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Setting Standards for Making Health Care Better

Implementing Clinical Governance in WA Health Services 2005

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 the Health Services to ensure the implementation of the Clinical Governance Framework 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.

Neale Fong

Dr Neale Fong

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

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1. INTRODUCTION

The Western Australian Department of Health is firmly committed to ensuring that safe, high quality health care is provided to the Western Australian community.

The Department of Health recognises that a number of effective safety and quality initiatives have already been introduced and progressed across the Western Australian health system.

This document examines in detail the origins of both corporate and clinical governance and provides the context and rationale for the development of a standardised clinical governance system in the Western Australian health system. The future focus of the Department of Health is to build on existing activity by establishing an effective statewide clinical governance system and a set of performance standards for assuring individual and organisational accountability for the provision of safe, high quality health care. This document brings together the current imperative and context for clinical governance in modern health services in WA.

2. RATIONALE FOR GOVERNANCE

The Commonwealth Secretariat (UK)[1] defined governance as:

> *"how a country (or a company) is governed – the political dimension; how its affairs are administered – the institutional dimension; and the quality of the management capacity of its public agencies – the technical dimension".*

Assailed almost daily by media reports of advances and failures in corporate and clinical systems in the private and public sectors, the community's demand for accountable and ethical behaviour from business and government has never been higher. The demand by government, shareholders, stakeholders and consumers for higher individual and systems accountability has resulted in an increased global focus on corporate and clinical governance.

Recent highly publicised corporate collapses, such as Enron (USA), Barings (UK), OneTel and HIH in Australia have raised concerns about the adequacy of financial controls and risk management systems. This has prompted governments and the business community to strengthen corporate governance systems and processes.[2] There is also increasing momentum for improved governance in the Commonwealth and State Public Services' in Australia, owing to:

- rising expectations of how governments and public sector agencies should deliver services to the community;
- negative perceptions of their efficiency and ability to deliver such services;
- declining levels of trust in governments;
- a better informed and more educated community; and
- better communications - leading to wider and more intensive debate about government policy and its implementation.[3]

A review of the literature has identified that there are as many different definitions of corporate governance as there are governance structures and processes. These structures and processes have been developed to suit different organisational ownership structures, and functions.[4]

The development of effective clinical governance systems face similar definitional issues and challenges, but the underlying objective of assuring safe and high quality health care services remains paramount for all aspects of clinical governance.

3. CORPORATE GOVERNANCE

There are a number of definitions which are used to define corporate governance.

Standards Australia's governance standards define the key elements of corporate governance as being 'fraud and corruption control, organisational codes of conduct, corporate social responsibility and whistleblower protection'.[5]

The Australian Auditor General defines corporate governance as 'the processes by which organisations are directed, controlled and held to account'. It includes:

> *"how an organisation is managed, its corporate and administrative structures, its culture, its policies and the way it deals with its various stakeholders. The concept encompasses how public sector organisations acquit their responsibilities of stewardship by being open, accountable and prudent in decision-making, in providing policy advice and in managing and delivering".*[6]

The core building blocks for corporate governance in the Australian public service are outlined in Figure 1.[7]

All definitions of corporate governance emphasise the need for rigorous and transparent probity standards throughout an organisation,[8] monitoring performance and ensuring conformance[6] with legal and regulatory requirements around transparency, fairness, accountability and credibility of market institutions.[9]

CORPORATE GOVERNANCE IN THE WESTERN AUSTRALIAN PUBLIC SECTOR

The Western Australian Public Sector Corporate Governance Guidelines require Ministers, Chief Executives and management to put in place systems and processes for ensuring that the strategic direction of their organisation is implemented, resources are deployed appropriately and that they remain appropriate to the internal and external environment in which it is operating.[10]

Effective corporate governance begins with a clear definition of the powers, roles and responsibilities of the various levels of the Western Australian Public Service (See Figure 2).

Figure 1: Building Blocks for Public Sector Governance Structures

Figure 2: Roles and Responsibilities in the Western Australian Public Service

Central to the accountability framework is ministerial accountability to Parliament and the electorate. Chief Executives are accountable to their Minister, their employees and consumers. This accountability is also supported through agencies such as the Auditor General, the Ombudsman, the Information Commissioner and the Commissioner for Public Sector Standards. Uhrig states that:

> *"clearly defining an organisation's role, function and governance structure will reduce the risk of it operating outside of its legislative or regulatory mandate and improve the use of resources. There will also be less opportunity for the statutory authority to undertake operations that a Minister has not anticipated."*[11]

4. CLINICAL GOVERNANCE IN MODERN HEALTH CARE

Since the 1990's, a number of high profile medical disasters have received extensive coverage in Australia and overseas. In Britain, the Bristol cardiothoracic inquiry into unacceptably high levels of perinatal mortality at the hands of two paediatric surgeons[12] received regular media attention over a period of three years. During the same period, British General Practitioner, Harold Shipman, was convicted of killing at least 15 middle-aged and elderly women patients using heroin injections.

In the US, a high-profile health reporter for the Boston Globe newspaper died after a massive chemotherapy overdose at the age of 39, while she was being treated for breast cancer at a highly respected specialist cancer institute. A similar overdose had been given to another woman at the institute one month earlier. Although the hospital responded in a traditional manner by disciplining 16 nurses,

the media took perhaps a more considered view. The Globe itself said this action was

> *"misguided because it focuses on the individuals even though the errors were caused by failures in the design of the medication system."*[11]

The Australian health system has not been immune from its own health care scandals. In Western Australia the Douglas Inquiry (2001)[13] was established to investigate clinical and management practices at King Edward Memorial Hospital from 1990-2000. Other highly publicised medical deficiencies in Australia include Cheltenham (New South Wales), Royal Melbourne Hospital (Victoria) and the recent Campbelltown and Camden Hospitals inquiries in New South Wales.

A review of the findings from each of the above inquiries indicates that there were significant deficiencies in each organisation's governance systems and processes. These deficiencies are summarized below from findings of Inquiries and Royal Commissions:[14]

- failure of the respective Boards and/or senior management to respond to important safety and quality issues when patients and families experienced serious and avoidable adverse events;
- a closed culture unsupportive of openly disclosing errors and adverse events;
- failure by management to respond effectively to known clinical problems;
- non-existent or ineffective systems to monitor, report and respond to performance problems, errors and adverse events;
- poor communication with patients and families, particularly when things went wrong;
- poor management of complaints and potential medical negligence cases;
- inadequate training and credentialing to ensure clinicians were sufficiently skilled;
- inadequate morbidity and mortality monitoring and review systems;
- poor clinical and emotional outcomes for patients and families; and
- poorly defined organisational systems and performance issues resulting from inconsistent and ineffective clinical and corporate governance.

Ongoing concerns about improving the quality of health care have led to suggestions that the principles of 'corporate governance' may have a clinical application, with the two having a number of parallels.

> *"The resonance of the two terms is important, for if clinical governance is to be successful it must be underpinned by the same strengths as corporate governance: it must be rigorous in its application, organisation-wide in its emphasis, accountable in its delivery, developmental in its thrust, and positive in its connotations".*[15]

4.1 ORIGINS OF CLINICAL GOVERNANCE

Although there is no universally accepted definition of clinical governance, there is broad agreement on the linkage between clinical governance and continuous quality improvement. In general, clinical governance seeks to improve health care quality through the integration of financial accountability, performance measurement and clinical quality.[15] It has emerged as a significant policy and clinical reform instrument for ensuring individual and systemic accountability for meeting specified health care standards.[16]

Penny (2003) suggests that the term clinical governance was first used by the World Health Organisation in 1983:

> *"to encapsulate the provision of high quality health care on four dimensions: professional performance, resource allocation, risk management and patient satisfaction".* [17]

The National Health Service first defined clinical governance in 1997 as:

> *"a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish".* [18,19,20,21]

The NHS model of Clinical Governance is divided into seven pillars: clinical effectiveness (clinical audit), risk management effectiveness, patient experience, communication effectiveness, education and life-long learning, research and learning effectiveness, resource effectiveness (clinical information and staffing) and strategic effectiveness (see Figure 3).[22]

The UK Commission for Health Improvement (CHI) subsequently modified the UK definition to

> *'a system of steps and procedures… to ensure patients receive the highest quality care.'* [23, 24]

The Australian Council on Health Care Standards (ACHS) defines clinical governance 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 [and safety] of clinical care".* [25]

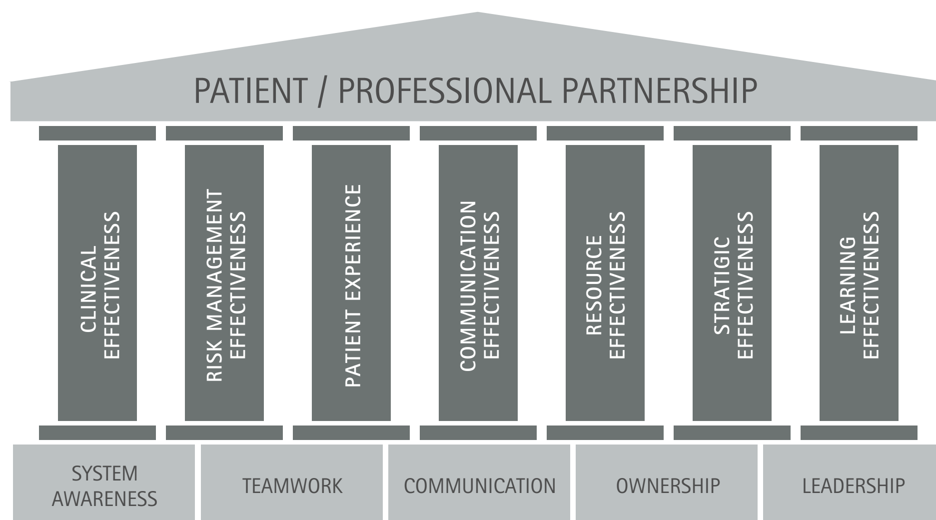


Figure 3: Temple Diagram of the UK Clinical Governance Framework

4.2 KEY PRINCIPLES OF CLINICAL GOVERNANCE

In Australia a variety of terms including 'Clinical Governance' and 'Clinical Practice Improvement' have been used. Most jurisdictions now talk about 'Clinical Governance'. Although there is no single agreed definition of clinical governance, the literature generally agrees that the main ingredients of good clinical governance include:[26]

1. **transparency** – management of the organisation for and on behalf of the public, in an open and transparent manner;
2. **probity** – staff and management discharge their legal and clinical responsibilities in an ethical manner;
3. **accountability** – staff and management are held responsible for their actions to both the organisation and public;
4. **open, no-blame culture** – staff and management recognise that the 'shame and blame' approach is counter-productive and should be replaced by a systems-based approach to quality improvement; and
5. **patient-centred care** – involvement of patients, consumers and community in all aspects of health care delivery.

The above principles of clinical governance share a desire to improve the integration of management inputs, structures and processes, and coordination, cooperation and communication between clinicians and health care units to achieve improvements in quality of care.[26,27,28,29]

These principles underpin the Clinical Governance Framework in Western Australia.

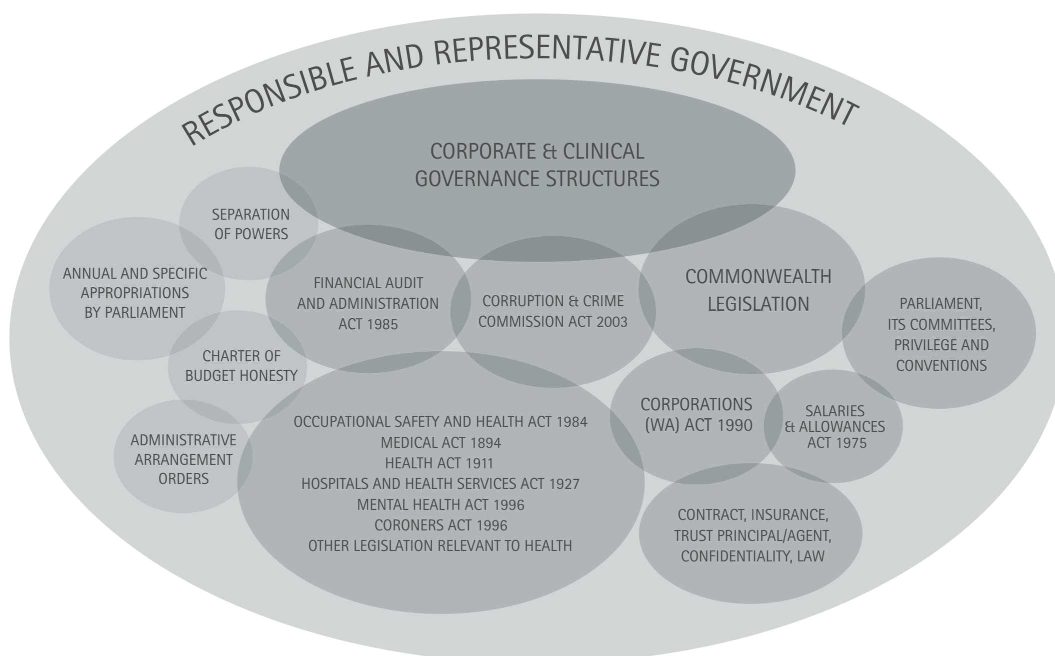


Figure 4: Governance Structures Affecting the WA Health System[30]

5. REGULATORY FRAMEWORK FOR CLINICAL GOVERNANCE IN WESTERN AUSTRALIA

In the Western Australian public health system various statutory laws, regulatory requirements, treasurer's instructions, accreditation standards and medical indemnity schemes underpin the responsibility of clinicians and health service executives to participate in clinical governance activities and to assure the delivery of safe and high quality health care to the community (see Figure 4).[30]

Furthermore, in accordance with the Public Service's Code of Conduct, all public sector employees are required to perform their duties honestly, openly, in good faith and with a high order of care and diligence, while abiding by the relevant regulatory frameworks and governance structures.

This regulatory framework is augmented by the Public Sector Management Act and the Statutory Corporations (Liability of Directors) Act 1996.

Chief Executives are held accountable by their own enabling legislation for their agency's performance in terms of meeting required outcomes and as custodian of public assets. They are also subject to the performance requirements imposed by the Public Sector Management Act and the Financial Administration and Audit Act (FAAA). For instance, according to the FAAA, accountability includes:

- efficiency and economy of the agency operations;
- effective delivery of programs to achieve outcomes;
- effective system of internal controls;
- ensuring consideration is given to financial impacts and outcomes at all stages of reaching and implementing a policy decision;
- effective custodianship of all property under the agency's control; and
- all payments are to be correctly made.

Chief Executives are also responsible for their agency's compliance with legislation, Government policy and the agency's code of conduct. For example, the Public Sector Management Act requires agencies to comply with a number of general principles including:

- public administration and management agency structure should enable decisions to be made and action taken with a minimum of delay;

- proper standards of financial management and accounting are to be maintained; and
- proper standards of records management are to be maintained;
- employees are to be treated fairly and consistently;
- all selection processes are to be based on a proper assessment of merit and equity; and
- there is to be no unlawful discrimination against employees or persons seeking employment.

Failure to adhere to the Acts of Parliament, statutory regulations and common law, including Occupational Safety and Health regulations and corporate governance requirements and could result in criminal and/or civil penalties.

6. THE WESTERN AUSTRALIAN CLINICAL GOVERNANCE FRAMEWORK

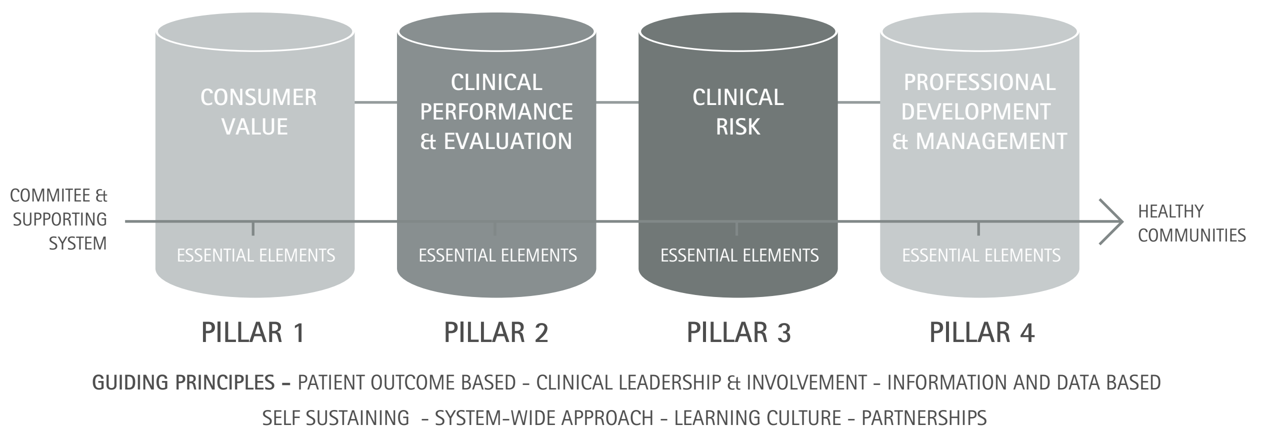
Clinical governance in Western Australia is defined as:

> *"a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes."*[31]

The aim of the WA Clinical Governance Framework is to:

- secure better quality health care from taxpayer dollars spent on healthcare services;
- improve individual and systemic accountability for the delivery of safe and high quality diagnosis and treatment services; and
- improve the confidence that patients and the members of the community have in the safety and quality of services delivered by the public health system.

Figure 5: Clinical Governance Framework for WA Public Health System[31]



The WA Clinical Governance Framework[31] is based on four key pillars:

1. Consumer Value;
2. Clinical Performance and Evaluation;
3. Clinical Risk; and
4. Professional Development and Management.

6.1 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 patients, families and carers.

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 supports 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.

6.2 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.[32]

- **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 methods 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." [19]

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.[19]

6.3 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 the local, statewide and national levels. Some aspects of clinical risk management are:

(i). **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, maintaining a risk register and monitoring medico-legal cases.

(ii). **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.

(iii). **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.

6.4 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.

7. CORE CLINICAL GOVERNANCE ACTIVITIES OF WA HEALTH SERVICES

The four pillars of clinical governance, described above, are housed within a broader organisational system which provides support, direction and accountability to the Clinical Governance Framework. This system is illustrated by the 'House of Clinical Governance'[33] (see Figure 6).

All of the components are important and useful in themselves, but crucial to good governance outcomes is the interrelationship between these components.

7.1 LEADERSHIP, ETHICS AND CULTURE

The foundation for the The 'House of Clinical Governance' is 'Leadership, Ethics and Culture', recognising that individuals and organisations, such as patients, consumers, clinicians, health service executives, the Department of Health and government each have an integral role and responsibility for implementing the 'four pillars' of clinical governance (see Section 6).

Relationships between these players will also shape the leadership, ethics and cultural norms that are needed to provide a strong platform for the implementation of an effective clinical governance system.

7.2 RISK MANAGEMENT AND STAKEHOLDER RELATIONSHIPS

Resting on this foundation is the support provided by effective 'Risk Management' systems and the development relationships with key stakeholders, both internal and external to the system.

7.3 INFORMATION AND DECISION SUPPORT

In order to support effective decision-making, performance monitoring, and ensure accountability. It is imperative that the right information is available to the right people when it is needed and in the most appropriate format.

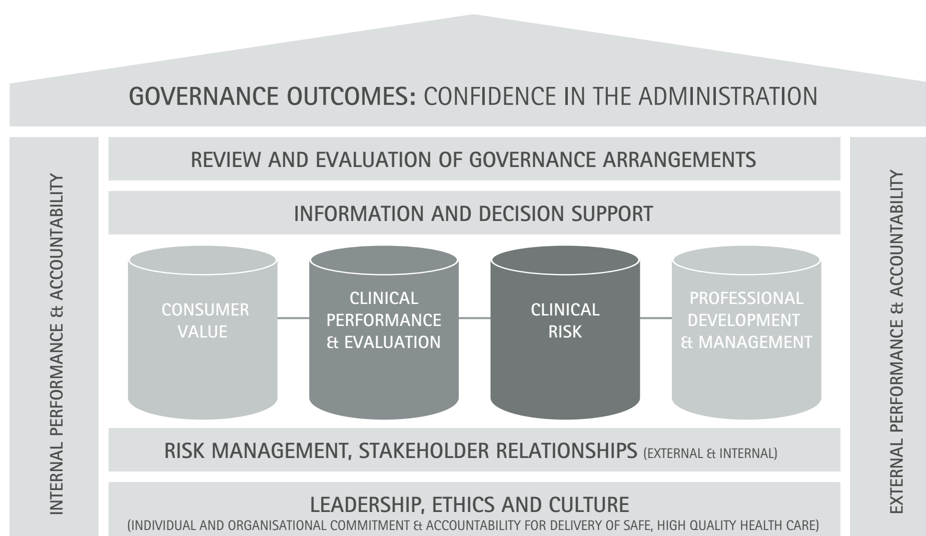


Figure 6: House of Clinical Governance

7.4 REVIEW AND EVALUATION OF GOVERNANCE ARRANGEMENT

Ongoing review and evaluation ensures that organisations learn from previous experiences and identify strategies that will further improve the safety and quality of health care.

7.5 INTERNAL AND EXTERNAL PERFORMANCE AND ACCOUNTABILITY

The 'House of Clinical Governance' is covered by a roof that is supported by the two systems of 'Internal and External Performance and Accountability'. These systems are essential in order for Health Services to:

- **monitor performance** against the clinical governance standard and demonstrate achievement of required outputs; and
- **demonstrate compliance** with clinical governance arrangements, legal requirements, and standards of probity, accountability and openness.[6]

Performance and accountability includes audit, review and evaluation systems which are necessary to provide management and staff with information for clinical governance decision-making. The strength of the internal and external review and evaluation systems is dependent on:

- **accurate and relevant** information being provided to the right people at the right time to support organisation decision-making, performance monitoring, reporting and accountability processes;
- **ongoing review and evaluation** of clinical governance arrangements to ensure relevance for the organisational and clinical environments; and
- **integration** of clinical and corporate risk management structures, thus ensuring that risks are identified and managed at the appropriate levels of the organisation.[6]

INTERNAL PERFORMANCE AND ACCOUNTABILITY

Internal performance and accountability for clinical governance includes developing organisational objectives and functions, establishing internal audit processes, implementing risk management policies, and implementing lines of accountability for all staff.[6]

EXTERNAL PERFORMANCE AND ACCOUNTABILITY

External performance and accountability relates to the provision of reports to external stakeholders demonstrating performance and compliance against the clinical governance framework and the robustness of the organisation's internal performance and accountability systems and processes. It also includes any form of independent external review that is undertaken to verify that clinical governance policies and systems are in place and meet mandated requirements.

8. ROLES AND RESPONSIBILITIES FOR CLINICAL GOVERNANCE IN THE WA HEALTH SYSTEM

Health is a high priority for most members of the WA community and they are increasingly wanting to be better informed about health issues, their options for health care, and the standards or quality indicators of health care and the cost. Western Australians expect their health services to be responsive to their needs and they expect to be able to contribute meaningfully to local health service planning.[35]

8.1 PATIENTS AND CONSUMERS

The rights of patients and consumers to access safe, high quality health care in the WA public health system is enshrined in the Western Australian Public Hospital Patients' Charter.[36] This document was a core requirement of the Australian Health Care Agreement 1998-2003, signed by the WA Government in 1999. All patients in Western Australian public hospitals have a number of fundamental rights, including:

1. choosing to receive quality public hospital services as a public patient free of charge, or as a private patient;
2. receiving services on the basis of clinical need as promptly as circumstances permit regardless of financial or health insurance status;
3. being treated with respect, dignity and consideration for privacy and special needs;
4. having access to a basic range of public hospital services regardless of where they live in Western Australia;
5. being given a clear explanation of any proposed treatment including possible risks and alternatives before agreeing or refusing to have the treatment;
6. seeking a second opinion;
7. being given information about their continuing health care before they leave the hospital;
8. accessing their medical records, subject to some legal provisions, and to have personal information kept confidential;
9. agreeing or refusing to participate in health professional training or medical research; and
10. commenting or complaining about the health care they receive and to be given information about how to lodge a complaint.

There is a requirement for Western Australia to review and update the Western Australian Public Hospital Patients' Charter as part of its obligations to the Australian Health Care Agreement 2003-2008. This review will be undertaken in 2005.

The need to establish a patient-centred partnership between patients, consumers and health care professionals and organisations is well recognised in the clinical governance literature.[37] The Victorian Quality Council has suggested that consumers and the community can play a major role in clinical governance by:

- receiving, analysing and responding to information from health services on safety and quality issues in the spirit in which it is offered, that is, as a systems learning and improvement mechanism;
- offering constructive feedback, both formal and informal, regarding the safety and quality of health services, both as individual consumers and as a community of stakeholders;

- working with health services to improve services, both in response to an individual adverse event and at a systems level; and
- taking responsibility for health service safety by seeking relevant information and asking pertinent questions of both individual health practitioners as consumers and of the organisation as a whole.[37]

The Western Australian Strategic Quality Plan 2003-2008[38] places the consumer of health care at the centre of its framework for quality care. The WA Strategic Quality Plan has four key objectives, namely for the period 2003-2008 in this area:

1. provide appropriate, accessible health information to consumers;
2. involve consumers in an active role in the planning, delivery, monitoring and evaluation of health care within all spheres of the health system;
3. promote education and training for health care providers and consumers which support active consumer involvement; and
4. strengthen mechanisms for improving the accountability of health services to consumers.

From 2005, the Department of Health will further work with health consumer groups to develop a framework and policy for consumer consultation and involvement in the WA health system and develop strategies which improve the provision of information for consumers.

8.2 HEALTH SERVICE STAFF

Health Service staff, including clinical teams have an obligation to:

> *"comply with all lawful regulations and administrative instructions made or issued for the officer's guidance in the performance of their duties, or governing the terms and conditions of the officer's employment".*[39]

As part of their administrative obligations, health service staff have an operational role and responsibility for implementing and monitoring clinical governance systems and processes. They may do this by:

- participating in the development, implementation and evaluation of quality and safety plans, systems and activities;
- fulfilling their roles and responsibilities in safety and quality as agreed with senior staff and each other;
- openly communicating and reporting safety and quality problems and adverse events, and participating in developing solutions;
- adhering to policies and procedures for preventing, reporting and disclosing adverse events;
- developing a partnership approach with patients and their families in their care, and in the prevention and discussion of adverse events and safety issues; and
- participating in activities that identify and address areas for improvement from the patient and staff perspective.[37]

8.3 DOCTORS WORKING WITHIN THE WESTERN AUSTRALIAN PUBLIC HEALTH SYSTEM

It is recognised that the majority of doctors have worked tirelessly over many years to develop improved safety and quality processes and systems to improve clinical outcomes of their patients.

There are however a number of social, cultural and scientific changes facing the WA health system. These include more informed and empowered consumers with enhanced expectations, the increased and sometimes overwhelming availability of research evidence, an increasing public and government awareness of the hazards associated with health care, and the increasing pace of development and dissemination of new and complex technologies and drug treatments.

The Department of Health is working with all clinicians to reduce preventable risks to patients and to strengthen the culture of safety and quality amongst the health workforce. The development of an enhanced clinical governance system in the WA health system will provide strong support to improve individual and organisational accountability for the provision of safe, high quality health care.

A key element of this strengthened clinical governance system is developing the necessary safety and quality tools to assist doctors to:

"comply with all lawful regulations and administrative instructions made or issued for the officer's guidance in the performance of their duties". [39]

One example of this commenced in 2003, when the Department of Health worked with doctors to clarify the core safety responsibilities and obligations. These obligations are set out in the "Quality & Safety Requirements" of the Department of Health's Medical Indemnity Policy.[40]

8.4 CHIEF EXECUTIVES, REGIONAL DIRECTORS AND HEALTH SERVICE MANAGERS

Health Service Chief Executives, Regional Directors and Health Service Managers are responsible for ensuring the provision of safe, high quality, evidence-based health care services to patients, through the implementation of key clinical governance and safety and quality initiatives. The core clinical governance roles and responsibilities for Chief Executives, Regional Directors and Health Service Managers include:[18]

- demonstrating **leadership and commitment** to quality improvement;
- establishing **clear lines of responsibility** and accountability for clinical governance at all levels of the organisation;
- establishing a **culture of trust and honesty**;
- developing and implementing **clear clinical governance policies** aimed at managing risk;
- developing a **comprehensive program of quality improvement processes** (including clinical audit, supporting and applying evidence-based practice, implementing clinical standards and guidelines, workforce planning and development);
- integrating **evidence-based procedures** for all professional groups to identify and remedy poor individual and systemic performance;
- establishing **integrated monitoring and reporting** systems and processes; and
- providing **education and training programs**.

In line with the recommendations of the Health Reform Committee report (2004), the Department of Health is establishing new performance agreements for Chief Executives and Regional Directors. Under these performance agreements, each Health Service will be accountable for ensuring the provision of safe, high quality, evidence-based health care services to patients.

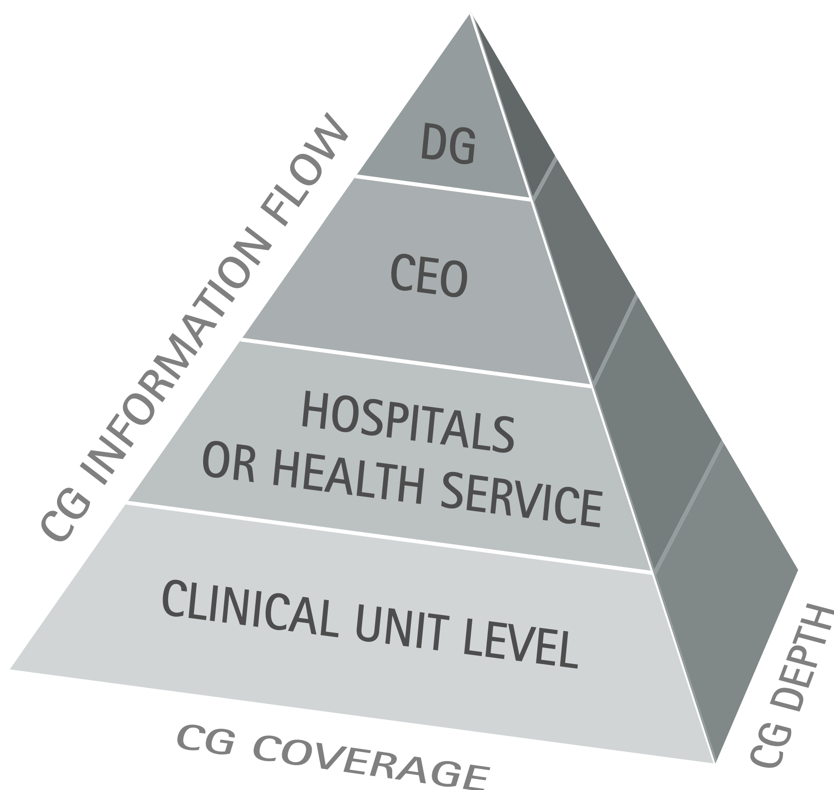
As the budget holders, Health Service Chief Executives will be required to provide quarterly reports on selected key performance indicators, demonstrating their health service's progress towards establishing effective Area clinical governance systems and processes.

8.5 THE DEPARTMENT OF HEALTH

While Health Services have overall responsibility for service provision and implementation of safety and quality policies and standards at the local level, the Department of Health will be responsible for planning, developing and promoting clinical governance standards and safety and quality strategies across the WA health system.

The Western Australian Council for Safety and Quality in Health Care will support the Department of Health to oversee the implementation of clinical governance in the WA health system. This will be done by monitoring and evaluating achievements against the Clinical Governance Framework and providing regular reports to the Director General and the Department of Health.

Figure 7: Measurement of Health Service Clinical Governance Performance



9. MEASUREMENT OF PERFORMANCE

Clinical governance has a number of parallels to corporate governance. If clinical governance is to be successful it must be underpinned by the same strengths as corporate governance: it must be accountable in its delivery, developmental in its thrust, and positive in its connotations.[15]

In July 2004 Australian Health Ministers agreed to a recommendation from the Australian Council on for Safety and Quality in Health Care that all hospitals:

> *"be required to participate in a process of assessment which includes periodic external review of their systems that support the delivery of safe, high quality health care, and report to the relevant authority the outcomes of these assessment processes, including any improvement actions required".* [41]

The assessment processes proposed will be part of the ongoing quality improvement practice within a Health Service and would include internal self-assessment, complemented by periodic external reviews undertaken by another party.

The Commonwealth, and State and Territory jurisdictions are currently working to establish suitable reporting mechanisms that will enable health services to comply with the directions issued by Health Ministers.

The WA Department of Health is introducing a Statewide Clinical Governance Standard, which will form the basis for the Department of Health to monitor and report on clinical governance performance at all levels of the WA health system.

The objectives of the Clinical Governance Standard as demonstrated in Figure 7, will ensure that Clinical Governance is widely spread throughout the WA health system, deeply penetrated into Health Services and has clear information flows all to facilitate the organisation to share learning, and foster continuous improvement.

Coverage is defined as the extent to which clinical governance activities or programs are observed and reported within the Health Service. This reflects the need for clinical governance activities to be organisation wide.

Depth is defined as the measure of maturity of individual activities or components of clinical governance. This acknowledges that components or projects will develop over time with respect to the amount of data collected and the ability to evaluate change and contribution towards the organisation's clinical governance arrangements.

The flow of information is crucial to enabling Chief Executives to be accountable for clinical governance within their organisation. Accountability may be supported by defined reporting lines or organisational structure to ensure that relevant information is considered at the appropriate level.

9.1 ELEMENTS OF THE MEASUREMENT PROCESS

Performance and conformity against the WA Clinical Governance Framework will be defined by the Clinical Governance Standard and measured in terms of:

1. organisational responsibility for clinical governance is being clearly defined with explicit lines of individual, unit and system accountability for clinical governance throughout the organisation including the Area Chief Executive, the Executive Team and medical and other clinical staff;
2. organisational policies and strategies for clinical governance being documented and being consistent with these policies;
3. clinical governance policies and strategies being incorporated into the business structures of the organisation;
4. the organisation providing human and physical resources to lead, implement and support clinical governance activities;
5. the organisation communicating the clinical governance policy and strategy to all staff and making the documents available to the public and other stakeholders;
6. all employees, including managers and clinicians being provided with adequate information, resources, training and professional development to support the organisation's clinical governance activities; and
7. key performance indicators being developed and used at all levels of the organisation to measure and demonstrate the effectiveness of the organisation's clinical governance policy and strategy.

The Chief Executive and Health Service Executive Team will also be expected to obtain independent assurance(s), by external review that clinical governance policies and systems are in place and meet the requirements of this Standard.

The Department of Health will not specify how Health Services are to implement clinical governance activities. However, within the confines of the WA Clinical Governance Framework, Health Services will be expected to develop and implement their clinical governance policies, systems and processes, taking into account local health service needs and values. Chief Executives will be held to account for their performance via their performance agreements with the Director General.

10. IMPLEMENTING CLINICAL GOVERNANCE: WHERE TO FROM HERE?

During the implementation of clinical governance, the Department of Health will assist management, clinicians, health professionals and users of health services across the WA health system to develop and implement local clinical governance processes and systems and to ensure the delivery of safe and high quality health care to the Western Australian community. This will be done by:

- increasing organisational awareness of clinical governance and contributing to the development and implementation of clinical governance systems and processes that improve the safety and quality of health care;
- assisting clinicians and health service management to embed clinical governance within their organisation's culture; and
- assisting Health Services to demonstrate improved accountability for the delivery of safe, high quality health care services through the implementation of clinical governance systems and processes.

The Department of Health acknowledges that there are a number of barriers which may exist in the implementation of the WA's Clinical Governance Framework. These may include:

- a long tradition of professional autonomy, collegiality and self regulation making the culture one where mistakes can be difficult to acknowledge;
- a need to work closely together across all professional groups to bring about change;
- clinical governance may be regarded as another way to control health professionals;
- clinicians may not provide their support and commitment, which is required to successfully implement clinical governance at a local level;
- the absence of any data on the success of clinical governance as a whole; and
- a widespread culture which attributes error to personal human failure and attempts to blame the individual and find culprits.

Other identified barriers to preventing staff from participating in clinical governance activities include: retribution,[42, 43] concerns about litigation,[44] inadequate resourcing and funding for safety and quality, the speed of change and the high workloads of health care administrators, clinicians and clinical governance leaders.[45, 46]

Effective systems, polices and procedures are required to support good clinical governance. Overcoming the perceived threats, changing personal attitudes of health care staff and adopting a proactive approach to systems reforms will be essential if the implementation of clinical governance in the WA health system is to be successful.[47] None of these barriers are overcome quickly or easily, but strong clinical leadership has achieved some notable successes, particularly in geriatric medicine in Australia and overseas.[48]

Further advice, information and assistance with Clinical Governance can be found at:

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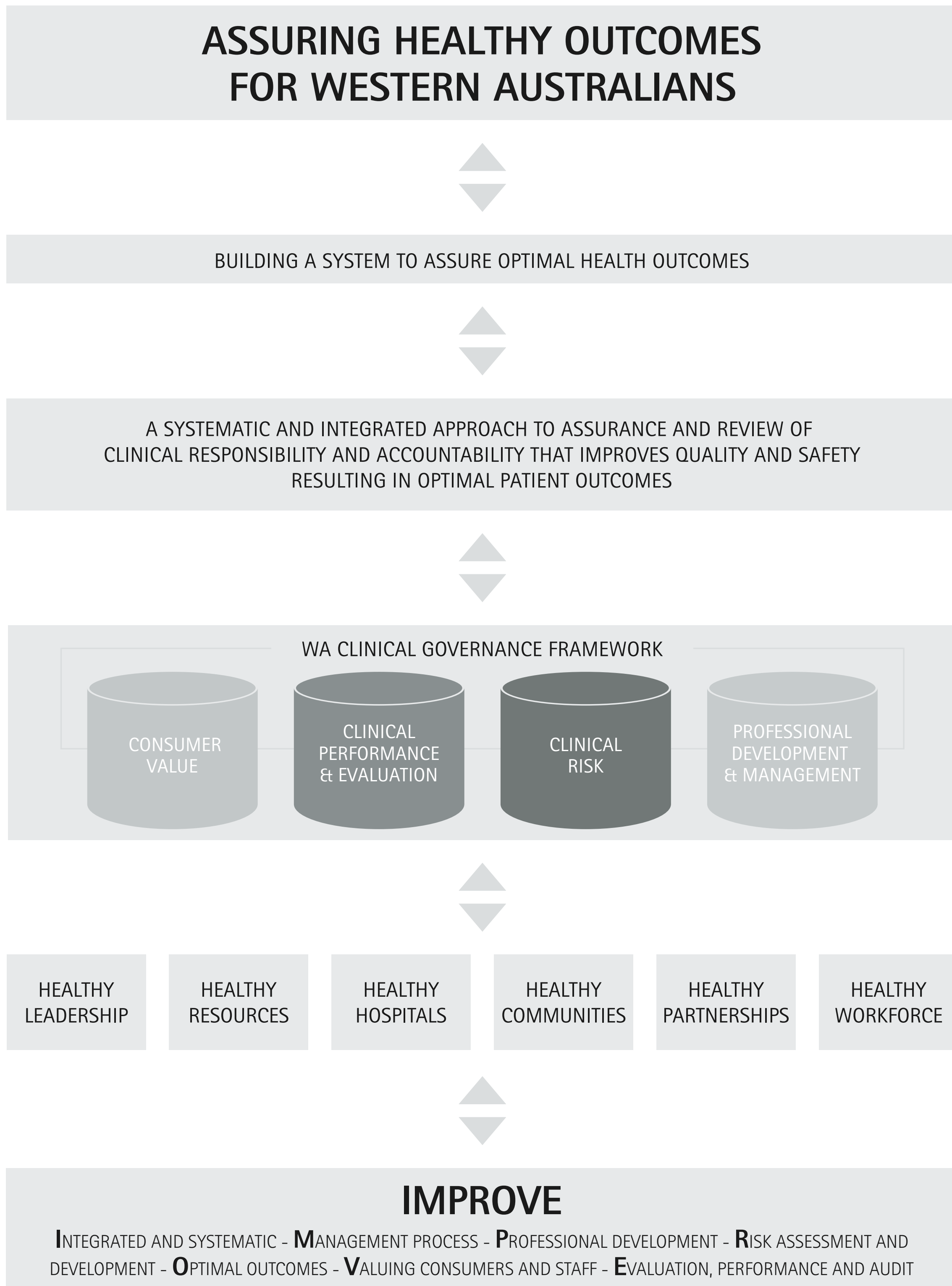
Figure 8: Western Australia Clinical Governance Framework



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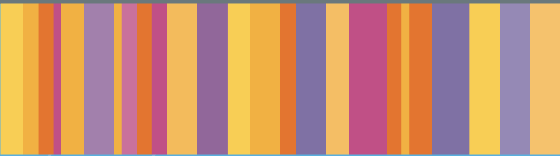

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