



# Clinical Governance

## Embedding a New Approach

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# Overview

- MH Clinical Governance Framework
- Translating “governance theory” into practice
- Issues & opportunities for Allied Health



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# What is Clinical Governance?

“A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes”

Western Australian Health Department 2005<sup>1</sup>

- Important component of Corporate Governance
- Gained prominence in 1990's, with several reports of systemic organisational failures in health services <sup>2,3</sup>



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# Clinical Governance Model

The way an organisation structures itself to ensure that systems are in place to deliver and monitor high quality patient care

Melbourne Health: central tenet of “MH Vision for a Healthy Future” (2004), and “Strategic Directions” (2005-10)



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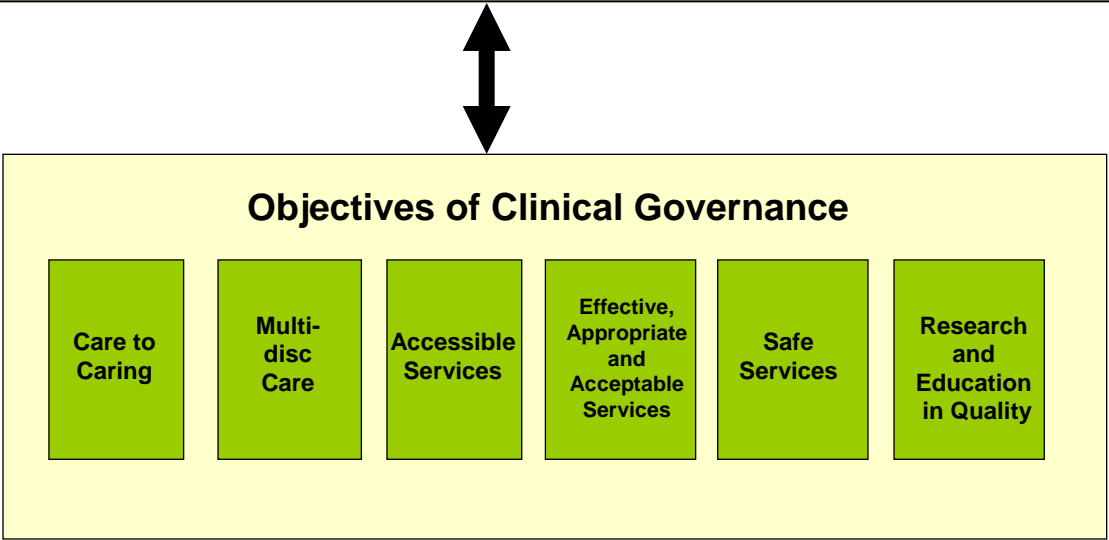
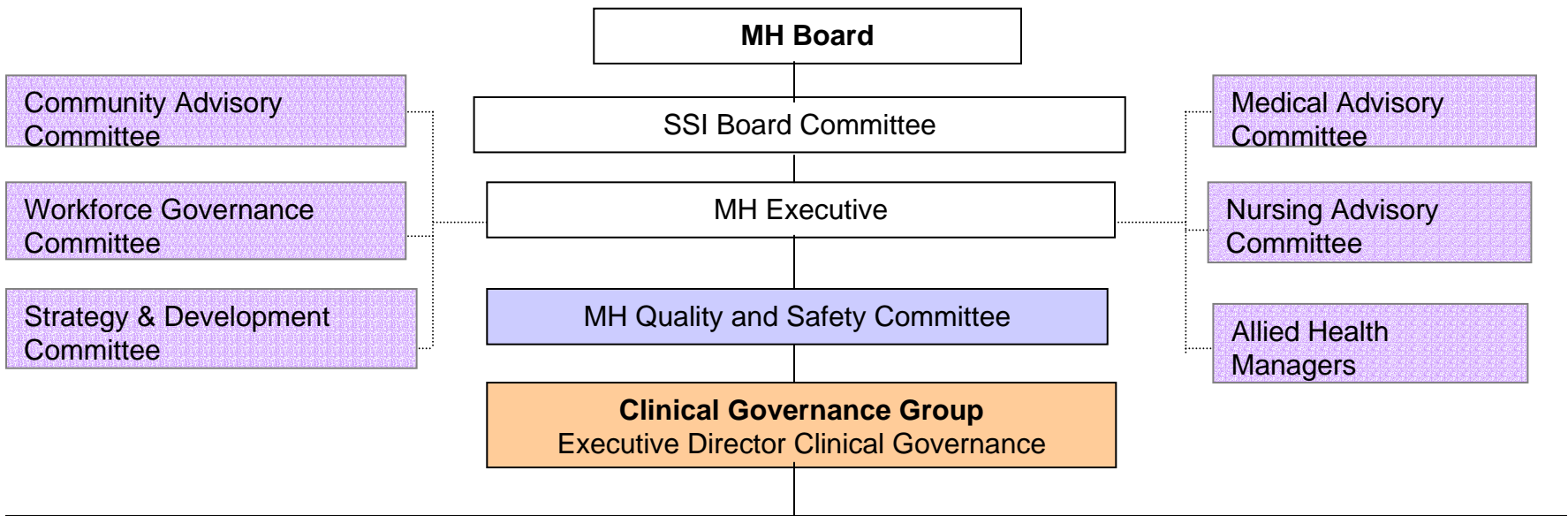
# Why did MH need a model?

Industry-wide phenomenon	The importance of credentialling & scope of practice issues
Response to local incidents	Identification of systemic issues in 2002, with comprehensive external audit & Improvement Plan
Poor access indicators (emergency & elective)	Improvements dependent on clinical staff working together & developing systems in a constructive & co-op manner: well co-ord, flexible & creative clinical workforce
MH was a difficult & demanding work environment	Recognised for clinical, research & educational expertise, but staff surveys indicated that MH was not good at valuing & respecting staff
Excellent care, but not 'caring'	Consistently at the bottom of the A1 hospitals for the VPSM

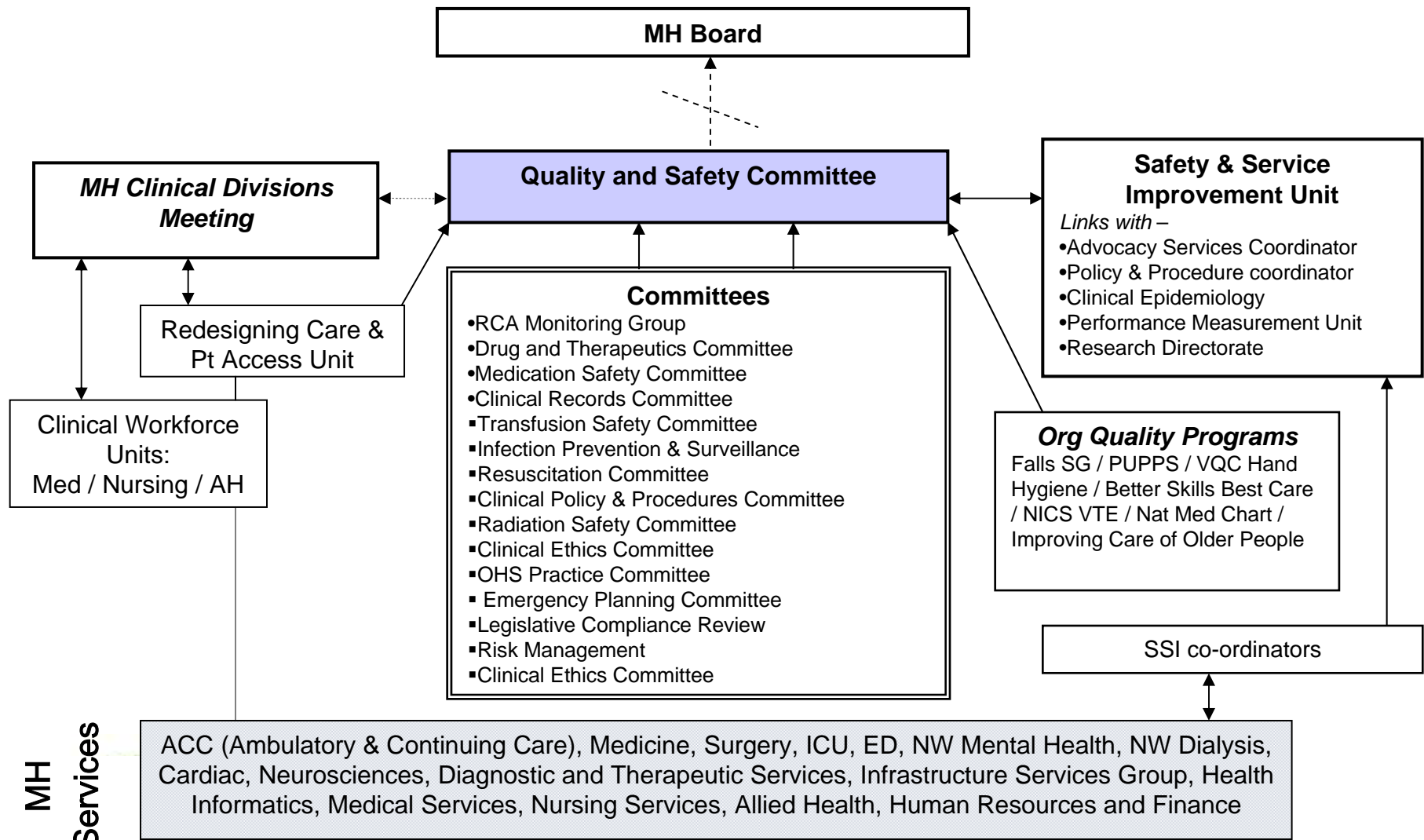


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CEO vision that the available resources should be brought together to provide better care, & a better employee experience  
 In particular: professional workforces should sit within a common structure



# Clin Gov Framework



# Clin Gov: Committees & Functions



# Challenges

- “Clin Gov Group”: both operational & strategic
- Working with Clin Gov group to agree on the model, and translating CEO Vision into reality
- Convincing AH staff that the model
  - a) had merit
  - b) had merit for Allied Health
- Translating the theory into practice from an Allied Health perspective



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# Opportunities

- Much closer working relationships with:
  - Key clinical colleagues
  - Other professional groups: Clin Epi, SSI
- In the organisational spotlight as part of a positive initiative, driving strategy
- Value-adding: particularly in conjunction with the new AH organisational structure
  - ~230 EFT, discipline-base, working within divisions
  - Education & Service Development Unit
  - Workforce Development Unit
  - Clinical Grade 4's



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# Making it happen in AH

- Embarked on a planning process to continue setting the direction for Allied Health, wrt:
  - Overall MH Strategic Directions
  - MH Values
  - MH Clinical Governance Framework
  - Feedback from AH Reference Group process, analysed by grade level (AHAs – Grade 4)
    - “going well”
    - “could be improved”

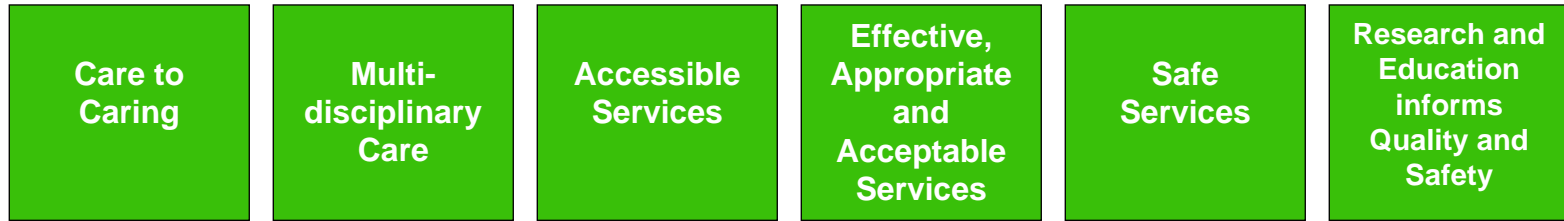


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**MH STRATEGIC DIRECTIONS – KEY RESULT AREAS**

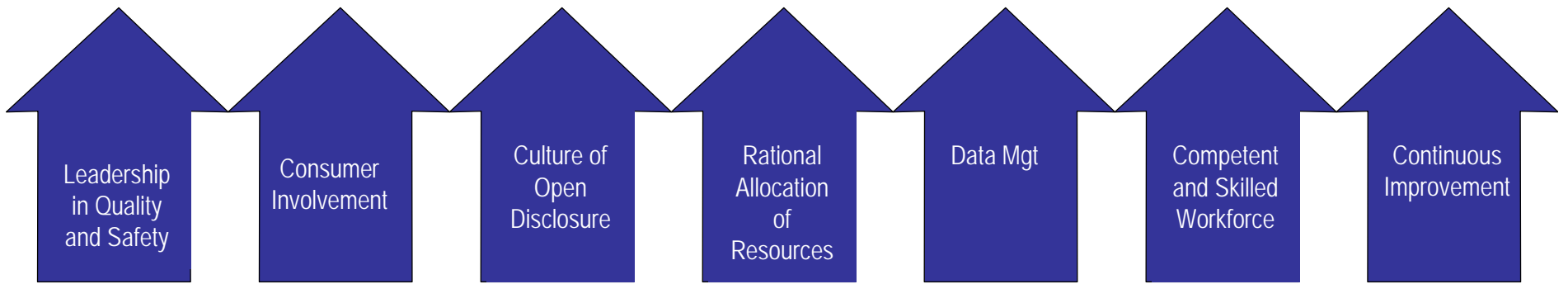


**OBJECTIVES OF MH CLINICAL GOVERNANCE FRAMEWORK**



**ALLIED HEALTH REFERENCE GROUP FEEDBACK**

**ENABLERS**





## Eg CG Objectives

Ensure clinical care is effective, appropriate and acceptable

- Effective care : pts receive treatment that produces a measurable benefit
- Appropriate care : evidence is applied to ensure the right treatment is given to the right pt at the right time
- Acceptable care : pts actively participate in the planning and delivery of care

Achieved through:

- Implementation of evidence-based practice
- Development and use of clinical guidelines to inform best practice
- Consumer participation



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# Key themes

- Improving Care
- Learning
- Culture & values
- Advocacy
- Teamwork & Integration

Understanding what these themes mean for AH, and how we can effectively influence them will add value to the care experience



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# Eg Strategies

Learning strategies very consistent with Education Strategy

Care strategies included:

- Patient-centred care
  - partnerships, communication, outcomes, cultural sensitivity, respecting choice, consumer involvement
- Clinician competency development
  - what you do, and how you do it; pt and colleague expectations; 'soft skills' as well as specific clinical ones
- Service delivery & access
  - Basing planning & service on population need
  - Link with key stakeholders for broader perspective
- Workforce development
  - Redesigning care to ensure service meets pt need
  - More comprehensive understanding of the role of other groups, & the care continuum



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## Next steps

- Identify priorities against a decision-making framework (feasibility, connections, outcomes etc)
- Refine strategies
- Review by divisional groups, to assist sustainability
- Set of action plans for progression (and inclusion in org business planning)



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New CEO in April: intense period of organisational focus & review; commitment to the Clinical Governance Framework



# Org impacts to date

“A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes”<sup>1</sup>

<b>Industry-wide phenomenon</b>	Credentialling focus increased, responding to that with heightened awareness
<b>Local incidents</b>	Comprehensive quality, safety & risk management framework that is very high profile within MH
<b>Access indicators (emergency &amp; elective)</b>	Improved dramatically over last six months with whole-of-org approach
<b>MH was a difficult &amp; demanding work environment</b>	Values have been developed, a major staff survey undertaken, & there is a major culture change process underway
<b>Excellent care, but not ‘caring’</b>	Some improvement on the VPSM results; prompt & appropriate complaints mgt; recognition for compliments; focus on patient-centred practice



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# Are we realising the potential?

- Actions, rather than words:
  - Individuals recognising how the system can & should support the provision of care, and taking the responsibility to apply that to their own practice
    - eg EBP, guidelines, trend analysis, risk mgt, complaints mgt & advocacy, evaluation etc
- Working relationships:
  - Very productive interaction with Medicine & Nursing
  - Much closer collaboration with Clin Education, SSI & Clin Epi
  - Engagement in strategic initiatives / processes across the organisation
  - Significant operational involvement through the Divisional Execs
- Positioning Allied Health to add maximum value:
  - Consolidating our structure
    - E&SD Unit, WD Unit, Clin Grade 4's
  - Strategic Planning based primarily on the CG Framework
  - Comprehensive local orientation & induction program
    - Underpinned by Clinical Governance objectives, & MH Values
    - All staff have a shared understanding of quality and safety as part of daily practice, from the outset



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Potential for improvement  
still exists !



# References

- [1] Wilson RM, Runciman WB, Gibberd RW et al (1995) Quality in Australian Health Care Study (1995) MJA 1995 – 163: 458-71
- [2] Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995  
<http://www.bristol-inquiry.org.uk/index.htm>
- [3] Douglas N, Robinson J, Fahy K (2001) Inquiry into Obstetrics and Gynaecological Services at King Edwards Memorial Hospital.  
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