

Getting JMOs involved in Quality Improvement

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The bung that made the intern of the year

It started with a bung. More accurately, the absence of a bung.

To set the scene: surgical nights at [John Hunter Hospital](#), with a good half-dozen wards to cover. Ward jobs backing up by the minute.

My friend and colleague Dr Samuel Roberts, was looking for a cannula bung.

All the other ingredients for a [cannula](#) were in the kidney dish in his hand - but without the bung, he could not proceed. Of course, each treatment room was set up differently, and this particular ward had done an efficient job of concealing its supply of cannula bungs!

Sam had an idea. Why not standardise just a part of the treatment room? One wall? What if the bung was always in the same place, regardless of ward?

So began the rapid vascular access wall initiative. But that was just the beginning.

Frustration is fertile ground

One long surgical night Sam approached me with an idea. The response to his vascular access initiative had been overwhelmingly positive. People were wondering how many other good ideas were currently masquerading as complaints in the RMO room.

The idea was to turn our frustrations into quality improvement. To see each problem as an opportunity to effect positive change.

With support from Clinical Governance (in particular Dr Carolyn Hullick and Prof Anne Duggan) we started a committee. We called it the JMO Quality and Safety Committee.

The least boring committee ever

The focus of our committee was to turn problems identified by JMOs into quality improvement projects. The committee would provide oversight and guidance to team leaders, and our supporters from Clinical Governance would help put us in touch with the right stakeholders for a given project.

In our first 12 months, we successfully launched projects to address ward standardisation (the bung-finding problem), safe benzodiazepine use in elderly inpatients, communication around post-operative orthopaedic care, improving the performance of [rapid response systems](#), and providing a supportive environment for nursing staff who want to learn to cannulate.

Our efforts won several awards - including 2014 NSW JMO of the year for Sam!

More importantly, we engaged much of an entire cohort of JMOs in quality improvement. We all learned tremendous amounts about the possibility of change, the barriers to change, and the methodology of quality improvement and change management.

Each JMO's unique perspective on the health service as a fresh observer in the system provides fertile ground for innovation. Many JMOs now can bring a skillset from a previous degree or career to bear on long-standing system problems, allowing us to see old problems in a new way. Looking forward, think of the difference the next generation of clinician leaders will make if they start improving the system from day one.

If a committee to coordinate JMO-initiated and led quality improvement projects does not exist at your hospital, it should.

And you could start it.

Related Blogs

- [Clinical Service Redesign for JMOs - Part 2](#)
- [Clinical Service Redesign for JMOs](#)

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