RMOs in Clinical Governance at Waitemata DHB

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Drivers for change

In New Zealand there is a groundswell of activity towards increasing resident medical officers (RMOs) engagement in clinical governance.

A 2017 survey of healthcare workers carried out by the University of Otago Centre for Health Systems & Technology (CHeST) showed that more than 55% of respondents (*n8863 of which WDHB n945*) did not know that their DHB had established governance structure to ensures partnership between health professionals and management (Centre for Health Systems & Technology, 2018, p. 13).

The intention of this project was to set up a programme to develop RMO understanding of quality improvement; to develop their leadership skills and to familiarise them with quality improvement concepts and governance frameworks. An RMO in Clinical Governance programme was developed in the Clinical Education and Training Unit (CETU) at Waitemata DHB, in collaboration with Anaesthetic Medical Officer, Operations Manager ICU/HDU - Dr Jonathan Wallace.

Our challenges:

- To create roles with built in clinical governance project time
- To be able to allocate RMOs during a time of staff shortage
- To develop scoped achievable projects
- To provide training and mentorship for allocated RMOs
- To deliver project outcomes in a 13 week time frame

What we did

- Researched and benchmarked other similar successful RMO programmes *(with thanks to Tauranga DHB for sharing their experience and learning)*
- Scoped and wrote up the Waitemata DHB programme outline. Presented plan to Clinical Governance Board for feedback, support and ratification
- Developed the RMO residency roles and scoped appropriate sized projects
- Allocated RMOs to residency roles and mentored them as they carried out and completed their projects

Teaching

Introductory teaching
Sessions on quality improvement offered during PGY1 & 2 teaching.

Introductory session for Clinical Governance RMOs in week 1.

eLearning Modules
House officers in the RMO in governance programme were introduced to and undertook Institute for Healthcare Improvement (IHI) modules.

Links to the IHI modules on RMO portal for all RMOs to access.

Time line

RMO in Governance project time line
The time line for scoping and developing the RMOs in clinical Governance programme was 4 months. It was operationalised over the following three months to commence in the winter quarter (Q3) of 2018.

Reliever roles project time line
The residencies are 13 weeks in duration, projects must be achievable in this time frame.

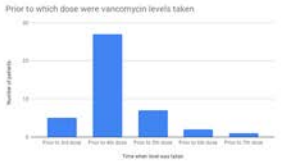
Residency

Residency roles
We developed 3 RMO residencies (including job descriptions and rosters) with 0.2FTE protected project time built into each role. 3 RMOs were allocated to the residencies for Q3 of 2018.

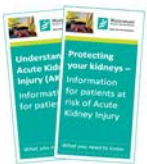
Project scopes, choice and mentoring
Projects were scoped prior to the residency; in week 1 RMOs chose their preferred project. Projects were supported by project teams and stakeholders. RMOs received regular mentoring through CETU.

Presenting
RMOs have developed project posters and will present their work at appropriate forums.

Inaugural Projects



Vancomycin Audit Project
In collaboration with the Antimicrobial Stewardship Group (AMS):
Review past audit results on the use of the Vanculator.
Carry out an audit of 5 months WDHB data on Vancomycin policy compliance and therapeutic dosing.
Produce audit results and report to the AMS Group and appropriate forums.



Acute Kidney Injury (AKI) Patient Information Project
Develop patient information literature, through a co-design model, including translated versions for Māori, Pacific, and Asian populations.
Through this work contribute to improving patient outcomes as part of a wider i3 project focusing on prevention and early recognition of AKI.

Febrile Neutropenia Pathway and Policy project
In collaboration with the Antimicrobial Stewardship group, review and align the current documents in line with current best practice.
Work with graphic design team to update documents and upload to DHB guidelines intranet sites.
Communicate changes to those involved patient care.

Conclusions

Increasing resident medical officers (RMOs) engagement in clinical governance enables their learning about wider organisation function, quality improvement methodologies and provides an opportunity to develop their leadership skills.

The RMOs who completed this residency enjoyed learning about quality improvement, and have demonstrated and applied their learning by completing projects that support the improved function of the DHB.

Clinical Governance opportunities should be seen as an important and integral part of medical education in early career training years.

Given the opportunity, we believe that RMOs can make a valuable contribution to organisational functions and continuous improvement in health care delivery.

Next steps

To embed the RMO in Clinical Governance roles as business as usual by promoting their contribution to quality improvement strategies, and the value of learning to their core roles.

To continue to raise organisational awareness of these roles as a resource to carry out future projects.

To ensure that clinical governance concepts are an integral part of our RMO education programmes.

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Reference:
Gauld, R., Horsburgh, S. (2018) *Health professional perceptions of clinical governance and the quality and safety environment in New Zealand DHBs: Report on the 2017 national survey*. Centre for Health Systems & Technology, University of Otago.

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