

STANDARD OPERATIONAL POLICY AND PROCEDURES



TOPIC	Clinical Governance – SOPP 7.03		
RESPONSIBILITY	Chief Executive		
AUTHORISATION	Chief Executive		
SIGNED		DATE	09/06/2016
VERSION	1.3	LAST REVIEWED	June 2016
EFFECTIVE	July 2009	NEXT REVIEW	June 2019

1. PURPOSE

East Grampians Health Service (EGHS) is committed to good governance principles. Governance is the system through which EGHS is directed and managed. Governance provides accountability and control systems proportional to risk.

The Department of Human Services *Clinical Governance Policy Framework – Enhancing Clinical Care* defined clinical governance as:

‘The system by which the governing body, managers, clinicians, and staff share responsibility and accountability for quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents.’

The purpose of clinical governance is to ensure that patients receive the highest quality of Health Care possible. It covers the organisation’s systems and processes for monitoring and improving services.

Clinical governance must occur in the overall EGHS governance system which includes financial and corporate functions. Clinical care governance must occur in the broader Board governance role which includes setting strategic direction, managing risk, improving performance and compliance.

2. PROTOCOLS

2.1 Structures for assuring Clinical Governance

The members of the Board are responsible and accountable for the strategic direction and governance of East Grampians Health Service (EGHS). There is clinical engagement at Board level through the Director of Medical Services and the Director of Clinical Services.

Integrated governance is assured through EGHS Quality and Risk Frameworks which are based on the relevant Australian Standards and legislative frameworks.

Policy and procedures are implemented to support the frameworks. These are developed, reviewed and approved by executive staff.

The EGHS Audit & Risk Committee and the Clinical Governance Committee have strategic responsibility for the oversight of clinical systems and processes. The annual internal audit plan incorporates audits of clinical governance and risk arrangements.

The EGHS Executive is responsible for:

- Contributing to the strategic direction and management of the service;
- Monitoring services and providing information to the EGHS Board of Management; and
- Providing operational management of EGHS services through management teams and operational groups.

Committees charged with the responsibility of providing operational direction and system monitoring with the authority to establish time limited task groups are the Clinical Consultative Committee, Infection Control Committee, Clinical Review Working Party, other Harm Minimisation Groups and the Improving Performance Committee.

Each Committee or group meets monthly or as specified in the terms of reference and the membership where relevant includes board members, directors, relevant senior managers and appropriate clinical and community representation.

3. STRATEGIES FOR CLINICAL GOVERNANCE

Committees, managers and clinical staff should concern themselves with the following cornerstones of good clinical governance as outlined in the Department of Human Services *Clinical Governance Policy Framework – Enhancing Clinical Care*. These are:

3.1 Consumer Participation

Strategies should be in place to ensure:

- consumers are empowered to participate in their care.
- consumers participate in organisational processes including planning, improvement and monitoring.
- there is clear, open and respectful communication between consumers at all levels of the health system.
- services respond to the diverse needs of consumers and the community with humanity.
- consumers provide feedback on clinical care and service delivery and services learn from the feedback.
- rights and responsibilities of ‘patients’ are promoted to community, consumers, carers, clinicians and other health service staff.

3.2 Clinical Effectiveness

Strategies should be in place to ensure:

- Clinicians are empowered to improve clinical care delivery.
- Clinicians actively involve consumers as partners in their care.

- Clinical innovation is fostered and supported.
- Clinical service delivery processes are streamlined and efficient.
- Clinicians participate in designing systems and processes.
- Quality improvement activities are planned, prioritised and have sustainability strategies in place.
- Clinical care delivery is evidence based.
- Standards of clinical care are clearly articulated and communicated.
- Performance of clinical care processes and clinical outcomes are measured.
- Clinical performance measures, peer review and clinical audit are used to evaluate and improve performance.
- Quality improvement activities are reviewed externally.
- New procedures and therapies are introduced in a manner that assures quality and safety issues have been considered and acted on.

3.3 Effective Workforce

Strategies should be in place to ensure:

- Workforce development is planned and provides for a health workforce with appropriate skills and professional group mix.
- The health workforce has the appropriate qualifications and experience to provide safe, high quality care.
- Workforce development activities to improve quality and safety are coordinated and efficient.
- Expectations and standards of performance are clearly communicated.
- The workforce is supported through training, development and mentoring.
- The health workforce is fulfilling its roles and responsibilities competently.
- Workforce competence is sustained, innovation is fostered and corporate knowledge is passed on.
- Multidisciplinary teamwork is fostered and supported.

3.4 Risk Management

Clinical risk management strategies should be in place to ensure:

- Clinical incidents are identified and reported consistent with the requirements of the Victorian Health Incident Management System (VHIMS).
- Clinical incidents are investigated and underlying systems issues and root causes are identified.
- Risks are proactively identified, assessed and reported.
- Organisational culture supports open communication and a systems approach to learning from incidents.

- Clinical processes and technology supports are designed to minimise error and ensure clear, unambiguous communication.
- A defined system for managing any complaint or concerns about a clinician is in place, promoted and is regularly reviewed for effectiveness.
- Known clinical risks are proactively addressed.
- Risk information is considered in settings goals, priorities and developing business and strategic plans.
- Legislation and relevant Australian Standards are complied with.
- Policies and protocols are reviewed and managed.
- Risk management activities are reviewed externally.
- Methods to improve patient safety are researched and innovative interventions developed.

4. CLINICAL RISK

4.1 Managing and Monitoring Clinical Risk

Patient safety and protection from harm and abuse is a priority for East Grampians Health Service. This policy has been written to support staff in the assessment and management of clinical risk.

A clinical risk policy by itself cannot deliver high quality clinical risk assessment and management. The policy has to be delivered by clinicians, appropriately trained and supported. The environment within which clinicians work must be safe and adequately staffed. This policy must be implemented alongside a range of other clinical policies written to enhance patient safety.

This policy focuses on clinical risk assessment and management which is the assessment and management of risk exposure due to procedure, treatment, co morbidity factors and known risks associated with said procedures, treatments and co morbidities.

Clinical risk monitoring and management framework includes the following:

- Incident Reporting and investigation procedures
- Policy for Preventing and Managing Violence to Staff – incorporating Policy
- Open disclosure procedures
- Complaints and compliments procedures and review
- Sentinel event reporting
- Clinical auditing and continuous improvement
- Risk management strategy and procedures
- Quality improvement framework and procedures
- Performance indicator reporting
- Clinical indicator reporting
- Staff development and education programs
- Community consultation

- Risk register
- Business plans
- Benchmarking
- Infection control reporting
- Harm minimisation groups
- Education programs and attendance reporting
- Performance appraisal reporting

5. REFERENCES

Victorian Clinical Governance Framework 2009

Victorian Clinical Governance Framework Guidelines 2009

National Safety and Quality Health Service Standards – Standard One

A/Care Standard 1.5