



The Supercrew concept

A couple of decades ago, some South African mining companies formed the Supercrews. These crews worked underground mainly, but some worked on the surface in various capacities. They consisted of a mine captain, a shift boss, and a team of miners, making up about 12-20 team members. They worked very efficiently in dangerous areas, and in parts of the mines in which there were problems. All employees could apply to join, and competition was strong because of the extra remuneration.

Mines who had Supercrews reported increased production, and that influenced the general work ethic of the others, and increased their efficiency as well. I have a sneaking suspicion that over the years, I have become a clandestine elitist. I like things to work efficiently. I like being a member of the "A" team, and I enjoy belonging to a unit that actually works properly.

Perhaps one could apply this concept to the state's new national health system. One could pick an OPD, a theatre, a clinic, or a specialty unit (maybe ones that aren't functioning particularly well), and then nominate them as Super OPDs, Super Theatres, Super Clinics or Super Units.

Step two is to appoint a leader. Experience has shown that if there is good leadership resulting in good relationships in a department, morale, productivity and efficiency can be high, even despite poor resources and infrastructure. The leaders only need relative independence and a budget. Super units are not a new idea, and a unit was previously created in the state health system, but was closed due to union and political pressure, so we need to be friendly with the very big players. One of the problems of elite units anywhere, is the envy of others outside the unit. Perhaps the most important members of a Supercrew unit would be the nurses, and the Supercrew nursing sister, who as you know, is made in heaven. You will be able to identify three of them in your hospital immediately. You could run a busy outpatients' clinic on your own with the help of these three Supersisters. Their equivalent in industry is the personal assistant or executive secretary. A good one, it is said, can triple a manager's efficiency and productivity.

Super Units apply management principles that we all know about, but for many reasons, do not apply. They include unit design, flow systems, communication systems, data storage and retrieval systems, waiting lists, logistics, time management, and climate and strategic planning. One of the spinoffs is that they can show the rest of us what can actually be done. They act as a gold standard of care that is seen to be achievable, and

which helps improve the rest of the system. Dr Albert Schweitzer said: "Example is not the main thing in influencing others, it is the only thing". He was referring to personal integrity, but it applies equally to communities as well.

The biggest step is transforming knowledge into action, and it was Goethe who said: "Knowing is not enough, we must apply. Willing is not enough, we must do". There are several scriptural injunctions on the same issue, which advocate that while it is acceptable to have faith, action is also needed. It may take years for an idea or new strategy to be implemented, especially in a health system in which the pace of change is akin to that of a glacier.

In the 1970s and 1980s, several programmes or instruments were implemented to help companies work efficiently. These include Excellence, SWAT, and Koopman. In 1982, Peters and Waterman wrote a best seller called *In search of excellence: lessons from America's best-run companies*. Doctors who have completed management courses and MBAs will be familiar with these structures. The basic premise is that we react to new knowledge and ideas in three different ways: as ostriches, peacocks or beavers. The ostriches stick their heads in the ground, and say that the new ideas or knowledge is a passing fad, and therefore irrelevant. The peacocks ostentatiously talk about the ideas, carry out some window dressing, but make no decisions of consequence, or if they do, ignore them in practice. Lastly, the Beavers, who are rare, implement the ideas.

Many of the units in which we work are struggling to maintain minimum standards of care, but I wonder if we could achieve a little world class. My local bakery and garage are world-class companies. Admittedly they are small private enterprises, but this is Pietermaritzburg, for goodness sake. They produce excellent products and offer an efficient service.

My grand (almost grandiose) plan is that we establish a district hospital in South Africa that operates a world-class outpatients' department, casualty or clinic run by the beavers and the dream team. It would be a model to which the rest of us would aspire. Oscars would be awarded.

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