Clinician Engagement Strategy
Our vision
To deliver excellence in rural and regional healthcare.

Our purpose
Delivering quality healthcare in partnership with our communities.

Our values
- **Caring** – We deliver care, we care for each other and we care about the service we provide.
- **Doing the right thing** – We respect the people we serve and we do our best. We treat each other respectfully and we respect the law and standards.
- **Openness to learning and change** – We continually review practice and the services we provide. We encourage continued learning and innovation, and we promote professional currency.
- **Being safe, effective and efficient** – We measure and own our performance and use this information to inform ways to improve our services and business practices. We manage public resources effectively, efficiently and economically.
- **Being open and transparent** – We keep our patients, staff, stakeholders and community informed. We understand the importance of engagement and inclusiveness in the delivery of quality healthcare.

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**Darling Downs Hospital and Health Service**  
**Clinician Engagement Strategy**  
2171.v2 | 01/2016  
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**For further information please contact:**  
Office of Chief Executive  
Darling Downs Hospital and Health Service  
Jofre Level 1 Baillie Henderson Hospital  
PO Box 405 Toowoomba Qld 4350  
DDHHS@health.qld.gov.au


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Darling Downs Hospital and Health Service
Clinician Engagement Strategy

Background
The Darling Downs Hospital and Health Service (DDHHS) is an independent statutory body, established under state legislation through the provisions of the Hospitals and Health Boards Act 2011, and is governed by the Darling Downs Hospital and Health Board, which reports to the Minister for Health.

Geographically, the DDHHS provides services across an area of approximately 90,000 square kilometres, covering the local government areas of the Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council [community of Taroom].

Rationale for clinician engagement
An engaged clinical workforce that feels that it understands and can contribute to decision making is regarded in the literature as a necessary pre-condition to health service improvement. Hospitals where clinicians are more engaged in strategic planning and decision making perform better than hospitals where clinical personnel are not engaged in the change process (Spurgeon, Mazeland & Barwell, 2011).

In the UK National Health Service, “high performing trusts consistently identified higher levels of engagement, while the poorly performing trusts reported significantly lower levels of engagement”. (Hamilton et al 2008)

The Commonwealth Government undertook a number of consultations at hospitals throughout Australia in 2009 (although none in Darling Downs) and concluded that clinicians wanted to be involved in the management of their health services.

Accordingly, clinician engagement has become a heightened priority with the Hospital and Health Boards Regulation 2012 prescribing the minimum requirements for this strategy, and the Hospital and Health Boards Act 2011 requiring the development of clinician engagement strategies.

Aims and objectives
This strategy aims to:
• involve and empower clinicians in an inclusive process for the planning, delivery and evaluation of health services, teaching programs and research projects;
• improve service delivery, quality clinical care and patient care outcomes;
• ensure the DDHHS has structures and mechanisms that provide access to clinical skills and expertise;
• increase clinician participation in local decision-making and accountability;
• ensure clinicians remain connected with the Health system and policy development;
• acknowledge the role that clinicians play in raising understanding of the DDHHS and the health care system in the community; and
• ensure clinicians have access to ongoing professional development, promoting evidence-based practice and best practice patient safety and quality.
Defining clinician engagement

The Queensland Clinical Senate states that “effective clinician engagement requires contributions from both health system managers and clinicians. It is recognized that clinician engagement occurs at many levels of the health system and hence may take various forms” (Queensland Government, 2013).

Whilst ‘clinician’ or ‘clinician engagement’ are commonly used terms, they are rarely defined in the health literature. Within the Queensland Health Clinician Engagement Framework (2012), ‘clinician engagement’ is defined as:

“The manner in which Queensland Health involves staff that provide direct patient care, in the planning, delivery, improvement and evaluation of health services”

‘Clinician’ is defined as:

“any individual who provides diagnosis or treatment as a professional medical practitioner, nurse allied health practitioner or other health practitioner”.

Key linkages and partnerships

This Strategy complements and intersects with the DDHHS Consumer and Community Engagement Strategy (2015) and a number of other key documents:

- Darling Downs Hospital and Health Service (DDHHS) (2014) Clinical Governance Framework
- DDHHS (2015a) Local Primary Health Care Protocol (between DDHHS, WMHHS and DDWMPHN)
- DDHHS (2015b) Consumer Engagement Strategy
- DDHHS (2015c) DDHHS Clinical Council Terms of Reference

The following shows the strategic alignment to the DDHHS Strategic Plan 2015-2019

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver Quality Healthcare</td>
</tr>
<tr>
<td>4. Ensure safe and quality health outcomes</td>
</tr>
<tr>
<td>4.1. Embed the Clinical Governance Framework to optimise patient safety</td>
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<table>
<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td>Ensure Processes are Clear</td>
</tr>
<tr>
<td>1. Collaborate with primary health care and other service providers</td>
</tr>
<tr>
<td>1.1. Disseminate and respond to staff opinion surveys</td>
</tr>
<tr>
<td>1.2. Work in partnership with the Primary Health Network on General Practice Liaison to improve connections between primary and secondary care</td>
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<tr>
<th>Number</th>
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<tbody>
<tr>
<td>Ensure Dedicated Trained Staff</td>
</tr>
<tr>
<td>1. Embed a values based culture</td>
</tr>
<tr>
<td>1.1. Disseminate and respond to staff opinion surveys</td>
</tr>
<tr>
<td>1.2. Work in partnership with the Primary Health Network on General Practice Liaison to improve connections between primary and secondary care</td>
</tr>
<tr>
<td>1.3. Ensure regular staff forums</td>
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<tr>
<td>1.4. Engage clinicians to act as champions for safety and quality in service provision</td>
</tr>
<tr>
<td>1.5. Maintain and support clinical council to support service in making clinically appropriate decisions</td>
</tr>
</tbody>
</table>

Queensland Clinical Senate

The Queensland Clinical Senate (the Senate) is the leading clinical engagement body for the State. Established by Queensland Health in November 2008, the Senate is funded by the Queensland Department of Health.

The Senate consider strategic clinical issues and make recommendations to the Department of Health and Hospital and Health Services about how to deliver the best care to Queenslanders. The Senate aims to connect clinicians to improve care and provides strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care within the health system in Queensland.

The Senate provides clinical leadership by developing strategies to safeguard and promote the delivery of high quality, safe and sustainable patient care. The Senate is made up of 84 senior clinicians.
including medical practitioners, nurses, midwives, allied health professionals, ambulance officers, and representatives from each of Queensland’s Statewide Clinical Networks. Health Consumers Queensland is also represented on the Senate with three sitting members.

Chair of the Queensland Clinical Senate is Dr David Rosengren. There are three members from the Darling Downs Hospital and Health Service on the Senate.

**Statewide Clinical Networks**

Statewide Clinical Networks are a key initiative of Queensland Health to engage clinicians and consumers in decision making about clinical services planning and implementation, clinical practice improvement and quality and safety enhancements. There are currently twenty Clinical Networks in operation in Queensland.

**Local Primary Health Care Protocol (between DDHHS, WMHHS and DDWMPHN)**

A tripartite protocol has been developed to promote cooperation between the Darling Downs Hospital and Health Service, West Moreton Hospital and Health Service and the Darling Downs and West Moreton PHN (DD & WM PHN) in the planning and delivery of services. Key Issues for collaboration for the development of optimal patient care outcomes include:

- Putting the Health Consumer at centre of planning
- Joint understanding of the pivotal role of general practice in health service delivery
- Joint health service planning and design
- Joint consumer feedback/engagement
- Joint support strategies - workforce, recruitment and retention
- Joint data and clinical statistics sharing
- The protection and promotion of public health
- Joint Board engagement
- Local and joint clinical engagement arrangements
- Joint advocacy (DDHHS, 2015a).

**Key Components of the Clinician Engagement Strategy**

Effective line management is the foundation of clinician engagement. All clinicians have an immediate supervisor; usually a clinician manager, who has the primary responsibility for ensuring effective clinician engagement. However, given the complex nature of modern healthcare and the increasing distance between front line clinicians and executive decision makers, most high-performing healthcare organisations don’t solely rely on line management to engage clinicians. The establishment of formal horizontal clinician-led structures at local, regional and state levels has emerged over the past nine years.
The models of clinician engagement can be identified according to Figure 2 which illustrates that engagement is a spectrum from informing, through consulting, involvement and collaboration to empowerment. With increasing engagement comes increased accountability and responsibility.

<table>
<thead>
<tr>
<th>Points of Influence</th>
<th>INFORM</th>
<th>CONSULT</th>
<th>INVOLVE</th>
<th>COLLABORATE</th>
<th>EMPower</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide stakeholders with balanced and objective information to assist them in understanding the problems, alternatives, opportunities and/or solutions.</td>
<td>To obtain stakeholder feedback on analysis, alternatives and/or decisions.</td>
<td>To work directly with stakeholders throughout the process to ensure that stakeholder concerns and aspirations are consistently understood and considered.</td>
<td>To partner in each aspect of the decision including the development of alternatives and identification of the preferred solution.</td>
<td>To place final decision-making in the hands of stakeholders.</td>
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</table>

**How to Engage**

- We will keep you informed.
- We will keep you informed, listen to and acknowledge concerns and provide feedback on how stakeholder input influenced the decision.
- We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives/options developed and provide feedback on how clinician input influenced the decision.
- We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.
- We will implement what you decide.

**Strategies:**

<table>
<thead>
<tr>
<th>Expected Outputs</th>
<th>Strategies</th>
<th>Expected Outputs</th>
<th>Strategies</th>
<th>Expected Outputs</th>
<th>Strategies</th>
<th>Expected Outputs</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet</td>
<td>• Internet</td>
<td>Intranet</td>
<td>• Consultation papers</td>
<td>Targeted working groups</td>
<td>• Delegated Decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inc Fact Sheets</td>
<td>• Information papers</td>
<td>Working groups</td>
<td>• Targeted meetings ie. Local Clinical Council and/or Committees</td>
<td>• Establishing advisory panels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information papers</td>
<td>• FAQs</td>
<td>Clinician Advisory Groups</td>
<td>• Forums</td>
<td>• Workshops</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Link to satellite broadcasts</td>
<td>• ’Keep Informed’ email group broadcasts</td>
<td>Union briefings</td>
<td>• Workshops</td>
<td></td>
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<tr>
<td>Link to Federal website</td>
<td>Media releases</td>
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Adapted from: IAP2 Public Participation Spectrum, developed by the International Association for Public Participation

*assumed strategies from previous level are included in next
The situation determines the appropriate level of clinician engagement. In future when changes are being considered, it may be appropriate to be explicit about the engagement strategy to be employed. Currently within the Darling Downs Hospital and Health Services clinician engagement mechanisms exist within a range of various formal meeting processes and structures. Clinicians are engaged in operational management from team/ward operational and clinical meetings, through to Business Unit and Divisional Management meetings. In addition a range of professional/clinical groups also meet regularly within the Darling Downs Hospital and Health Service. These meetings provide opportunities for clinicians to participate in decision making and advise senior management on issues in relation to governance, planning, service delivery, workforce, safety and quality.

**Current Clinician Engagement in the Darling Downs**

Examples of the current informal and formal mechanisms through which clinicians are engaged are outlined in Figure 3.

Figure 3: Current formal and informal engagement mechanisms

<table>
<thead>
<tr>
<th>Level</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward / Team</td>
<td>• Team meetings&lt;br&gt;• Operational / Business Meetings&lt;br&gt;• Service Development&lt;br&gt;• Clinical Care Review / Audit</td>
</tr>
<tr>
<td>Business Unit / Facility</td>
<td>• Operational / Business Unit Meetings&lt;br&gt;• Clinical Governance Meetings&lt;br&gt;• Professional Forums&lt;br&gt;• Nursing Director meetings&lt;br&gt;• Psychiatrists’ consultants meeting&lt;br&gt;• Staff forums</td>
</tr>
<tr>
<td>Division</td>
<td>• Divisional Management Committees&lt;br&gt;• Divisional Resource Committees&lt;br&gt;• Divisional Patient Safety and Quality Committees&lt;br&gt;• Divisional Professional Forums&lt;br&gt;• Rural Director of Nursing meetings&lt;br&gt;• Rural Medical Superintendents meetings&lt;br&gt;• Staff forums</td>
</tr>
<tr>
<td>Health Service</td>
<td>• Professional Forums (e.g. Heads of Department, Senior Nurses Forum, Allied Health Forums)&lt;br&gt;• Clinical Leaders Forum&lt;br&gt;• Workforce Committee&lt;br&gt;• Credentialing and Clinical Privileges&lt;br&gt;• Information Management Committee&lt;br&gt;• Drug and Therapeutics Committee&lt;br&gt;• Aged Care Committee&lt;br&gt;• Clinical Care Review Committee&lt;br&gt;• Clinical Service Improvement Committee&lt;br&gt;• Clinical Council</td>
</tr>
</tbody>
</table>
Linkages and Structure for Clinician Engagement for the Darling Downs HHS

Specific groups have been and will continue to be established to ensure a high degree of clinician engagement in planning capital works, models of care etc.

Clinicians act as managers for most units, within delegations. This can create tensions in their roles as clinicians with an individual patient focus and the need to provide a service. To assist managers a range of information mechanisms exist to support clinician engagement.

The Clinical Leaders Engagement Forum and Clinical Council assist the DDHHS in formalizing and optimizing engagement and information flow between clinicians and managers at the Darling Downs Hospital and Health Service level.

The Board recognizes the importance of clinician’s advice, expertise and opinions, and wish to hear from practising clinicians as often as possible. In addition to the formal meetings, a series of opportunities to raise issues in an informal manner will be provided.

Board meeting summaries are published on the DDHHS website and are made available to health professionals working in the DDHHS (subject to the Board’s obligations relating to confidentiality and privacy).

When the Board meets in a rural area, it will invite local clinicians both from within and external to the DDHHS to meet with the Board in an informal sense to raise issues of concern or provide perspectives to the Board. Where appropriate the matters raised will be referred for further analysis or action by the HSCE on behalf of the DDHHS. Similarly, in Toowoomba there will be scheduled informal functions held to gather clinician feedback and opinion. These may be held jointly with the DD & WM PHN, and may target one professional group on occasion.

Clinical Leaders Engagement Forum

The Clinical Leaders Engagement Forum brings together a wide range of clinicians from across the DDHHS three times per year to update staff around DDHHS issues and provide an opportunity for interaction, networking and to inform necessary action to be taken against a range of emerging health issues, with the Health Service Executives.

DDHHS Clinical Council

The Clinical Council is a formally appointed and recognized committee to advise and discuss issues with the Health Service Chief Executive (other executives) and when appropriate the Board. The intent is to provide the ability for clinicians to engage with the DDHHS Executive and Board in a direct and meaningful way. The Council may propose matters to be referred to the Executive and the Board and matters may be referred to the Council for comment and opinion. The Council meets 11 times a year. (Terms of Reference for the Clinical Council are provided at [http://gheps.health.qld.gov.au/darlingdowns/pdf/our-service/tor-cc.pdf](http://gheps.health.qld.gov.au/darlingdowns/pdf/our-service/tor-cc.pdf). Minutes from Clinical Council meetings are provided to the Executive Strategic Oversight Committee.

The DDHHS Clinical Council Chair will be a member on the proposed Darling Downs & West Moreton PHN (DD & WM PHN) Clinical Council, and vice versa. This will support consistency and flow of information between the Health Service and the Primary Health Network and its clinician members.

The linkages and structure for Clinician Engagement for the Darling Downs HHS is shown in Figure 4.
Darling Downs Hospital and Health Service

Figure 4: Key clinician engagement structures and linkages – Darling Downs Hospital and Health Service

Reporting and Evaluation
Evaluation of the impact and success of this strategy will involve:

1. Reporting on clinical engagement activities through routine reporting to the Clinical Council.
2. Formative evaluation of the Clinician Engagement Strategy at the end of each year.
3. DDHHS meeting accreditation requirements in relation to National Safety and Quality Health Service Standards.
4. Consultation with clinicians within the DDHHS and key partnering organisations will occur as part of the review process.
5. Continuously improving consultation through the information obtained from implementing this strategy.

An implementation Plan is contained in Appendix A.
References


DDHHS (2015a) Local Primary Health Care Protocol (between DDHHS, WMHHS and DDWMPHN)

DDHHS (2015b) Consumer and Community Engagement Strategy

DDHHS (2015c) DDHHS Clinical Council Terms of Reference


## Appendix A: Implementation plan

<table>
<thead>
<tr>
<th>Level of engagement</th>
<th>Strategy</th>
<th>Indicator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform</td>
<td>Ensure clinicians have access to ongoing professional development, promoting evidence based practice and best practice patient safety and quality</td>
<td>Number of staff completing training</td>
<td>Participation list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Links webpage available on DDHHS intranet</td>
<td>Webpage for clinicians</td>
</tr>
<tr>
<td></td>
<td>Key items of news and information are distributed regularly to clinicians</td>
<td>Number of staff newsletters and staff news emails</td>
<td>Number of hits on website/web links</td>
</tr>
<tr>
<td></td>
<td>All clinicians are kept aware of DDHHS initiatives and strategies</td>
<td>Information on DDHHS initiatives and strategies is made available to all clinicians</td>
<td>Website</td>
</tr>
<tr>
<td>Consult</td>
<td>CE and Board “walk arounds” to areas /clinician meetings</td>
<td>Number of meetings</td>
<td>Register of meetings</td>
</tr>
<tr>
<td></td>
<td>Clinicians are offered the opportunity to contribute to the development of strategic plans and policies and provide feedback</td>
<td>Number of clinicians that have been offered the opportunity to contribute to the development of strategic plans and policies and provide feedback</td>
<td>Feedback registers</td>
</tr>
<tr>
<td>Involve</td>
<td>Feedback and transparency of key decision making</td>
<td>Publish executive and board meeting summaries</td>
<td>Website</td>
</tr>
<tr>
<td></td>
<td>Clinical Council meets regularly to advise and discuss issues with the Health Service Chief Executive (other executives) and when appropriate the Board</td>
<td>A summary of key issues discussed and decisions made by the Clinical Council will be made available for health professionals, staff, consumers, community and stakeholders</td>
<td>Website</td>
</tr>
<tr>
<td></td>
<td>Ensure the Health Service has structures and mechanisms to provide access to clinical skills and expertise</td>
<td>Continue to hold “Twilight Talks” and “Grand Rounds”</td>
<td>Participation list</td>
</tr>
<tr>
<td>Collaborate</td>
<td>Establish health protocols with the Primary Health Network and other health care providers to enhance clinician engagement</td>
<td>Tripartite Protocol with DDHHS, DD &amp; WM PHN and WMHHS approved, signed and in place</td>
<td>Tripartite Protocol</td>
</tr>
<tr>
<td></td>
<td>Support cross-agency clinician meetings</td>
<td>Cross agency meetings have clinical representation</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>Level of engagement</td>
<td>Strategy</td>
<td>Indicator</td>
<td>Source</td>
</tr>
<tr>
<td>---------------------</td>
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<tr>
<td>Empower</td>
<td>Publish the Clinical Engagement Strategy</td>
<td>Strategy available on the DDHHS intranet</td>
<td>Website</td>
</tr>
<tr>
<td></td>
<td>Engagement of clinicians in strategic and operational planning processes</td>
<td>Appropriate clinical representation and participation on the Hospital and Health Board and its committees</td>
<td>Participation list</td>
</tr>
<tr>
<td></td>
<td>Encourage clinicians to be active in State, regional and local forums</td>
<td>Representation on Queensland Clinical Senate</td>
<td>Clinical Senate Membership List</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At least four (4) DDHHS Clinical Leaders Engagement Forums per annum</td>
<td>Participation list</td>
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</table>