

STANDARD OPERATIONAL POLICY AND PROCEDURES



TOPIC	Clinical Governance – SOPP 7.03		
RESPONSIBILITY	All Areas		
AUTHORISATION	Chief Executive		
SIGNED	<i>Andrew Freeman</i>	DATE	15/01/2019
VERSION	1.4	LAST REVIEWED	October 2018
EFFECTIVE	July 2009	NEXT REVIEW	October 2021

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 purpose of clinical governance is to ensure that patients are safe, accountable, effective and person-centred care. 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 governance must occur in the broader Board Governance role which includes setting strategic direction, managing risk, improving performance and compliance.

2. DEFINITIONS

The Department of Health and Human Services *Victorian Clinical Governance Framework (Delivering High-quality Healthcare)* defines clinical governance as:

"the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement."

3. 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, Director of Clinical Services and Director of Community 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 responsibility for the oversight of clinical governance systems and processes. The annual internal audit plan incorporates audits of clinical governance and risk arrangements.

The EGHS Executive is responsible for:

- Implementing 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:

- Clinical Consultative Committee
- Infection Control Committee
- Clinical Review Working Group
- Improving Performance Committee
- Safety and Quality Performance Committee
- Other safety and quality committees

Each Committee or group meets 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 must follow the cornerstones of good clinical governance as outlined in the Department of Health and Human Services *Victorian Clinical Governance Framework (Delivering High-quality Healthcare)*. These are:

3.1 Leadership and Culture

Strategies should be in place to ensure:

- A clear vision for improving the quality of care is developed and communicated.
- There is organisational alignment in achieving strategic goals and priorities for providing high quality care for every consumer in a way that is seamless and integrated.
- There is a supportive, transparent culture, set and led by the board that assists all health service staff to provide high-quality care and continuously improve.
- Clear accountability is assigned for planning, monitoring and improving the quality of each clinical service.
- The CEO, board and clinical leaders regularly discuss where the health service is positioned in relation to peer health services and seek external ideas and knowledge on how best to strive for high-quality care.
- The board and executive visibly engage with and support consumers, clinicians, managers and staff in their roles.
- Appropriate governance structures, including committee and reporting structures, are in place to effectively monitor and improve clinical performance.

- There is development and support at all levels of the organisation of leaders who promote and drive high-quality care.
- Staff skills and systems for achieving high-quality care and for managing change and improvement are developed across the organisation.
- The organisation's safety culture is regularly measured to identify areas of success and issues for improvement, including staff understanding at all levels of their role in creating safe care.
- There is regular and rigorous evaluation of the effectiveness of systems for developing and supporting positive organisational leadership and culture.

3.2 Consumer Partnerships

Strategies should be in place to ensure:

- Consumers and their needs are key organisational priorities.
- Consumers are actively invited to provide feedback on their experiences of care consumers are provided with the relevant skills and knowledge to participate fully in their care to the extent they wish.
- Consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services.
- Clear, open and respectful communication exists between consumers and staff at all levels of the health system.
- Services respond to the diverse needs of consumers and the community.
- Services learn from and act on the feedback on clinical care and service delivery as provided by consumers in order to make improvements.
- The rights and responsibilities of consumers are respected and promoted to the community, consumers, carers, clinicians and other health service staff, as required by the Australian Charter of Healthcare Rights (ACSQHC 2008).
- Consumer participation processes are monitored for their effectiveness in empowering consumers to fully partner in their care.
- Complaints are responded to compassionately, competently and in a timely fashion, with feedback provided to all parties about the action resulting from their input.
- Issues arising from complaints are analysed, reported and used to improve care and services.
- The systems for empowering meaningful consumer participation are regularly and rigorously evaluated.

3.3 Clinical Practice

Strategies should be in place to ensure:

- Evidence-based clinical care is delivered within the clinical scope and capability of the health service.
- Evidence-based clinical care standards and protocols are clearly articulated, communicated and adhered to across the organisation.
- Clinicians regularly review and improve clinical care, preferably in a multidisciplinary manner.

- Credentialing, scope of practice and supervision processes support clinicians to work safely and effectively within their scope of practice.
- Active clinical partnerships are developed with consumers and include a shared understanding of the care plan.
- Consumers are transitioned across care settings and services smoothly.
- Clinicians participate in the design and review of clinical systems and processes, and support clinical innovation.
- Data on the safety, clinical effectiveness and person-centredness of care is collected, analysed and shared for the purposes of both accountability and improvement.
- Clinical care processes and outcomes are measured across all services.
- Clinicians regularly review their own performance clinicians lead activities to improve clinical practice, and these activities are planned, prioritised, supported by change and improvement science, and are sustainable.
- Clinical practice variation is closely monitored and regularly reviewed to ensure quality outcomes for high-risk, high-volume and high-cost services.
- There is a 'just' process for addressing issues with individual clinician performance that prioritises consumer safety.
- Clinical quality improvement activities undergo external reviews.
- New procedures and therapies are introduced in a way that ensures quality and safety issues have been identified.
- Clinical practice is regularly and rigorously evaluated to ensure its effectiveness in supporting high-quality care.
- Appropriate utilisation of healthcare is monitored and reviewed as a component of quality.

3.4 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.

3.5 Risk Management

Clinical risk management strategies should be in place to ensure:

- A planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place.
- The organisational culture supports staff to pursue safe practice and to speak up for safety.
- Risk considerations and data inform goal and priority setting and the development of business and strategic plans.
- Clinical processes, equipment and technology are designed to minimise error and support clear, unambiguous communication between staff.
- Risks are proactively identified, monitored and managed through an effective register with clearly understood, integrated risk data.
- Known clinical risks are proactively addressed and all services are regularly scanned to identify risks as they emerge.
- Identification and reporting of clinical incidents is consistent with the requirements of the Victorian Health Incident Management System (VHIMS) and is tracked over time to monitor and identify safety issues.
- Clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety.
- Open disclosure processes are in line with the Australian Open Disclosure Framework (ACSQHC 2013).
- The service complies and adheres with risk-related legislations and relevant Australian standards.
- Systems and datasets for developing and supporting clinical risk management are regularly and rigorously evaluated to ensure their effectiveness in supporting high-quality care.

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. Policies support staff in the assessment and management of clinical risk.

Policies themselves cannot deliver high quality clinical risk assessment and management. Clinicians must be appropriately trained and supported to follow these policies. The environment within which clinicians work must be safe and adequately staffed.

Clinical risk assessment and management 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.

The Clinical Risk Monitoring and Management Framework includes the following:

- Incident reporting and investigation procedures
- Policy for preventing and managing violence against staff
- 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
- Benchmarking
- Infection control reporting
- Safety and Quality committees
- Education programs and attendance reporting
- Professional development plan reporting

5. REFERENCES

National Safety and Quality Health Service Standards – Standard One

Aged Care Quality Framework Standard 8

Department of Health and Human Services - Victorian Clinical Governance Framework (Delivering High-quality Healthcare) 2017

Australian Charter of Healthcare Rights in Victoria

Australian Charter of Healthcare Rights

Australian Open Disclosure Framework

Clinical Risk Monitoring and Management Framework