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|  | <h2>Clinical Governance<br/>- <i>The Board Role</i></h2> <p><i>Dr Cathy Balding</i></p> <p style="text-align: right;"><small>Cathy Balding</small><br/>Qualityworks</p> |
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|  | <h3>Why have improvement programs?<br/>Imperatives for Improvement</h3>   |
|  | <p>What difference would it make if there was no safety and quality improvement programs?</p> <p style="text-align: right;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p>Why do we have improvement programs?: Imperatives for improvement (1)</p>  |
|  | <ul style="list-style-type: none"> <li>■ Professional obligation and commitment</li> <li>■ Accreditation</li> <li>■ Quality in Australian Health Care Study (1995)</li> <li>■ Pollies' attention</li> <li>■ Question of internal vs external regulation</li> <li>■ Comparisons with OH&amp;S, airlines, nuclear power plants etc</li> </ul> <p style="text-align: right;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <ul style="list-style-type: none"> <li>■ High profile cases such as Bristol, King Edward, RMH, Camden/Campbelltown, Bundaberg, various aged care facilities</li> <li>■ Increased publicity and awareness re problems in health care/adverse and sentinel events</li> <li>■ Increased expectations of health care from the baby boomers, government, funders etc</li> <li>■ High profile corporate collapses – inadequate governance can bring anyone down!</li> </ul> |
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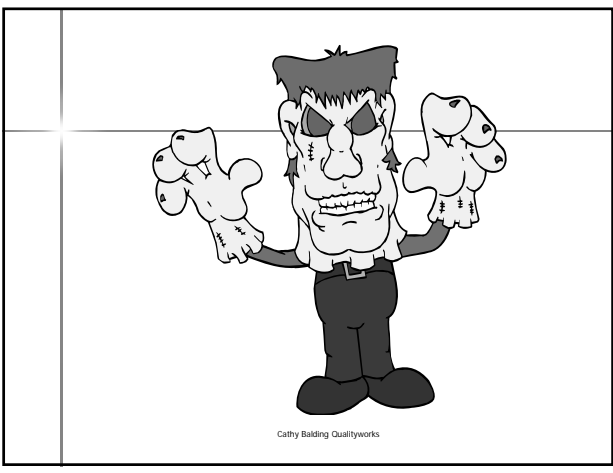
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|  | <p><b>But it can be difficult...why?</b></p>  |
|  | <p><b>Health care:</b></p> <ul style="list-style-type: none"> <li>■ complex processes</li> <li>■ unpredictable outcomes</li> <li>■ life and death issues</li> </ul> <p><b>Health professionals:</b></p> <ul style="list-style-type: none"> <li>■ autonomous experts but expected to be team players</li> <li>■ ambiguous relationship with management</li> <li>■ jargon</li> <li>■ diverse goals</li> <li>■ "my way"</li> </ul> |
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|  | <p><b>Why is quality improvement difficult to implement and maintain in health care? (cont.)</b></p>  |
|  | <p><b><i>Health care organisations:</i></b></p> <ul style="list-style-type: none"> <li>■ conservative and slow to change;</li> <li>■ complex politics;</li> <li>■ management vs clinical decision-making;</li> <li>■ staff melting pot;</li> <li>■ process oriented;</li> </ul> <p style="text-align: right;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p><b>Why is quality improvement difficult to implement and maintain in health care? (cont.)</b></p>  |
|  | <p><b><i>Quality and Safety programs:</i></b></p> <ul style="list-style-type: none"> <li>■ variety of tools and approaches;</li> <li>■ jargon;</li> <li>■ management driven;</li> <li>■ team oriented;</li> <li>■ imprecise measures;</li> <li>■ not well adapted/integrated for individual environments</li> </ul> <p style="text-align: right;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p><b>What was found in the public inquiries?</b></p>  |
|  | <ul style="list-style-type: none"> <li>■ Culture of blame</li> <li>■ Lack of clarity re responsibility and accountability</li> <li>■ No effective performance monitoring</li> <li>■ Ineffective training, credentialing and support for staff</li> <li>■ Failure to address ongoing issues.</li> </ul> <p style="text-align: right;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p><b>Despite all this – there is a bottom line that needs to be addressed</b></p>  |
|  | <p>What do we expect from our health care?</p> <ul style="list-style-type: none"> <li>■ Safety</li> <li>■ Effectiveness</li> <li>■ Appropriateness</li> <li>■ Acceptability</li> <li>■ Access</li> <li>■ Efficiency</li> </ul> <p style="text-align: right; font-size: small;">Cathy Balding Qualityworks</p> |

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|  | <p><b><i>How do we currently go about achieving this?</i></b></p>   |
|  | <ul style="list-style-type: none"> <li>■ Risk management</li> <li>■ Monitoring and measurement</li> <li>■ Education</li> <li>■ Standards, policies and procedures</li> <li>■ Systems review and development</li> <li>■ Clinical Improvement projects</li> <li>■ Credentialing</li> <li>■ <b>Accreditation</b></li> </ul> <p style="text-align: right; font-size: small;">Cathy Balding Qualityworks</p> |

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|  | <p><b>Does your quality program assist you to fulfill your governance responsibilities?</b></p>  |
|  | <ul style="list-style-type: none"> <li>■ Common law: <ul style="list-style-type: none"> <li>– Exercise care, diligence and skill</li> <li>– Take reasonable steps to guide and monitor the management of the organisation</li> <li>– Become familiar with the business of the company and how it is run</li> <li>– Apply their minds to the overall position of the company</li> </ul> </li> <li>■ Occupational Health and Safety laws <ul style="list-style-type: none"> <li>– Directors, secretaries or executive officers can be penalised for offences against the Act</li> </ul> </li> </ul> <p style="text-align: right; font-size: small;">Cathy Balding Qualityworks</p> |

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|  | <h2>Clinical governance requirements...</h2>   |
|  | <ul style="list-style-type: none"> <li>■ Leading clinical safety and quality</li> <li>■ Ensuring robust systems are in place to support and monitor clinical safety and quality</li> <li>■ Maintaining a high level overview of clinical safety and quality systems.</li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <h2>Clinical Governance strengthens the quality program to help meet these requirements</h2>  |
|  | <p>"Clinical governance is the system by which the governing body, managers and clinicians <b>share responsibility and are held accountable</b> for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care."</p> <p>(ACHS 2004).</p> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p>Clinical governance requires the same system of reporting, checks and balances as financial governance, and requires resources and support to be properly enacted.</p> <p>The four principles of good clinical governance arising from the literature are:</p> <ul style="list-style-type: none"> <li>■ <i>build a culture of trust and honesty;</i></li> <li>■ <i>foster organisational commitment to continuous improvement;</i></li> <li>■ <i>establish rigorous monitoring, reporting and response systems;</i></li> <li>■ <i>evaluate and respond to key aspects of organisational performance.</i></li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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| <b>Corporate and clinical governance</b>  |  |
| <b>Corporate Governance</b>   | <b>Clinical Governance</b>   |
| Leading strategic direction overall   | Leading clinical safety and quality direction  |
| Ensuring standards – based financial and management monitoring systems in place | Ensuring evidence based and robust systems in place to support clinical safety and quality |
| Monitoring and auditing performance   | Maintaining, monitoring and overview of status of clinical safety and quality              |
| Managing risk through early identification and response                         | Managing risk through early identification and response                                    |
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| <b>Successful Board Role CG<br/>"Rules of Thumb"</b>   |  |
| <ul style="list-style-type: none"> <li>■ Govern, don't manage</li> <li>■ Show commitment to safety and quality</li> <li>■ "Safety first"</li> <li>■ Ensure the focus is on systems rather than individuals (a "just" culture)</li> <li>■ Be clear about priorities</li> <li>■ Demand systematic reporting</li> <li>■ Monitor structures, processes and staff roles, not just KPIs</li> </ul> |  |
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| <b>How does this translate into practice?</b>   |  |
| <ul style="list-style-type: none"> <li>■ Monitor the CG/Quality plan (developed from a framework) <ul style="list-style-type: none"> <li>- Progress with goals</li> <li>- Key risks and core areas</li> <li>- Systems in place</li> <li>- Appropriate tools are being used</li> <li>- Ensure all areas of the organisation are clear about their roles and priorities</li> <li>- Accountabilities of staff</li> <li>- Resources, support and development for staff</li> <li>- Clinician involvement</li> <li>- Feedback mechanisms</li> <li>- National, state and accreditation requirements</li> </ul> </li> </ul> |  |
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|  | <p><b>Ask the right questions...</b></p>  |
|  | <ul style="list-style-type: none"> <li>■ What are our high risk, high volume, high cost, high problem, high complaint areas? – and how are we addressing them?</li> <li>■ Are our key risks monitored, managed and minimised?</li> <li>■ Are our staff competent and credentialed to do what they do?</li> <li>■ Do we use correct and evidence based standards for our clinical care, staff safety and equipment?</li> <li>■ Are we reviewing and designing our systems to help work flow safety and efficiently?</li> <li>■ Are we including consumers in our improvement efforts?</li> <li>■ Are we reporting as required to external organisations on our dimensions of quality? – ACHS, DHS, etc – and learning from comparative data that we get back?</li> <li>■ Are we equipping and supporting staff to improve care and services?</li> <li>■ Do we have the right information to help us monitor and improve?</li> <li>■ Are we meeting state and national quality requirements?</li> <li>■ And...</li> </ul> <p style="text-align: center; font-size: small;">Cathy Balding Qualityworks</p> |

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|  | <p><b><i>Especially these...</i></b></p>   |
|  | <ul style="list-style-type: none"> <li>■ How safe are the people in our care?</li> <li>■ Are they better off because of our safety and quality program?</li> </ul> <p style="text-align: center; font-size: small;">Cathy Balding Qualityworks</p> |

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|  | <p><b>Plan your approach</b></p>  |
|  | <ul style="list-style-type: none"> <li>■ Governance - accountability</li> <li>■ Goals</li> <li>■ Priorities</li> <li>■ Resources and support – internal and external</li> <li>■ Improvement system &amp; tools</li> <li>■ Roles – clients &amp; staff</li> <li>■ Data and reporting</li> <li>■ Training, development and competence</li> <li>■ Culture</li> </ul> <p style="text-align: center; font-size: small;">Cathy Balding Qualityworks</p> |

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**In a framework – it looks like this**




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**A good place to start – the “No Needless” Framework (NHS)**

*No Needless:*

- Death
- Injury
- Pain
- Feelings of helplessness
- Unwanted delay
- Waste
- Inequality in service delivery

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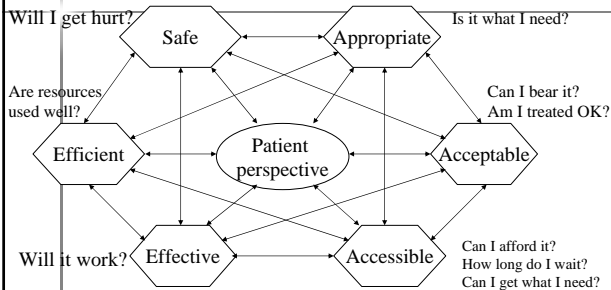
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**Select priorities in each dimension of quality**



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|  | <p><b>Get safety right first –<br/>Causes of unsafe care<br/>(NSW S&amp;CQ Program Report 2003-2004)</b></p>  |
|  | <ul style="list-style-type: none"> <li>■ 1. communication (26%)</li> <li>■ 2. availability of policies, procedures and guidelines (22%)</li> <li>■ 3. Knowledge, skills and competence (16%)</li> <li>■ 4. Work environment, scheduling and staffing</li> <li>■ 5. Failure or lack of safety mechanisms</li> <li>■ 6. Patient factors</li> <li>■ 7. Equipment</li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p><b>Safety - Internationally recognised<br/>safety issues – you don't have to guess!</b></p>   |
|  | <ul style="list-style-type: none"> <li>■ Medication safety management</li> <li>■ Falls prevention</li> <li>■ Infection prevention</li> <li>■ Safe use of blood and blood products</li> <li>■ Pressure Ulcer Prevention</li> <li>■ Workplace violence management – staff and consumers</li> <li>■ Improving the effectiveness of handover/ communication regarding consumer's condition</li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <ul style="list-style-type: none"> <li>■ Timeliness of communication of test results to consumers and clinicians</li> <li>■ Consumers suffering choking episodes due to incorrect diet</li> <li>■ Workforce – competencies, credentialing and appropriateness</li> <li>■ Reducing ambiguity in care roles</li> <li>■ Equipment safety, standardisation, operation and consistency</li> <li>■ Physical environment safety – meeting standards for safety, appropriateness, cleanliness and management of buildings and facilities</li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |

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|  | <p>Effectiveness: outcomes audit</p> <p><del>Appropriateness: are the right, evidence based things being done by the right people at the right time to the right people?</del></p> <p>Access: timely, geographic, flexibility, financial</p> <p>Efficiency: minimising waste</p> <p>Client-centredness: cultural and personal acceptability, clients involved in improvement.</p> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |
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|  | <p><b>Examples of evidence based appropriate care</b></p> <ul style="list-style-type: none"> <li>▪ Encouraging periconceptual use of folic acid supplements ()</li> <li>▪ Advice to consumers regarding smoking cessation ()</li> <li>▪ Measuring glycated haemoglobin in diabetes management ()</li> <li>▪ People with diabetes who have a structured care plan</li> <li>▪ Achieving optimal control of blood pressure ()</li> <li>▪ Use of preventers in chronic asthma ()</li> <li>▪ Promoting and supporting breast feeding ()</li> <li>▪ Placing infants to sleep on their back to prevent SIDS ()</li> </ul> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |
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|  | <p><b><i>The only way effective safety and quality can be achieved is to make it part of everyday business – Boards and Execs cannot “do” CG!</i></b></p> <p>Improvement of health care performance <i>‘hinges on changing the day-to-day decisions of doctors, nurses and other staff’</i><br/>(Ham, 2003)</p> <p><i>Leaders for improvement are any people who influence others to spend time on making the service better for patients</i><br/>(Ovretveit, 2004)</p> <p style="text-align: center;"><small>Cathy Balding Qualityworks</small></p> |
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## Clinical Governance is a line management responsibility

Before staff can enact their role in safety and quality, two things have to happen...

- They need to understand that role
- *And they need to be supported to enact it.*

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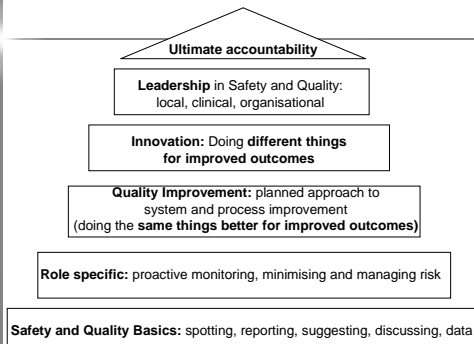
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## Getting a handle on Clinical Governance roles



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*Above all – be clear about the Board role...*



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■ Thankyou!

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