

Clinical Governance

DEPARTMENT OF HEALTH

Executive Summary

A FRAMEWORK OF ASSURANCE AND REVIEW FOR CLINICAL RESPONSIBILITY AND ACCOUNTABILITY IN WESTERN AUSTRALIAN HEALTH SERVICES

The Framework is the means by which Clinical Governance is to be addressed in Western Australia.

Clinical Governance is a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes.

INTRODUCTION AND BACKGROUND

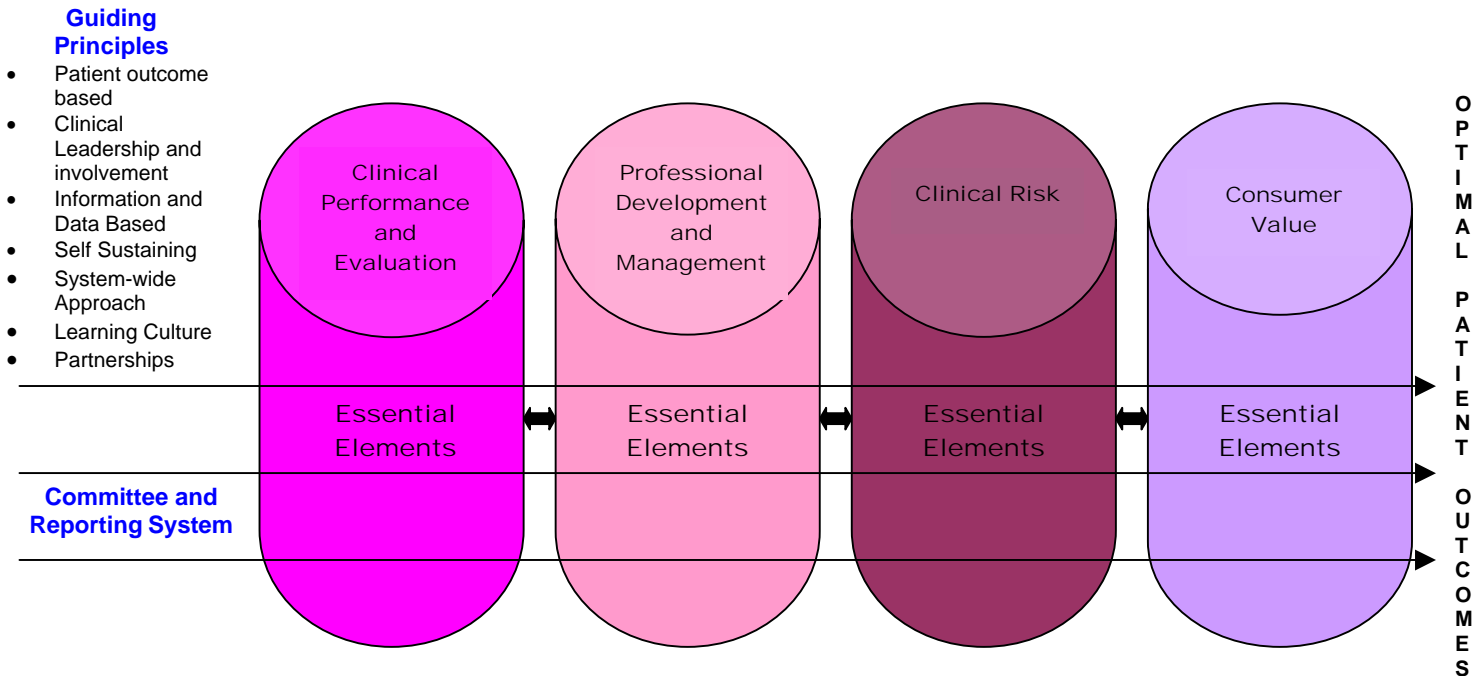
- ❖ In February 2001, Professor Bryant Stokes chaired a special meeting at the Health Department, to discuss the possible establishment of a governance project with a system wide approach. The strategic driver was the Health West Strategic Quality Plan 1998/9-2002/3 "Framework for the Strategic Plan and Strategic Initiatives – Organisational Change & Development and Accountability".

- ❖ Workshops are being held as part of a statewide consultation process to develop an understanding of a statewide framework, the elements within and the implications and impact within the system.

- ❖ This document represents the framework thus far.

Clinical Governance

The Framework



GUIDING PRINCIPLES

Clinical Governance has been adopted to assure delivery of optimal patient outcomes. Principles encompassing fundamental values have been developed to guide and direct the adoption of Clinical Governance. A unified response to these principles will be demonstrated through improved performance.

- Patient Outcome based
- Clinical Leadership and Involvement
- Information and Data Based
- Sustainable
- System-wide Approach
- Learning Culture
- Partnerships

Patient Outcome Based

- Patient/consumer outcomes need to be the primary focus in health service delivery decision making.
- Ensure patient rights are valued and respected through participation and input.

Clinical Leadership and Involvement

- The continuous improvement of quality and safety needs to be clinician led with clinician involvement at all levels.
- Ensure transparent responsibilities and accountabilities are defined and accepted by clinicians at all levels.
- Clinicians need a commitment to quality and safety of patient management outcomes.
- Shared responsibility and co-operation across health care team.

Information and Data Based

- Ensure integrity and relevancy of data collection with the assurance of timely responsive feed back or access to data and information.
- Emphasis on clinician defined data requirements, interpretation analysis and improvement.
- Focus on the development and understanding of trends, minimizing variation and comparative analysis.

Sustainable

- Resource allocation decisions need to ensure that professional and technical requirements are met.
- Commitment to continue with the resources required, despite lack of external funding (in the future).

Transferable across Sites (System-wide Approach)

- A systematic and system-wide approach will ensure consistency of review and assurance.
- Focus on the development of partnerships across the system.

Learning Culture

- Support the creation of a culture that supports, promotes and encourages continuous learning in pursuit of excellence.
- Clinicians need a commitment to quality and safety of patient management and outcomes.
- Shared responsibility and co-operation across health care team.
- Ensure the development of a safe environment creating a 'no blame' culture which is open, transparent and encourages questioning.

Partnerships

- Partnerships and alignment with Colleges, Universities and appropriate agencies are developed to maximize the effectiveness of healthcare delivery.

PERFORMANCE AREAS

- Clinical Performance and Evaluation
- Professional Development and Management
- Clinical Risk
- Consumer Value

Clinical Performance and Evaluation

Intent: Clinical review monitoring evaluation and benchmarking of standards, guidelines, protocols, pathways which are evidence based.

ELEMENTS OF PERFORMANCE	INTENT	PROCESS
Standards	Based on best practice	Determined by department or unit based on evidence, college, expert opinion. <u>Examples:</u> <ul style="list-style-type: none"> - defined local, national, international - evidence based - protocol, policy - compliance with best practice protocols - correct use of treatment modalities - clinical pathway compliance
Clinical Indicators	Based on <ul style="list-style-type: none"> •clinical outcome •service delivered 	Determined by department on unit based on evidence, college, expert opinion <u>Examples:</u> <ul style="list-style-type: none"> - morbidity and mortality - unplanned readmission - state and national benchmarking - specialty indicators - repeat procedures - activity throughput <ul style="list-style-type: none"> ▪ ALOS - Waiting times

Professional Development and Management

Intent: Professional Human Resource development and management.

ELEMENTS OF PERFORMANCE	INTENT	PROCESS
Demonstrated competency	Ensure professional competency	Credentialling (professional and technology) Performance development - JDF, policy, job expectations Performance management Competency assessment Clinical supervision Peer review College alignment
Research and Professional development	Ensure professional and ongoing learning	Teaching Education Education and guidelines for new procedures and techniques Research applications - ethics committee
Professional management	Ensure professional satisfaction	Professional practice growth Staff satisfaction Staff retention Professional satisfaction Development and education Safe staff ratio and skill mix Ongoing learning

Clinical Risk Management

Intent: To minimize risk and identify improvement opportunities through measurement and review to ensure safety.

ELEMENTS OF PERFORMANCE	INTENT	PROCESS
Adverse events	Measure incidents	Incident monitoring <u>Examples:</u> <ul style="list-style-type: none"> - drug error - patient incidents - falls - IV and pressure ulcer surveys - Hospital acquired infection monitoring - Audit reporting - Self reporting
Risk profile	Monitoring trends for potential risks	Audit Review Clinical decision support tools – automatic flagging of high risk interventions <ul style="list-style-type: none"> - O, H and S - Medicolegal - FOI - Coronial enquiries - Autopsy results - Staff orientation - Clinical audit - Pressure ulcer surgical - Ongoing education - Identify high risk patients - Patient clinical risk profile - Consumer monitoring own care - Matching clinical responsibility with clinical ability

Consumer Value

Intent: Clinical services will meet and manage consumer expectations and perception of value.

ELEMENTS OF PERFORMANCE	INTENT	PROCESS
Consumer participation	Ensure understanding needs and expectations	Involvement by Consumer Advisory Council Access, equity Patient charter (input and institute change) - roles and responsibilities Consumer advocates
Consumer value	Perception of value	Patient performance reporting Patient satisfaction surveys Patient complaints Patient compliments Trained customer service staff Customer friendly culture Customer service feed back Staff recognition – awards

REPORTING FRAMEWORK

To ensure a framework of assurance and review is established, accountability lines need to be developed within organizations, and in alignment with, Guiding Principles of Clinical Governance.

Processes for accountability need to be transparent and auditable and will include:

- Roles and responsibilities need to be defined to ensure accountability.
- Documentation at unit or department level, of process, measurement and agreed targets for the elements within each Performance Area.
- Documentation of investigations, reviews, feed back and improvements at unit or departmental level.
- Generation of report to organizational Clinical Governance or Quality Committee. The report should contain evidence of measurement against targets for the elements within each Performance Area and be produced at regular intervals to assure transparency and accountability.
- Generation of report detailing outcomes for the CE/GM and subsequently for the Governing Body.
- Generation of report detailing outcomes for the Statewide Quality Council and subsequently for the Auditor General and the Minister.
- Independent review and audit of processes defining accountability will provide transparency and assurance.