: How do we build digital literacy, competency and capability within the system?

This topic was discussed by groups in Auckland, Wellington and Christchurch.

#### Auckland delegates' responses

<b>Goals</b>	<ul style="list-style-type: none"><li>• Foundational literacy (digital)</li><li>• Develop an overarching strategy</li><li>• Achieving change through early adopters and pilots – find peripheral groups to seed change</li><li>• Plan for future</li><li>• Evolve Leadership – strategic system thinkers</li><li>• Consumer expectations - raise their voice and let them be heard.</li><li>• People are empowered and feel safe to question</li><li>• Build people connections</li><li>• Change the culture</li><li>• Increase consumer engagement and voice</li><li>• Improve leadership competency and connection</li><li>• Re-define healthcare leadership – empower digital leaders</li><li>• Increase literacy – early engagement</li><li>• Embed as core competency</li><li>• Check why → purpose/vision</li><li>• Think digital as default</li><li>• Increase C-suite digital literacy</li><li>• Define a digital leader</li><li>• Consumer participation co-design</li><li>• Identify gaps</li><li>• Network of digital champs</li></ul>
--------------	---

	<ul style="list-style-type: none"> <li>• Reflect diversity of our community</li> <li>• Leverage existing infrastructure</li> <li>• Embed in education system – future leaders (continuum of education)</li> <li>• Network for doing and growing</li> <li>• Culture of learning – knowledge transfer</li> <li>• Skills lift</li> <li>• Stability in senior – C-Suite roles</li> <li>• Consumers to be able to recognise issues</li> <li>• Improved capability to focus on outcome, using digital tools</li> <li>• ↑ workflow using digital tools</li> <li>• Ethical use of data for people and populations</li> <li>• Work operational patterns driven by data</li> <li>• Create clinical informatics leadership</li> <li>• Patient centred informatics</li> <li>• Building clinical, digital health capability</li> </ul>
<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>• Challenges/Problems → View as opportunity – Shift the mindset</li> <li>• Fixed Mindsets</li> <li>• Learn from the past → anchor on purpose</li> <li>• Co\$t: <ul style="list-style-type: none"> <li>○ budget allocation</li> <li>○ ownership</li> <li>○ accountability</li> </ul> </li> <li>• Silos of speciality</li> <li>• Management by numbers/targets</li> <li>• Medics love academics</li> <li>• Disease orientation</li> <li>• Lack of knowledge regarding consumers</li> <li>• Co-design with experts not there</li> <li>• Insufficient early engagement</li> </ul>

- Fragmentation approach
- Time constraints
- Change resistance – fatigue
- Siloed career path and between professions
- Don't have capability to execute
- Fear and anxiety in digital space
- Not foundational skill in training
- Assumption of literacy
- Egos and attitude
- \$
- Power dynamic – system set-up
- Connectivity → Pacific Islands → investment
- Attitude – culture
- Teams on ground not involved in solutions
- Blame culture
- Scaling, capacity, capability in NZ (size)
- Patch protection
- Dismissing technical people – “geeks”
- Attitude
- Recognition for skills
- Language and understanding
- PACE
- Cost – training and certification
- Time for learning (space)
- Change – people – resistance
- Complicated and complex networks
- Rigid hierarchy
- National approach
- One Health – integration

	<ul style="list-style-type: none"> <li>• Variance in digital maturity</li> <li>• Fragmented</li> <li>• Lack of equity</li> <li>• Not a priority and no capacity/time to upskill</li> <li>• Funding for capacity to upskill</li> <li>• Understanding of value health informatics → education/knowledge/skill</li> <li>• Resistance to change/not wanting to work in new way</li> <li>• Fear: <ul style="list-style-type: none"> <li>○ Accountability</li> <li>○ Trust</li> <li>○ Uncertain</li> <li>○ Unfamiliar</li> </ul> </li> <li>• No systematic way to disseminate knowledge</li> <li>• Lack of digital training opportunity</li> <li>• Lack of awareness of what data is available → clinicians and non-clinicians</li> <li>• Why capture data? Lack of purpose – not patient centred</li> <li>• Unified need for change</li> <li>• Lack of sharing between colleagues</li> </ul>
<b>Solutions/ideas</b>	<ul style="list-style-type: none"> <li>• Open collaborative mindsets</li> <li>• Revise governance and accountability models</li> <li>• Team approach: <ul style="list-style-type: none"> <li>○ Diversity of perspective</li> <li>○ Build Knowledge and Understanding: <ul style="list-style-type: none"> <li>▪ Technology</li> <li>▪ Digital</li> </ul> </li> <li>○ Networks and Communities of practice</li> <li>○ Invest in developing 21C Skill sets</li> </ul> </li> <li>• Digital aptitude/literacy</li> <li>• Align on purpose</li> <li>• Leadership</li> </ul>

- Career path for clinical leaders – digital health
- Educating consumers – personalised – continuum of care
- Inclusive leadership – all levels
- Enabling leaders
- Participation ↑ engagement
- Culture change
- Incentives re-design
- Micro-credentialing
- Design around healthcare consumer experience
- Employment compacts – sign up to culture, not job
- National digital health academy (Malcolm)
- Publicise and celebrate success
- More forum – digital grand rounds
- Utilise clinical champions
- Digital coaches
- Align policy strategy with executions
- JDs to include digital competency
- Input and involvement from all stakeholders
- Network champions (digital)
- Access to learning through: One Hub – sector wide:
  - (Integrate Learning for Digital)
  - Include consumers and volunteers
- Self-assessment tool → training → competency – empowerment/ownership
- Co-design intuitive platform
- Cultural relevance
- Incubation for digital start-ups
- Social media – access
- Funding for training
- Community grants → communicators

	<ul style="list-style-type: none"> <li>• Customise learning → choose → value</li> <li>• Expand beyond digital</li> <li>• Co-designed approach</li> <li>• Collaboration for solutions – external input</li> <li>• Recognition for expertise</li> <li>• Digital literacy roadmap</li> <li>• Rotational education programme (incorporate digital)</li> <li>• Organisational culture – unified vision/values for education</li> <li>• Incorporate digital with normal training (clinical)</li> <li>• Preceptorship (peer training) with base level capability</li> <li>• Mandated training time</li> <li>• Multifaceted training options (dil. Mediums/formats)</li> <li>• Link training to patient outcomes</li> <li>• Standardised learning platform/framework and process across DHBs/services</li> <li>• Scholarship programmes/digital academy → network and alumni</li> <li>• Funding dedicated to FTE for digital leaders</li> <li>• Easier + more appealing + fun for clinicians to get involved</li> <li>• Get clinicians involved in design of systems</li> <li>• Digital Health Competency/Capability Framework (use existing approaches internationally) <ul style="list-style-type: none"> <li>○ e.g., Digital Health Canada <a href="https://digitalhealthcanada.com/wp-content/uploads/2019/12/Career-Matrix-One-Page-vDEC16-2019.pdf">https://digitalhealthcanada.com/wp-content/uploads/2019/12/Career-Matrix-One-Page-vDEC16-2019.pdf</a> ,</li> <li>○ NHS Digital Literacy Capability Framework <ul style="list-style-type: none"> <li>▪ <a href="https://www.hee.nhs.uk/sites/default/files/documents/Digital%20Literacy%20Capability%20Framework%202018.pdf">https://www.hee.nhs.uk/sites/default/files/documents/Digital%20Literacy%20Capability%20Framework%202018.pdf</a></li> <li>▪ <a href="https://digital.nhs.uk/about-nhs-digital/our-work/nhs-digital-architecture/our-capabilities">https://digital.nhs.uk/about-nhs-digital/our-work/nhs-digital-architecture/our-capabilities</a></li> </ul> </li> <li>○ Faculty of Clinical Informatics Competency framework) <ul style="list-style-type: none"> <li>▪ <a href="https://facultyofclinicalinformatics.org.uk/core-competency-framework">https://facultyofclinicalinformatics.org.uk/core-competency-framework</a></li> </ul> </li> </ul> </li> <li>• Leverage existing international certification programs: <ul style="list-style-type: none"> <li>○ <a href="https://www.healthinformaticscertification.com/">https://www.healthinformaticscertification.com/</a></li> <li>○ <a href="https://chimecentral.org/certification/">https://chimecentral.org/certification/</a></li> </ul> </li> </ul>
--	--

## Christchurch delegates' responses

<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>• Digital literacy – aging workforce</li> <li>• Culture change</li> <li>• Digital poverty:             <ul style="list-style-type: none"> <li>○ Western concept</li> <li>○ Lead yourself</li> <li>○ Identify people too late</li> </ul> </li> <li>• Currently males dominate</li> </ul>
<b>Solutions/ideas</b>	<ul style="list-style-type: none"> <li>• Digital literacy:             <ul style="list-style-type: none"> <li>○ Adoption</li> <li>○ Innovation</li> <li>○ Central provider</li> </ul> </li> <li>• Change management</li> <li>• Workforce of the future:             <ul style="list-style-type: none"> <li>○ Internships</li> <li>○ Industry ready graduates</li> <li>○ Pathways</li> <li>○ Skills – including soft skills</li> </ul> </li> <li>• Provider and industry and education partnerships</li> <li>• Build CPD into work – including digital literacy:             <ul style="list-style-type: none"> <li>○ Employer provider</li> <li>○ Skills – not to the tools</li> </ul> </li> <li>• Innovate:             <ul style="list-style-type: none"> <li>○ Radical ideas</li> <li>○ No fear, no foul, no blame</li> <li>○ Lead with courage</li> </ul> </li> <li>• Include clinicians with development</li> <li>• Talent acquisition:             <ul style="list-style-type: none"> <li>○ Harness</li> </ul> </li> </ul>

- Promote
- Bias in recruitment
- Leadership diversity
- Flexibility in the workplace
- Structural changes in leadership roles
- Digital health activators
- How to make the ideas work – identify next steps
- Mentoring, coaching
- Training providers:
  - Essential skills in data and digital
  - Becoming intuitive with technology
- Ongoing training and education – ringfence digital training time
- Leadership knowledge in d + d
- Board leadership – gender + diversity representation
- Conscious recruitment – training for managers in recruitment
- Flexible working – using technology
- Share ideas:
  - inclusion of all people
  - diverse views and ideas
- Flip the status quo:
  - Community – patients and whanau
  - Equity – build from the outside
  - Challenge historic power structures
  - Partnership with community
  - Expertise from abroad – look outside NZ
- Everyone can be digital leaders:
  - Build from the bottom up
  - Undergrad training in health
  - Bigger picture of digital health and data
- Incentives:

- Feedback loops – benefits – personal and organisational
- Increase time with patients
- Meaningful information
- What is important to people in the system – context specific
- Bridge the divide:
  - Literacy first
  - Then capability
  - Then capacity
- Career pathway – invest in roles
- Investment
- Service improvement:
  - Health literacy for d + d leaders
  - Secondary use of data
- Training and orientation programmes:
  - With people
  - Over time
- Leadership is not a title:
  - Influence – broaden definitions
  - Sideways – collaborative
- Create diverse teams – value of non-clinical staff in the health sector
- Empower staff:
  - Leadership styles
  - Clinical leaders – collaborate
- Apps need to be user friendly:
  - Intuitive design – UI and UX
  - Data integrity in the design
- Diversity:
  - Outside the health sector – industry
  - Intergenerational – age
  - Gender

	<ul style="list-style-type: none"> <li>○ Attract and retain people into health d + d</li> <li>● Board leadership – HDSR findings: <ul style="list-style-type: none"> <li>○ ↑ literacy and capability</li> <li>○ ↓ understanding of d + d infrastructure</li> <li>○ Investment decisions</li> <li>○ Influence by a board ‘expert’</li> <li>○ Onboarding process – recruitment</li> <li>○ Redesign board structure and capability</li> <li>○ Governance training</li> <li>○ Include ELT leadership + CEOs</li> </ul> </li> <li>● Diversity: <ul style="list-style-type: none"> <li>○ More diverse tech workforce</li> <li>○ Role models and ambassadors</li> </ul> </li> <li>● Define d + d illiteracy – consider use of information</li> <li>● Look forward – advances – what is next?</li> <li>● Digital literacy – 2% + 3% education: Use the data from workforce and inform</li> <li>● Ongoing education</li> <li>● New language, literacy, technology: <ul style="list-style-type: none"> <li>○ Ongoing learning</li> <li>○ Maintain currency funding</li> <li>○ d + d competency pathway</li> <li>○ credibility</li> <li>○ budget funding investment</li> </ul> </li> </ul>
--	---

### Wellington delegates’ responses

<b>Goals</b>	<ul style="list-style-type: none"> <li>● Build Digital literacy, competency and capability in system: <ul style="list-style-type: none"> <li>○ Creating digital leaders - who do we include? <ul style="list-style-type: none"> <li>▪ NGOs are priority</li> <li>▪ Private sector in scope</li> </ul> </li> </ul> </li> </ul>
--------------	---

	<ul style="list-style-type: none"> <li>▪ Private aged and residential care</li> <li>▪ DHBs, NGOs, primary care</li> <li>▪ Build within our citizens</li> </ul>
<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>• What about our NGOs?</li> <li>• Education component</li> <li>• Variable post graduate funding</li> <li>• Have complicated it for patients</li> <li>• Digital leadership – HCPs and community</li> <li>• Digital literacy - what is context?</li> <li>• Variable digital leadership role</li> <li>• Data analysis vs outcomes</li> <li>• Make assumptions about what people want</li> <li>• What they do with information</li> <li>• Done to me rather than with me</li> <li>• Competing options HiNZ vs. Waitemata</li> <li>• Lack of time</li> <li>• POC/ease of use – tools</li> <li>• Vision from the top</li> <li>• ↓ basic skills: <ul style="list-style-type: none"> <li>○ Search</li> <li>○ Refresh</li> </ul> </li> <li>• Low level of co-design</li> <li>• Capacity within team to build is low</li> <li>• Learned helplessness</li> <li>• Trying to force on people</li> <li>• Clinician not related to day-to-day use</li> <li>• Don't know what's safe and appropriate for PTS</li> <li>• Barriers different in settings</li> <li>• Who are the thought leaders</li> </ul>

<b>Solutions/ideas</b>	<ul style="list-style-type: none"><li>• DL/PPT scenario based</li><li>• Clinical – digital</li><li>• Level of care – when you want, where you want</li><li>• From use of tools through to strategy leadership</li><li>• Common language (sector)</li><li>• Health system literacy – industry</li><li>• Human factors – clinical informatics leadership</li><li>• Continuum of requirement</li><li>• Integration focus – framework</li><li>• Need the right maturation</li><li>• Being able to monitor and measure outcomes</li><li>• Data security and privacy</li><li>• Leadership style influences approach</li><li>• What is baseline for digital literacy</li><li>• Concentrate on user experience</li><li>• Identify through management and ecosystem to support</li></ul>
------------------------	---

- Break down competency layers
- Education of current staff
- Explain the benefit
- Leadership to drive change for existing staff
- Build out from data literacy
- Data literacy training
- Use CCDM and build out
- Formalised fora or data councils within DHBs
- Data for the people (competencies)
- Remove gaming of data e.g., ED shorter stays, planned care (elective surgery)
- Define and shared goals: digital literacy, competency, capability
- Create user stories
- Spread success stories
- Collect medicine – structural challenge
- Standards: Agreed, national
- Mandate digital literate workforce
- National set of digital competencies
- Ensure digital literacy in curriculum
- Leverage distribution of knowledge
- Medical and clinician involvement
- Distribution of knowledge (understand challenges)
- Leverage CiLN
- Stocktake of clinical informatics and leadership
- Visibility across DHBs (leverage)
- Medical allied with nursing representative
- Micro credential (Agile)
- Digital literacy is organic
- CX for both HCP and consumer
- Digital data are hand in hand

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Data literacy through CCDM</li><li>• Impact of CCDM on digital literacy</li><li>• ITs – both digital and DH literacy</li><li>• ‘Enable’ data literacy</li><li>• Clinical change champions</li><li>• Consumer potential as change champions</li><li>• ↓Clinical change, digital and soft skills</li><li>• Recognition of health informatics:<ul style="list-style-type: none"><li>○ Lack recognition for clinical informatics</li><li>○ Not part of CPD report</li><li>○ Allows people to move in/up pyramid</li></ul></li><li>• Part of health ICT development:<ul style="list-style-type: none"><li>○ Recognition and certification</li><li>○ SFIA competency framework</li><li>○ Potential for entry for non-ICT health staff</li></ul></li></ul> |
|--|---|