



Q&A

with Dr Shane Kelly

by Annette Pancera / CHA Director of Health Policy



Dr Shane Kelly is a compelling and highly regarded clinician and health manager making his mark across Australia in both public and private healthcare. He is an accomplished leader and strong advocate for adopting technology to improve diagnosis, treatment and efficiency in the hospital sector. In June he took the reins as Group CEO of St John of God Health Care.

CHA's Director of Health Policy, Annette Pancera, manages to pencil herself into Dr Shane Kelly's busy schedule to discuss his work across the continent in Catholic health.

Q AP: Congratulations on your appointment as St John of God Health Care's Group CEO. What are you most looking forward to in your new role as Group CEO?

A SK: *It is wonderful to be back after 5 years away and to reacquaint myself with colleagues that I used to work with as well as meet many new caregivers. The Mission of our organisation is incredibly important to me and I look forward to leading the organisation and helping to make a meaningful difference. I also feel privileged to be working with a great senior executive team and Board.*

Q AP: St John of God Health Care's 'vision' is to live and proclaim the healing touch of God's love where you invite people to discover the richness and fullness of their lives, give them a reason to hope and a greater sense of their own dignity. What does this mean in practice at St John of God hospitals and other care environments?

A SK: *Much of our in-hospital care is provided by our nurses. Doctors, allied health clinicians and many others also play a critical role in ensuring that we deliver care in accordance with our Vision, Mission and Values. Given that our nursing caregivers closely accompany our patients in their journey of treatment and care in our hospitals, they are critically important in ensuring compassion, dignity and hope are not just words utilised in our Vision, Mission and Values statements, but lived experiences. We work very hard to deliver formation programs and opportunities for our nursing and all other caregivers so that we can be confident our Mission and Values are always "front-of-mind" in patient and client care.*



Q AP: The pomegranate symbol represents St John of God Health Care's heritage – as the original symbol of the Sisters of St John of God – and the vision for the future. Can you explain a little more about the history of the pomegranate and why it's so important to your organisation?

A SK: Our symbol, the Pomegranate, represents our heritage. Our Patron Saint, St John of God, cared for the poor and sick and those with mental health illness in Granada, Spain, which means Pomegranate in Spanish.

The pomegranate symbol was the original symbol of the Sisters of St John of God – and our vision for the future. The cross is the symbol of Christianity, reminding us of Jesus' suffering and our call to follow in his footsteps.

Our five Values – Hospitality, Compassion, Respect, Justice and Excellence – are reflected in the five seeds of the pomegranate, which is open to allow the seeds to scatter, providing new life and symbolises the generosity of self-giving to people in need.

We have also planted pomegranate trees at many of our hospitals.

Q AP: Although you are originally from Western Australia, you have recently returned from several years in Queensland as the CEO of the Mater Hospital Group. Could you briefly outline the interesting aspects experienced in providing healthcare in Queensland vs WA, and the similarities/dissimilarities that you have encountered?

A SK: It is important to work in more than one environment to learn and experience different ways of doing things. Working as Group CEO at the Mater was an enriching experience for me. In particular, I learned to appreciate the complexity of, and challenges in, running a mix of publicly and privately funded hospitals. It was great to essentially have the "full suite" – private hospitals, publicly funded hospitals, a strong and highly respected research institute, and a growing health education arm with recognised expertise and international links in 'simulation' as a teaching and learning methodology.

It was also great to work alongside Mercy Health & Aged Care Central Queensland and Mater North Queensland leaders, to appreciate the challenges in delivering health care outside the metropolitan area, and to see the dedication that they showed in providing care to their local communities. Not to mention the impact in both metropolitan and regional Queensland of the public sector hospitals essentially competing with the private sector for privately insured patients. Best not to get me started on that subject – the shortsightedness of setting "own-source revenue" targets for public hospitals in a number of Australian jurisdictions!

Q AP: The Federal Government has been working to improve consumer understanding in their Private Health Insurance

by developing a new stratification of products into Gold, Silver, Bronze and Basic categories. How do you think this will benefit consumers?

A SK: The Gold, Silver, Bronze and Basic categorisation has some merit, but the devil is in the detail. Important and necessary procedures need to be in an affordable category, but we also need to ensure that policy holders, or those considering purchasing health insurance, understand what is covered in their policy. Currently the products are often confusing and opaque. I hope that the new categorisations improve clarity for consumers, but at present it is too early to tell how successful this will be.

Q AP: Technical innovation in the healthcare sector has improved the healthcare outcomes for millions globally. Are there any innovations that you are particularly interested in seeing translated into practice in Australia?

A SK: The pace of innovation in our sector is extraordinary. Much has changed over recent decades. We have adopted so many new technologies in recent times, but there is still significant room to improve such as with the ultimate deployment of digital health records. There is much hope with respect to what is referred to as "precision medicine" – tailoring treatment to the individual patient through the use of molecular diagnostics and other diagnostic and analytical tools. Knowing with a reasonably high degree of likelihood that an individual will or will not benefit from (for example) a form of chemotherapy to treat their cancer, is immeasurably better than using the same treatment for everyone knowing that some will derive no treatment benefit (but not knowing which ones). This approach will mean that people having treatments that make them extremely unwell without deriving a benefit will thankfully become a thing of the past.

Another field is the education of health practitioners, which has changed radically over the last thirty years since I was a medical student. The experience today for medical students and other budding health professionals is so much more two and three dimensional and dynamic, for example when learning about human anatomy.

Q AP: As one of the leading hospital groups in the Australian health sector, St John of God Health Care participates in world-class research projects and clinical trials with a focus on providing the highest quality health care. Are there any current research projects that you are particularly proud of?

A SK: We are continually participating in multiple clinical trials especially in our larger facilities such as Subiaco and Murdoch. However, a couple of research areas I am particularly impressed with are being run from some of our eastern seaboard hospitals and services. We have particular expertise, nationally and internationally renown, with respect to research in perinatal mental health and also Post Traumatic Stress Disorder (PTSD). This has really informed our understanding of perinatal mental health and PTSD, and has influenced both care and government policy settings.

Q AP: St John of God Social Outreach services build capacity and support the physical, mental and emotional wellness of vulnerable and disadvantaged communities. What are some examples of your social outreach programs?

A SK: Our Director of Social Outreach has done a great job in bringing all our services together, and has really made progress in evaluating programs to demonstrate their significant impact on improving lives. We provide services across a range of areas: early intervention for vulnerable young people, emotional

health and well-being services for families, international health care capacity building and community mental health care and support, to name a few.

Q AP: Thank you for agreeing to be a panelist at the CHA National Conference this year and speaking to the future of Catholic healthcare in Australia. Could you briefly outline some of the current challenges and opportunities for our sector?

A SK: There are some big challenges faced by our sector. The value proposition of private health insurance as alluded to earlier is under a lot of stress and scrutiny, and as our ministries are heavily weighted to the delivery of private hospital care, this is very problematic. Patients are also concerned about potential out-of-pocket costs and this means that using your private health insurance in the public system can look more attractive. Unfortunately, there is no quick and easy solution, as reforming the financing of our health system is complex and difficult to achieve. But as a sector, we should focus on where we can make a difference. This includes delivering more services with other funding sources for both in and out of hospital care, increasing community-based and home care, as well as further addressing unmet needs with respect to mental illness.

As St John of God envisaged all those years ago, we are here to serve our communities; to listen and respond to their needs. In 2018, the consumer voice in health care is thankfully stronger than ever before, and so by putting our patients and clients, their treatment and their health care experience "front and centre", we will continue to play a significant role in delivering much needed health and disability care in Australia, New Zealand and beyond.

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At a Glance

Before joining St John of God Health Care, Dr Kelly was Group Chief Executive Officer of Mater in Queensland, and prior to that he was Chief Executive of the North Metropolitan Health Service WA. He also spent eight years as the Chief Executive Officer of St John of God Subiaco Hospital, the group's largest and oldest hospital.

Dr Kelly is a Fellow of the Royal Australasian College of Medical Administrators, the Australasian College of Health Service Management, the Australian Institute of Company Directors and the Institute of Managers and Leaders (formerly Australian Institute of Management). He is an Adjunct Professor at the University of Queensland (Faculty of Medicine and Faculty of Health and Behavioural Sciences) and an Adjunct Professor of Australian Catholic University.



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