

Innovation in healthcare: it's down to better management

Following the world's first in skin graft surgery in the Western Cape recently, a healthcare management expert says more innovations such as these depend on better management in the healthcare system.

Issued by [UCT Graduate School of Business](#) 26 Jun 2015

Better management education for clinicians is essential if we want more medical innovations such as the recent ground-breaking skin culture transplant performed by doctors at Tygerberg and Groote Schuur in Cape Town.

So says Bruce MacDonald, course convenor of the customised Health Leadership Programme (HLP) XXI at the UCT Graduate School of Business. The HLP course is customised for the staff at the Western Cape Department of Health by which it is also fully funded.

Dr Wayne Kleintjes, head of the burns unit at Tygerberg hospital and the innovator behind the transplant, is an alumnus of the course.

Kleintjes developed a technique which saved the lives of two patients, is biologically safe and will not be rejected as it uses the patient's own skin, and costs just a fraction of previous techniques - which could cost up to R1,800,000. He treated the first patient for a total of R995.

This patient was a 16-year-old boy who had been in ICU for three months and whose body weight had dropped to 19kg. After receiving Kleintjes' treatment, he was discharged in just two weeks. The second patient had 63% body surface area wounds and was out of ICU within four weeks with only two skin graft sessions to complete wound closure.

"We are very proud of our clinicians; their relentless quest for excellence and their spirit of innovation - often within a cost-constrained environment," says Dr Beth Engelbrecht, Head of Department at the Western Cape Department of Health.

"I just knew that we needed a special intervention to save the boy. Even though fundraising had been planned with the family to secure the funding for an Epicel Cultured Epidermal Autograft (CEA) transplant (a well-known child patient Pippie Kruger had), there was an import ban placed on the product. Thus the only way out was to make a plan ourselves," Kleintjes said.

This need to "make a plan ourselves" can be met if there is a greater focus on good management in healthcare facilities, believes MacDonald - partly because energy will not be spent on solving unnecessary problems, and partly because there will be better flow of ideas within teams.

"Our focus [in the HLP programme] is not specifically on innovation, but on giving people insight into the discipline of management. We deal with people who are technically highly trained - surgeons, anaesthetist sometimes even IT - but who are not trained in management," he says.

And MacDonald says for highly technical people, management training can be a great vehicle towards innovation and problem-solving.

"Organisations are very complex things. Once you have an understanding of yourself, of your own behavior and can cut through complex things - that allows you to innovate, instead of focusing on things which are not influential."

In healthcare facilities, he believes, there is often a large communication gap, which stands in the way of the flow of ideas. "There is a vast bureaucracy, and there is a big schism between head office and the people at the coal face," he says. "The HLP programme brings together senior clinicians and people at the coalface so that each realises the other is not just bloody-minded; that there is a reason for the way they want to do things."

Creating greater contact between clinicians and other staff is "fascinating", says MacDonald - "to realise clinicians are human". He believes that a great deal of innovation happens when contact - such as meals and drinks between staff and clinicians - occurs at an intensive level, outside a classroom or even working environment.

"I don't think that should ever be underestimated. When people start changing their ideas, that's when innovations come up. People at the coalface will not feel free to share ideas if they think the clinician is a god," he says.

At the same time, MacDonald says, there is a public perception that healthcare practitioners could be doing more than they are - which is perhaps unfair. "[Public healthcare practitioners] get a lot of bad press, for instance when people are going on strike or whatever it might be," he says. "But the quality of the Western Cape Health Department leaves me gobsmacked." One clinician, says MacDonald, told him that in terms of medical care alone, if he needed an operation he would check himself into Groote Schuur.

In terms of management style, MacDonald says public healthcare could benefit enormously from "lean" management - in other words, eliminating waste in seven key areas, including, most prominently, time and money. Lean management focuses on being left with the cleanest, most cost-effective system possible - which leaves room for innovation. "One of the things [staff] discover is that they can work smart rather than hard, and they can get a heck of a lot more done within the existing budget," MacDonald says.

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