

Engaging with clinicians: imperative for health systems



DR ALEX
MARKWELL
Chair of the Queensland
Clinical State

Dr Alex Markwell was appointed Chair of the Queensland Clinical Senate in January 2019. She replaces Dr David Rosengren who held the position for six years. Dr Markwell is an emergency physician at the RBWH and former president of the AMA Queensland. Dr Markwell can be contacted via the Senate at qldclinicalsenate@health.qld.gov.au



Throughout my career in medicine, I have had constant reminders about why clinician engagement is so vital to our health system and our patients.

With the absolute best of intentions, health administrators and project managers have ideas that are great on paper but in reality, don't always translate into effective clinical practice.

Reason being; only the users - clinicians and consumers - can truly road test the concept. So much of health care and medicine is not coded or explicit. Anyone starting a new medical job will relate to the enormous amount of information that is implicit and not written down in any manual or handover notes.

Clinicians will often have a unique take on a situation and, given a voice and access to the decision makers, can have a tremendous, positive impact.

Since its inception 10 years ago, the Queensland Clinical Senate—one of

the most respected and productive clinician bodies in Australia—has had a huge impact on the health system in Queensland.

As Queensland Health's strategic clinician advisory body, the senate has helped to identify real improvements in the way clinicians deliver care. In partnership with consumers, clinicians and managers, this has been translated into improved outcomes for patients, and has included:

- ▶ GP access to *The Viewer*;
- ▶ publicly funded bariatric surgery for a defined group of people;
- ▶ a community education program about end of life care, including a charter for end of life care for adults and children;
- ▶ funding to support the implementation of innovative models of integrated care;
- ▶ an evidence-based review of the quality of patient health outcomes related to National Emergency Access Targets (NEAT), resulting in a revised NEAT target of 80 per cent; and
- ▶ a charter of clinical requirements for digital health.

The Accelerated Chest Pain Risk Evaluation (ACRE) is another great example of how clinician engagement can positively impact on patient care. Led by a team of clinicians, the ACRE

project has changed the way patients presenting to emergency departments in Queensland hospitals with possible cardiac chest pain are assessed. Emergency department staff now use the most current, evidence-based advanced diagnostic protocol to assess patients. The result has been reduced length of stay and hospital admissions.

Engagement that is meaningful and part of the planning process can be the difference between a project that fails and one that translates into positive patient outcomes.

Clinician and consumer engagement, particularly with Aboriginal and Torres Strait Islander peoples and health workers, must continue to be a routine aspect of health-care planning that is genuinely valued by health system architects.

As I take the reins of the Queensland Clinical Senate, I am acutely aware of the ever-increasing pressures facing healthcare funding that drive the need for more efficient and effective health care. But we must ensure this doesn't compromise patient outcomes. And I believe this is a vital and ongoing focus of the senate.

For more information about the Senate visit: <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate>.