



Embracing diversity in health care governance at Metro South Health

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Introduction

As part of its Strategic Plan (2019-2023) Metro South Health (MSH) is collaborating and co-designing solutions for quality health care with a diverse workforce and broader health community at all levels.

One of the ways of increasing consumer engagement is via the newly established MSH National Safety and Quality Health Service (NSQHS) Standards strategic committees.

The challenge is to enable effective participation and collaboration in committees, recognising the diversity of the membership.

Research objectives

MSH Governance aims to support and enable the strategic committees and their members through all stages of participation.

This contributes to [Action 1.15 \(Diversity and high-risk groups\)](#) and [Action 2.11 \(Partnerships in healthcare governance planning, design, measurement and evaluation\)](#) under the NSQHS Standards.

MSH Governance will investigate the structure, processes and outcomes of strategic committees and how they reflect and support the diversity of the community.

Methods

Strategies will include reviewing recruitment and orientation of members, consulting with individual members regarding their role and support required, trialling procedures for the planning and running of meetings, and using feedback and metrics to evaluate consumer engagement.

Results

Better committee engagement should assist with the incorporation of staff and consumer diversity information into the planning and delivery of health care.



Discussion

Opportunities for improvement including improving accessibility of communication, including data visualisation, and virtual collaboration when face-to-face meetings are not feasible for public health or personal reasons.

Anticipated benefits include improved reliability, safety and quality of health care and improved health outcomes for patients.



Limitations

Improving consumer engagement in healthcare governance requires more than just appointing consumer representatives to committees.

Challenges include avoiding tokenism and reactive responses and moving toward proactive consultation and sharing of power.

Conclusion

Ultimately, this work will contribute to a culture of safety and quality in MSH.

