

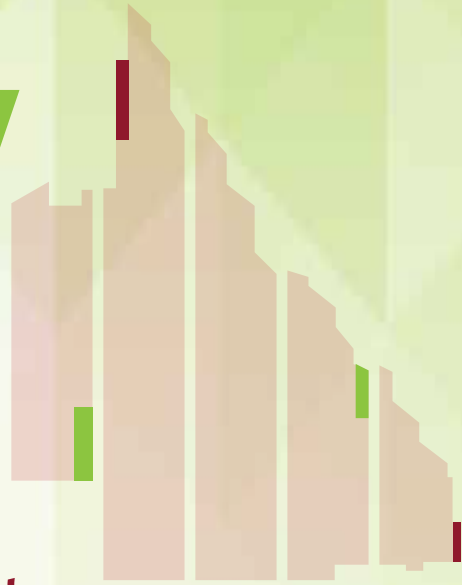


Activity Report

2019-2020

Queensland Clinical Senate

Clinician leadership. Consumer collaboration. Better care.



Queensland Clinical Senate Activity report 2019-2020

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clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate

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Message from the Chair

Twenty-twenty has been a year none of us will forget. The worldwide COVID-19 pandemic disrupted our health system and society in a way that most of us will never again experience in our lifetime. The exceptional circumstances of COVID-19 required dramatic change to business for most areas within healthcare, including the Queensland Clinical Senate.

From its inception, the Senate has provided clinical leadership and input to both inform and respond to health system priorities.

Never before has this leadership and advice been more welcomed and sought than during the state's response to COVID-19. The Senate provided strategic advice and input into the system changes, including Reform Planning Group recommendations and other changes under consideration.

The Senate leadership team focused solely on supporting both clinicians and the system from the beginning of the response. We kept frontline clinicians up to date with important clinical information and resources about COVID-19.

We partnered with clinician groups to develop a number of vital clinical decision-making tools. And we dedicated a full (and our first) virtual meeting of the Senate to health system reform post COVID-19. The rare opportunity to disrupt the way we provide care so that we could respond to the global pandemic, has given us the rare opportunity to redesign the

way care is delivered so that Queenslanders can access care closer to or at home. For our First Nations people, this means access to care on or closer to country. The Senate meeting captured many of these effective models of care that clinicians believe should continue and be embedded into our new 'normal'.

It was an incredibly active time for the Senate, but I firmly believe we have risen to the challenge. The engagement from members, partner groups and clinicians was outstanding, and it was a privilege to work alongside my colleagues in the healthcare system during this time.

Pre COVID-19, 2019 was one of celebration and many firsts. The Senate celebrated its 10th year in 2019, having held its first meeting in early 2009. You can read more about the history of the Senate and its achievements throughout this report. During this celebratory year we reflected on the Senate's many successes over the years. We also appointed our first Deputy Chair, Adjunct Associate Professor Chris Raftery. Chris is the Nursing Director of Innovation and Advanced Practice at Gold Coast Hospital and Health Service and has been an asset to the Senate and our executive team.

A/Prof Carl de Wet, General Practitioner, and Clinical Lead for the Gold Coast Primary Health Network, the Healthcare Improvement Unit, and the State Health Emergency Coordination Centre, joined the Senate Executive in March 2020 to strengthen our

engagement with, and provide the perspective of, primary healthcare.

We appointed our first Aboriginal clinician to the Senate Executive. Mrs Roslyn Wharton-Boland is an Aboriginal woman of the Mardigan and Kooma tribes of south west Queensland and a very accomplished registered nurse and leader. It's wonderful to have Roslyn on board as a voice for nurses and our First Nations people.

We held three meetings during 2019, the first of which focused on the health and wellbeing of the workforce, which has never been more important than during the pandemic. We were able to draw on some of the work from that meeting during our response to COVID-19. The latter two meetings focused on reducing low benefit care —this too was a strong focus during the COVID-19 pandemic as we prepared for a potential increase in patients and ways to provide care to patients at, or near, their homes. You can read more about these meetings throughout the report.

In addition, the Senate was heavily involved in Queensland Health's Rapid Results Program,

in particular the work around keeping Queenslanders' healthy and tackling obesity, and the Choosing Better Care Together program of work. You will read more about these priority areas in the report.

Many of our partner relationships were strengthened this year, in particular our relationship with Health Consumers Queensland (HCQ) and the Statewide Clinical Networks. Certainly, the work of the Senate cannot be done in isolation and we are incredibly grateful for the effective partnerships we have with these and other key groups including the Department of Health, and system leaders from across the acute and primary care settings – more can be achieved when we work together.

Finally, this is my first report as Senate Chair, and I would like to thank and acknowledge Dr David Rosengren who passed the baton to me in early 2019 after some six years at the helm. Congratulations David on the many significant achievements of the Senate under your leadership and thank you for your guidance in my early days in the role.

Dr Alex Markwell

Chair, Queensland Clinical Senate



I look forward to continuing to lead the Senate through 2021, integrating new ways of working developed during COVID-19 into our Senate agenda. We will, as always, remain committed to providing strategic advice to Queensland Health to help guide the system and improve care for Queenslanders.



About the Senate

The Queensland Clinical Senate is Queensland Health's strategic clinician advisory body. Established in 2008, the Senate represents clinicians from across the state's health system to provide strategic advice and leadership on system-wide issues affecting the quality, affordability and efficient delivery of patient care within Queensland.

Clinician leadership. Consumer collaboration. Better Care.

The Senate is funded by Queensland Health and sponsored by the Deputy Director-General of Clinical Excellence Queensland.

Our vision

Clinicians actively contribute to decision-making around the design and delivery of quality health services through all levels of the health system in Queensland.

Our purpose

Represent clinicians in providing independent and impartial strategic advice on system-wide issues that affect quality, affordable and efficient patient care.

Our guiding principles

- Value consumer perspectives and focus on quality patient outcomes and experiences
- Connect clinicians from all disciplines across the health system in Queensland
- Encourage and support stakeholders to empower clinicians to be actively involved in decision making
- Provide constructive advice that is timely, inclusive, transparent and evidence-based and contributes to setting the health reform agenda.

Focus areas

- Clinician leadership
- Effective partnerships and collaborations
- Championing system improvement



The Senate Executive Team



Dr Alex Markwell - Chair

Term commenced January 2019

Emergency Physician

Metro North Hospital and Health Service



Adjunct Associate Professor Chris Raftery - Deputy Chair

Term commenced June 2019

Nursing Director

Clinical Innovation and Advanced Practice

Gold Coast Hospital and Health Service



Mr Sean Birgan

Term commenced April 2016

Director of Nursing and Co-Chair, Division of Surgery

Princess Alexandra Hospital

Metro South Hospital and Health Service



Dr Anthony Brown

Term commenced October 2016

Executive Director Medical Services

Torres and Cape Hospital and Health Service



Dr David Rimmer

Term commenced May 2017

Senior Medical Officer, Longreach

Central West Hospital and Health Service



Ms Annette Scott

Term commenced January 2018
Executive Director, Allied Health
Darling Downs Hospital and Health Service



Dr Erin Evans

Term commenced February 2019
Chair
Health Consumers Queensland



Professor Liz Kenny AO

Term commenced January 2019
Chair
Queensland Clinical Networks Executive



Dr Ivan Rapchuk

Term commenced January 2019
Deputy Chair
Queensland Clinical Networks Executive



Dr Carl de Wet

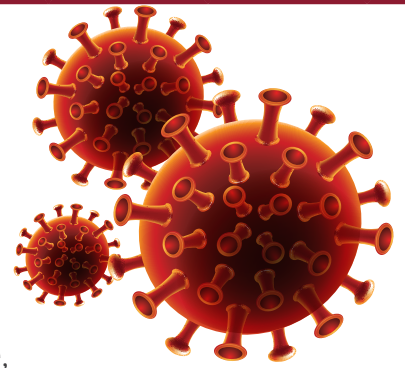
Term commenced March 2020
GP Liaison Officer
Gold Coast Hospital and Health Service
Clinical Lead
Healthcare Improvement Unit



Ms Roslyn Wharton-Boland

Term commenced March 2020
Nurse Unit Manager
Community Health, Woorabinda
Central Queensland Hospital and Health Service

COVID-19 Pandemic



As Queensland Health's peak clinician advisory body, the Queensland Clinical Senate took a key role in the system's response to COVID-19. From initiating and managing a frontline COVID-19 clinician communique, to leading the development of a set of principles to guide the redesign of the health system post COVID-19, the Senate's leadership and advice was sought during the pandemic response in Queensland.

Strategic advice

The Senate Chair was a member of the Pandemic Health Response Implementation Advisory Group, now known as COVID-19 Health System Response Working Group (CRG), COVID System Leadership Forum (CSLF), COVID-19 Residential Aged Care Facility Clinical Advisory Group and the Queensland Health Leadership Advisory Board (QHLAB), among other high level groups.

The Senate also provided advice and input into key reform work: Reform Planning Group; Queensland Health Future Funding Model Advisory Group; Virtual Care Strategy.

Frontline clinician communication

Engagement and involvement from clinicians at every level was paramount during COVID-19.

Soon after COVID-19 was declared a pandemic, the Senate identified a gap in direct clinician communication about COVID-19. The Senate, in collaboration with the Statewide Clinical Networks and Clinical Excellence Queensland, initiated and led a daily communique to keep frontline clinicians up to date on clinical information related to the virus and the situation in Queensland and across the country.

The email was sent to a network of more than 13,000 Queensland clinicians up to six days a week. As the first wave was contained in Queensland the frequency of the emails was reduced and increased again as the situation continued to unfold in Australia.

Resources and guidance

Working with clinicians and consumers, the Senate developed and released the “Guideline for ethical prescribing for self and others in the COVID-19 Pandemic”. This inspired a subsequent publication in Australian Prescriber [[Principles of ethical prescribing for self and others: hydroxychloroquine in the COVID-19 pandemic](#) Ian Coombes, Alexandra Markwell, Paul Kubler, Andrew M Redmond, Gordon McGurk, Jason A Roberts first published 22 April 2020].

Senate members joined consumers, clinicians and the Care at End of Life project team to develop a [compassionate conversations guide](#) to assist healthcare professionals when they are speaking to family members virtually by video or telephone call. An accompanying guide to using an interpreter was also developed.

Health system redesign

COVID-19 disrupted society and our health system requiring us all to very quickly adjust to a new ‘normal’. And while it has been difficult at times, it has given the health system a very unexpected opportunity to disrupt the way we provide care and to see what is possible if we are able to just ‘crack on and do it’.

To capture the work that allowed consumers to access care closer to home during the pandemic and explore how it could become part of ongoing care, the Senate held an online meeting—‘Innovation and transformation of models of care in response to COVID-19’.

Meeting delegates agreed on a set of key principles to guide decision making and underpin ongoing care provided across the system. Among these are:

- Deliver care at or closer to home and centred around the patient.
- Permanently discontinue low benefit care that has been ceased during the pandemic.
- More information about this meeting is available on page 20.

Our Achievements (against focus areas)

Clinician leadership



The Senate led four meetings this reporting period and one extraordinary meeting during COVID-19. Topics included the health and wellbeing of the healthcare workforce, low benefit care, ethical considerations and COVID-19, and redesigning care in response to COVID-19.

In collaboration with the Clinical Excellence Queensland Centre for Leadership Excellence, the Senate developed a bespoke leadership course delivered twice during 2019 and attended by around 90 Senate members. The program focused on systems thinking, the role of the clinician in leading and influencing change, and behavioural science to improve engagement.

Members of the Senate Executive represented clinicians at various Rapid Results Program workshops and on a number of committees including the Choosing Better Care Together work.

During COVID-19, the Senate represented clinicians on a number of committees including the COVID-19 system leadership forum (CSLF), Pandemic Health Response Implementation Advisory Group- now known as COVID-19 Health System Response Working Group (CRG), COVID-19 Residential Aged Care Facility Clinical Advisory Group and the Queensland Health Leadership Advisory Board.

Members of the Senate executive represent clinicians on more than 20 senior executive committees and have been invited to join Queensland Health Tier 2 governance committees.

Effective partnerships and collaborations



The Senate has always enjoyed a great relationship with Health Consumers Queensland (HCQ) and during COVID-19 this has been strengthened. Consumers contributed at all Senate meetings during the reporting period with record numbers of consumer representation at each meeting.

The Senate works closely with the Queensland Clinical Networks Executive and Queensland Statewide Clinical Networks. During 2019 the Senate partnered with the Networks to deliver two meetings about low benefit care.

The Senate has important strategic partnerships with the Department of Health, Hospital and Health Services, the Chief Clinical Information Officer, Clinical Excellence Queensland executive directors and profession leads, the Office of Rural and Remote Health, Primary Health Networks and Health and Wellbeing Queensland.

The Senate values a strong relationship with many external agencies including Choosing Wisely, the New South Wales Agency for Clinical Innovation, the Victorian Clinical Council, Clinical Senate of Western Australia, Northern Territory Clinical Senate, Queensland Aboriginal and Islander Health Council (QAIHC), the Pandemic Kindness Movement, Queenslanders with Disability Network, Palliative Care Queensland, Council on the Ageing Queensland, and the Australian Medical Association Queensland.

Championing system improvement



Four meetings focused on improving the delivery of services and outcomes for patients, with one meeting being dedicated to showcasing innovation and transformation during COVID-19.

The key recommendations from the Senate's August 2019 'Maximising Benefits of Care' meeting were the focus of the Choosing Better Care Together program of work. The work was a key priority of the Rapid Results Program designed to find ways to deliver better healthcare to Queenslanders.

Established Frontline COVID-19 daily email in response to clinician feedback about the need for more concise, clinically relevant information.

Released seven podcast interviews promoting the work of clinical and health system leaders to improve the delivery of services and outcomes for patients.

Highlights

2019

January

Dr Alex Markwell was appointed Chair of the Queensland Clinical Senate.
Dr Markwell is an Emergency Physician at the Royal Brisbane and Women's Hospital.

May

A new tag line was launched in recognition of the Senate's collaboration with consumers – 'Clinician Leadership. Consumer Collaboration. Better Care'.

The Senate celebrated its 10th anniversary in 2019, having held its first meeting in 2009. Celebrations included a video featuring the past and present chairs of the Senate, a 10th birthday newsletter and social media posts throughout the year recognising the Senate's achievements during its decade since formation.

The Senate developed and launched a bespoke leadership course in collaboration with Clinical Excellence Queensland's Centre for Leadership Excellence. The course was held twice during 2019. The program focused on systems thinking, the role of the clinician in leading and influencing change, and behavioural science to improve engagement.

The Senate met to discuss the importance of the health and wellbeing of the workforce, producing a statement of principles and actions for individuals, teams and organisations.

June

The Senate appointed its first Deputy Chair. Adjunct Associate Professor Chris Raftery commenced as Deputy Chair in May 2019. Chris is the Nursing Director of Clinical Innovation and Advanced Practice for Gold Coast Hospital and Health Service.

July

On 1 July 2019 a Senate recommendation to ban high-sugar drinks from cafes and vending machines throughout the state's public hospitals and health facilities came to fruition. The change aims to create healthcare environments that promote healthy weight and lifestyle.

The Senate's obesity meeting in 2015 recommended the establishment of a health system cross-jurisdictional taskforce, inclusive of consumers, to identify, develop and oversee the implementation of obesity prevention strategies. In July 2019, Health and Wellbeing Queensland was established as an independent organisation to improve the health and wellbeing of all Queenslanders and reduce health inequities.

August

The Senate meeting: Maximising benefits of care, recommended that all those involved in the healthcare system, including consumers, to identify and reduce any care that is provided to patients that is of low benefit.

October

The Queensland Clinical Senate podcast series was launched in October 2019 to interview Queensland clinicians about initiatives and programs to improve care for Queenslanders – ten episodes were produced in 2019-2020

November

The Senate hosted a showcase of exemplary work happening around Queensland to reduce low benefit care.

2020

March

Ms Roslyn Wharton-Boland was appointed as the Senate Executive's first Aboriginal clinician representative. Roslyn is an Aboriginal woman of the Mardigan and Kooma tribes of south west Queensland. She is the Nurse Unit Manager for Community Health, in Woorabinda, Central Queensland Hospital and Health Service and is passionate about influencing people on a professional platform to improve health equity for Aboriginal and Torres Strait Islander peoples.

May

To adhere to restrictions on gatherings during the COVID-19 pandemic, the Senate held its first online meeting. More than 200 clinicians, consumers and health system managers participated in the Zoom meeting.

The Senate met to explore some of the positive impact that COVID-19 had on the delivery of care in Queensland, with recommendations including that care be delivered closer to home and centred around the patient, ensuring care is of high benefit, and enabling innovation and change.



The Senate's first bespoke leadership course was attended by more than 42 members.

Meetings

Health and wellbeing of the workforce

9-10 May 2019

Introduction

The health and wellbeing of clinicians is inextricably linked to patient outcomes. Evidence suggests that healthcare providers who have poor health or suffer from burnout are much more likely to make medication prescribing errors, less likely to show compassion and empathy to their patients, and their patients are more likely to suffer an adverse event. The converse is also true—patients of clinicians who are healthy with high levels of job satisfaction have much better outcomes.



Ms Liz Crowe (meeting facilitator), Dr Shahina Braganza, The Hon Steven Miles MP Minister for Health, Dr Alex Markwell and Dr Lynne McKinlay.

To raise awareness of what contributes to clinicians experiencing burnout, stress and fatigue and to explore possible strategies for a healthier, safer and more productive workforce, the Queensland Clinical Senate convened more than 130 clinicians, consumers and health executives from across the state.

Recommendations

Delegates contributed to a statement of principles about clinician wellbeing. The statement identifies strategies that can be implemented over the short, medium and long-term as well as at the individual, team and organisational level. See appendix 1 for the full statement.

The 5 principles of wellbeing:

1. **The health and wellbeing of clinicians directly impacts the care we provide** (This underpins all other principles).
2. **Creating a positive health and wellbeing culture.**
A culture that supports the health and wellbeing of all staff is embedded throughout all organisational tiers. Clinicians are encouraged to talk openly about issues impacting wellbeing. Our leaders prioritise and enable wellbeing for all.
3. **Commitment to continually improve.**
Collaboration between organisations, teams and individuals is pursued to continually improve wellbeing in the routine and the extreme. We emphasise and encourage positive change.
4. **Maximise access to wellbeing resources.**
Tools are accessible, support services are available and education provided to maximise opportunities for wellbeing.

5. **We practice civility, empathy and kindness.**

We smile and say hello. Everyone is empowered to challenge, discourage and act on incivility.

Progress

- Metro South Hospital and Health Service (MSHHS) Bayside and Princess Alexandra Hospital joined the Health Roundtable Workforce Wellbeing group, which includes access to the Wellbeing Index, a validated tool developed by the Mayo Clinic. Key MSHHS wellbeing staff see the use of the Wellbeing Index as an extension of the health and wellbeing activities developed over the past five years. The benefits then flow to multiple levels across an organisation:
 - Individual: can monitor their own wellbeing, see progress and where needed, be supported and guided to expert support and assistance appropriate for each discipline.
 - Work Teams: can monitor their morale and overall wellbeing with the ability to regularly track interventions for their impact.
 - Organisations and Leaders: executive teams can ‘keep a finger on the pulse of staff wellbeing’ and collaborate with colleagues across Australia and New Zealand on proven strategies that maintain wellbeing.
- Senate ‘principles of wellbeing’ and ‘actions to improve employee wellbeing’ have been built into the main Queensland Health Employee wellbeing webpage on QHEPS (QH intranet – internal access only), along with links to relevant resources.

Work is underway to also house wellbeing resources on the site, including short videos created by clinicians about wellbeing activities they are doing at their facilities along with other suitable resources to support staff wellbeing.

- The Senate produced three podcast episodes about clinician health and wellbeing.
 - Dr Shahina Braganza, Emergency Physician, discussed OneED, a wellness program for staff at Gold Coast Hospital and Health Service emergency departments that supports staff to talk about their health and wellbeing, and ultimately enhance patient care.
 - Lita Olsson, Clinical Lead for the Queensland Occupational Violence Strategy Unit, about occupational violence and helping to make our hospitals and health services safer for staff, patients and visitors.
 - Dr Lynne McKinlay, Senior Medical Educator at the Cognitive Institute and Medical Director of Learning and Development for Children’s Health Queensland, on clinician wellbeing in the time of COVID-19.

View the meeting report and recommendations at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/health-wellbeing-workforce

Maximising benefits of care

1- 2 August 2019

Introduction

Not one of us comes to work with the intent of hurting our patients. We are becoming increasingly aware that some care we're delivering provides little or no benefit and can even harm our patients. Low benefit care consumes patient and staff time, costs money and reduces our capacity to deliver high benefit care.

In a health system that is under pressure from an ageing population and chronic disease, a growing population and decreasing workforce, we must find ways to ensure we are providing the right care, to the right patient at the right time. Reducing low benefit care not only means we are providing better care to our patients, but it also ensures a more efficient and sustainable health system.

As clinicians, it is our responsibility to lead this change and this is why the Queensland Clinical Senate, in partnership with the Statewide Clinical Networks hosted more than 170 of the state's most senior clinicians and administrators to determine what the priorities for change should be.

Recommendations

The Queensland Clinical Senate believes there is an individual and collective responsibility of everyone in the health system, including consumers, to identify and reduce any care provided to patients that is of low benefit. At the 'Maximising benefits of care' meeting, members and guests, including interstate Clinical Senate (and equivalents) representatives from Victoria, Western Australia, New Souths Wales and the Northern Territory, recommended three statewide priority areas for Queensland Health, in collaboration with consumers, to collectively pursue:

- a) Improving the quality use of medicines to optimise care in frail and older patients
- b) Improving end of life planning and care in end-stage disease
- c) Reducing unnecessary daily blood testing.



Mr Chris Raftery, Professor Louise Cullen, Professor Paul Glasziou, Ms Jane Hancock, Dr Robyn Lindner, Professor Ian Scott and Dr Alex Markwell.

These priorities must be underpinned by educating and empowering consumers and healthcare providers to discuss what care is needed, updating clinical decision support tools to promote evidence-based practice, and developing appropriate metrics to evaluate impact of interventions to reduce low benefit care.

The priority areas are being actioned by the Queensland Health Choosing Better Care Together program.

Progress

- A follow-up meeting in November 2019, 'Low benefit care: Runs on the board', showcased programs of work from around Queensland that are reducing low benefit care, with a focus on the three statewide priorities areas outlined above.
- Key meeting recommendations are being progressed under the 'Choosing Better Care Together' program of work. The work is part of the Rapid Results Program and was put on hold to manage the demand of COVID-19.

Recommendation: Improving end of life planning and care in end-stage disease

- In 2009, the Acute Resuscitation Plan (ARP) was implemented in all Queensland Health services and facilities and replaced Not For Resuscitation Orders. In 2019, the ARP was endorsed for use in any setting and an amended adult ARP v6.0 form was subsequently released in November 2019. <https://clinicalexcellence.qld.gov.au/resources/ARP>
- The High Benefit Care at End of Life (HBCEL) Project aimed to develop a suite of tools and resources to support multidisciplinary clinicians to carry out Comprehensive Care Planning with patients across a continuum of care and trajectory of illness. The intended deliverables of the HBCEL Project were paused to respond to emerging issues related to COVID-19. The HBCEL team consequently pivoted towards developing:
 - o resources related to addressing information disparity and cultural responsiveness for bereaved Queenslanders.
 - o compassionate care door-signs for clinical spaces. The sign discreetly signifies to hospital staff that the person is dying, ensuring only essential staff enter the room and are sensitive to the needs of the person and their family.
 - o clinician resources to guide conducting compassionate end-of-life conversations via virtual mediums. In partnership with the Senate and Health Consumers Queensland, the HBCEL Project team developed two posters – intended for display in clinical spaces:
 - [Compassionate conversations: A guide to communicating virtually.](#)
 - Compassionate conversations: A guide to using an interpreter in virtual conversations.

Recommendation: Grow local knowledge and expertise about change management with regard to adopting innovation and efficiency.

- In the past 12 months, Clinical Excellence Queensland's Healthcare Improvement Fellowship graduated its largest cohort of 11 fellows. Another 12 fellows began the program in 2020. The Fellowship program is an innovative clinician-focused healthcare improvement leadership program that draws on both emerging and traditional approaches to safety and quality with a strong focus on complex systems science rather than the more conventional approaches that draw on industrial process improvement methodologies.
- Three innovative bridge labs were formed in 2020. Over the next 12 months, these labs will bring in academic expertise across design, human factors science and safety innovation specialties to accelerate our efforts to address many continuing and emerging challenges within our health system in a truly interdisciplinary manner. These collaborations will create novel resources for our workforce and enable bridges for deeper collaboration between Clinical Excellence Queensland, hospital and health services and the world-leading academic centres in our local neighbourhood.
- The Healthcare Improvement Community of Practice was launched in 2019 and has more than 300 members.

View the meeting report and recommendations at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/maximising-benefits-care

Low benefit care: Runs on the board

7-8 November 2019

Introduction

To build on the work of the August 2019 meeting 'Maximising benefits of care' and in response to an overwhelming call from clinicians, the Senate dedicated its November 2019 meeting to a showcase of successful low benefit care programs.

More than 30 abstracts were submitted from acute and primary care clinicians about low benefit care programs getting runs on the board throughout Queensland.

Fifteen papers were selected for oral presentation and a further nine programs of work were selected for poster presentations. Meeting delegates were invited to vote for the best presentation for each session. This was the Senate's fourth meeting about value-based care. Presenters were invited to submit their projects to the Improvement Exchange clinicalexcellence.qld.gov.au/improvement-exchange

The meeting focused on three areas of care:

- Improving the use of medicines
- Improving the appropriateness of treatments and care pathways
- Improving diagnostic testing.

View the meeting report, key messages and posters at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/low-benefit-care



Professor Liz Kenny AO,
Minister for Health the Hon.
Steven Miles MP and
Dr Alex Markwell.

Innovation and Transformation of models of care in response to COVID-19

18 May 2020

Introduction

The COVID-19 pandemic changed the way we deliver care. Many great initiatives enabled Queensland clinicians to continue to care for patients without them needing to leave their homes or their communities, presenting a number of advantages along with some challenges. The delivery of certain types of healthcare has been reconsidered.

The Senate's first full virtual meeting gave us the chance to reflect on and crystallise the learnings from the innovations and transformations, such as the virtual hospital, that have enabled care to continue while we prepare for and respond to COVID-19. It was also an opportunity to engage diverse participant perspectives from clinicians, consumers and health system managers and executives.

The meeting considered:

- What models of care worked and why – what have we learnt
- What barriers were overcome to enable new models of care to be introduced in a short timeframe
- What are the barriers to enabling successful models of care to continue
- What priorities and recommendations should inform decision making for the 'new normal' of the health system.

Recommendations

Delegates agreed on a set of key principles to guide decision making and underpin ongoing care provided across the system. These include:

- Deliver care at or closer to home and centred around the patient
- Permanently discontinue low benefit care that has been ceased during the pandemic
- Remove barriers to innovation and change to enable, not hinder, the delivery of efficient, modern healthcare
- Maintain the mature network governance, leadership and collaboration with health consumers and healthcare providers across sectors
- Ensure integrated and robust system-readiness from a supply perspective, including rapid scale-up and distribution strategies.



More than 200 clinicians, consumers, health system managers and leaders came together online for the Senate's first virtual meeting to discuss 'Innovation and transformation of models of care in response to COVID-19'.

Progress

- The recommendations were endorsed by the Queensland Health Leadership Board
- The Queensland Health Reform Planning Group received the recommendations and consulted with the Senate Executive while developing its roadmap to reform. This enabled the Senate's work to inform various bodies of work underway, including the transformation of funding and virtual care.

View the meeting report and recommendations at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/innovation-transformation

Progress updates from past meetings

Queensland: The digital state

November 2018

Queensland is in the middle of one of the largest digital health programs we will see in healthcare and probably one of the largest in Australia. As the impact on patient care is realised, it has become increasingly evident that clinicians must influence the digital health agenda and be central to decision-making. Senate members and invited guests joined a critical conversation about the possibilities of digital health and the priorities for clinicians.

A direct result from this meeting was the development of the Queensland Digital Clinical Charter, which was endorsed by the Queensland Health System Leadership Team in February 2019.

Update on recommendations

- The 'Queensland Digital Health Clinical Charter: a clinical consensus statement on priorities for digital health in hospitals' was published in the [Australian Health Review by CSIRO Publishing](#).
- Health Consumers Queensland partnered with Clinical Excellence Queensland to develop the country's first [Queensland Digital Health Consumer Charter](#) which was launched late-2020. Queensland Health endorses the Charter and is committed to its implementation when developing policy, programs and services.
- The Queensland Digital Health Consumer Charter will inform the ongoing digital health strategic direction for Queensland alongside the [Queensland Digital Clinical Charter](#).

View the meeting report and recommendations at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/qld-digital-state



Managing the pain of opioids

July 2018

With opioid prescribing at an all-time high in Australia, Senate delegates explored the potential benefits of a stewardship program to support the State's response to prescription opioid use in Queensland.

Update on recommendations

Recommendation: Establish a clinical governance framework for safe medication prescribing in Queensland.

- The Statewide Persistent Pain Network is currently progressing projects to establish guidelines for Pain Management Stewardship within HHSs including governance for opioid stewardship programs.
- The Network is working on a Paediatric and adolescent persistent pain management strategy 2020- 2025 to provide better capacity and access to this vulnerable/ priority group.

Recommendation: Commitment to the implementation of Real Time Monitoring (RTM) of opioid prescribing and dispensing.

- Queensland Health's real-time prescription monitoring solution, QScript, will record information about the prescribing and dispensing of Schedule 8 and specified Schedule 4 medicines. The clinical tool will assist in the safer prescribing and dispensing of these medicines.
- 'Release 1 – Prescription data feed' occurred in December 2019, confirming that QScript is able to receive data from the Commonwealth's national real-time prescription monitoring system, the National Data Exchange.
- Release 2 – 'QScript Management Portal' (replacing MODDS) is due for implementation in the third quarter of 2020.
- It is anticipated that practitioners will be able to register for the system in 2020, and that testing functionality of QScript in clinical environments will also begin.
- Implementation of QScript is subject to parliamentary processes associated with the commencement of the Medicines and Poisons Act 2019, which is under consideration due to COVID-19.

Recommendation: Support improved prescriber competency through identification and implementation of education strategies.

- The Program of Work on Monitored Medicines team has developed a comprehensive change strategy incorporating education, training and communications plans to inform, educate and drive behaviour change in relation to:
 - the implementation of real-time prescription monitoring
 - improving prescribing practices and understanding of risks associated with inappropriate prescribing
 - educating clinicians about their obligations under the Medicines and Poisons Act 2019 (MP Act) and subordinate regulation.
- Queensland Department of Health has engaged Insight Training to develop and deliver continuing professional development accredited eLearning opportunities for Queensland prescribers and dispensers. Insight Training is a specialist alcohol and other drug training and workforce development service delivered by Metro North Hospital and Health Service.
- The Statewide Persistent Pain Management Clinical Network persistent pain services has been successful in gaining funding to support the implementation of:
 - GP phone advice clinics and case conferencing with persistent pain specialists to support consumer management in the primary care setting.

- Innovative technological solutions, such as Project Echo, to deliver education programs with other primary and secondary care providers to increase broader system capability to manage consumers with persistent pain.
- Upskilling GPs and building the speciality of pain medicine in the community by promoting GPs with a special interest in pain, providing opportunities to work with tertiary persistent pain services.
- Outreach GP education sessions in Mackay, Mount Isa, Cairns and Townsville.

Recommendation: Specifically support a project team to continue development and implementation of the Opioid Prescribing Toolkit and relevant NPS MedicineWise strategies with the initial focus on the prescribing of opioids within emergency departments and perioperative settings of Queensland public hospitals.

- In July 2019, Queensland Opioid Stewardship Program was funded by the Healthcare Improvement Unit for 12 months for scaling across eight Queensland Emergency Departments. To date this has progressed beyond expectations to 16 hospital sites across five clinical areas.

Recommendation: Partner with Choosing Wisely Australia (facilitated by NPS MedicineWise) to champion a consumer focused ‘Opioid Wisely’ campaign.

- On behalf of the Senate, Royal Brisbane and Women’s Hospital Pharmacist Champika Pattullo worked with Choosing Wisely Australia to develop [a consumer resource about opioids](#). This resource is available across Queensland Health facilities.

Recommendation: Advocate for a national prescribing strategy.

Queensland Health is collaborating with NPS MedicineWise and the Australian Commission on Safety and Quality in Healthcare in progressing a national prescribing strategy. NPS MedicineWise is planning a national pilot using Queensland Health’s Opioid Prescribing Toolkit.

NPS MedicineWise, in collaboration with Queensland Health, has developed the [Patient guide to managing pain and opioid medicines resource](#), and is currently working with the Queensland Child and Youth Clinical Network on a similar resource for children.

View the meeting report and recommendations at:

clinicaexcellence.qld.gov.au/sites/default/files/docs/priority-area/clinical-engagement/queensland-clinical-senate/managing-pain-opioids-report.pdf

Bariatric surgery in the public sector

March 2017

With evidence demonstrating the clinical and cost effectiveness of bariatric surgery to treat obesity-related complications, the Senate meeting recommended the provision of bariatric surgery to a specific group of patients in Queensland. In response to the Senate recommendation, the Queensland Government announced in July 2017 a two-year, \$5million trial of bariatric surgery for up to 300 Queenslanders with type-two diabetes.

Update on recommendations

The bariatric surgery initiative has undergone an interim evaluation in partnership with Griffith University to inform the Department of Health's policy position on access to and eligibility for bariatric surgery in Queensland public hospitals.

It is expected that the findings from the evaluation and the policy position will be published by the end of 2020.

View the meeting report and recommendations at:

health.qld.gov.au/__data/assets/pdf_file/0027/652608/qcs-meeting-report-201703.pdf



Integrated care: Our integration – beyond fragmentation

October 2015 and November 2016

Integrated care is critical for a sustainable health system to deliver the best possible health outcomes for individuals and communities.

The Queensland Clinical Senate and key stakeholders from Queensland Primary Health Networks and the broader Queensland health system met to discuss issues which are important to support integrated care across the primary and secondary care continuum and actions needed to create the conditions for a more integrated system.

Update on recommendations

Announced by the Queensland Government in response to Senate recommendations, the \$35million Integrated Care Innovation Fund (ICIF) provided financial support to locally-led projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare.

The ICIF has been fully allocated, with initiatives evaluated by the Australian Centre for Health Services Innovation (AusHSI) to assist HHSs determine ongoing feasibility. AusHSI identified the following initiatives as the most promising:

- Hepatology Partnership Project
- Older Persons Enablement and Rehabilitation for Complex Health Conditions
- QCAT Guardianship Process Initiative (Phase 2)
- Gastroenterology and Hepatology Integrated Care Clinics.

For a list of projects, visit:

<https://clinicalexcellence.qld.gov.au/priority-areas/integrating-care/integrated-care-innovation-fund>

View the meeting report and recommendations at:

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/our-integration-beyond

Putting the brakes on obesity

July 2015

Queensland is the most overweight state in Australia, with two in three (67%) adults, and one in four (25%) children overweight or obese. In an effort to help address this obesity epidemic, the Senate brought clinicians and consumers together to canvas obesity prevention strategies and interventions.

Update on recommendations

Recommendation: The establishment of a health system cross-jurisdictional taskforce to identify, develop and oversee the implementation of obesity prevention strategies.

- [Health and Wellbeing Queensland \(HWQld\)](#) was established in 2019 as an independent statutory body. Under the leadership of Chief Executive Adjunct Professor Robyn Littlewood, HWQld is tasked with improving the health and wellbeing of the Queensland population by reducing the risk factors associated with chronic disease (poor nutrition, low physical activity and obesity) and reducing health inequalities.
- The inaugural [Health and Wellbeing Queensland Strategic Plan 2020 -2024](#) outlines the agency's vision and key strategies.
- HWQld established the Paediatric Obesity Health Transformers Committee to implement Queensland's first integrated approach to tackling childhood obesity – the Model of Care (MOC).
- HWQld created the Clinicians Hub to help clinicians talk about, identify, prevent and manage childhood obesity with confidence and impact.
- The Boost your Healthy during COVID-19 campaign and digital hub was launched by HWQld on 2 May 2020. Boost your Healthy uses diverse and innovative activities to engage and support Queenslanders to boost their activity, healthy eating and wellbeing on a daily basis.

Recommendation: Removing high sugar and soft drinks from health care facility cafes and vending machines; and committing to implementation of healthier food choice strategies.

- On 1 July 2019 high sugar drinks were banned from cafes and vending machines throughout the state's public hospitals and health facilities. The change aims to create healthcare environments that promote healthy weight and lifestyle.
- A Better Choice: healthier food and drink supply in Queensland Health facilities resources and tools were updated to support implementation of the Healthier Drinks Directive, which has been expanded to include healthier food.

Recommendation: Health professionals and consumers must promote and support acceptance of monitoring weight as an expectation (a vital sign) of healthcare delivery within the community. This must be supported by the development and dissemination of scalable brief interventions.

- Queensland Health funded Menzies School of Health Research to develop and deliver B.strong Brief Intervention Training to assist health and community workers to deliver brief interventions for nutrition, physical activity and smoking cessation with Aboriginal and Torres Strait Islander clients in government operated and community controlled health services until June 2020.
- Two free specialised professional development courses for clinicians that support the brief intervention process are available from Queensland Health's Clinical Skills Development Service.
- A Quality Improvement Payment (QIP) was available to Hospital and Health Services from 1 July 2018 to 30 June 2020. This QIP incentivised Patient Wellness Clinical Pathway completion and subsequent referral to Way to Wellness.
- The Patient Wellness Clinical Pathway initiative means Queensland public patients booked for elective surgery can now access evidence-based expert support to improve modifiable chronic disease risk factors to reduce risk of surgical complications and improve surgical outcomes.
- Targeted and specific professional development training to support routine weight monitoring during pregnancy is in development by Queensland Health. The training will be available late-2020.

View the meeting report and recommendations at:

clinicaexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/every-k-over-not-okay

Membership

The Queensland Clinical Senate is made up of 92 members with representatives from Hospital and Health Services, Mater Health Service, Health Consumers Queensland, Queensland Primary Health Networks, Primary Care, Queensland Ambulance Service, the Department of Health, Hospital and Health Board Chairs, Health Service Chief Executives, and the Statewide Clinical Networks. (see Appendix 2)

Membership composition: 5% Consumers, 22% Allied Health; 24% Nursing/Midwifery; 46% Medical; 3% Administration.

Gender: 92 members – 45% male, 55% female.

Resignation of Executive members

The following members of the Senate Executive resigned from their positions over the past 18 months. We thank them for their commitment and contribution to the Senate.

Dr David Rosengren

Chair – December 2012 – December 2018

Immediate past chair, December 2018 – December 2019

Emergency Physician and Executive Director, Royal Brisbane and Women's Hospital
Metro North Hospital and Health Service

Dr Denise MacGregor

Term: March 2015 – January 2019

Director, Surgery, Redcliffe Hospital

Metro North Hospital and Health Service

Dr Trisha O'Moore-Sullivan

Term: February 2016 – August 2019

Director, Endocrinology

Mater Health Services

Dr Timothy Smith

Term: January 2019 – January 2020

Acting Director of Urology | Consultant Urologist

Queen Elizabeth II Jubilee Hospital

Metro South Hospital and Health Service

To see a full list of current members, visit clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/membership

Committee membership

The Senate represents clinicians on numerous on numerous senior strategic Queensland Health Committees including:

- Bariatric Surgery Clinical Operational Reference Group
- Bariatric Surgery Steering Committee
- Choosing Better Care Together Steering Partnership
- Clinical Placements Strategic Review 2020
- Clinical Services Capability Framework Governance Committee
- Healthcare Information and Management Systems Project Steering Committee
- Healthcare Worker Infection Working Group
- Health Systems Sustainability Collaborative
- Inform My Care Advisory Committee
- Monitored Substances
 - Steering Committee
 - Companion Document and Associated Resources
 - System Usability Reference Group
 - Working Group
- Occupational Violence Implementation Group
- Optimising Opioid Prescribing Projects in Emergency Departments
- Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS) Oversight Group
- Queensland Clinical Networks Executive
- Queensland Health Consumer Collaborative
- Queensland Opioid Stewardship Program Steering Group
- Queensland Virtual Care Project Steering Committee
- Rural and Remote Digital Health Strategy
- Second Kidney Transplant Site Panel
- Sexual Health Ministerial Advisory Committee Primary Care Forum

Queensland Health senior governance committees

Tier 1

- Queensland Health Leadership Advisory Board

Tier 2

- Data and System Intelligence Advisory Committee
- Disaster Management Advisory Committee
- First Nations Health Improvement Advisory Committee
- Investment Assurance Committee
- Patient Safety and Quality Advisory Committee
- Rural and Remote Advisory Committee
- Strategic Workforce Advisory Committee
- System Management Advisory Committee
- System Reform, Strategy and Policy Advisory Committee

Tier 3

- Statewide Services Advisory Committee

COVID-19 committees

- Chief Health Officer daily teleconference
- COVID System Leadership Forum
- COVID Health System Response Working Group
- Escalation of Care – COVID-19
- State Health Emergency Coordination Centre
- COVID-19 Residential Aged Care Facilities Clinical Advisory Group

The History of the Queensland Clinical Senate

The Queensland Clinical Senate was established in late 2008 with its first meeting held in May 2009. The senate was established by the then Director-General of Queensland Health Michael Reid to provide structured and transparent engagement with clinicians in clinical service planning and policy development.

Dr Bill Glasson was appointed inaugural chair in May 2009 and led the Senate during a major health reform— implementation of the National Health and Hospitals Network and the establishment of Lead Clinician Groups in Local Hospital Networks at a national level.

In its first year, the Senate appointed approximately 60 members from across Queensland Health's 27 Health Service Districts and made recommendations on topics including 'clinician education and training' and 'care at the right time and right place'.

The Senate celebrated its 10th year in 2019 with approximately 90 members, including consumer and carer representation. During its decade as a strategic clinician advisory body to Queensland Health, the Senate—in partnership with clinicians, consumers and managers—has been successful in advocating for:

- GP access to The Viewer
- publicly funded bariatric surgery for a defined group of people
- a statewide strategy for end-of-life care, including a community education program and a charter for adults and children
- funding to support the implementation of innovative models of integrated care
- action to address obesity including the removal of sugary drinks from public hospitals in Queensland
- an evidence-based review of the quality of patient health outcomes related to National Emergency Access Target (NEAT), resulting in a revised NEAT target of 80%
- a charter of clinical requirements for digital health.



The inaugural Senate Executive

Chairs

Dr Bill Glasson

(Inaugural Chair)

May 2009 - October 2012

Dr David Rosengren

January 2013 – December 2018

Dr Alex Markwell

January 2019 - present



The early meetings of the Queensland Clinical Senate were held in the Queensland Parliament Senate Chambers.

Media and Communication

The Senate uses various channels to communicate and engage with members and stakeholders. This year, new communication activities included the launch of a podcast series, a LinkedIn page as a third social media platform and a partnership with the Agency for Clinical Innovation to support its Pandemic Kindness Movement website.

Podcast series

The Senate launched a [podcast series](#) in October 2019. Episodes included interviews with:

- Dr Jillann Farmer, Deputy Director-General, Clinical Excellence Queensland
- Adjunct Professor Robyn Littlewood, CEO, Health and Wellbeing Queensland
- Ms Roslyn Wharton-Boland, appointed as the first Aboriginal member of the Senate Executive.
- Dr Lynne McKinlay, Clinical Wellbeing in the time of COVID-19
- Mr Peter Burow, Leadership Expert
- Ms Lita Olsson, Occupational Violence Clinical Lead
- Dr Dinesh Palipana, Queensland's first quadriplegic medical doctor
- Dr Shahina Braganza, Emergency Physician, Gold Coast Hospital and Health Service

Social media

The Senate launched a LinkedIn page in early 2019 and it has become one of our highest engaging platforms.

- [Twitter](#) – 879 followers
- [Facebook](#) – 551 followers
- [LinkedIn](#) – 567 followers.

Publications

Four meeting reports were produced along with four newsletters. The Senate was a contributor in each edition of the Australian Medical Association Queensland's flagship publication, Dr Q.

Website

The Senate's website remains a popular source of information for stakeholders. Regularly updated with meeting reports and upcoming topics, membership, meeting dates, speakers and publications in which is the Senate is published.

clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate

Video

We produced [12 videos](#) on a variety of topics related to Senate meetings with more than 3000 views.

Pandemic Kindness Movement

The Senate partnered with the Agency for Clinical Innovation to support the growth of its Pandemic Kindness Movement website. The Pandemic Kindness Movement was created by clinicians across Australia, working together to support all health workers during the COVID-19 pandemic. The Senate is providing communication support to the movement.

<https://aci.health.nsw.gov.au/covid-19/kindness>



Queensland's first quadriplegic medical doctor Dr Dinesh Palipana was interviewed for an episode of the Senate's podcast.



Hospital soft drink ban to help fight obesity

1 July 2019 was a significant day for the health of Queenslanders. It marked the start of major changes to the types of drinks available from cafes and vending machines throughout the state's public hospitals and health facilities.

High-sugar drinks (including high-sugar soft drinks) will no longer be available, creating healthcare environments that promote healthy weight and lifestyle, and making it easier for patients, staff and visitors to make healthier drink choices.

The move follows a recommendation from the [Queensland Clinical Senate's 'Every K over is not okay: Putting the brakes on obesity' meeting in 2015](#). Held in partnership with [Health Consumers Queensland](#), the meeting aimed to develop strategies to address the increasing rate of overweight and obesity in Queensland. In 2014/15:

- ▶ One in four (25 per cent) Queensland children were overweight or obese
- ▶ Two in three (65 per cent) Queensland adults were overweight or obese.

The changes introduced by Queensland Health have the potential to make a real impact on the health of our community.

They also demonstrate leadership in driving a prevention and intervention agenda for our future generations. While it can take some time for the prevention approach to take hold, it escalates once it becomes a social norm. Smoking is a perfect example of this.

It is critically important for the health profession to work in partnership with the community it services in tackling the obesity challenge. It is a complex issue that is costly to the community and the individual - around 70 per cent of people with obesity have at least one established morbidity - and that

requires action across multiple jurisdictions.

The Senate's recommendation for a cross-jurisdictional taskforce to identify, develop and oversee the implementation of obesity prevention strategies has also been realised with the establishment of [Health and Wellbeing Queensland](#).

Health and Wellbeing Queensland is an independent statutory body that will take a multi-strategy, multi-sector approach to enable illness prevention and health promotion investments and activities to be implemented across traditional portfolio boundaries.

Meantime, progress continues on the Senate's recommendation for a healthy food choice strategy to be rolled out across the state to ensure healthier food options are available at Queensland public hospitals and health facilities. It is anticipated that implementation of food changes will be effective in [Queensland's Hospital and Health Services](#) by 1 July 2020.

We don't pretend to believe that we are going to solve the obesity epidemic overnight - this is a long-term challenge. But we recognise the importance of taking action now. If we are to sit back and do nothing, our next generation of Queenslanders is likely to have a lower life expectancy than their parents for the first time in modern history. We can't let that happen.

** The Queensland Clinical Senate is this year celebrating 10 years as Queensland Health's strategic clinician advisory body.*



**DR ALEX
MARKWELL**

Chair, Queensland Clinical Senate; and
Emergency Physician,
Royal Brisbane and
Women's Hospital



Appendix 1

Health and Wellbeing of the Workforce – a statement of principles and actions

The Queensland Clinical Senate promotes a whole-of-system approach to staff wellbeing, centered on the following principles and actions developed by the clinicians and consumers at its May 2019 meeting.

The health outcomes of patients are inextricably linked to the health and wellbeing of clinicians—a healthy, happy workforce is a necessity. Existing programs have helped normalise conversations between colleagues and shift the focus from the isolated individual to include the broader team and organisational context. Leaders visibly value staff and promote psychological safety. Effective interventions range from the very simple to the more complex, but are developed by the collective team and supported by the organisation.

Principles of wellbeing



P1 – The health and wellbeing of clinicians directly impacts the care we provide.

This underpins all other principles.



P2 – Creating a positive health and wellbeing culture

A culture that supports the health and wellbeing of all staff is embedded throughout all organisational tiers. Clinicians are encouraged to talk openly about issues impacting wellbeing. Our leaders prioritise and enable wellbeing for all.



P3 – Commitment to continually improve

Collaboration between organisations, teams and individuals is pursued to continually improve wellbeing in the routine and the extreme. We emphasise and encourage positive change.



P4 – Maximise access to wellbeing resources

Tools are accessible, support services are available and education provided to maximise opportunities for wellbeing.



P5 – We practice civility, empathy and kindness

We smile and say hello. Everyone is empowered to challenge, discourage and act on incivility.

Actions to improve health and wellbeing



Individuals

- Recognise the importance of and commit to prioritising your physical, psychological and emotional health.
 - Reflect upon and be flexible in your beliefs, attitudes and practice.
 - Practice and promote self-compassion. Be kind to yourself.
 - Role model courteous behaviour and compassion—all staff can lead in this sphere.
 - Bring more joy to the workplace.
 - Recognise symptoms of burnout that may be impacting your capacity to feel motivated or purposeful at work. Seek appropriate help (e.g. from team leader)
 - Treat others as you would like to be treated.
 - Just get started—start small and build.
-



Teams

- Take care of each other.
 - Maximise team and leadership stability.
 - Recognise, respect and value the entire team (including patients and family).
 - Enable rostering to support work-life flexibility and integration.
 - Engage more when teams work off site / in separate locations / unable to meet regularly.
 - Recognise signs and symptoms of reduced staff wellbeing, seek support and promote wellbeing resources.
 - Integrate wellbeing activities into the workplace, and support wellbeing groups.
 - Create environments and processes that establish meaningful connections between staff and across teams.
-

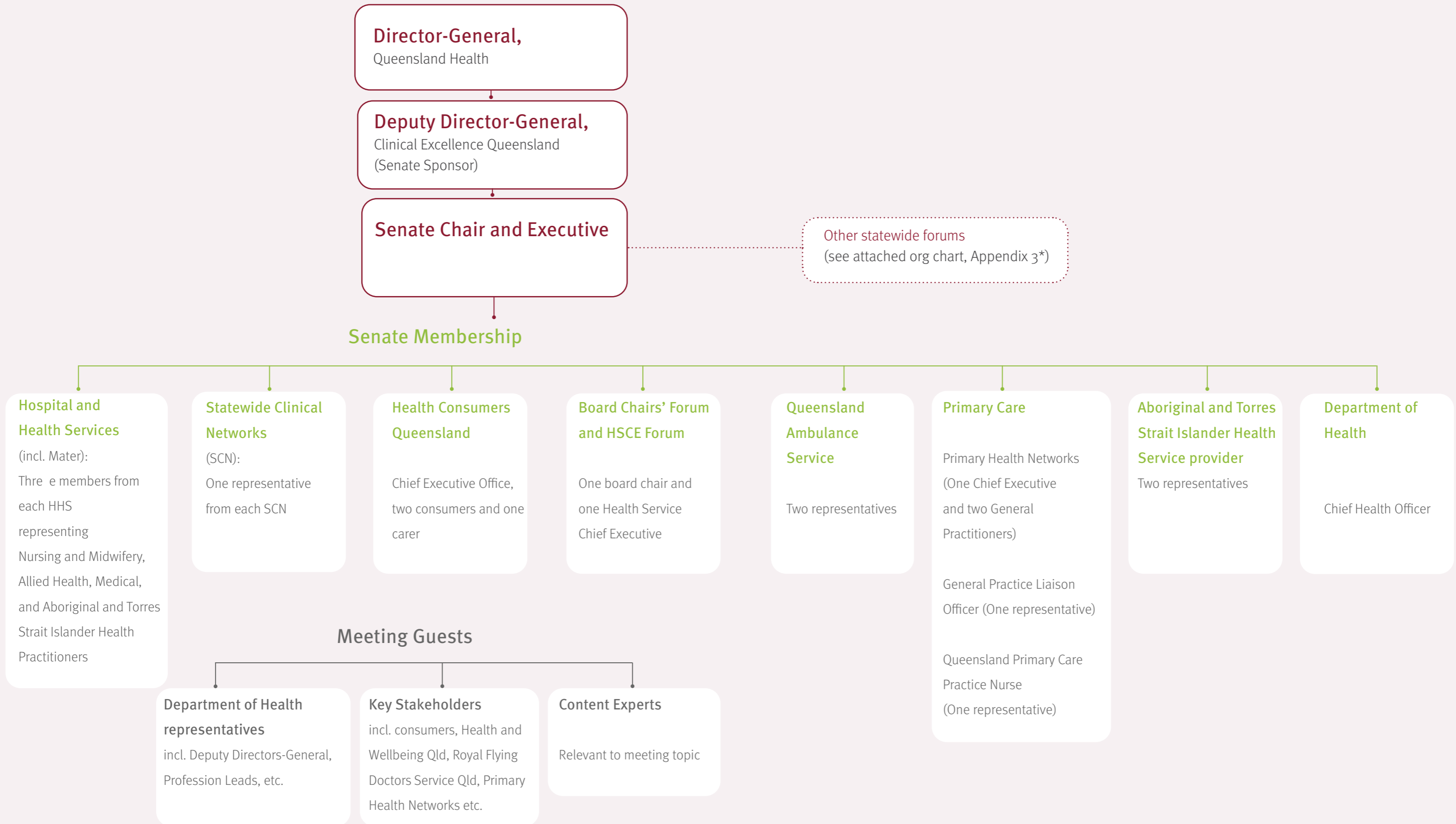


Organisations

- Take care of your people.
- Adopt zero tolerance for workplace incivility.
- Enable systems to support work-life flexibility and integration.
- Promote development and implementation of wellbeing resources and activities
- Describe and promote kind professional behaviour and recruit accordingly.
- Make staff wellbeing a measurable outcome for leaders supported by appropriate plans and actions.
- Include staff health and wellbeing as an agenda item at performance meetings.
- Implement an annual organisation-wide 'health and wellbeing of the workforce week' to promote wellbeing, existing initiatives and resources.
- Support clinicians speaking about their struggles and encourage wellbeing self-assessments.
- Plan for disasters, detail expectations and principles across the stages of disaster, recovery and beyond.
- Measure and report on wellbeing using validated instruments.

Appendix 2

Queensland Clinical Senate structure



Appendix 3

Queensland Health System Governance Chart

(only available from Queensland Health networked devices)

qheps.health.qld.gov.au/__data/assets/pdf_file/0033/2548770/qh-system-governance-chart.pdf





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[Queensland Clinical Senate](https://www.linkedin.com/company/Queensland-Clinical-Senate)

Queensland Clinical Senate Activity report 2019-2020

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