

Clinical Governance

A/Professor Rosemary Aldrich

The Nossal Institute for Global Health

18 September 2012

For contact: rosemary.aldrich@newcastle.edu.au

Clinical Governance

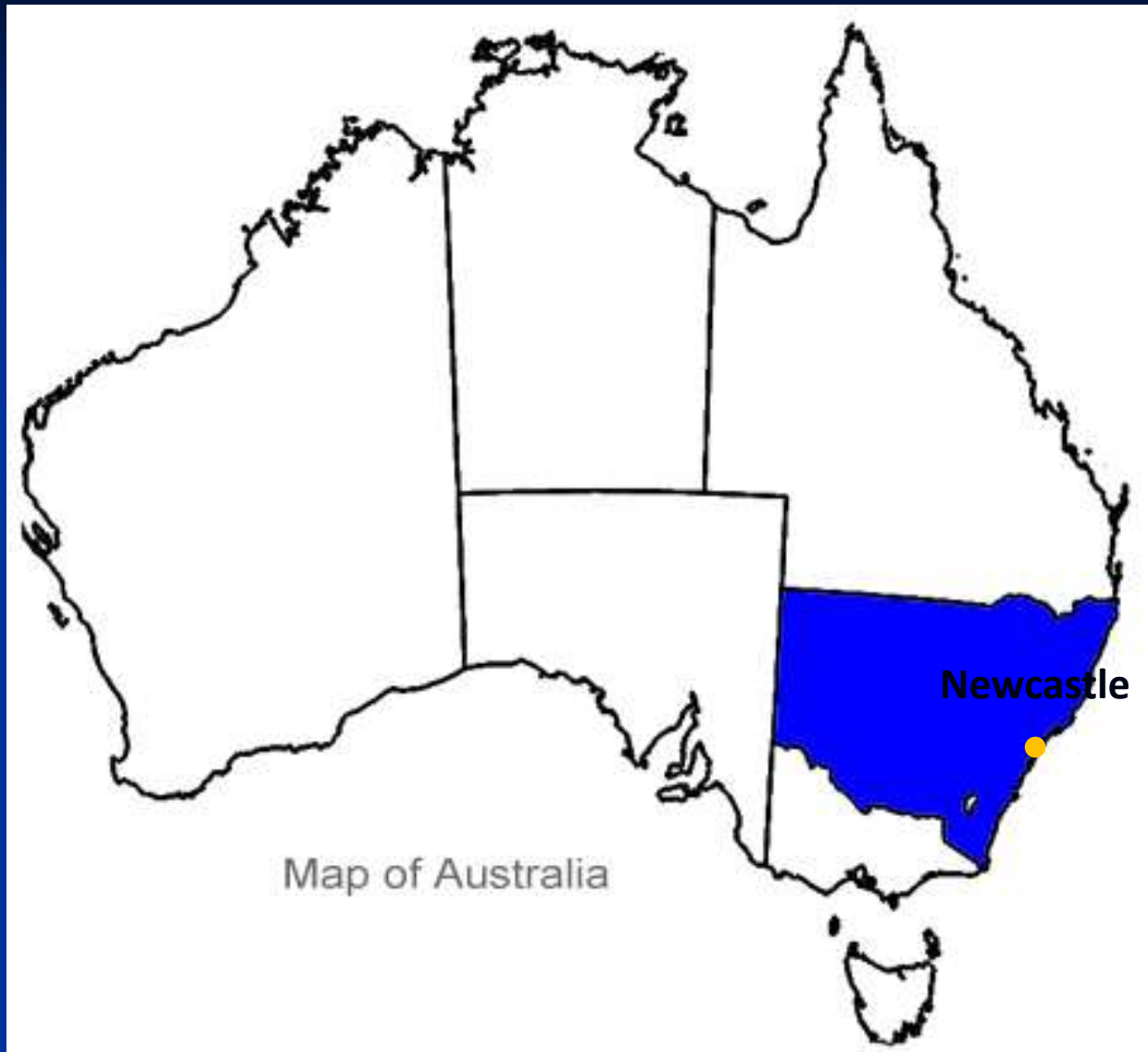
Today

- My background
- What is Clinical Governance?
- Clinical governance in Australia
- Review of the literature
- Discussion - options for Indonesia
- A suggested approach

Clinical Governance

My background

- Public health physician
- Consultant in clinical governance since 2005
- Now working as the Director of Medical Services at a medium-sized general hospital in Newcastle, New South Wales
- Special interests in
 - health system strengthening (policy, governance, service planning, training, research, management)
 - social determinants of health and equity
 - competencies for global health practice



Map of Australia

Newcastle

Clinical Governance

What is clinical governance?

“.....A framework through which [health] organisations are **accountable** for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which **excellence in clinical care** will flourish...”

(Scully G, and Donaldson LJ *Clinical governance and the drive for quality improvement in the new NHS in England* BMJ (4 July 1998): 61-65)

In Australia clinical governance has been defined as

“...the system by which the governing body, managers and clinicians share responsibility and are held **accountable** for patient care, minimising risks to consumers and for continuously monitoring and **improving the quality of clinical care**....”

(Australian Council on Healthcare Standards, 2004)

Clinical Governance

I think of it as

the set of health system structures and actions to promote patient safety and **clinical quality** which, to work, require

- partnership between clinicians and managers
- leadership by clinicians
- engagement with clinicians
- **joint accountability** of clinicians, managers and executives

Clinical Governance

Health system **structures** include

- Regulation of health professionals
- Accreditation of health facilities
- Clinical standard setting
- Policies for professional practice and business

Health system **actions** include

- Clinical audit and peer review
- Incident monitoring and investigation
- Risk management
- Continuing education and training
- Clinical practice improvement programs
- Consumer participation
- Openness

Clinical Governance

Other health system structures and actions to promote high quality care which are *not* usually considered as part of clinical governance include

- Health system financing
- Health system and service performance
- Health service planning
- Management of non-clinical workforce
- Laws governing health service delivery

Clinical Governance in Australia

- Australia's first clinical governance unit established in 1998 in Newcastle, New South Wales (NSW)
- At first focused on incident reporting and management, and engaging clinicians in clinical audit
- Other states followed
- NSW: Clinical quality and patient safety program 2005 set out five “pillars” of action:
- Death review, incident reporting, root cause analyses, clinical governance units, NSW Clinical Excellence Commission

Clinical Governance in Australia

Health system **structures** include

- Regulation of health professionals
- Accreditation of health facilities
- Clinical standard setting
- Policies for professional practice and business

Clinical Governance in Australia

Structures for clinical governance such as

Regulation of health professionals

Australian Health Practitioners Regulation Agency

Accreditation of health facilities

Australian Council of Healthcare Standards (Australia's best-known healthcare accreditation agency)

National safety and quality Health Service Standards published 2011

Clinical Governance in Australia

Structures for clinical governance (cont)

Clinical standard setting

- Australian Commission on Safety and Quality in Health Care; established 2002
- National Health and Medical Research Council (clinical guidelines)
- Many other peak groups develop expert guidelines

Policies for professional practice and business

- State policies and organisational policies
- Cover a wide range of requirements
- Includes accountability structures for reporting quality and safety indicators

Clinical Governance in Australia

Health system **actions** include

Clinical audit and peer review

Incident monitoring and investigation

Risk management

Continuing education and training

Clinical practice improvement programs

Consumer participation

Openness

Clinical Governance in Australia

Health system **actions** include

Clinical audit and peer review

- Preparation
- Criteria selection
- Audit
- Making change
- Monitoring

Clinical Governance in Australia

Health system **actions** include

Incident monitoring and investigation

- Identification
- Notification
- Assessment of severity
- Investigation
- Acting on findings
- Explanation
- Reporting
- Responding to and learning from complaints

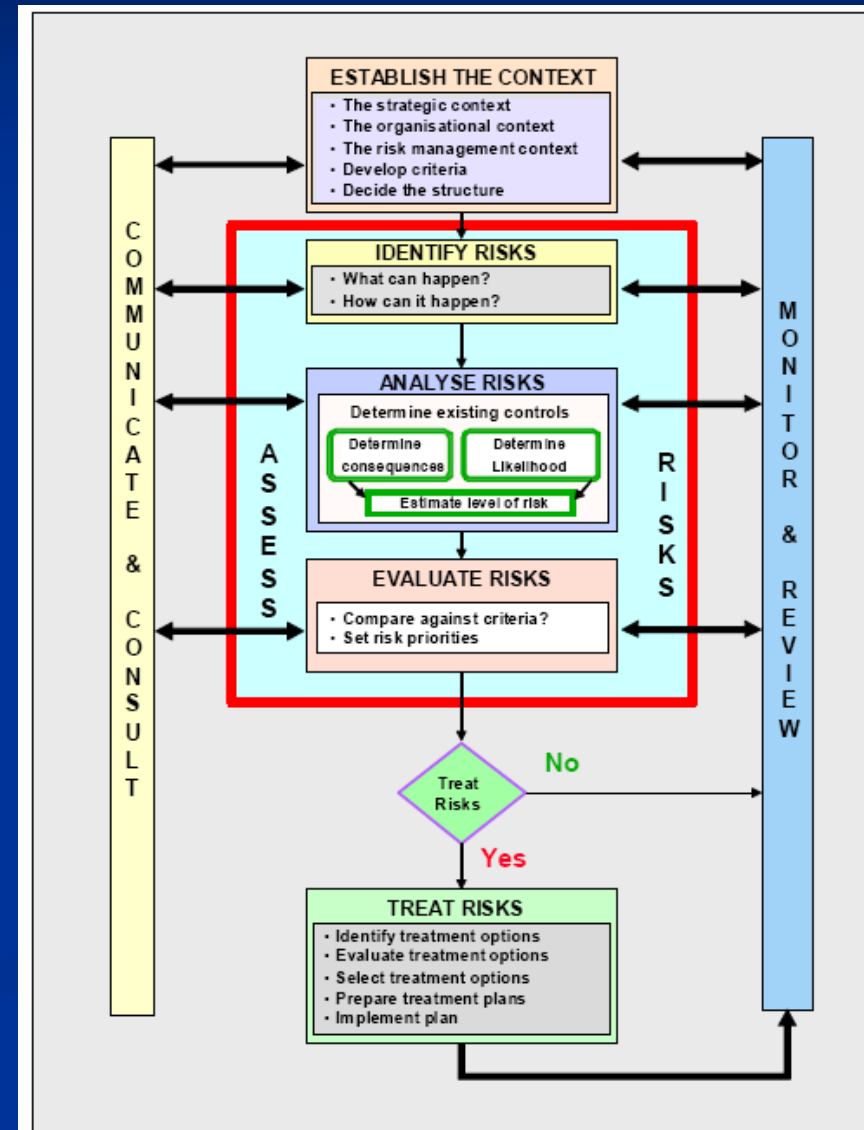
Clinical Governance in Australia

Health system **actions**
include

Risk management

The Australian/New Zealand
Standard 4360:2004 Risk
Management
defines the main elements of
the risk management
process

Source: http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_039.pdf



Clinical Governance in Australia

Health system **actions** include

Continuing education and training

Some jurisdictions require mandatory training in

- Hand hygiene
- Professional communication
- Recognition of deteriorating patient
- Codes of conduct

Clinical Governance in Australia

Health system **actions** include

Clinical practice improvement programs such as

- Recognition and management of sepsis
- Detecting the deteriorating patient
- Medication safety
- Quality use of blood products
- Falls prevention
- Clinical handover

Clinical Governance in Australia

Health system **actions** include

Consumer participation

Processes and mechanisms include

- Engaging with consumers in health governance and decision-making
- Partnering with consumers in their care
- Involving patients in clinical handover

Clinical Governance in Australia

Health system **actions** include

Openness about error

Australian health care standards require an open disclosure response to adverse events in health care

- Acknowledgement that something has gone wrong
- Apology
- Explanation about what this means for the person
- Actions to be taken to investigate causes and prevent recurrence

Clinical Governance

Review of the literature – clinical governance activities in low and middle income countries

Method

- Rapid review (NOT a systematic review)
- Literature identified by web searches and linked sources

Results

- Numerous articles describe experience with one or more elements of clinical governance
- Mostly descriptive

Lessons

- Clinical leaders should evaluate the range of clinical governance strategies for their own utility/ appropriateness/ achievability/ acceptability and focus on the discrete clinical governance activities they wish to grapple with in the first instance, and then work to take such models to larger scale by focusing on intentional spread

(Massoud 2010)

- Clinical audit provides a good vehicle for clinician engagement and leadership, although being successful requires attention to overcome barriers to success including lack of planning, poor relationships between clinicians, and between clinicians and managers

(Utarini et al 2007)

- Initiatives should be phased in, rather than imposed (IHI2007)
- Spread action in stages (Berwick 2004)
- Change must involve care providers throughout the system (Massoud 2012)
- Keep targets and measurement processes simple and to make full use of teams (Berwick 2004)
- Seeking feedback from patients regarding their satisfaction may be a useful way to shape initiatives (Santillan 2000)
- Collaborative improvement to promote compliance with standards ...in less-developed settings...merits wider application as a strategy for health systems strengthening (Franco 2011), and
- Accreditation actions difficult to achieve without engagement of clinicians *and* managers

Reviewers' comments

Need to emphasise critical role of clinician engagement, leadership and accountability in clinical governance

Health care quality improvement activities are less effective where there is a gap between government or organisational intention and clinician uptake

Specific challenges include doctors behaving differently towards patients in public and private hospitals (although this may be because of pressures from the hospital)

Programs for clinician performance have been implemented in Indonesia (Clinical Performance and Development Management System (CPDMS), developed by WHO and UGM (2003-2008) but sustainability is a challenge

Reviewers' comments

There is a gap between Accreditation requirements and implementation of range of clinical governance actions, although training is provided in Masters programs which senior hospital leaders must undertake *(note: many senior health managers in NSW would have a Masters qualification in health management or similar which would include training in clinical governance)*

Different health managers and executives with different levels of responsibility may have different roles and accountabilities in clinical governance *(this is the case in NSW)*

Indicator data could be better used if evaluated and collected nationally

Setting standards, measuring uptake and implementation and providing feedback works in the program to improve care as part of the Management of childhood illness strategy

Question: Does the regulatory system need to be strengthened before implementing elements of clinical governance?

Clinical Governance

For discussion:

- Does the regulatory system need to be strengthened before implementing elements of clinical governance?
- Is clinical audit a good vehicle to begin engagement with clinicians?
- Is “top-down” or “clinician-peer” the best approach? Or should both occur at the same time ? (And if so, where to start?)
- Others ?

Clinical Governance

A possible framework for implementation of actions:

- **L**eadership and governance
- **E**ngaging with people, processes and evidence
- **T**raining and education
- **T**ools and resources
- **E**valuation and audit
- **R**eporting
- **S**ustainability

Leadership and governance

- Engagement with and commitment by health leadership about the need to enhance skills
- Clear understanding of skill requirements
- Clear understanding of processes for governance in organisational structure - for example, who shares responsibility and what this means

Engaging with people and processes

- Identifying opportunities for action
- Continuing consultation with clinicians around what is needed and how to do it
- Potentially identifying a clinical leader or clinical leaders to lead and demonstrate

Training and education

- Identifying who needs to be trained to do what
- to be tailored once the service says it needs and how
- Enlist people with expertise to train others

Tools and resources

- Resources locally developed and from elsewhere reviewed for suitability once training needs identified
- Develop local tools if necessary for use to support local staff

Evaluation and audit

- Continuing audit re end points – reporting back to services and authorities
- Quantitative and qualitative evaluation of the other data –eg incident data

Reporting and communication

- Who needs to know outcome data? How will they be informed?
- ? Reporting on end point and incident data to local and District Quality and Safety committees

Sustainability

- Make formal and informal training available
- Link strategically with other training programs where they exist

Clinical Governance

■ Clinical Audit implemented using the LETTERS model

	L	E	T	T	E	R	S
Preparation	Decision to audit	Engage with clinicians					
Criteria selection	Identifying or developing criteria	Criteria with clinical relevance		Developing audit tool		Ensuring criteria are known	Ensuring criteria permit reproducible review
Audit			Train people doing audit	Develop repooorting tool	Undertaking audit	Reporting results of audit	Ensure those trained support others to undertake audit
Making change	Considering lessons from audit and identifying process improvements	Developing strategies for change by identifying process improvements	Training to implement process improvement	Ensuring tools for process improvement are appropriate	Ensuring processes of improvement are in place	Discussing changes being made and expected outcomes	Engaging clinicians to lead and expand clinical audit practice
Monitoring	Peak Leadership receiving reports of quality monitoring	Identifying appropriate strategies for monitoring	Training people in monitoring	Appropriate tools for monitoring	Ensuring monitoring occurs	Reporting results of monitoring	Embedding processes and quality loop

Clinical Governance

Thank you and questions?