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CONNECTING DATA, NOT JUST COLLECTING

We collect data at a multitude of points across the patient journey from the moment a patient is triaged in the emergency department or admitted to a ward, through to discharge and beyond.

Collecting data is vital to so many aspects of health care - from resource allocation and improved service delivery, to informing clinical decision-making and conversations with patients at the bedside.

But while we collect a plethora of data, we haven't realised the potential for clinicians to understand what data is available and to improve the way clinicians can access what they need.

The Queensland Clinical Senate hosted a meeting of clinicians, consumers and health care administrators to take a close look at the data we do collect and how we can better use it to improve care and outcomes for patients.

We looked at a number of programs being used in Queensland Health that collect and compare data to inform clinicians about specific areas that could be improved.

The two programs showcased – *Getting it Right First Time* (GIRFT) and the *National Surgical Quality Improvement Program* (NSQIP) – are getting great results and proving how empowering clinicians to leverage data can improve patient care.

The work GIRFT is doing in Queensland, by giving hospitals and health care facilities the opportunity to compare their data to a state average, is making headway. GIRFT has helped to improve infection rates after orthopaedic surgery, and has demonstrated an overall decrease in the number of people aged over 55 having a knee arthroscopy, as well as a reduction in some of the outliers. Knee arthroscopy for patients aged over 55 years can be low value care – this group of patients may progress to a full knee replacement within two years of the initial procedure.

NSQIP aims to improve outcomes for patients after surgery by giving hospitals access to validated, risk-adjusted data that enhances their ability to zero in on preventable complications and where they can make improvements.

We also turned our attention to areas where we know we have challenges in collecting the right data, for example the way sex and gender are recorded in our systems. Without the ability to collect relevant data, we are unable to consider health outcomes for our diverse patient populations. This underpins intersectional equity, which we also considered.

'Intersectional' refers to the different aspects of a person's identity, such as sexual orientation, religion and ethnicity, and how these aspects can expose individuals to overlapping forms of discrimination and marginalisation.

On this front, eHealth Queensland is making great progress towards enabling sex and gender to be captured in our systems. This will have a huge impact on the care we provide to consumers who may not align with the traditional binary concept.

While our discussions on how we can better capture and respond to the diversity in our communities were rich, this was very much the start of a conversation that needs a great deal more thought, time and action.

By turning our minds to data—what we collect and how we use it—we are continuing a conversation that is all about enabling clinicians to provide the best care and outcomes for our patients and empowering consumers to make informed choices. It is, most importantly, also about a better patient experience for all Queenslanders.