

Western Australian Clinical Governance Guidelines



Department of Health
Government of Western Australia

ACKNOWLEDGEMENTS

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The Office of Safety and Quality in Health Care will undertake further consultation with Health Services to ensure the implementation of this Policy at the local level.

The Western Australian Council for Safety and Quality in Health Care will provide a leadership role in monitoring and evaluating the implementation of the Policy by hospitals and health services across the Western Australian health system to ensure the delivery of consumer-focused, safe, quality health care in Western Australia.

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Foreword



Building a safe, high quality health care system requires all of us who work in health care to take responsibility for our own behaviours and the actions of individuals and teams who work with us.

Clinical Governance is a recently developed concept which brings together all the activities that demonstrate to our patients, the community, government and our peers that we hold ourselves responsible for providing safe, high quality health care. This in turn, demonstrates our accountability for the care that we all provide to our patients.

The Clinical Governance Series of documents, developed by the Department of Health's Office of Safety and Quality, sets out the vision, goals, and methods for implementing a standardised clinical governance system in the Western Australian health care system. These documents include the:

- Clinical Governance Framework;
- Western Australian Clinical Governance Guidelines;
- Setting Standards For Making Health Care Better: Implementing Clinical Governance in Western Australian Health Services; and
- Clinical Governance Standards for Western Australian Health Services.

Many of the components of the WA Clinical Governance Framework are already in place and clinicians and managers in our hospitals and health services are leading the world in their use of clinical information to help them improve the care they provide. However, modern government health policy requires us to bring these clinical governance components together within a single integrated system. This enables individual patient care to be properly supported by clinical units, hospitals, health services and departmental divisions.

In this way, Clinical Governance becomes the overarching system in our daily clinical and management practice.

I encourage everyone to use the clinical governance documents and to work together to better define, implement and integrate clinical governance accountabilities in the workplace. We can thereby assure the Western Australian community that our public health services are delivering high quality and safe care.

A handwritten signature in black ink that reads "Neale Fong". The signature is written in a cursive, flowing style.

Dr Neale Fong

**A/Director General and
Executive Chairman
Health Reform Implementation Taskforce
March 2005**

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CLINICAL GOVERNANCE

The Department of Health's aim is to deliver a well-managed, high quality health care service that responds to the needs of the Western Australian population and:

- is recognised for its high standards and its commitment to continually reviewing and updating practice in the light of tested and evaluated evidence so patients can be confident they are getting modern, effective treatment;
- is reliable and consistent in its delivery, so people can be sure of high quality services whenever and wherever they use public health facilities; and
- learns from experience and shares that learning across all health care providers so people know their views and experiences are valued and useful.

The Western Australian Strategic Quality Plan for Safety and Quality in Health Care 2003 – 2008, sets out the Department of Health's strategy for ensuring quality of care and is the driving force for the development of health services in the State. Clinical governance is the anchor of this strategy. It applies to all sections of the public health service.

Clinical governance¹ brings a spotlight onto how clinical services are provided. It means systematic mechanisms must be put in place in all hospitals to assist staff and to promote and develop quality activities.

These guidelines will help Health Services develop and implement clinical governance within their own organisations. The guidelines do not specify how this should be done, as each Health Service will need to build its own existing quality structures and activities into a consistent and coherent whole, taking account of local needs and values. This guidance does however provide a clear agenda for action.

POLICY PRINCIPLES

The Strategic Quality Plan 2003–2008² describes a five-year plan for our public health system. It will build a health system that strives for continuous improvement in all aspects of health care, protecting established high standards and promoting a learning environment where variability in outcomes is reduced and clinical decisions are based on currently available evidence of effectiveness.

The guiding principles of this strategy are:

- ready access to services and to straight forward health information for consumers;
- efficiency and effectiveness of service provision to ensure the most good is obtained for the most people from the State's health resources;
- reproducibility of clinical standards and outcomes across similar settings;
- safe services, with an emphasis on preventing and managing clinical risks;
- appropriate care, applying the above principles of efficiency and effectiveness to the individual; and
- participation by all interested members of the community in decisions affecting the organisation and delivery of health services.

Clinical governance is central to this strategy. Its successful implementation is essential to the overall success of the Plan.

¹ The Department gratefully acknowledges this report has drawn widely on work done by other health services, particularly the UK NHS, Fremantle Health Service, and South West Area Health Service.

² http://www.health.wa.gov.au/safetyandquality/docs/WASQ-Plan2003_2008.pdf

DEFINITION

Clinical governance can be defined as;

*"A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes."*³

Clinical governance is first and foremost about helping clinical services in the mid-range of performance to move closer to the highest quality services, as judged both by local recognition and by national benchmarking against similar Health Services. It also involves recognising and learning from outstanding services around the State, which in some cases will require setting aside aspects of the competitive spirit that has existed between some services.

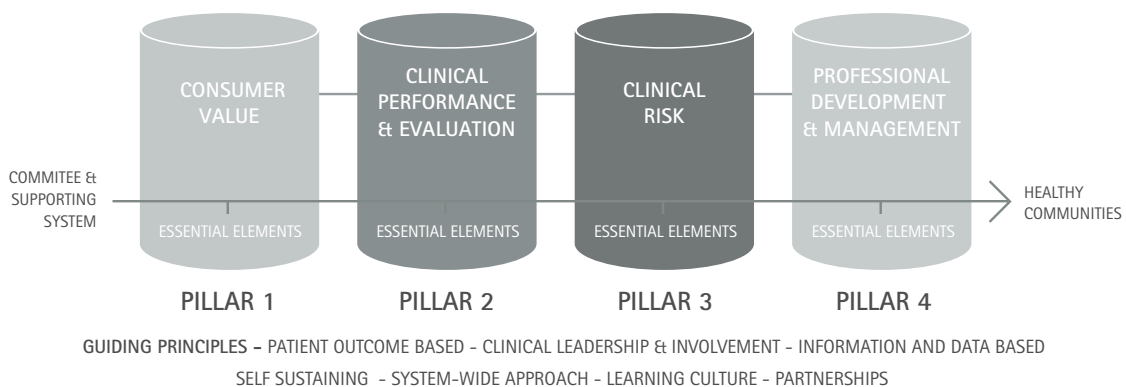
Clinical governance also requires Western Australian Health Services to be able to demonstrate to the public that their services are of a high standard and that they are safe. In taking their responsibilities seriously, Health Services already look for ways to prevent and reduce clinical error. Health Services must now show they are becoming learning organisations in the sense of acknowledging their successes and failures and applying the lessons learned from failures as widely as appropriate across the organisation.

The challenge put forward by the Strategic Quality Plan is to move all Health Services in the state towards providing dependable, quality outcomes for patients. In general the care provided for West Australians is of a high standard and in some areas has gained international recognition for its excellence. In others, however, standards of care may be less consistent for various reasons. Most hospital services fall somewhere between the two extremes, with much to be proud of but also areas where patients, doctors and managers believe things could be better.

Some Health Services have already started developing and implementing an integrated plan for clinical, operational and financial governance, applying accountability and transparency across each area. Others have many of the components in place, but will need to draw these together into a coherent and systematic program.

Clinical governance cannot be introduced instantly. Important cultural changes are necessary and these will take time. Although organisational structures can be changed relatively quickly, these also take time to operate smoothly and to best effect. Some changes, however, need to happen now to demonstrate clinical governance is being actively implemented throughout the Western Australian health system.

Figure 1: Clinical Governance Framework for the WA Public Health System*



THE FOUR PILLARS OF CLINICAL GOVERNANCE

In September 2001, the Department of Health finalised a new model for Clinical Governance for development and implementation in hospitals and health services across the WA public health system. The model, outlined below, is based on four pillars:

PILLAR ONE: CONSUMER VALUE

The first pillar is consumer value, which encourages health services to involve their communities and stakeholders in maintaining and improving the performance of their Health Service and in the planning for the organisation's future. There are many different types of consumers in health care, including: the commonwealth, local government, non-government organisations and consumers.

Effective consumer participation requires leadership to ensure that the involvement is valuable, effective and results in a positive outcome for the health of the population.

The key elements of Consumer Value are Consumer Liaison and Consumer Participation:

- **Consumer liaison** involves ongoing strategies which promote two way communication between consumers and the Health Services. Some examples include informed consent, complaint management, patient satisfaction surveys and providing information about services to patients, their families and carers. The information obtained from these strategies support informed decision making within the Health Services.
- **Consumer participation** is the involvement of consumers in Health Service planning, policy development and decision making. It ensures that the Health Services are confident they are providing accessible and equitable health care to their communities and that they are truly responsive to local priorities.

PILLAR TWO: CLINICAL PERFORMANCE AND EVALUATION

The second pillar aims to guarantee the progressive introduction, use, monitoring and evaluation of evidence-based clinical standards. The outcome is a culture where evaluation of organisational and clinical performance, including clinical audit is commonplace and expected in every clinical service. The three tools that will assist Health Services to achieve this outcome are Clinical Standards, Clinical Indicators and Clinical Audit.

- **Clinical standards** incorporate clinical guidelines, pathways and local practice protocols. These standards may be set by bodies such as the Cochrane Collaboration, the Royal Colleges or by clinical specialist groups, and are often based on quality-of-evidence criteria, such as those published by the National Health and Medical Research Council.⁵
- **Clinical indicators** are measures or benchmarks that enable health services to compare themselves against similar Health Services. To facilitate health system improvement clinical indicators must be meaningful and reflect clinical practice standards.
- **Clinical audits** are a method of evaluating and improving clinical practice. They can be defined as 'the systematic measurement and evaluation of the efficiency and effectiveness of organisational systems and processes'.⁶ Clinical audits analyse the quality of clinical care outcomes, including the procedures used for diagnosis and treatment, the use of resources, and the adequacy of evaluation of clinical outcomes and patient quality of life.

3 *Clinical Governance, the Framework of Assurance, Department of Health of WA, 2001*

4 *Clinical Governance, the Framework of Assurance, Department of Health of WA, 2001*

5 *NHM&MRC. Guidelines for the development and implementation of clinical practice guidelines. Canberra Oct 1995*

6 *Sourced from NHS Executive (1999). Clinical Governance: Quality in the New NHS. Department of Health: London.*

PILLAR THREE: CLINICAL RISK

The third pillar concentrates on minimising clinical risk and improving overall clinical safety. This is achieved through the identification and reduction of potential risks and examination of adverse incidents for causative and contributing factors and trends within and across services. To maximise learning opportunities lessons should be shared at a local, area and statewide level. Some aspects of clinical risk management are:

- **Incident and adverse event reporting, monitoring and trend analysis.** This incorporates activities such as learning from local incidents or patterns of incidents, including near hits and management of serious adverse events and maintaining a risk register and monitoring medico-legal cases.
- **Sentinel event reporting, monitoring and clinical investigation,** which defines the process for identification, reporting and investigating sentinel events in line with Department of Health policy.
- **Risk profile analysis** includes the identification, investigation, analysis and evaluation of clinical risks and the selection of the most appropriate method of correcting, eliminating or reducing identifiable risks.

PILLAR FOUR: PROFESSIONAL DEVELOPMENT AND MANAGEMENT

The fourth pillar supports the selection and recruitment of clinical staff, their ongoing professional development, the maintenance of their professional standards and the control and monitoring of new and innovative procedures. These processes ensure the appointment and ongoing employment of appropriately skilled and experienced staff and the careful introduction of new procedures.

Health Services should also be aware of the increasing demands that bodies such as colleges, licensing boards, accrediting organisations and universities place upon clinicians. As far as possible, Health Services should ensure that their

professional development and management processes are aligned with those of the other bodies to minimise extra demands on these staff. Key elements include:

- **Competency Standards:** The employing Health Service must be confident its staff have adequate skills and experience and are properly trained within their field, in order to undertake the responsibilities of their position within the Health Service. This includes an assessment by the Health Service upon appointment and regular assessment throughout their employment.
- **Continuing Professional Development,** which includes ongoing and regular education and research activities linked to the responsibilities and needs of the clinicians employed by the Health Service.

CRITICAL SUCCESS FACTORS

For clinical governance to be successful, all Western Australian Health Services must display:

- a supportive, open and inclusive culture where education, professional development, research and sharing good ideas and practice are valued and commonplace;
- a commitment where quality is a core value of the organisation and of every member of staff, and is explicitly supported in the allocation of resources;
- active involvement of patients, carers and the public in the planning and development of services;
- multi-disciplinary team work in all areas and at all levels of the organisation;
- ownership of clinical quality and safety at the most senior levels in Health Services;

- regular executive level discussion of all main quality areas for the Health Services and strong senior clinical and administrative leadership; and
- thoughtful, appropriate and integrated use of information to plan, review and monitor progress.

CULTURAL CHANGES IN HOSPITALS

The biggest impact that clinical governance makes is to change people's attitudes and thinking about their own organisation and how it functions. Health Services will become learning organisations, where constructive criticism, cooperative development and inter-professional respect allow successes to be celebrated and mistakes are not considered blameworthy but opportunities for improvement.

CLINICAL GOVERNANCE IN FOCUS: TEAMWORK, PARTNERSHIP, COMMUNICATION

The overriding purpose of clinical governance is delivering quality care to patients across the public health service, beginning with tertiary hospitals. The next section of this guidance sets out what steps Health Services can take to ensure effective clinical governance is in place.

Clinical governance in disciplines that deal with chronic conditions in particular will inevitably involve different agencies. Some services, such as geriatric and rehabilitation medicine, already have integrated and multi-disciplinary multi-agency care. Patient safety and quality of service are most prone to disruption as an episode of care moves between providers, so judgements about quality and how to improve it must necessarily be made against consistent standards and involve all agencies.

While Health Services are primarily accountable for the quality of their own services, the multi-professional and multi-agency nature of some services must also be recognised and where necessary, Health Services must be ready to negotiate for change to ensure a seamless service for their patients.

IMPLEMENTATION OF CLINICAL GOVERNANCE IN THE WA PUBLIC HEALTH SYSTEM

Clinical Governance has been identified as a key recommendation of the Health Reform Committee, with recommendation 74 stating:

"A statewide Clinical Governance framework which involves the following four pillars should be implemented within two years:

- *clinical audit;*
- *clinical risk;*
- *consumer values; and*
- *professional development and management."*

To progress this recommendation the Clinical Governance Implementation Project has been established under the Health Reform Implementation Taskforce.

Implementation of clinical governance within this framework at the Health Service level is the responsibility of both managers and clinicians. To facilitate the introduction and continued support for clinical governance, Health Services should establish a Clinical Governance Team, with responsibility for:

- development of a co-ordinated, clinician-driven, clinical practice review structure and methodology, which is applicable across the Health Service;
- development and ongoing monitoring of performance indicators that address the clinical decision making processes and auditing needs of the Regional and Health Service Executives, as well as of external bodies;
- monitoring and reporting of compliance with clinical practice frameworks at the Hospital, Directorate and Departmental levels; and
- dissemination of clinical improvements to stakeholders.

In addition, depending on the needs of individual Health Services and the availability of resources, consideration may also be given to establishing clinical subcommittees, to facilitate implementation and reporting to the Clinical Governance Team. These might include a:

- Clinical Practice Sub-Committee;
- Professional Development Sub-Committee; and
- Clinical Risk Management Sub-Committee.

REQUIREMENTS FOR CLINICAL GOVERNANCE ANNUAL REPORTS IN 2004-2005

Different Health Services will be at different stages of clinical governance implementation by June 2005. The Department of Health requires that all Health Services report on the following areas:

- an account of how clinical governance will be directed and led within the hospital, how accountability is being addressed and what practical arrangements have been implemented;
- how clinical decision making is being supported by appropriate and accessible evidence, with details on progress on local use of clinical guidelines;
- progress on integrated planning for quality, including information systems to support data collection;
- steps taken to strengthen continuing professional development and education and on ensuring CPD, CME and workforce plans link with and support clinical governance objectives;
- progress towards involving all clinical staff in multi-disciplinary clinical audit initiatives, with evidence of effects on clinical care;
- evidence of active work with patients, carers, users and the public; and

- a description of how lessons are being learned and applied from adverse incidents, complaints and reviews of services.

To demonstrate progress in the above areas, reports should be prepared using the four key steps outlined below:

- set direction, accountability and practical arrangements for clinical governance within the Health Service;
- define where the organisation is now;
- decide and agree a development plan as a result of (2); and
- set in place internal and external reporting arrangements for clinical governance.

STEP ONE: DIRECTION, ACCOUNTABILITY AND PRACTICAL ARRANGEMENTS

Different patterns of leadership and direction in clinical governance will suit different Health Services. In some, the Chief Executive may wish to nominate a lead clinician to champion the cause and to oversee, direct and guide clinical governance matters in the Health Service. Elsewhere, the Chief Executive may personally wish to take on this role, or to put in place other alternatives that fit better into local culture and practice.

Local details are not important, but what matters is that clinical governance is characterised by:

- **Inclusiveness:** ensuring all relevant groups are involved and kept up to date with the aims and progress of the clinical governance program;
- **Commitment from the top:** reporting and having easy access to the Chief Executive, particularly where problems or barriers are encountered;
- **Good external relationships:** building open, robust relationships with other hospitals and health care agencies;

- **Constancy of purpose:** keeping the organisation's commitment to its own clinical governance program buoyant and mainstream;
- **Accounting for progress:** always knowing what has been achieved and what is still outstanding; and
- **Communicating:** keeping all staff and partner external agencies up to date as the clinical governance program evolves.

STEP TWO: DEFINE WHERE THE ORGANISATION IS NOW

Before any plans for progress can be drawn up, each hospital must know where it is starting. Involving all clinical areas, the review should include:

- a comprehensive assessment of the organisation's strengths and weaknesses in the areas of clinical governance;
- identifying and prioritising areas for action (using objective information, including feedback from patients);
- an assessment of existing information collection for monitoring quality;
- checking the extent of any shortfalls (in risk or information management, clinical audit or patient involvement);
- ensuring the systems that are already in place fit the quality activities they serve; and
- making sure the organisation's management functions (including information systems and technology, human resources, education and training) support clinical governance in the hospital.

This analysis will tell the Health Service where it excels, where aspects require attention and what needs further encouragement. It forms the basis of the Health Services plan for action, which in turn will have explicit objectives. Where quality initiatives have major resource needs, executive level discussion will decide on feasibility, priority and set a timeline for improvements.

STEP THREE: DESIGN AND AGREE ON THE DEVELOPMENT PLAN

Building on the assessment above, Health Services can then decide how to:

- bring every part of the hospital to a satisfactory level of performance;
- develop the necessary infrastructure to support clinical governance; and
- find and provide for any education and training gaps about aspects of clinical governance.

STEP FOUR: SET IN PLACE INTERNAL AND EXTERNAL REPORTING ARRANGEMENTS

Reports to the Chief Executive are fundamental to the accountability contained in clinical governance. The nature, range and importance of the clinical governance issues that are reported to the Chief Executive determine how the clinical governance program is set up within the Health Service. The issues that are discussed by the Health Service executives and the Director General will send an important message to the whole organisation, and eventually to the local media, the public and to those external agencies with whom the Health Service works. The more extensive and detailed the discussions, the more people will see that health has a clear sense of direction in clinical governance and is taking it very seriously.

Open debate is important but in some cases, meaningful discussion will only take place where protection of sensitive issues can be assured. Where necessary topics can be considered confidentially using suitably constituted committees that have been gazetted under the Health Services (Quality Improvement) Act 1994. More information on how to do this is available on the Department of Health's web site at: http://www.health.wa.gov.au/safetyandquality/program/QI_Act.cfm

Health Services will be required to provide annual reports on their clinical governance structures and activities. The style and content is a matter for individual hospitals to decide but Health Service chief executives must agree with the Director General what the common core reporting elements will be for clinical performance and evaluation, professional development and management, clinical risk and consumer value.

In general, each annual report should answer the questions:

- Where did we start?
- What progress have we made and how do we measure it?
- What are we planning to do next?

Reports should be presented in straightforward language and in a style that makes them easy to follow by non-specialist readers. As far as possible, quantitative information should be used to demonstrate progress.

REPORTING REQUIREMENTS FOR 2004/2005 AND 2005/2006

The agreed safety and quality activities to be implemented by hospitals and health services in 2004/2005 and 2005/2006 will be finalised in consultation with Area Health Services in due course.

ATTACHMENT A

Future papers to be published in this series will cover topics including:

- Clinical risk management
- Incident reporting and management
- Informed consent
- Credentialling
- Coronial reviews
- Root cause analysis
- Evidence based practice
- The use of audit as a quality tool
- Complaint management
- Open disclosure in WA: what to say when things go wrong
- Involving and engaging consumers in health policy and planning
- Statutory obligations for doctors in WA

Notes

Notes



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