

LOGO	<i>Model Community Health Service</i>	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 1 of 7
Authorised by: <i>DRAFT</i>		

1 POLICY

Model Community Health Service is committed to ensuring that clients receive high quality services. The Board of Management is responsible for ensuring good clinical governance, and the CEO, Managers, Staff, Department of Human Services, and Community all have a role to play in the process.

2 PURPOSE AND SCOPE

The purpose of the clinical governance policy is to provide a framework to ensure that all practitioners employed at *Model Community Health Service* provide a high quality service. It will ensure that systems are in place to support, evaluate, and report on safety and quality across the organisation. The policy defines levels of responsibility across the whole organisation.

3 REFERENCES

- Better Quality, Better Health Care - A Safety and Quality Improvement Framework for Victorian Health Services. The Victorian Quality Council DHS 2003.
- Enabling the Consumer role in clinical governance. The Victorian Quality Council DHS, 2004.
- The Healthcare Board's role in clinical governance- The Victorian Quality Council DHS, 2004
- Leading clinical governance in health services: The Chief Executive Officer and Senior Manager roles. The Victorian Quality Council DHS, 2005
- Developing the clinical leadership role in clinical governance: A guide for clinicians and health services. The Victorian Quality Council DHS, 2005
- Health and Community Services Core Module. Quality Improvement Council (QIC) 2004
- Occupational Health and Safety Act 2004
- *Model CHS Board of Management Clinical Governance Policy*
- *Other relevant CHS Policies eg.*
Client Access Policy
Assessment and Care Policy
Client Record Policy
Recruitment Policy
Performance Appraisal Policy
Staff Development Policy
Occupational Health and Safety Policy
Service Review Policy

LOGO	<i>Model Community Health Service</i>	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 2 of 7
Authorised by: <i>DRAFT</i>		

Client and Community Engagement Policy etc...

4 DEFINITIONS

Clinical Governance

A “framework through which health 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”

Sir Liam Donaldson, NHS Chief Medical Officer

“The responsibility of governing bodies to demonstrate sound strategic and policy leadership in clinical safety and quality, to ensure appropriate safety and quality systems are in place, and to ensure organisational accountability for safety and quality.”

Dr Heather Wellington

Features of a quality organisation

A quality organisation is Efficient, Legal, Accountable, Sustainable, Participatory, Reflexive, Integrated, and its services and programs are Effective, Competent, Safe, Accessible, Fair, Responsive, Inclusive and culturally sensitive, Coordinated and has a culture of continuous quality improvement.

Quality Improvement Council 2004

5 CLINICAL GOVERNANCE FRAMEWORK

Model Community Health Service is a complex organisation with staff from a range of health and community service professional backgrounds. To ensure a system of safety and quality across the service, a clinical governance framework has been developed that each discipline will use to develop, implement, monitor, improve and report quality and safety activities.

This framework is based on the Victorian Quality Council and QIC guidelines. It outlines four key organisational elements and six quality dimensions to be considered.

The framework takes a systems approach, ensures a systematic and comprehensive reporting process, and will ensure that action will be taken on issues identified in a timely manner. Some aspects of the framework involve organisation wide structures and processes whilst others are more relevant at the discipline level.

LOGO	Model Community Health Service	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 3 of 7
Authorised by: <i>DRAFT</i>		

ORGANISATIONAL ELEMENTS

Governance, Leadership & Culture

This includes the structures and processes put on place by the board to meet its governance obligations are:

- Governance Policies
- Organisational Structure
- Strategic & Operational Planning
- Planning & Evaluation Cycle
- Board Reporting requirements
- Delegation of Authority – Financial, Staffing, General

Consumer and Community Involvement

This includes consumers of the service, their families, carers, members and the community generally. Processes to achieve include:

- Elected Board Members
- Client satisfaction surveys and focus groups
- Client involvement in service reviews
- Client complaints processes

Competence of and education to support service providers

This includes competencies of the organisation as a whole, as well as specific teams, and individuals who deliver services. Processes in place to achieve this include:

- Recruitment of qualified, experienced professionals
- Annual performance appraisals for all staff
- Professional development
- Staff supervision
- Credentialing

Information Management & Reporting

This includes collection of data, technology necessary for data collection, the reliability and validity of the data and how it is reported and used. To support the processes data should be available, accurate, timely and relevant.

Processes include:

- Complaints reporting
- Incident reporting
- Activity reporting
- Wait List reporting
- Strategic & Operational Plan reporting

LOGO	Model Community Health Service	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 4 of 7
Authorised by: <i>DRAFT</i>		

- Client Records Audits

DIMENSIONS OF QUALITY

Safety

Clients should be safe both in the environment and with the treatment they receive. All potential safety risks need to be identified, and then processes developed to eliminate or minimise the risks. This is achieved through:

- Accreditation audits (QICSA / HACCC / GP)
- Audits – eg. Infection control / Food Safety / Drug Storage
- Incident review
- Complaints review

Effectiveness

Clients expect to benefit from any treatment they receive. To evaluate this, outcome measures need to be used. A range of measures appropriate for the service provided should be considered. Measures include:

- Clinical Indicators
- Client satisfaction surveys
- Client complaint processes

Appropriateness

Practitioners need to provide services based on evidence so that the right intervention occurs for the clients at the appropriate time. Processes to ensure this include use of:

- Clinical pathways
- Standardised assessment tools
- Client care plans
- Client record audits

Acceptability

Describes whether the service meets the needs and expectations of the range of informed consumers. Processes in place for achieving this dimension include:

- Strategic Planning (includes community and consumer consultation)
- Complaints monitoring
- Client satisfaction surveys and focus groups
- Staff professional development

LOGO	Model Community Health Service	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 5 of 7
Authorised by: <i>DRAFT</i>		

Access

Access to services should be equitable across the catchment area and for different community groups. Processes in place to support access include:

- Standardise intake systems
- Service information
- Interpreter systems
- Outreach services
- Demand management systems
- Fee Policy
- Accessible buildings

Efficiency

Efficient use of resources includes examining both cost of services and benefits to consumers. Current processes addressing efficiency at DCH include:

- Service planning, reporting and evaluation frameworks
- Financial monitoring

For all of the quality dimensions listed above, each discipline will identify relevant issues, and develop systems to support monitoring, identifying continuous improvement opportunities, and mechanisms for reporting on the area.

6 LEVELS OF RESPONSIBILITY

Board of Management

- have overall responsibility to ensure that the organisation has a quality and safety management system in place, and to receive regular reports against this system

CEO & Management Team

- have responsibility for development, implementation and review of the system

Practitioners

- have responsibility to be involved in the development, implementation, review and reporting of the system related to their work

Consumers, the community and other stakeholders

- should be involved in the process as appropriate

LOGO	Model Community Health Service	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 6 of 7
Authorised by: <i>DRAFT</i>		

Different CHSs will choose the appropriate methodology through which the responsibilities for clinical governance are enacted. This may include through a Quality Committee or the existing management meeting structures.

7 PLANNING AND REVIEW

Model Community Health Service undertakes a comprehensive planning and review process based on a three yearly cycle. This monitored annually via a Planning, Reporting & Evaluation Schedule. The Strategic Plan is reviewed annually leading to the development of annual Operational Plans which are monitored quarterly.

8 INDIVIDUAL SERVICES

Each service undergoes a full review every three years. This review will focus on all the dimensions of quality. A summary of this review plus any resulting recommendations are forwarded via the management group to the Board of Management.

In addition to the above review, each service will develop a report for the Board of Management annually that outlines current safety & quality processes and intended quality & safety improvement initiatives.

9 EXTERNAL QUALITY ASSURANCE PROGRAMS

Model Community Health Service undergoes a number of external formal accreditation programs. These occur in three year cycles commonly with mid-cycle review processes. They include Quality Improvement Council Service Accreditation (QICSA), Home and Community Care (HACC) National Standards Accreditation, General Practice (GP) accreditation, *other systems*.

10 BOARD REPORTING

A variety of reports are forwarded to the Board for consideration. These include:

Strategic Plan Review	Annually
Annual Operational Plan	Annually
Operational Plan Progress Reports	Quarterly
Service Quality & Safety System Processes	All services once per year
Service Review Reports	All services once every three years
Audit of client complaints	Six monthly

<i>LOGO</i>	<i>Model Community Health Service</i>	Approval Date:
	CLINICAL GOVERNANCE POLICY AND PROCEDURES	Review Date:
		Page 7 of 7
Authorised by: <i>DRAFT</i>		

Quality Improvement Reports	As developed
Adverse event reports	As occur
Activity Reports	Quarterly
Wait List Reports	Quarterly

11 DOCUMENTS

- Board Reporting Proforma.

12 HISTORY

<i>Date</i>	Initial Issue
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