

Western Australian Clinical Governance Guidelines

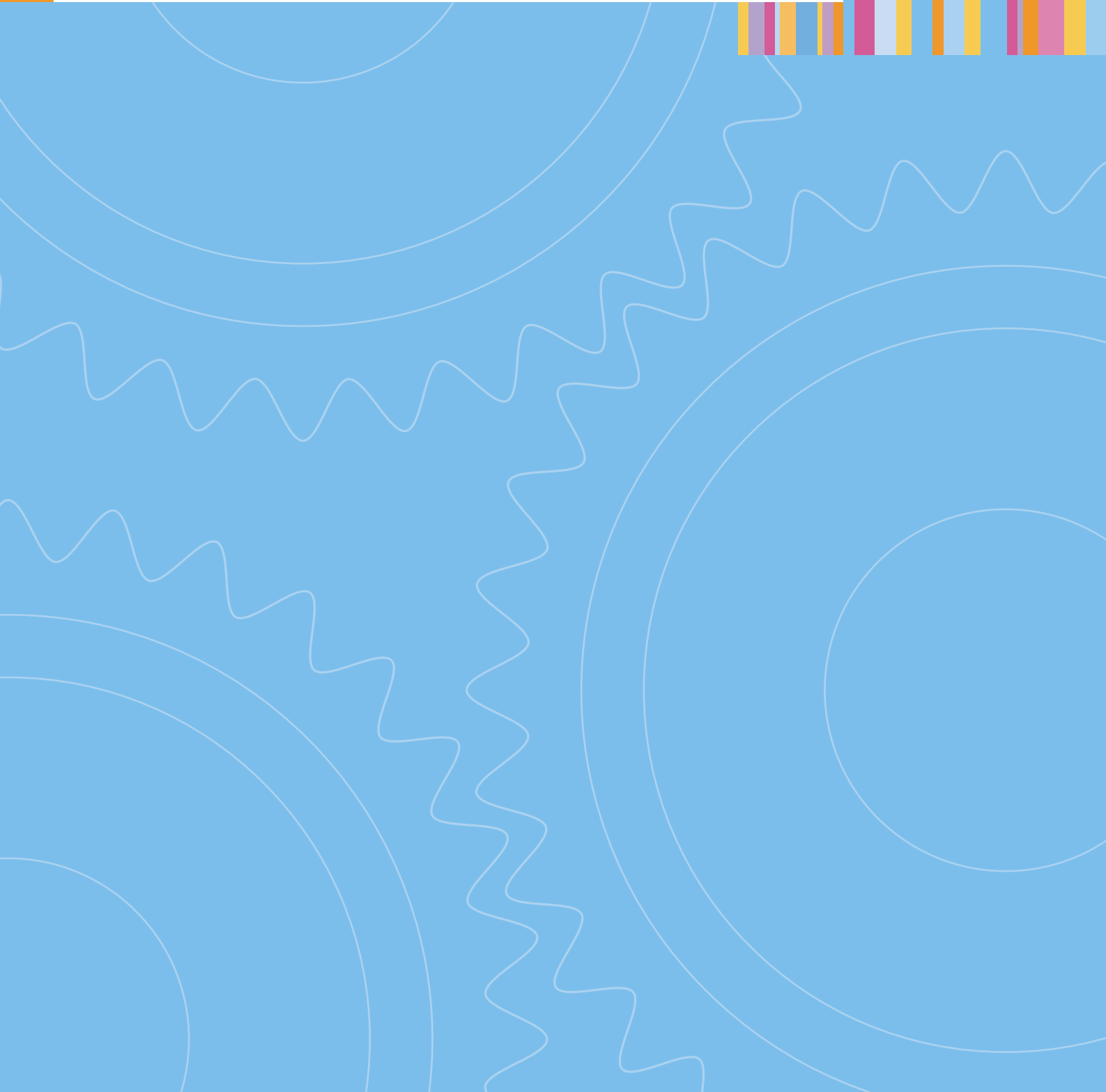
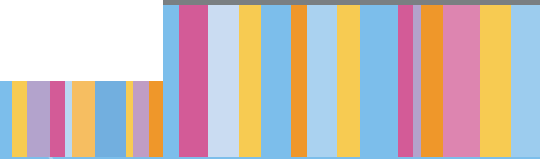


Table of Contents

CLINICAL GOVERNANCE	<u>2</u>
POLICY PRINCIPLES	<u>2</u>
DEFINITION	<u>2</u>
THE FOUR PILLARS OF CLINICAL GOVERNANCE	<u>3</u>
1. CLINICAL PERFORMANCE AND EVALUATION	<u>3</u>
2. PROFESSIONAL DEVELOPMENT AND MANAGEMENT	<u>3</u>
3. CLINICAL RISK	<u>4</u>
4. CONSUMER VALUE	<u>4</u>
CRITICAL SUCCESS FACTORS	<u>4</u>
CULTURAL CHANGES IN HOSPITALS	<u>5</u>
CLINICAL GOVERNANCE IN FOCUS: TEAMWORK, PARTNERSHIP, COMMUNICATION	<u>5</u>
IMPLEMENTATION OF CLINICAL GOVERNANCE IN THE WA PUBLIC HEALTH SYSTEM	<u>5</u>
REQUIREMENTS FOR CLINICAL GOVERNANCE ANNUAL REPORTS IN 2003/4	<u>5</u>
STEP ONE: DIRECTION, ACCOUNTABILITY AND PRACTICAL ARRANGEMENTS	<u>6</u>
STEP TWO: DEFINE WHERE THE ORGANISATION IS NOW	<u>6</u>
STEP THREE: DESIGN AND AGREE ON THE DEVELOPMENT PLAN	<u>6</u>
STEP FOUR: SET IN PLACE INTERNAL AND EXTERNAL REPORTING ARRANGEMENTS	<u>6</u>
REPORTING REQUIREMENTS FOR 2003/2004 AND 2004/2005	<u>7</u>
ATTACHMENT A	<u>8</u>

Clinical Governance

The State Government'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;
- 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 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 hospitals develop and implement clinical governance within their own organisations. The guidelines do not specify how this should be done, as each hospital 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 service. It will build a health service 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.

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 hospitals. 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 hospitals 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, hospitals already look for ways to prevent and reduce clinical error. Hospitals 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.

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

2 <<http://www.health.wa.gov.au/safetyandquality/publications/index.cfm>><http://www.health.wa.gov.au/safetyandquality/publications/index.cfm>

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

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 and results 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 hospitals 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.

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:

1. Clinical performance and evaluation

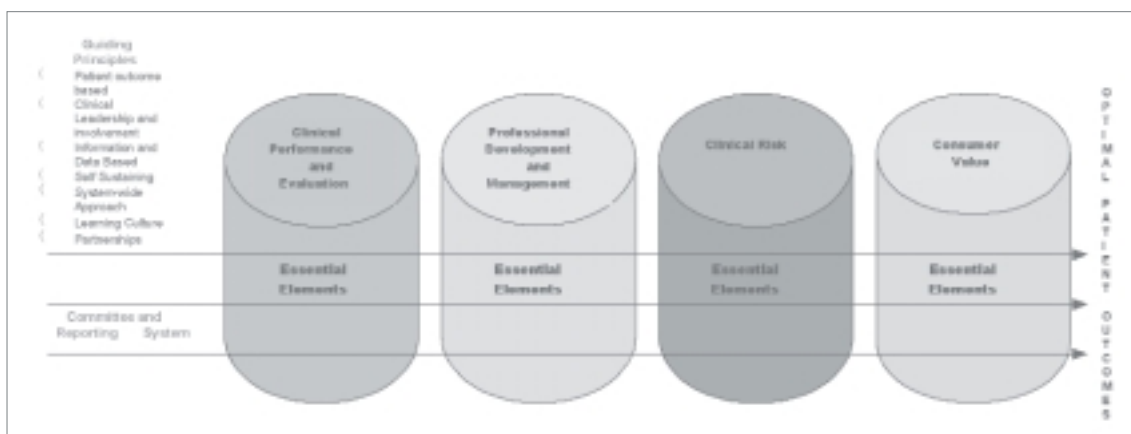
The first pillar aims to guarantee the progressive introduction, use, monitoring and evaluation of evidence-based clinical standards - in other words, a culture where clinical audit is commonplace and expected in every clinical service. Two tools may help here:

- **Clinical standards:** incorporating clinical guidelines, pathways and local practice protocols. Elements may be set by bodies such as the Cochrane Collaboration, the medical Royal Colleges and specialist groups, after evaluating research findings against quality-of-evidence criteria, such as those published by the NH&MRC⁵.
- **Clinical indicators:** Although these may be imperfect in some circumstances, clinical indicators nevertheless offer a measure of progress and allow comparison between similar services, which can lead to improvements. In general, hospitals and health services should develop clinical indicators applicable throughout the state and consistent with national standards, there may be a need for local indicators that take account of local conditions and priorities.

2. Professional Development and Management

This pillar supports and documents clinical development and the maintenance of professional standards. It encompasses the control and monitoring of clinical innovation and ensures new procedures are only introduced where they regularly audited and reviewed in the same way as research activities presently are.

FIGURE 1: CLINICAL GOVERNANCE FRAMEWORK FOR THE WA PUBLIC HEALTH SYSTEM⁴



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

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

Inputs here include:

- **Competency standards:** i.e. performance appraisal, reappointment and credentialling. The employing hospital must be confident all members of its staff are properly trained and up-to-date in their respective fields, are being asked to undertake appropriate responsibilities and are fulfilling these competently. However, hospitals should also be aware of the increasing interest in assessment/appraisal/validation of medical staff by bodies including the medical Royal Colleges, licensing boards, accrediting organisations and universities. As far as possible, hospitals should ensure their appraisal and credentialling procedures are aligned with those of other bodies to minimise extra demands on these staff. In addition, where clinicians hold multiple hospital appointments, including one or more appointments in the private sector, consideration should be given to developing appropriate standards and processes for the reciprocal recognition of competency between hospitals.
- **Continuing professional development:** which includes provision of special leave with or without pay, to enable clinicians to undertake educational study leave, to attend examinations, interstate or overseas professional development conferences or other purposes. It includes research work that reflects current or future hospital concerns, teaching opportunities and support for research. The relevant conditions are outlined in the various industrial agreements. Hospitals and health services are encouraged to demonstrate their commitment to continuing professional development and education of clinical staff by ensuring organisational strategic plans, CPD, CME and workforce plans and employment contracts link with and support the organisation's clinical governance objectives.

3. Clinical Risk

The next pillar concentrates on minimising risk and improving overall clinical safety. Potential risks are identified and limited and adverse incidents are examined for causative factors and particularly for trends within and across services. Wherever possible, preventative lessons are shared across the hospital. Aspects of clinical risk management include:

- **Incident and adverse event monitoring and trend analysis,** incorporating activities such as high-level analysis of information from the Australian Incident Monitoring System (AIMS), maintaining a risk register, and monitoring medico-legal cases.

- **Risk profile analysis,** which allows a hospital to spot potentially risky situations and to introduce ways of limiting risk. It applies to all areas of the organisation, and examples include activities as diverse as pressure area care protocols, mandatory staff induction programs, occupational health and safety reviews and matching clinical responsibility with ability and stage of training.
- **Management of incidents,** which involves a hospital or health service developing and implementing processes to respond appropriately to incidents and adverse events as they occur and to help clinicians and managers identify opportunities for improvement at the clinical, health service and health system levels.

4. Consumer value

The final pillar, consumer value, encourages clinical services to involve their communities in maintaining and improving current performance and in planning for the organisation's future.

- **Consumer liaison** includes complaint management, patient satisfaction surveys, providing information about services to patients and their families and carers and supporting informed decision-making.
- **Consumer participation** has two features: the hospital must be confident it is providing accessible and equitable health care to its community and it must be truly responsive to local priorities by involving its consumers in planning for the future.

Critical Success Factors

For clinical governance to be successful, all Western Australian hospitals 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 hospitals;

- regular executive level discussion of all main quality areas for the hospital 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. Hospitals 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 hospitals 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 hospitals 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, hospitals 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

Implementation of clinical governance 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 Hospital 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
- Clinical Risk Management Sub-Committee

Requirements for Clinical Governance Annual Reports in 2003/4

Different hospitals and health services will be at different stages of clinical governance implementation by June 2004, 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 working 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:

1. Set direction, accountability and practical arrangements for clinical governance within the hospital;
2. Define where the organisation is now;
3. Decide and agree a development plan as a result of (2); and
4. 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 hospitals. 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 hospital. 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 hospital where it excels, where aspects require attention and what needs further encouragement. It forms the basis of the hospital's 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, hospitals 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 hospital. The issues that are discussed by the hospitals' executives and that the Chief Executives report to the Deputy Director General (Health Care) 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 hospital 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 (http://www.health.wa.gov.au/safetyandquality/program/QI_Act.cfm)

Hospitals will be required to publish their first reports on clinical governance in 2003. The style and content is a matter for individual hospitals to decide, but hospital chief executives must agree with the Deputy Director General (Health Care) 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 know?
- 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 2003/2004 and 2004/2005

The agreed safety and quality activities to be implemented by hospitals and health services in 2003/2004 and 2004/2005 will be finalised in consultation with Area and Regional Health Services in due course.

Attachment A

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

- Informed consent
- Credentialling
- Doctors with problems
- Incident reporting
- Root cause analysis
- Evidence based practice
- The use of audit as a quality tool
- Complaints management policy
- WA Strategic Plan for Safety and Quality in Health Care 2003 – 2008
- 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
- Coronial reviews



Department of Health
Government of Western Australia

Western Australian Clinical Governance Guidelines
Information Series No. 1.2

Office of Safety and Quality in Health Care
Health Care Division
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/>

