



Medical Service Improvement Program

Good outcomes from good medical engagement

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Dr Alexius Taylor Julian Medical Leadership Advisor, IHL Clinical Lead ICT Commissioning, FSH





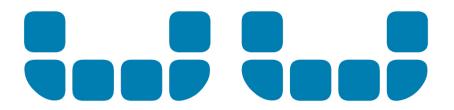


- Define
- Measure
- Analyse
- Improve
- Control

• LEAN



Case Study: Improving Gynaecology Community Handover at Discharge



Dr Claire Sutton, L Gannon, M Epee, V Westoby, E Dawkins

Rationale:

- Backlog of DC summaries on ward 6
- Poor quality of DC summaries
- Regular GP Complaints

Issue Themes:

- Incorrect GP details 23%
- DC summaries time-consuming 21%
- Software/IT issues 14%
- Medication issues 9%
- Mode of delivery 9%



Delivering a Healthy WA

Measure:

- 9.5 days completion post-DC
- 30% DC of inadequate quality
- 56% inadequate medication lists

Root Cause Analysis:

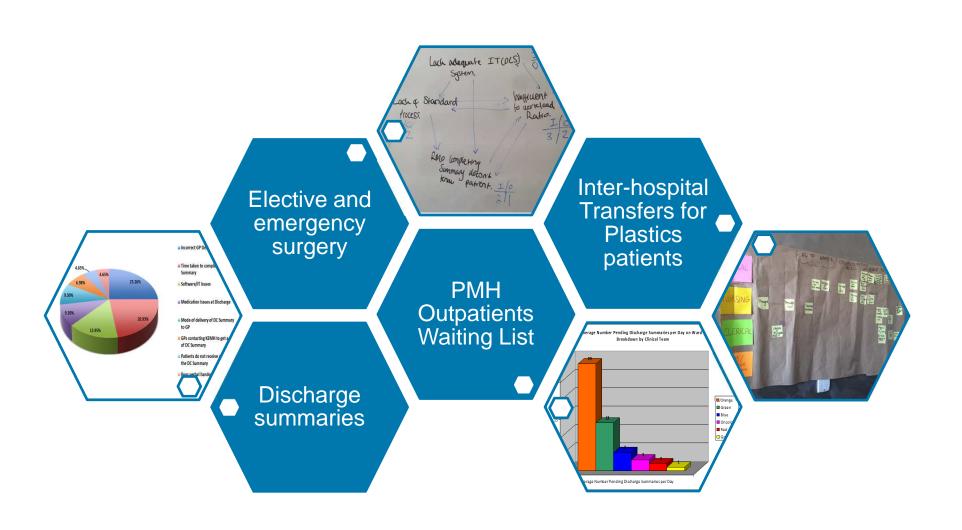
- No benchmarks or goals
- RMO training
- Software/IT
- Planning of RMO time
- Lack of standard process
- Medications not seen as a priority

Solutions:

- Updated DC summary policy
- RMO education
- Business case for new DC program

Other Projects





Take Home Messages



Medical staff are time-poor, but not idea poor

The best solutions come from the people who know the business best

The people who know the business best work its coal face

The coal face is diverse and complex, thus engagement must be at senior and junior levels across many disciplines

Our problems are multi-faceted, appropriate and lasting solutions MUST come from a multi-lateral and collaborative approach

The most dangerous phrase in the language is, "We've always done it this way." Rear-Admiral Grace Hopper

Dr Alexius Taylor Julian Alexius.Julian@health.wa.gov.au