



Define: From incidents to excellence in Western Australia

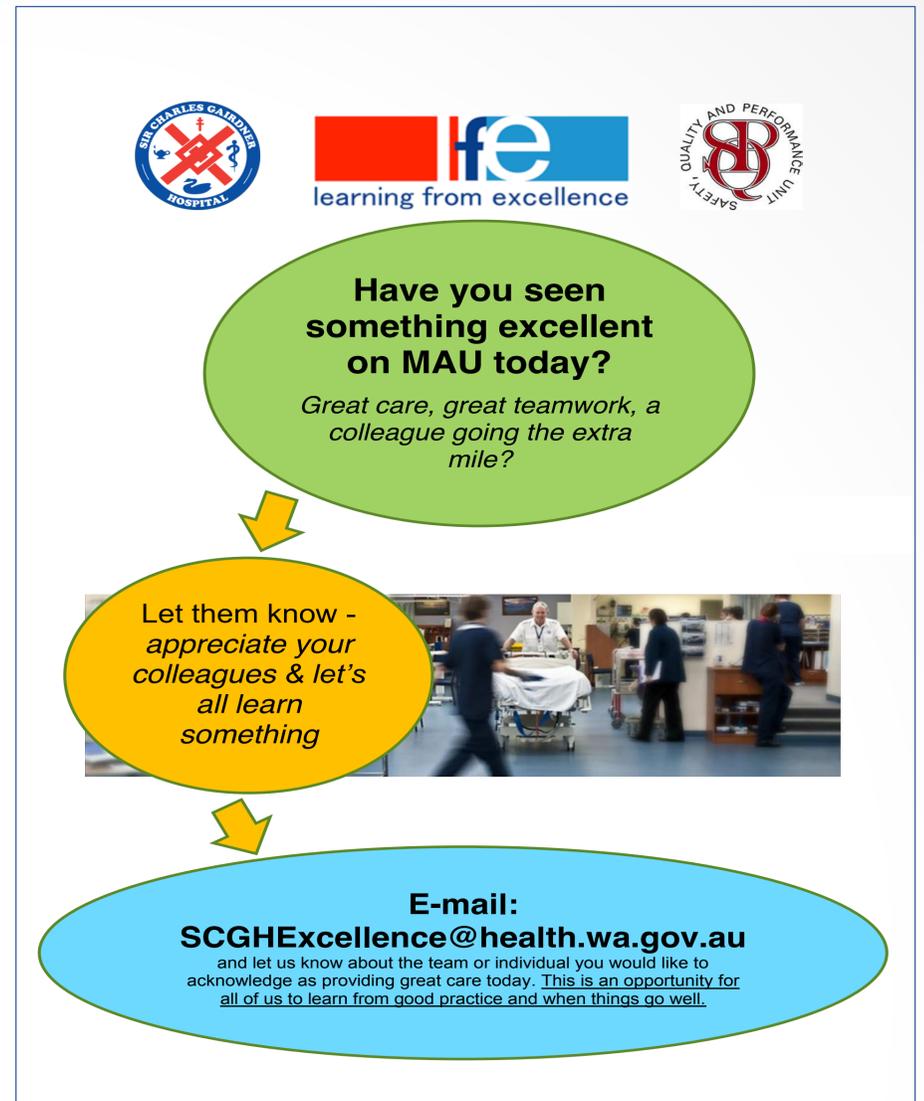
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Discover

At Charles Gairdner Hospital in Perth, Western Australia it was noted that less than 7% of medical staff had ever reported a clinical incident. The second most common reason cited by doctors for not reporting was the negative connotations or consequences associated with reporting incidents. With the aim of redressing this balance it was decided to pilot a system of excellence reporting (ER). The Medical Assessment Unit (MAU) was chosen as a pilot site and 3 methods of reporting were implemented. Initially a paper form and e-mail automatic reply form in October 2016, followed by an online form via the hospital intranet. All staff groups are able to submit reports. In September 2016, prior to commencing ER, we undertook a survey looking at staff morale and perceptions of learning. We received 74 responses (74/149), a 50% response rate. 46% of respondents agreed or strongly agreed that there was more focus on failures than achievements on the MAU compared to 31% of respondents who disagreed or strongly disagreed with this statement. 51% of respondents perceived they learned best from reflecting on their own mistakes and incidents, 46% from studying good practice and only 3% felt they learned best from studying others mistakes or incidents. From October 2016 to May 2017 27 excellence reports were submitted.

Dream/Design

There have been several challenges associated with this project. The team initially leading the project were not MAU staff members so educating staff and keeping the reporting momentum going was difficult. Involving an MAU medical registrar and one of the nurses as ER champions alongside excellent communications support from the MAU ward clerk, has gone some way to addressing this.



Destiny

Learning from excellence is currently being shared at the monthly ward meetings which have been renamed Morbidity, Mortality and Excellence meetings. The MAU nurse champion has created a communication board on the ward dedicated to ER which includes anonymised quotes from submitted reports. We are currently repeating the staff survey a year after introduction of ER with the hope that staff appreciation via ER has led to an improvement in staff morale. We also plan to look at the rate of incident reporting by MAU staff in October 2017 compared to October 2016 to gauge whether the measures implemented to redress the balance between reporting of errors and episodes of excellence has gone any way to decreasing the negative connotations around incident reporting.