WITHIN 9 MONTHS 100% OF HEALTH PROFESSIONALS USE AN ISBAR FORMAT IN THEIR REFERRAL OF RURAL PATIENTS TO WAGGA WAGGA RURAL REFERRAL HOSPITAL

Need some easy to use tool that assists both referring and co-ordinating units to coordinate / give advice/ set priorities

Sponsor’s (Guidance team) members:
Dr Wendy Cox
Area Director of Medical Services

Project team members:
Mr Phillip Major, RN ……. Patient Flow Manager
Mr Dean Marshlin…., Patient Flow Manager
Mr Eamonn Purcell ……. Inspector, NSW Ambulance
Dr Stephen Woods Acting Director, Emergency Patient / consumer to coordinate
Dr Joseph Tedesco, GP, Tambarumba and Batlow
Dr Fatemeh Arya, GP, Tambarumba
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ECLP Cohort 16

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Testing a Solution via a PDCA Cycle:

1. Plan your change – knowledge or study of ISBAR
2. DO the study or experiment - use ISBAR in real life
3. Study the data and evidence - what went well, what didn’t go well, what could be improved?
4. Act on the data - build and implement improvements
5. Study the data and evidence - what went well, what didn’t go well, what could be improved?

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CCTC Clinical Governance - Quality, Safety and Excellence

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Critical Care Advisory Service Calls

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PATIENT FLOW TRANSPORT MONTHLY DATA UP TO 30TH November 2016

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Strategies for Sustaining Improvement

Holding the gains

1. Standardisation: A set of KPIs and protocols as discussed above are being developed
2. Documentation: all day calls are recorded... this has already been helpful when there has been “discussion” after the event about the reason the plan is transferred rather than reversed to simply use OOS
3. Measurement – attempting to develop a tool that can quantitate use of ISBAR
4. Training:ISBAR has been introduced as part of KPIs, GP visits and education training. The UoW has undertaken a series of workshops on ISBAR and will continue to do so in the future.
5. Evaluation: to ensure that the new development can incorporate processes such as pathways/guidelines... also delivering whole of health