Clinicians as partners
A framework for clinician engagement
October 2017
Foreword

Our mission at Safer Care Victoria is to ensure outstanding healthcare for all Victorians. Always. For an agency that doesn’t provide patient care, this is a tall order. It requires us to have meaningful partnerships with consumers and their families, clinicians, managers and health services.

Each of these partnerships is important, but quality begins at the individual patient–clinician consultation. It is not possible to deliver sustained and impactful quality and safety improvement without clinician buy-in. This is true not only at the individual patient care level but also at the team and hospital levels and at the system level. When clinicians are measurably engaged, patient outcomes and experiences are measurably better. However, as recently highlighted for us by Christine Jorm in her clinician engagement scoping paper, clinician engagement in Victorian health services has not been as meaningful as it might have been, and should be. We wish to begin some change.

For us at Safer Care Victoria, engagement means going beyond seeking advice. It means having clinicians actively involved in the design, delivery and constant improvement of our health system at every step.

Building relationships with clinicians across the system will take time. We are committed to this process. Without clinicians working with us and with their services, and leading change across the system, it will not be possible to ensure Victorians have safe, reliable and high-quality health care each and every time they need it.

This new framework reflects the comprehensive work undertaken by Christine Jorm and is a response to many of her recommendations. It also considers feedback received from the sector, the views of our Clinical Networks and of the Emerging Leaders Clinical Advisory Committee. We hope it represents the views of clinicians widely, whether nurses, physiotherapists, doctors, midwives, social workers or any other health practitioner.

Our intent here is to describe how Safer Care Victoria will work with the clinician workforce to deliver outstanding healthcare for Victorians. The framework is equally applicable to organisations and teams within the health sector. We hope you find it useful.

Meaningful clinician engagement will ensure Victoria enjoys sustained improvement in the quality and safety of healthcare and consumers’ experiences of that care.

Professor Euan Wallace AM
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Safer Care Victoria

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Clinicians as Partners
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Introduction

Clinician engagement is a key feature of successful, high-performing organisations. Without this essential workforce leading, contributing and promoting the improvement agenda, it is not possible to conceive of a sustained and constantly progressing quality agenda within our healthcare system.

Engagement of clinicians can be linked to a number of essential performance elements within healthcare: reduced mortality\(^2\), reduced burnout associated with poor patient experience\(^3\), and fewer clinical mistakes\(^4\).

Table 1 describes what an engaged state and a disengaged state looks like for our workforce.

Our framework seeks to address the features highlighted in Table 1, with the aim of supporting the development of a highly engaged clinical workforce so Victorians can indeed receive and experience outstanding care always.

Purpose of this document
The purpose of this document is to set out a plan for improving the engagement of all clinicians in the health system.

The framework is also intended as a resource for healthcare managers and clinicians to consider how they might improve and embed clinician engagement in their own organisations and teams.

While this framework is purposefully focused on clinicians, this is not to exclude consumers. Like clinicians, consumers are central to any healthcare improvement or innovation activity.

This framework should be read in conjunction with Safer Care Victoria’s framework for consumer engagement Partnering in healthcare.

Framework development
The framework was developed with the participation of many clinicians and healthcare providers across the system. This occurred through:

- the development of the Clinician engagement scoping paper, commissioned by the Department of Health and Human Services in 2016\(^1\)
- an open call for feedback on the recommendations within this paper
- work undertaken on clinician engagement by Better Care Victoria, in particular by the Emerging Leaders Clinical Advisory Committee.

The framework is not intended to be a static document. It will be refined and further developed over time to ensure it continues to meet the evolving and maturing needs of the Victorian healthcare sector.
Table 1: Disengaged and engaged states for the health workforce

<table>
<thead>
<tr>
<th>Disengaged state</th>
<th>Engaged state</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In delivery of care</strong></td>
<td></td>
</tr>
<tr>
<td>Clinicians:</td>
<td>Clinicians:</td>
</tr>
<tr>
<td>• Avoid participating in workplace activities they don’t have to</td>
<td>• Routinely go the extra mile</td>
</tr>
<tr>
<td>• Are unaware of health service or statewide policy directives</td>
<td>• Initiate and support quality improvement</td>
</tr>
<tr>
<td>• Are often absent and off sick due to depression or burnout</td>
<td>• Create a learning environment by sharing knowledge with all members of the team</td>
</tr>
<tr>
<td></td>
<td>• Know about and follow important health service and statewide policies</td>
</tr>
<tr>
<td><strong>In the leadership of clinical units</strong></td>
<td></td>
</tr>
<tr>
<td>• Managers feel they are battling alone</td>
<td>• Teams tackle problems and improve care</td>
</tr>
<tr>
<td>• Clinicians are hostile in management requests</td>
<td>• Implementation of required changes are seen as a shared responsibility</td>
</tr>
<tr>
<td><strong>In the leadership of health services</strong></td>
<td></td>
</tr>
<tr>
<td>• CEOs have antagonistic relationships with Safer Care Victoria and the Department of Health and Human Services (DHHS)</td>
<td>• CEOs have supportive relationships with Safer Care Victoria and the DHHS</td>
</tr>
<tr>
<td>• CEOs protect their work and are reluctant to learn from peers</td>
<td>• CEOs share their work and help other institutions to improve care</td>
</tr>
<tr>
<td><strong>In the work of Clinical Networks</strong></td>
<td></td>
</tr>
<tr>
<td>• Relatively few clinicians pursue individual interests</td>
<td>• Many clinicians are involved</td>
</tr>
<tr>
<td>• The network struggles to obtain data</td>
<td>• Diverse membership enables a creative approach to hard healthcare problems</td>
</tr>
<tr>
<td>• The network has little overall influence in the healthcare sector</td>
<td>• The networks are able to improve practice</td>
</tr>
<tr>
<td><strong>In policy development</strong></td>
<td></td>
</tr>
<tr>
<td>Clinicians:</td>
<td>Clinicians:</td>
</tr>
<tr>
<td>• Find the channels for providing advice to government inaccessible or exclusionary</td>
<td>• Feel their opinions and expertise are considered and their participation valued</td>
</tr>
<tr>
<td>• Consider consultation tokenistic – for rubber stamping policy not improving it</td>
<td>• Can identify and access relevant departmental staff who respond to them</td>
</tr>
<tr>
<td>• Feel policy makers do not understand the real problems and priorities of the system</td>
<td>• Recognise policies are rooted in shared priorities and are cognisant of practice realities</td>
</tr>
<tr>
<td>• Find the department’s policies make little sense (or do not reach them)</td>
<td>Safer Care Victoria and DHHS staff:</td>
</tr>
<tr>
<td></td>
<td>• Receive advice that is expert, evidence-based and representative</td>
</tr>
<tr>
<td>Safer Care Victoria and DHHS staff:</td>
<td>• Know that advisory processes are credible and respected by the health system</td>
</tr>
<tr>
<td>• Feel unsure about the quality of the advice they receive</td>
<td>• Have relationships with a broad range of clinicians and understand their perspectives</td>
</tr>
<tr>
<td>• Are unable to reach out for experience</td>
<td>• Engineer reforms that are understood and owned and widely implemented</td>
</tr>
<tr>
<td>• May be unsuccessful implementing reforms</td>
<td></td>
</tr>
<tr>
<td><strong>The result of disengagement is that patients receive low-quality care and report poor satisfaction with their experience with it</strong></td>
<td><strong>The result of engagement is that patients receive safer, higher quality care and report higher satisfaction with it</strong></td>
</tr>
</tbody>
</table>
The framework

The clinician engagement framework includes four elements:

1. set the agenda
2. inform
3. involve and collaborate
4. empower.

Under each element there are key actions that must be delivered to ensure clinician engagement in the quality, safety, improvement and innovation of the Victorian health system. These are equally applicable at the system, organisational and team levels.

The actions to be undertaken to build clinician engagement at the system level over the period 2017 to 2020 are included in Figure 1 and are discussed in more detail throughout the document.

Successful engagement for the state will require a range of approaches applied across the individual, organisational and system levels.

Figure 1: Clinician engagement framework and associated actions for Safer Care Victoria, 2017–2020
Element 1: Set the agenda

Setting the agenda is a necessary first step whether at the system, organisational or team level. This is about establishing a common, and hopefully agreed, understanding of the importance of clinician engagement, and clearly stating the objectives, expectations and desired approaches. It also includes measurement of clinician engagement for organisations and across the system. Without measurement we will not know if we are succeeding.

Safer Care Victoria accepts the following definition for clinician engagement:

Clinician engagement is about the methods, extent and effectiveness of clinician involvement in the design, planning, decision making, and evaluation of activities that impact the Victorian healthcare system.¹

Within this definition, ‘clinician’ includes practitioners from all professional groups such as nurses, midwives, doctors, allied health professionals, paramedics, dentists and pharmacists.

Principles

Safer Care Victoria’s principles guiding clinician engagement are:

1. **Inclusivity**
   - We are inclusive in our engagement; from the most senior clinicians to the most junior clinicians and student health professional; part-time, full-time, self-employed and sessional or contract staff members; primary, secondary, tertiary and quaternary providers; private and public providers; metropolitan, regional and rural locations. All are key partners to achieving the desired clinical outcomes for the population.

2. **Transparent**
   - Our decision making will be clear and we will communicate how our stakeholders and partners contribute to and influence our decisions. We will share knowledge and information across the system. We will acknowledge and openly manage conflicts of interest where they arise.

3. **Respect**
   - The relationship will be based on trust and respect for each person’s role in delivering safe care to the people of Victoria.

Objectives

The objectives of clinician engagement for Safer Care Victoria are as follows:

1. Safer Care Victoria staff will build strong and **trusted relationships** with a broad range of clinicians from across the state.
2. Clinicians will have **timely access to information** that is meaningful to them and that helps them improve and innovate the care they provide.
3. Clinicians from diverse disciplines are **involved and inspired** to drive local and system-level improvement and innovation.
4. Safer Care Victoria staff receive **advice that is expert**, evidence-based and representative.
5. Clinicians know their **opinions and expertise are valued** by Safer Care Victoria.
**Actions for Safer Care Victoria**

**Measure clinician engagement**

Safer Care Victoria will measure and report on clinician engagement.

We will look to the People Matters survey as a means to understanding employer–organisational engagement as a lead indicator for quality and safety at that organisation.

Safer Care Victoria will develop a ‘pulse check’ survey that will provide insights into the engagement of clinicians with the health delivery system more broadly.

In addition, Safer Care Victoria will explore further options to more comprehensively understand changes in clinician engagement over time and adjust our path if needed.

**Develop a compact between Safer Care Victoria and clinicians**

We will develop a compact between Safer Care Victoria and clinicians.

Modelled on the NHS Scotland compact and the work done locally at the Royal Children’s Hospital, the compact will facilitate a clearer understanding about what we can expect from each other, to ensure meaningful and sustainable relationships with clinicians and clinician groups, and take forward agreed improvements into patient care.
Element 2: Inform

Clinicians are calling for better information and data to inform their practice and to support clinical and system improvement and better outcomes for their patients. This data needs to be provided where possible at the team, organisational and system levels.

There is a clear desire for a statewide approach to care pathways, clinical guidance and clinical guidelines. We will provide a central repository of knowledge accessible to the sector through the Safer Care Victoria and Better Care Victoria websites.

For us ‘Inform’ is about providing clinicians with the right information, in the right form and at the right time.

Actions for Safer Care Victoria

Provide relevant outcome measures to clinicians

Safer Care Victoria is working in partnership with the Victorian Agency for Health Information (VAHI) to progressively ensure the health system’s clinical measures are meaningful. This will help clinicians recognise areas of need and provide the impetus to drive change that is relevant to them. We are committed to developing outcome measures that are meaningful to both consumers and clinicians. These must be made available in an accessible, timely and transparent way.

Actively facilitate the spread and uptake of best practice across the state

This will include:

- best practice clinical guidelines, protocols to the sector and support for implementation and measurement of impact
- actively sharing knowledge across the sector through face-to-face interactions and via technology platforms.

A suite of guidelines will be built to benefit clinicians across the state. This will be informed by the Clinical Networks and guided by identified priority areas.

The acceleration of knowledge sharing across the sector will occur through formal structures such as the Clinical Networks. This will be complemented by activities undertaken through the innovation and improvement structures within Safer Care Victoria. The Safer Care Victoria website and social media, guided by a communication strategy, will enable clinicians to have access to best practice at their fingertips.
Element 3: Involve and collaborate

Collaboration, consultation and cooperation with clinicians are core parts of Safer Care Victoria’s engagement with the health system. Similarly for an organisation to be high performing, delivering optimal outcome for patients requires collaboration and partnership between the clinical workforce and the operational teams.

Successful involvement and collaboration in quality improvement and innovation requires that clinicians:

- have opportunities to contribute to planning and decision making
- are encouraged to collaborate at the team, organisation and system levels
- are from diverse disciplines and experience
- are connected to their organisational redesign, quality improvement and innovation project teams.

We will involve clinicians and support collaboration in system improvement through a number of formal channels including the Consultative Councils, the Clinical Networks, the Victorian Clinical Council and the Emerging Leaders Clinical Advisory Committee. A number of other opportunities for clinicians to engage with the work of Safer Care Victoria are also important. These include the work undertaken through the Office of the Chiefs within Safer Care Victoria, engagement through Better Care Victoria’s Innovation Fund, and secondment placements within Safer Care Victoria to participate in or lead targeted improvement or research projects.

Actions for Safer Care Victoria

Amplify the work of the Clinical Networks

Clinical Networks are our primary means of engagement with clinicians. Clinical Networks are defined as groups of health professionals, health organisations and consumers who work collaboratively and in a coordinated way to achieve a shared goal of high-quality care.

In 2017–18 we will progressively implement our Clinical Networks framework that will:

- provide clinicians of all professions with the opportunity to engage in system change, including participation in the governance of the relevant network, attendance at statewide forums and participation in improvement projects
- provide advice and expert knowledge directly to Safer Care Victoria and the broader Department of Health and Human Services
- strive to provide system leadership in the quality and safety agenda.

The Clinical Networks will develop improvement goals on a three-year time horizon. The successful delivery of the goal is dependent on the Clinical Network actively including all the clinical workforce.

Establish and develop the Victorian Clinical Council to be an active and respected adviser to Safer Care Victoria and the Department of Health and Human Services

The Victorian Clinical Council puts clinicians and consumers front and centre to provide leadership to the Victorian Government and its agencies on how to make the system safer and provide better care to all Victorians. The council takes a system-wide and strategic view of healthcare provision while also elevating local successes across the state. The Victorian Clinical Council is the clinical peak advisory body to the Victorian Government, Safer Care Victoria and the Department of Health and Human Services.
Work together with the Emerging Leaders Clinical Advisory Committee

The Emerging Leaders Clinical Advisory Committee is a formal committee of the Better Care Victoria Board. This committee provides a platform to engage younger clinicians directly in priority setting for Better Care Victoria’s innovation and improvement strategy. The committee is also a mechanism of progressively embedding cultural change in the health sector. The Emerging Leaders Clinical Advisory Committee is an important source of advice for Better Care Victoria and Safer Care Victoria on innovation and clinician engagement.

Provide clinicians with opportunities to collaborate in system change

One of the characteristics of good engagement is that many clinicians are involved in decisions and actions. We will use multiple channels to engage clinicians from social media to maximising face-to-face opportunities through our Clinical Networks, Victorian Clinical Council and similar committees.

The Clinical Networks and the Victorian Clinical Council also provide an opportunity for Safer Care Victoria to listen to the clinical community. The Chief Medical Officer, Chief Nursing and Midwifery Officer, Chief Paramedic and Chief Allied Health Officer also provide profession-specific engagement opportunities for the breadth of their respective workforce.

The aim is to have wide circles of clinicians engaged in the ongoing development of a highly reliable and great quality system.

Recognise the vital contribution of clinicians

Safer Care Victoria will celebrate the contribution that clinicians make to the system through:

- the Public Healthcare Awards
- the quarterly Better Care Victoria innovation and improvement awards
- featuring examples of successful clinician-led improvement and innovation work in forums and on the Safer Care Victoria and Better Care Victoria websites.
Element 4: Empower

In order for engagement to be most effective in achieving improved quality and safety of patient care, clinicians need to be equipped with the skills, capabilities and opportunities to lead change at the team, organisational and system levels. The system certainly has an enabling role here, so do organisations as they consider the development of the workforce and the provision of clinical information directly to clinicians, charging them with the leadership of clinical change for the benefit of patient outcomes.

Clinicians across the health sector need to be empowered to maximise their contribution to the quality and safety agenda for the state. This will occur through leadership development programs led and funded by Safer Care Victoria, including Better Care Victoria programs, and through amplifying the role of the Clinical Networks, the Emerging Leaders Clinical Advisory Committee and the Victorian Clinical Council.

Over time, and through a diverse but integrated and strategic approach to increasing clinician engagement and developing leadership skills, we will enhance both the capability and the capacity of clinicians to participate in sector-wide improvement.

Actions for Safer Care Victoria

Improve the capability of clinicians to participate in the improvement of quality and safety at the local and system levels

We will improve the capability of clinicians in quality improvement and innovation by:

- developing the clinicians who are already engaged within Safer Care Victoria
- providing the opportunity for early- to mid-career clinicians to join the Clinical Networks to deliver time-limited projects in a newly created fellowship program
- providing support and resources to promote active engagement in improvement and innovative practice
- developing a series of opportunities for training and development for clinicians leading system-wide change.

Safer Care Victoria is committed to developing a clinical leadership strategy and will invest in a range of development programs for the breadth of the clinical workforce, from new graduates to senior leaders.

These activities will create a talent pipeline and a critical mass of engaged and skilled clinicians embedded within the health system.

Improve capacity of clinicians to participate in the improvement of quality and safety at the local and system levels

We will have bold conversations with clinicians, employing organisations and other stakeholders to seek solutions to the barriers that frequently limit the capacity of clinicians to participate in improvement initiatives. Many barriers are already identified: mechanisms of employment (part-time, visiting medical officers) and cultural, complex clinical demands. These need to be better understood and solutions developed.
Implementation

We have a number of areas on which we will focus in 2017–2020 to improve clinician engagement. These are summarised in Table 2.

Communication with clinicians is key to the success of any engagement activity. We will aim to use language that is relevant to practising clinicians and utilise multiple channels of communication (social media, email, website, face-to-face and webinars).

Table 2: Safer Care Victoria actions and tasks, 2017–2020

<table>
<thead>
<tr>
<th>Actions</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 1: Set the agenda</strong></td>
<td></td>
</tr>
</tbody>
</table>
| We will develop a compact between Safer Care Victoria and clinicians | • Learn from international, national and local experience in developing the compact  
• Co-design the compact with clinicians  
• Promote the compact for use within Safer Care Victoria, Better Care Victoria, the Department of Health and Human Services and the health sector |
| We will optimise the use of the People Matter survey | • Enable access to the People Matter survey (organisation/professional level) for Safer Care Victoria  
• Include selected clinician engagement measures in People Matter survey results in Inspire  
• Support the uptake of the People Matters survey across the state |
| We will develop and test a pulse check survey on clinical engagement | • Design the survey with a focus on ease of administration  
• Develop the survey in partnership with the Department of Health and Human Services  
• Test the survey in selected Victorian hospitals prior to widespread use |
| **Element 2: Inform** | |
| We will provide relevant outcome measures to clinicians | • Develop patient-reported outcome measures  
• Work with VAHI on developing a strategy for clinical registries, including an escalation process for outlier sites to Safer Care Victoria or another relevant body  
• Work with the Clinical Networks to identify the best clinical outcome measures for success for inclusion in Inspire and to guide work on variation |
| We will actively facilitate the spread and uptake of best practice across the state | • Identify areas of variation and support the uptake of best practice  
• Develop guidelines and improvement plans to target clinical variation and measure the impact  
• Share knowledge and experiences between individuals and organisations to change practice, utilising formal and informal mechanisms |
### Element 3: Involve and collaborate

<table>
<thead>
<tr>
<th>Actions</th>
<th>Tasks</th>
</tr>
</thead>
</table>
| We will amplify the work of the Clinical Networks | • Implement the Clinical Networks framework (published June 2017)  
• Address variation across the state through delivering improvement activities and sourcing advice from clinicians |
| We will establish and develop the Victorian Clinical Council to be an active and respected adviser to Safer Care Victoria and the Department of Health and Human Services | • Establish an effective way of working with, and developing the capacity of, the Victorian Clinical Council as a way to provide fresh, informative and implementable advice to Safer Care Victoria and the Department of Health and Human Services  
• Support the Victorian Clinical Council in establishing its annual work plan |
| We will work with Better Care Victoria’s Emerging Leaders Clinical Advisory Committee | • Ask the Emerging Leaders Clinical Advisory committee to provide advice to the Better Care Victoria Board and Safer Care Victoria on engagement of clinicians in innovation and improvement  
• Ensure the Better Care Victoria Innovation Fund activities maximise clinician engagement and capacity to innovate |
| We will provide many clinicians with the opportunity to collaborate in system change | • Complete stakeholder mapping and analysis for Clinical Networks and other structures within Safer Care Victoria  
• Use multiple channels to engage clinicians, from social media to maximising face-to-face opportunities  
• Engage early- to mid-career clinicians in the work of the Clinical Networks through fellowships and other similar opportunities  
• Develop a time-limited taskforce approach to specific work requirements |
| We will recognise the vital contribution of clinicians | • Celebrate the contribution that clinicians make to ensuring high-quality care through awards, the website, forums and conferences |

### Element 4: Empower

<table>
<thead>
<tr>
<th>Actions</th>
<th>Tasks</th>
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</table>
| We will improve the capability of clinicians to participate in the improvement of quality and safety at the local and system levels | • Deliver a leadership strategy for the state  
• Develop a series of opportunities for training and development for clinicians leading system-wide change  
• Develop programs to support the transition of clinicians into managerial and executive leadership roles at the organisational and system levels  
• Develop a fellowship program for Clinical Networks |
| We will improve the capacity of clinicians to participate in the improvement of quality and safety at the local and system levels | • Increase the number of clinicians engaged in Safer Care Victoria’s quality and safety agenda by developing fellowship programs and creating the PEER and Academy for reviewing organisational incidents  
• Explore and test how to engage with the part-time and visiting medical officer workforce |
Success indicators

How will we know if our approach has been successful? Each year, we will measure outcomes against the objectives of clinician engagement as set out in this framework.

**Table 3: Measuring the outcomes of Safer Care Victoria actions, 2017–2020**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer Care Victoria staff will build strong and trusted relationships</td>
<td>• Number of professional backgrounds, geographical locations and employment status of individual members of formal clinical engagement structures</td>
</tr>
<tr>
<td>with a broad range of clinicians from across the state</td>
<td>• 75 per cent of organisations within the state are visited by Safer Care Victoria annually</td>
</tr>
<tr>
<td></td>
<td>• Evaluation of impact of the compact development and implementation</td>
</tr>
<tr>
<td>Clinicians will have timely access to information that is meaningful</td>
<td>• Number of downloads of available guidelines/protocols related to clinical best practice</td>
</tr>
<tr>
<td>to them and that helps them improve and innovate</td>
<td>• Percentage of measures contained within <em>Inspire</em> recommended by Clinical Networks</td>
</tr>
<tr>
<td></td>
<td>• Improvement goals set by Clinical Networks are measureable</td>
</tr>
<tr>
<td></td>
<td>• Percentage increase year on year of hits on the Safer Care Victoria website Clinical Networks space</td>
</tr>
<tr>
<td>Clinicians from diverse disciplines are involved and inspired to drive</td>
<td>• Number of clinicians engaged in training offered in improvement and innovation by Safer Care Victoria</td>
</tr>
<tr>
<td>system-level improvement and innovation</td>
<td>• Number of clinicians leading system-wide improvement and innovation through Safer Care Victoria</td>
</tr>
<tr>
<td></td>
<td>• Number of clinicians leading system-wide projects funded by Safer Care Victoria or the Better Care Victoria Innovation Fund</td>
</tr>
<tr>
<td></td>
<td>• Number of projects that are sustained and spread across the state</td>
</tr>
<tr>
<td>Safer Care Victoria staff receive advice that is expert, evidence-based</td>
<td>• Percentage of advice provided by the Victorian Clinical Council that is accepted by Safer Care Victoria or the Department of Health and Human Services</td>
</tr>
<tr>
<td>and representative</td>
<td>• Survey of recipients within Safer Care Victoria and the Department of Health and Human Services of advice received from the Victorian Clinical Council, Clinical Networks and the Emerging Leaders Clinical Advisory Committee</td>
</tr>
<tr>
<td>Clinicians know their opinions and expertise are valued by Safer Care</td>
<td>• Survey of clinicians directly involved in the work of Safer Care Victoria</td>
</tr>
<tr>
<td>Victoria</td>
<td>• Percentage increase in the statewide completion of the People Matter survey</td>
</tr>
<tr>
<td></td>
<td>• Percentage increase in the utilisation of a statewide pulse check survey</td>
</tr>
</tbody>
</table>
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