

Suggest

*A regional director of each chosen specialty (currently practising clinically in that specialty in a college accredited department) will be appointed by the specialty clinical network to review quality care and variation from considered current practise in all college unaccredited hospitals offering that specialty as a service*

1- If Networks are to be the vehicle to direct dhhs on quality markers for a specialty they MUST work in collaboration with specialty college- else double handling

2- If clinical leaders are to be held accountable for those they "manage"- dhhs must improve Leadership training- suggest - leadership training done thru' ECCN- should be the model followed- excellent- life changing

3- If MnM to be the tool- need a survey of quality of this process and need to develop education and training for the regional director - into providing a non-judgemental, blame free, process driven, transparent process- currently some specialties do this well but most are like a session in the coliseum and are fought to the death

4- If CEO's are to be asked to have specialists in to monitor the quality of care they deliver- this specialist should be chosen by and credentialed by the Network not the hospital.

This provides for economy of scale with a regional director of specialty. Local politics considered then by independent body.

Consideration must be given to whether the Network will have the power to then close that service if doesn't meet standard- and will we get rid of the belief amongst CEO's that they are not responsible for Quality of Care in their organisation.

5- Work must be put into bridging the clinician/business divide. Suggest expectation of minimum % practising doctors on boards and executives- Kings fund suggests number of doctors on boards directly correlates to Quality on shop floor. This is best practice.

Many thanks again.

Regards

Diana Badcock

Director Bendigo Health Emergency