

Good afternoon,

I have read with considerable interest your excellent discussion paper and make a few comments below.

However first I wish to bring to your attention a patient experience monitoring system I saw demonstrated at a recent Health Improvement conference. This system o has been widely adopted by the NZ health system and is now available in Australia. I have attached a set of 4 case studies the first 3 of which I think the review team will find of interest. This allows patients to answer questions about their experience at a time that suits them, and in the mode they prefer. This anonymous information is then available to the Nurse Unit Manager, the quality team, the CEO , the Board, the Dept of Health as required.

A summary from Cemplicity

Cemplicity provides the technology platform to New Zealand's Health Quality and Safety Commission (HQSC) to support their Health Quality Evaluation programme across district health boards. The HQSC are also using Cemplicity to provide a real-time national view of access to, and experience of, primary care co-ordinated services across a whole country of 1,200 practices. The Cemplicity solution goes beyond traditional annual surveys as it delivers real-time, actionable insights yet provides standardised results across the entire population for strategic decision making.

I would be very keen to arrange for more detailed information or a demonstration when the team from Cemplicity are in Victoria later this month.

Other comments.

The discussion paper is asking the right questions and hints at some structural change that is needed but this needs to be pushed. As Bob Wachter said in his recent blog Wachter's World of this maternity scandal, there are far too many small organisations that make up the Victorian health service, it was predictable and there may be more to come. Amalgamation of small hospitals and health services makes sense from a population health perspective, still meets local needs and addresses cost and quality issues.

The Department and universities could very wisely invest in improvement science with collaborations of researchers patients clinicians, nurse, doctors and allied health on the floor. The gap currently is too wide, translation therefore takes too long or is meaningless to the providers of care. Victoria could lead the country in this regard as Australia lags behind.

Happy to discuss further.

Regards

Sam

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