

Clinical Governance Standards for Western Australian Health Services



Department of Health
Government of Western Australia

ACKNOWLEDGEMENTS

The Office of Safety and Quality in Health Care acknowledges and appreciates the input of all individuals and groups who have contributed to the development of these Clinical Governance Standards. In particular, the Office of Safety and Quality in Health Care would like to recognise the valuable contribution of members of the Western Australian Council for Safety and Quality in Health Care for their guidance and support.

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, 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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PURPOSE OF THE CLINICAL GOVERNANCE STANDARDS FOR THE WESTERN AUSTRALIAN HEALTH SYSTEM

The Western Australian Clinical Governance Standards are designed to assist managers, clinicians, health professionals and users of health services develop and implement clinical governance processes and systems within their Health Services. Once implemented, these Standards will help ensure the delivery of safe and high quality health care to the Western Australian community. The standards seek to:

- increase organisational awareness of clinical governance and contribute to the development and implementation of clinical governance systems and processes;
- assist clinicians and health service management to embed clinical governance within their organisational culture; and
- assist 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.

These Standards do not specify how Health Services should implement clinical governance activities. Rather, the Standards provide a framework to enable Health Services to develop and implement a comprehensive Clinical Governance Framework, taking into account local health service needs and values. The Standards have also been designed to complement other organisational safety and quality policies and Standards.

This document has been based on the following UK, US, Australian and Western Australian Standards and Guidelines:

AUSTRALIA

- Australian Council on Healthcare Standards – Core Standards for Health Care Safety.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.

UNITED KINGDOM

- Department of Health (2002). Clinical Governance Reporting Process (<http://www.dh.gov.uk/assetRoot/04/03/27/83/04032783.pdf>).
- Department of Health. (1999) Governance in the new NHS. Controls Assurance Statements 1999/2000: Risk management and organisational controls. HSC 1999/123.
- HM Treasury (2003) Corporate Governance: Statement on internal control. DAO(GEN)09/03. (<http://www.hm-treasury.gov.uk>).

UNITED STATES

- Joint Commission on Accreditation of Healthcare Organization (JCAHO) Governance Standard Section 3 GO1.

WESTERN AUSTRALIA

- Department of Premier and Cabinet (1999). Corporate Governance Guidelines for Western Australian Public Sector Chief Executive Officers. Public Sector Management, Department of Premier and Cabinet, Government of Western Australia (<http://www.dpc.wa.gov.au/psmd/pubs/psrd/governance/ceos2.pdf>).
- Treasurer's Instruction (TI) 825 Risk Management and Security. Extracted from the Western Australian Financial Administration Bookcase, 825. (Department of Treasury and Finance <http://www.treasury.wa.gov.au>).
- Government of Western Australia – Financial Administration and Audit Act 1985.
- Department of Health (2003). Western Australian Clinical Governance Guidelines.

Please note that these Standards will be subject to ongoing review and development to reflect changes in Department of Health policy and statutory requirements.

BACKGROUND

The aim of the Western Australian Department of Health is to deliver a well-managed, high quality health care service that responds to the needs of the Western Australian population. The vision for WA is to have a health system that is:

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

The Western Australian Strategic Quality Plan 2003–2008 sets out the Department of Health's strategy for ensuring the quality of care and is the driving force for the development of health services in Western Australia. Clinical Governance implementation is the lynch-pin to this strategy. It applies to all sections of the public health service.

Clinical Governance 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.'¹

Clinical governance should be recognised within an organisation as an integral part of good management and clinical practice, and must therefore be part of the organisational culture.

To be effective, clinical governance must be integrated into the organisation's culture, practices and business plans rather than viewed or practised as a separate project or program. When this is achieved, clinical governance becomes the business of everyone in the organisation.

THE FOUR PILLARS OF CLINICAL GOVERNANCE

In September 2001, the Department of Health, in consultation with clinicians, finalised a new model of Clinical Governance for implementation in hospitals and health services across the WA health system. The Clinical Governance Framework, outlined in the Western Australian Clinical Governance Guidelines², is based on four pillars: Consumer Value, Clinical Performance and Evaluation, Clinical Risk and Professional Development and Management (see Attachment A).

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:

¹ Department of Health (2001). *Clinical Governance. The Framework of Assurance.*

² Department of Health (2003). *Western Australian Clinical Governance Guidelines.* ([http://www.health.wa.gov.au/safetyandquality/docs/Clinical_Governance%20\(Final\).pdf](http://www.health.wa.gov.au/safetyandquality/docs/Clinical_Governance%20(Final).pdf))

1. **Consumer liaison** involves ongoing strategies which promote two way communication between consumers and 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 Health Services.
2. **Consumer participation** is the involvement of consumers in Health Service planning, policy development and decision making. It ensures that Health Services are confident they are providing accessible and equitable health care to their communities and that they are truly responsive to local priorities.

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.

1. **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.³
2. **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.
3. **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'.⁴ 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.

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:

1. **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.
2. **Sentinel event reporting, monitoring and clinical investigation:** defines the process for identification, reporting and investigating sentinel events in line with Department of Health policy.
3. **Risk profile analysis:** including the identification, investigation, analysis and evaluation of clinical risks and the selection of the most appropriate method of correcting, eliminating or reducing identifiable risks.

³ NH&MRC. *Guidelines for the development and implementation of clinical practice guidelines*. Canberra Oct 1995.

⁴ Sourced from NHS Executive (1999). *Clinical Governance: Quality in the New NHS*. Department of Health: London.

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:

1. **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.
2. **Continuing Professional Development:** includes ongoing and regular education and research activities linked to the responsibilities and needs of the clinicians employed by the Health Service.

ROLES AND RESPONSIBILITIES FOR IMPLEMENTING CLINICAL GOVERNANCE

Health Services have overall responsibility for service provision and implementation of safety and quality policies at the local level. As the budget holder, Chief Executives of Health Services will be required to provide appropriate human and physical resources to support the introduction and ongoing implementation of clinical governance activities.

Health Services will also be required to provide quarterly reports to the Department of Health on selected key performance indicators, demonstrating their Health Service's progress towards establishing effective Area clinical governance systems and processes.

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 in overseeing the implementation of the Clinical Governance Framework in the WA health system. This will be done by monitoring and evaluating achievements against the clinical governance framework and by providing regular reports to the Director General and the Department of Health.

MEASURING PERFORMANCE

The following information is provided in respect of each criterion:

- an **Overview** describing the key requirements of the criterion;
- the **Rationale** for including the criterion in the Standard;
- specific **Criteria** for each statement; and
- a list of suggested **Supporting Evidence** that the organisation may be asked to show to demonstrate compliance with the criterion.

A Clinical Governance Reporting Framework will be developed to measure against this Standard.

CLINICAL GOVERNANCE IN MENTAL HEALTH SERVICES

The Chief Psychiatrist is responsible under the Mental Health Act (1996) for advocating for the welfare of persons with a mental illness. The Chief Psychiatrist is also responsible under the Mental Health Act (1996) for monitoring the quality, standards and outcomes of health care experienced by people with a psychiatric disability throughout the State.

The Office of the Chief Psychiatrist has developed a clinical governance review framework, based on the WA Clinical Governance Framework, through which mental health services in Western Australia are held accountable for continuously improving the quality of their services to consumers. The Office of the Chief Psychiatrist conducts clinical governance reviews of mental health services to measure treatment services against the principles and objectives in the Mental Health Act (1996) and to guide and support mental health services in the provision of high quality care.

Further information about the Office of the Chief Psychiatrist's Clinical Governance Review Framework is available by telephone on 9222 4462, or by visiting the Office of the Chief Psychiatrist's website at:

<http://www.chiefpsychiatrist.health.wa.gov.au/chief.cfm>

INDEX OF CLINICAL GOVERNANCE CRITERIA

STANDARD 1 – ACCOUNTABILITY

Organisational responsibility for clinical governance is clearly defined and there are 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.

STANDARD 2 – POLICY AND STRATEGY

The organisation has documented policies and strategies for clinical governance and can demonstrate activity consistent with these policies.

STANDARD 3 – ORGANISATIONAL STRUCTURE

Clinical governance policies and strategies have been incorporated into the business structures of the organisation.

STANDARD 4 – APPROPRIATE RESOURCE ALLOCATION

The organisation provides human and physical resources to lead, implement and support clinical governance activities.

STANDARD 5 – COMMUNICATION

The organisation communicates the clinical governance policy and strategy to all staff and has made them available to the public and other stakeholders.

STANDARD 6 – PROFESSIONAL DEVELOPMENT AND TRAINING

All employees, including managers and clinicians are provided with adequate information, resources, training and professional development to support the organisation's clinical governance activities.

STANDARD 7 – MEASURING EFFECTIVENESS

Key performance indicators are developed and used at all levels of the organisation to measure and demonstrate the effectiveness of the organisation's clinical governance policy and strategy.

STANDARD 8 – EXTERNAL REVIEW

The Chief Executive and Health Service Executive Team receives independent assurance(s), by external review, that a clinical governance system is in place and meets the requirements of this standard.

STANDARD 1: ACCOUNTABILITY

OVERVIEW

Organisational responsibility for clinical governance is clearly defined and there are 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.

SOURCE

- Department of Health (1998). Department of Health Code of Conduct (OP 1044/98).
- Department of Health (2002). Code of Conduct and Ethics. (<http://intranet.health.wa.gov.au/>).
- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Governance Standard Section 3 G01. (<http://www.jcaho.org/>).

RATIONALE

The ultimate goal of any clinical governance program is to make the improvement of safety and quality in health care an integral part of everyday management and clinical practice. This can only be achieved if there is a comprehensive and coherent clinical governance system in place, underpinned by clear accountability arrangements throughout the organisational structure.

Implementation of the clinical governance policy and strategy at all levels of the organisation is a challenge for both clinicians and managers. Success will depend on the support of the Area Health Service's Chief Executive and management, and on active participation of all corporate and clinical staff, and health consumers.

STANDARD 1 CRITERIA

The organisation should be able to demonstrate that:

1. the Chief Executive has overall responsibility for clinical governance;
2. an appropriate Officer(s) has been designated accountable for implementation and management of the organisation's clinical governance program;
3. clear lines of accountability for clinical governance have been established throughout the organisation; and
4. clinical staff are involved in clinical governance.

SUPPORTING EVIDENCE

Supporting evidence may include:

- development and implementation of an appropriate clinical governance policy and strategy;
- appropriate responsibility for clinical governance in the job descriptions of Chief Executives, managers and clinicians;
- clinical governance organisational chart;
- terms of reference for the committee(s) responsible for overseeing clinical governance;
- documented minutes of clinical governance committee(s) meetings;
- documented correspondence and minutes of meetings of senior managers and senior clinicians with responsibility for clinical governance; and
- audits showing compliance with clinical governance policy and strategy.

STANDARD 2: POLICY AND STRATEGY

OVERVIEW

Clinical governance policies and strategies have been incorporated into the business structures of the organisation.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.

RATIONALE

Clinical governance should be integrated into the culture of an organisation, thus providing management and clinicians with a strategic direction for improving the safety and quality of health care.

The organisation's clinical governance strategy must include review of measurable outcomes and policies for improving 'Consumer Value', 'Clinical Performance and Evaluation', 'Clinical Risk Management' and 'Professional Development'.

STANDARD 2 CRITERIA

The organisation should be able to demonstrate that:

1. There is an approved policy and strategy for clinical governance, which is reviewed at least every two years.
2. The organisation's clinical governance strategy must be relevant to the organisation's strategic aims and objectives and include policies and measurable outcomes across each of the four pillars of the WA Clinical Governance Framework. These include:

- **Consumer Value** - policies and procedures are in place to improve patient and consumer participation in health care. Processes and procedures will include:
 - ensuring consent of patients is documented appropriately;
 - management of patient complaints in a timely manner with appropriate consumer feedback;
 - management of Freedom of Information (FoI) requests;
 - disclosure of relevant information to patients, carers and or families following a serious clinical incident (AIMS Level 7 or 8) and sentinel events; and
 - ensuring that consumer feedback questionnaires are carried out annually.

- **Clinical Performance and Evaluation** - policies and procedures to manage and implement changes in response to outcomes of care. Processes and procedures will include:
 - appropriate measurement of the standard of health care;
 - standardisation and consistency of care, where possible, based on the best available evidence;
 - participation in prescribed clinical audit activities (eg the WA Audit of Surgical Mortality);
 - participation in prescribed clinical record reviews;
 - adherence to evidence-based clinical pathways or best practice protocols;
 - adherence and compliance with organisational policies and procedures; and
 - ensuring clinical staff are fit to work.
- **Clinical Risk Management** - policies and procedures to manage and implement changes in response to identified clinical risks, including near hits, clinical incidents, adverse events and sentinel events. Processes and procedures will include:
 - clinical incident reporting (to WA Incident Management System (AIMS)) and management of incidents;
 - sentinel events reporting and investigation using the Root Cause Analysis framework or another comprehensive, system focused, methodology;
 - compliance with the WA Correct Patient, Correct Site, Correct Procedure Policy;
 - notifiable deaths reporting to the State Coroner and other Statutory bodies;
 - provision of communication and human factors training; and
 - identification, assessment and management of clinical risk in accordance with Department of Health and government policies.

- **Professional Development and Management** – implementation of professional development and performance management policies and procedures, which will include:
 - appropriate staff orientation and training;
 - performance management;
 - a fair and transparent system for reporting and monitoring each staff members's fitness to work or practice and for managing poor performance and/or inappropriate practice in the workplace;
 - credentialling and clinical privileging of clinical staff, in accordance with local conditions; and
 - policies are in place to establish the safety and effectiveness of new procedures.
- 3. The organisation's clinical governance policy and strategy describes the process for reviewing the organisation's performance against prescribed performance indicators and benchmarks.
- 4. Clinical governance strategies for individual directorates/departments/units are consistent with the organisation's overall clinical governance policy and strategy.

SUPPORTING EVIDENCE

Supporting evidence may include:

- appropriate strategies and policies have been developed across each of the four pillars of the WA clinical governance framework;
- evidence of clinical governance being linked to the organisation's strategic/corporate plan;
- clinical governance organisational chart;
- evidence of clinical governance policies and procedures being developed and implemented in all clinical areas of the organisation; and
- evidence of policy/strategy dissemination to staff and stakeholders.

STANDARD 3: ORGANISATIONAL STRUCTURE

OVERVIEW

Clinical governance policies and strategies have been incorporated into the organisation's business structures.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Governance Standard Section 3 GO1. (<http://www.jcaho.org/>).

RATIONALE

The full benefit of clinical governance will only be achieved if a comprehensive and cohesive accountability system is underpinned by an organisation-wide clinical governance structure. In order to support the organisation's clinical governance accountability arrangements, organisations should ensure that there is an approved committee(s) responsible for overseeing clinical governance.

STANDARD 3 CRITERIA

The organisation should be able to demonstrate that:

1. there is an approved committee(s) responsible for overseeing all aspects of clinical governance;
2. the role and responsibilities of the Clinical Governance committee(s) are clearly defined;
3. the Clinical Governance Committee(s) is/are responsible for organisation-wide coordination and recommending priorities for clinical governance activities;
4. the Clinical Governance Committee(s) have a majority of its members as practicing clinicians, including at least one or more medical staff members; and
5. the clinical governance committee monitors and reports to the Chief Executive on the completion of its recommendations.

SUPPORTING EVIDENCE

Supporting evidence may include:

- appropriate committee(s) are established to oversee clinical governance activities;
- organisational and business unit clinical governance policies and strategies recognising the role of the clinical governance committee;
- staff Role Statements or Job Description Forms identifying clinical governance roles and responsibilities;
- documented Terms of Reference for committee(s) responsible for overseeing clinical governance activities;
- minutes of meetings are provided to the organisation's Executive Team; and
- annual clinical governance reports are provided to the organisation's Executive Team and Department of Health.

STANDARD 4: APPROPRIATE RESOURCE ALLOCATION

OVERVIEW

The organisation provides appropriate human and physical resources to lead, implement and support clinical governance activities.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.

RATIONALE

As part of the strategic planning and compliance reporting process, each organisation should document how the organisation provided the human and physical resources to implement and support clinical governance activities.

STANDARD 4 CRITERIA

The organisation should be able to demonstrate that:

1. appropriate human and physical resources are provided to implement and support Clinical Governance activities; and
2. the appropriate information technology tools are utilised to support the clinical governance policy and strategy and to facilitate sharing of information across the organisation.

SUPPORTING EVIDENCE

Supporting evidence may include:

- documented evidence of how clinical governance system and framework were resourced; and
- documented evidence of how the organisation's clinical governance policy and activities have been prioritised.

Examples of how organisations can demonstrate resourcing of clinical governance activities include: provision of an annual financial report for clinical governance, business plans for clinical governance and appointment of dedicated staffing positions to oversee clinical governance activities.

STANDARD 5: COMMUNICATION

OVERVIEW

The organisation communicates the clinical governance policy and strategy to all staff and has made them available to the public and other stakeholders.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.

RATIONALE

The implementation of clinical governance is the responsibility of all staff at all levels of the organisation, including clinicians and management. In order for clinical governance to be successful, all organisations must establish a culture whereby all staff are engaged and have ownership of the organisation's clinical safety and quality activities and are supported by effective communication and appropriate allocation of resources.

STANDARD 5 CRITERIA

The organisation should be able to demonstrate that:

1. the organisation's clinical governance policy and strategy has been communicated appropriately to all staff and is made available to the public and other stakeholders (eg internet site, posters, meeting papers);
2. the organisation's clinical staff can understand and comply with the obligations under the Health Service's Clinical Governance policy; and
3. there is reference to the existence and availability of the clinical governance policy strategy in the organisation's published documents eg. Annual Report.

SUPPORTING CRITERIA

Supporting evidence may include:

- evidence of the communication of the organisation's clinical governance policy and strategy to all staff and community (eg internet site, posters, meeting papers);
- Annual Reports and safety and quality policy documents; and
- evidence of the clinical governance policy and strategy being included within orientation and professional development programs for all staff disciplines.

STANDARD 6: PROFESSIONAL DEVELOPMENT AND TRAINING

OVERVIEW

All employees, including managers and clinicians are provided, where appropriate, with adequate information, resources, training and professional development to support the organisation's clinical governance activities.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.
- Australian Council for Health Care Standards (2003). Core Standards for Health Care Safety.

RATIONALE

Provision of information, instruction and training is an effective means of ensuring that all staff have at least minimal competence in clinical governance activities and are committed and engaged in strategies to improve the safety and quality of health care at the local level. Ongoing needs assessment will help to determine the level of clinical governance information, instruction and training needed for each area of the organisation.

Clinical governance information, instruction and training may be delivered through strategies that include:

- internal workshops run by staff with expertise in clinical governance; and
- staff induction programs which include modules on one or more of the four pillars of clinical governance 'Consumer Value', 'Clinical Performance and Evaluation', 'Clinical Risk', and 'Professional Development and Management'.

The organisation should be able to demonstrate that all employees, both administrative and clinical, are aware of their roles and responsibilities and have been provided with appropriate advice, support and professional development to be able to fully participate in the organisation's clinical governance activities.

STANDARD 6 CRITERIA

The organisation should be able to demonstrate that:

1. all employees are provided, where appropriate, with adequate information, resources, training and professional development to support the organisation's clinical governance activities;
2. training records are kept, monitored and reviewed and inadequate attendance is rectified; and
3. induction programs are provided to all new staff and include an overview of the organisation's clinical governance policy and strategy.

SUPPORTING CRITERIA

Supporting evidence may include:

- evidence of staff development in relation to clinical governance;
- attendance at workshop/seminars;
- results of training needs analysis;
- training course evaluation reports; and
- documented training and professional development programs.

STANDARD 7: MEASURING EFFECTIVENESS

OVERVIEW

Key performance indicators are developed and used at all levels of the organisation to measure and demonstrate the effectiveness of the organisation's clinical governance policy and strategy.

SOURCE

- Department of Health (2003). Western Australian Clinical Governance Guidelines.
- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.
- Financial Audit and Administration Act 1985.
- Department of Premier and Cabinet (1994). Preparing Performance Indicators - A Practical Guide.

RATIONALE

The organisation should develop and implement performance indicators to demonstrate the effectiveness of the organisation's clinical governance policy and strategy. One example of an indicator is the degree of compliance with these Standards.

The performance indicators should be capable of demonstrating improvement in the safety and quality of health care provided by the organisation over time. The number of performance indicators devised should be sufficient to monitor key clinical governance and safety and quality activities. The Executive Team should monitor and evaluate those performance indicators to ensure that its internal policies and processes are working satisfactorily and that the organisation's clinical governance objectives are being met.

STANDARD 7 CRITERIA

The organisation should be able to demonstrate that:

1. the organisation has developed and implemented key performance indicators to demonstrate the use and effectiveness of the organisation's clinical governance policy and strategy at all levels of the organisation;
2. business units have clinical governance plans which are reviewed against agreed, defined targets for progress and tabled at the appropriate organisational committee (a Department or Clinical Division may be considered a Business Unit); and
3. compliance with the clinical governance policy and its effectiveness is included in the organisation's Annual Report.

SUPPORTING EVIDENCE

Supporting evidence may include:

- development and implementation of performance indicators for clinical governance;
- evidence of use of clinical governance performance indicators at all levels of the organisation;
- monitoring and reporting on performance indicators and measuring improvements in the safety and quality of health care, over time; and
- an Annual Report.

STANDARD 8: INDEPENDENT ASSURANCE

OVERVIEW

The Chief Executive and Health Service Executive Team receive independent assurance(s), by external review, that a clinical governance system is in place and meets the requirements of this standard.

SOURCE

- Standards Australia (2004). Australia and New Zealand Standard on Risk Management AS/NZS 4360:2004.
- Financial Audit and Administration Act 1985.

RATIONALE

It is the responsibility of the organisation's Executive to monitor and review all aspects of the organisation's clinical governance system including: accountability arrangements, development, implementation and utilisation of clinical governance policies and processes, training and professional development for staff, clinical and organisational outcomes and internal audit findings.

Reviews by independent bodies, including internal auditors, may assist organisations to monitor, review and report on performance to stakeholders and to identify areas of concern that need to be addressed. Performance reviews will give the organisation and Department of Health assurance that clinical governance policies and processes are working satisfactorily and that local and State targets are being met.

Internal Audit will define the priority areas for clinical governance audit activities as part of their annual audit plan.

STANDARD 8 CRITERIA

The organisation should be able to demonstrate that:

1. the organisation has a system in place to ensure that reviews carried out by external agencies or internal audit are effectively co-ordinated and any recommendations are considered for implementation;
2. the Health Service Executive Team ensures that key decisions, which relate to clinical governance, are communicated to the Clinical Governance Committee.

SUPPORTING EVIDENCE

Supporting evidence may include:

- internal audit statement to the Chief Executive;
- reports of external review bodies eg Australian Council for Health Care Standards (ACHS);
- reports to external bodies eg Department of Health; and
- minutes of Clinical Governance Committee and Audit Committee meetings.

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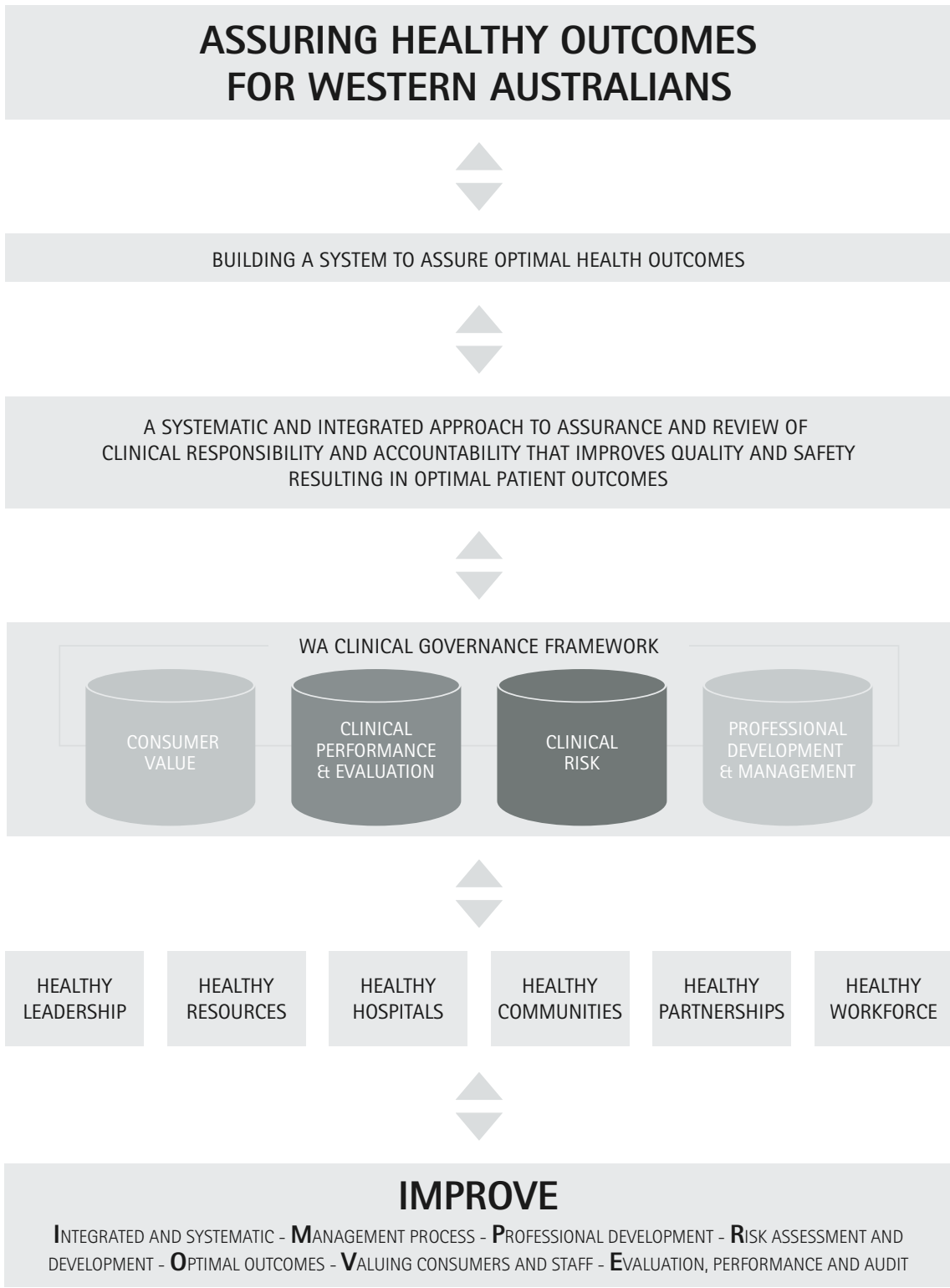
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Attachment A: Western Australian Clinical Governance System.



Attachment B: Western Australian Clinical Governance Framework.





Department of Health
Government of Western Australia

Clinical Governance Standards
for Western Australian Health Services
Information Series No. 1.4

Office of Safety and Quality in Health Care
Western Australian Department of Health
189 Royal Street, East Perth Western Australia 6004
Tel: (08) 9222 4080 Fax: (08) 9222 4014
Email: safetyandquality@health.wa.gov.au
Web: <http://www.health.wa.gov.au/safetyandquality/>

