Clinical Governance

RT Erasmus
Division of Chemical Pathology
Department of Clinical Laboratory Sciences
University of Cape Town, Cape Town
South Africa
Self-assessment

• What is the definition of Clinical Governance?

• What are the seven pillars of Clinical Governance?

• What is your role in supporting Clinical Governance?

• What is at the heart of Clinical Governance?

• What is the RAID model of Clinical Governance and what steps does it involve?

• How does these steps inter-relate
Clinical governance is…..

• ‘a system through which medical organisations are accountable for continuously improving the quality of services’

• ‘a corporate accountability for clinical performance’

• ‘a duty of quality’ (Health Act 1999).

• The quality of service provided to patients is not confined to doctors’ clinical activity.

• Pathologists cannot avoid responsibility for the use of resources or other aspects of patient care that impact on quality of care or the service provided, and they have a duty to highlight inadequate resources in this respect.
An alternate definition of Clinical Governance is …..

- “A framework through which healthcare organizations 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.”

Department of Health “A first Class Service” 1998
The principles of clinical governance are:
• clean lines of accountability within hospitals
• a comprehensive programme of quality improvement systems (including clinical audit, supporting and applying evidence-based practice, implementing clinical standards and guidelines, workforce planning and development)
• clear policies aimed at managing risk, the identification and remedy of poor professional performance, and clinical care monitoring integrated with a quality assurance programme.

Seven pillars of clinical governance are:
• clinical effectiveness
• continuing professional development
• clinical risk management
• departmental organisation
• investigative protocols
• service quality.
• communication
The World Health Organisation’s divides these quality issues into four major areas:

(1) Efficiency or resource use in the provision of health care.

(2) Management of risk; that is, resulting from the service provided.

(3) Patient satisfaction of the service provided.

(4) Professional performance review.
IN THE U.K NICE (NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE) HAS BEEN SET-UP

This body is involved in the setting of healthcare standards.

Briefly, it aims to do the following:

(1) Appraise various individual clinical interventions.

(2) Compile certain evidence based treatment guidelines.

(3) Highlight which new clinical developments are most likely to benefit patient care.

(4) Facilitate the introduction of good value treatments throughout the NHS.

(5) Look at any unacceptable variations in clinical practice.

All the above have implications for the various pathology disciplines.
Governance in the U.K: monitoring by CHI (Commission for Healthcare Improvement)

The organization and effectiveness of local governance arrangements will be recorded, monitored and assessed as follows:

• NHS Trusts must report on their clinical governance arrangements in their annual reports

• NHS Trusts will be monitored by the regional offices of the NHS Executive

• in England and Wales, CHI will assess and review local arrangements when visiting each local health system every 3–4 years.

CHI has been identified as a key organization in the drive to improve quality in England and Wales. In Scotland, the Clinical Standards Board (CSBS) and Health Technology Board operate similarly to CHI.
How will CHI evaluate whether a Trust’s statutory obligation is being met?

How will Trust managers determine whether individual departments and individual specialists are meeting the standards, and confirm that the duty of quality has been achieved?

Evidence will be required. Most of the evidence will be provided by regular, careful, systematic and formal clinical audit.
The so called building blocks of clinical governance consist of:

(1) Clinical audit.
(2) Clinical risk management.
(3) Quality assurance.
(4) Clinical effectiveness.
(5) Staff and organizational development.
(6) Professional development and training.
The relationship between clinical audit and clinical governance

Clinical governance
i.e. the duty of quality

How well are we doing?
Service quality
Clinical activity
Investigative protocols
CPD
Departmental organization
Clinical risk management
All core audits for clinical governance should address:

- the patient user view
- critical incident reporting
- the perceived quality of help and advice to other doctors.
Clinical Governance

• Is it something new?
• How does it apply to the laboratory?
• How does it differ from corporate governance?
Clinical Governance

• The ability to produce effective change such that high quality care can be achieved.

Change is at the heart of Clinical Governance

• “If you always do what you always did, you always get what you always got”

Mark Twain
Clinical Governance - a recap

• Quality in health care service and efficiency in health care provision is underwritten by the ability to effect change

• In many health systems, there is a natural inhibition to change

• Clinical Governance is the process involving techniques that make this happen
Clinical governance: the need for change

• Clinical governance requires an organization wide transformation, with clinical leadership and a positive supportive organizational culture.

• Local self regulation by healthcare professionals is central to reducing poor performance.

• New approaches will be necessary to decide upon best clinical practice and how to utilise this to improve health care.

• We will need to learn not only from failures but also from the exemplars, thus shifting the mean of healthcare service provision by spreading good practice and sifting out the bad.
The 7 Pillars of Clinical Governance (1999)

- Patient - Professional Partnership
- Clinical Effectiveness
- Risk Management Effectiveness
- Patient Experience
- Communication Effectiveness
- Resource Effectiveness
- Strategic Effectiveness
- Learning Effectiveness

Systems Awareness - Teamwork - Communication - Ownership - Leadership
Clinical governance and change management
Problem awareness
Patient experience
Risk management
Critical incidence
Benchmarking
Review
Audit
Process map
Agree change
Recommendations
project management
Reflection
Problem definition
Problem solving
Problem resolution
Problems with change

Threatens

Ignores the past

Requires enforcement

Requires authority/permission
Positive views of change

- Happens
- Gateway to improvement
- Can have a memory
- Can be liberating
Challenging mindsets and developing collective solutions
What has happened before?

Change has always happened but:

- It has been very slow
- From the top down
- No systematic framework
- Audit was seen as sufficient to create change
- Health systems are seen as a machine
What is different about clinical governance now?

Previously based on audit

- Top-down approach
- Slow
Clinical Governance

- How does one make it more effective?
What do the following have in common?

The weather

stock market

health care
Complex adaptive systems

Many individual components

Components are unpredictable

They are interconnected - change in one has effects on the others
Complex adaptive systems

• Behaviour is non-linear
• Small changes - Big effects
Pareto principle

20% of the causes, inputs or efforts lead to 80% of results, outputs or rewards.
Managing a complex adaptive System

• Set minimum specifications
• Set general sense of direction
• Allow appropriate autonomy
• Simple rules and minimum specifications can allow complex behaviours to emerge
“Clinical Governance is a framework by which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence will flourish”
Key areas

• Patient experience
• Clinical effectiveness
• Risk management
• Resource effectiveness
• Learning effectiveness
Key strategies

• Teamwork
• Leadership
• Ownership
• Communication
Putting it into practice: RAID model
RAID Model

D: Document
   Demonstrate
   Data generation

R: Review/
   think through

I: Implement/
   deliver

A: Agree/
   consensus
• Review
• Agree
• Implement
• Demonstrate
Review

• Where are we now
• Gather information
• Listen to clients/staff
• Audits, documentation and process
Agree

• Consensus
• Shape the future
• Form teams
• Formulate recommendations
Implement

• Project management
• Priorities
• Deal with transition
• Motivate and support
• Expect and deal with resistance
Demonstrate

- Project analysis
- Show differences
- Identify lessons
- Plan next objectives
Does it work?

• Active and focused on quality
• recognises complex system behaviour
• Not constrained by paper and procedure
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THANK YOU FOR LISTENING