New Frontiers – Workforce of the Future and for Medical Leaders

4 DOCTORS ENGAGEMENT IN CLINICAL GOVERNANCE

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As part of the RACMA work on clinical governance, the College undertook a survey of medical staff in Australian hospitals seeking to determine their engagement in the clinical governance process.

The results from the survey highlighted that although doctors are strongly accountable for the care they provide to their patients and are committed to patient focused care, they feel excluded from clinical governance processes, are cynical about the integrity of credentialing and many are scathing about hospital leadership and raise concerns about the lack of a just culture in their hospital. Doctors indicated a keen interest in comparative performance data, yet only 5% receive reports on their performance from the hospital at which they work.

The research highlights poor engagement by individual clinicians in clinical governance with only 10% of doctors indicating that they are able to find out about the recommendations that arise from investigations into the care provided to their patients. Only 17% of doctors feel included in the determination of quality improvement activities and only 23% of doctors indicated that the hospital adopts a coaching rather than a policing approach to quality improvement.

Many respondents provided comments on their perception of clinical governance at their hospital. These comments provide a disturbing picture of poor engagement, lack of perceived leadership commitment to quality improvement and tension between doctors and management.

RACMA members were also asked to complete the survey, allowing comparisons between medical administrator's perceptions and those of hospital clinicians.

The survey provided insight into the perceived maturity of clinical governance when it is lead by non-clinicians, non-medical clinicians and medical leaders. There appears to be a slightly higher engagement when clinical governance is managed by senior medical clinicians rather than a RACMA Fellow or Associate Fellow.

The presentation will highlight the need for clinical governance to move from a focus on infrequent major events to concentrate on patient outcomes at the individual clinician level. The focus needs to be on the patient experience of care rather than the inclusion of a patient voice at the committee level.

The presentation will also provide an update on the Safeguarding Healthcare podcasts, RACMA's resource that champions senior medical administrator's response to major clinical governance challenges.

New Frontiers – Digital Technologies/ Managing the Next Global Crisis/Education & Training

1 THE INTRODUCTION OF A MĀORI PATHWAY TO NEW ZEALAND'S FREE HEALTHLINE SERVICE

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Aim Understand the utilization of a newly implemented M□ori pathway into the 24 hour free Healthline service provided in Aotearoa New Zealand.

Method Retrospective observational study analyzing data from January to September 2023.

Introduction As the indigenous population of Aotearoa New Zealand, M□ori experience worse health outcomes than non-M□ori. Barriers to care include costs, transport, childcare, discrimination, and racism. Extra effort is needed to achieve equity as agreed under Te Tiriti o Waitangi. A Government-funded, free-to-use, 24/7 health advice and support service is available to all New Zealanders provided by 'Whakarongorau Aotearoa'. A M□ori pathway vaccination line was introduced by Whakarongorau Aotearoa in December 2021 to improve M□ori engagement with COVID-19 vaccinations. The COVID pathway delivered by M□ori for M□ori demonstrated higher vaccination rates than the standard vaccination pathway and on the basis of this success a M□ori pathway was created within the Healthline service.

Methods Retrospective observational cohort study using telehealth data. The Healthline M□ori pathway is available from 8 am to 8 pm. Data collection included de-identified data on gender, age group, ethnicity, and district between January 2024 and September 2023.

Results There were 4,495 contacts through the M□ori pathway and 300,613 through the general pathway. The majority of contacts utilising the M□ori health pathway were from M□ori (77%), females (63.3%), and youth aged 20-24. Call outcomes were similar for M□ori and the general pathways. There was a 91% satisfaction rate and a 76.12% net promoter score for M□ori users.

Discussion There was a 1302% increase in contacts between January and August 2023. High satisfaction and recommendation rates were observed among M□ori users. Continuous improvement and potential for addressing M□ori health inequity are highlighted.