

Victorian Healthcare Association

Clinical Governance and Risk


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Clinical Governance in Community Health


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Clinical Governance

The systems by which the governing body, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care.

(Australian Council on Healthcare Standards)


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VHA Clinical Governance Project

Clinical Governance in Community Health Steering Group

Community Health Sector Clinicians/Managers and CEO's/BOM
 Australian Institute of Primary Care
 Quality Improvement Council Director
 DHS representative
 DHSV representative
 VMIA representative
 Acute sector representative
 Accreditation bodies representatives

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Clinical Risk Management Working Group

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Board Reporting Working Group

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Credentiailling and Scope of Practice Working Group

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Clinical Indicators Working Gp

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Clinical Supervision and Leadership

↓
Informed Consent and Client Record Documentation


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Clinical Governance Requirements

- ASIC Requirements
- DHS Requirements
 - Registration of CHS
 - Performance standards of CHS
 - DHS Clinical Governance Policy
 - Quality of Care Reports
- Accreditation


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Clinical Governance Requirements

ASIC Requirements

- good corporate governance principles
- duty of care requires board members to act on a fully informed basis, in good faith, with due diligence and care
- board members require relevant information on a timely basis in order to support their decision-making
 - ▶ the establishment and maintenance of systems for information flow to the Board

Role of the Board



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Corporate Governance

- Leading strategic direction
- Ensuring financial, general management, and monitoring systems in place
- Systems must meet criteria and industry standards
- Monitoring and auditing performance
- Managing risk by identifying early and responding

Clinical Governance

- Leading clinical safety and quality
- Ensuring robust systems are in place to support and monitor clinical safety and quality
- Maintaining a high level overview of clinical safety and quality systems


Clinical Governance



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Dimensions of Quality

- Safety
- Effectiveness
- Appropriateness
- Acceptability
- Access
- Efficiency



Victorian Quality Council (2005). Better Quality, Better Health: A Safety and Quality Framework

Clinical Governance Reporting



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- VHA Resource - Board Reporting Guidelines & Checklist developed

INDICATOR	DESCRIPTION OF INDICATOR	SUGGESTED MINIMUM REPORTING FREQUENCY
Human Resource Management		
9. Occupational Development Report	<ul style="list-style-type: none"> • Key staff programs • Key inter-organisational training areas • Education/training performance e.g. CME 	Annually
10. Recruitment and Retention Report	<ul style="list-style-type: none"> • Recruitment and retention (e.g. turnover) checks / Police checks / Drivers License checks • Staff turnover rates • Staff Leave rates • Staff benefits 	Annually
11. Staff Satisfaction Survey	<ul style="list-style-type: none"> • Staff survey report to staff report • Staff survey summary of findings, recommendations for improvements and projected benefits 	Every 3 years
12. Performance Appraisal	<ul style="list-style-type: none"> • Staff survey report to staff report • Staff survey summary of findings, recommendations for improvements and projected benefits • Documents evidence for process improvement / changes to business processes / issues for performance management 	Annually
13. Professional Discipline Report	<ul style="list-style-type: none"> • Staff survey report to staff report • Staff survey summary of findings, recommendations for improvements and projected benefits 	Annually

Clinical Governance Requirements



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DHS Clinical Governance Requirements




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Registration Criteria include:

- The applicant has appropriate governance and governance policies
- Ability to meet performance standards
 - effective governance;
 - management;
 - financial management;
 - risk management; and
 - quality accreditation and service delivery.

DHS Monitoring



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Regular monitoring of performance standards may include:

- Accreditation – accredited or participating in accreditation
- Regional agency monitoring framework (? revised)

DHS Performance Standards



- effective governance
- management
- financial management
- risk management
- quality accreditation and service delivery

Effective Governance



Performance Standard

- The agency must be effectively governed at all times.

Indicator

- The agency has documented governance policies and structures in place and can demonstrate that they are followed.

Evidence

- Board structure and Constitution.
- Accreditation documentation that the organisation's governance policies and structures meet relevant accreditation standards.
- Minutes from AGMs.
- Current strategic or service plan.
- Current Annual report.
- Auditor's report
- Current Directors' report.

QIC Accreditation standards



Proposed changes to standards:

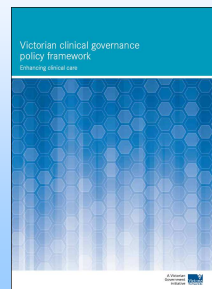
- **Amended Governance standard** - emphasis on governance/clinical governance and evidence of monitoring and reporting
- **New Quality and Safety standard** - an integrated approach to measure, improve and report on the quality of services (clinical governance)

DHS Clinical Governance Policy



Focus on 4 domains of quality & safety

- Consumer participation
- Clinical effectiveness
- Effective workforce
- Risk management



DHS Clinical Governance Policy



Health Service Responsibility

- Ensure clinical governance structures consistent with framework
- Report annually via quality of care reports

DHS responsibility

- Will develop a set of core quality and safety indicators in clinical governance processes (in line with national processes)



VQC Quality and Safety Framework



Victorian Quality Council (2005). Better Quality, Better Health: A Safety and Quality Framework

Quality of Care Reporting



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- Need current QoC report as evidence of performance standard
 - effective governance
 - management
 - financial management
 - risk management
 - **quality accreditation and service delivery**
- Mandatory for all community health services since 07/08
- demonstrate clinical governance systems : credentialling, risk management, complaints management etc

Performance Standards



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- effective governance
- management
- financial management
- **risk management**
- quality accreditation and service delivery

Risk Management



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Performance Standard

- The agency must effectively manage the risks associated with its business to ensure continuous, safe, responsive and efficient services.

Indicators

- The agency has a risk management strategy that includes identification and assessment of the likelihood and impact of various strategic and operational risks and a risk mitigation strategy.
- The agency actively manages its risks through regular review and monitoring.

Evidence

- **Accreditation documentation** used to meet risk management standards
- **Current risk management strategy** that documents risk identification, assessment, and mitigation strategy plus a documented process for monitoring/review and evidence that monitoring/review has occurred (unless strategy is new).
- A **risk management plan** that includes a regular cycle of monitoring, operational review and an annual strategic review.

Confusing terminology



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- Risk Management Framework (set of documents and activities to manage risk including training, implementation strategies)
- Risk management policy
- Risk management plan
- Risk management strategy?

3 elements needed



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Risk Management Policy

1. Objectives, scope, responsibilities, evaluation, processes (clearly defined in ISO standards)

Risk Management Plan

2. How processes are implemented in organisation (e.g. risk criteria for consequence, likelihood, risk reporting protocols)
3. Regular review and annual overview of current risk profile and risk treatment plans to indicate risks are monitored and reviewed

See VMIA 'How to develop and implement a risk management framework for a community health centre'
Appendix 1 - Risk management framework checklist
Appendix 2 - Risk management policy
Appendix 2 - Risk management plan
www.vmia.vic.gov.au/skillsEDIT/clientuploads/48/CHC%20Risk%20Training.pdf

QIC Accreditation standards



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Assessment of clinical risks required under proposed changes to standards related to:

- Service Provision (amended)
- Managing Safety and Quality (new)

Analysis



- CG requirements on CHS driven by accreditation processes
- Consider VQC quality framework and DHS Clinical governance policy

Support to sector



Clinical Governance Activities



Governance & Leadership	Consumer Involvement	Competence and Education	Information Management
Strategic & Operational Planning	Consumer satisfaction	Credentiailling	Risk Management
Planning & Evaluation Cycle	Feedback and Complaints	Staff professional development	Data
Board Reporting requirements	Client involvement in program planning and evaluation	Performance appraisal	Incident
Culture - just culture, open disclosure, recruitment, orientation	Client outcome information	Clinical Supervision	Waiting list activity
Monitoring and reporting on quality and safety	Informed consent processes	Scope of Practice	Clinical Indicators
Organisational Structure	Informing consumers about quality and safety	Demand Management	Best Practice Evidenced based practice
		Student Supervision	Clinical documentation

The Project Focus



Governance & Leadership	Consumer Involvement	Competence and Education	Information Management
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Future directions



1. A range of strategies that build sector capacity
 - VHA board training in Governance and Clinical Governance
 - Discrete training packages for quality coordinators/managers
 - University course in clinical governance and applied quality
2. Clinical governance indicator format & benchmarking
3. Submission for further Scope of Practice work to be completed
4. Clinical Governance Conference
 - Opportunity to Workshops and showcase - mid 2010

Key Messages



- CH is well positioned in theory to address Governance/Clinical Governance/Risk requirements
- Continue to meet accreditation requirements
- Use VQC Quality and Safety Framework, refer DHS CG policy
- Use VHA resources - e.g. CG checklist, Clinical Risk Handbook and other CG resources