Clinical Governance
Framework 2014
Our Vision
• To be trusted to deliver excellence in rural and regional healthcare.

Our Purpose
• Delivering quality healthcare in partnership with our communities.

Our Values
• Caring – We deliver care, we care for each other and we care about the service we provide.
• Doing the right thing – We respect the people we serve and try our best. We treat each other respectfully and we respect the law and standards.
• Openness to learning and change – We continually review practice and the services we provide.
• Being safe, effective and efficient – We will measure and own our performance and use this information to inform ways to improve our services. We will manage public resources effectively, efficiently and economically.
• Being open and transparent – We work for the public and we will inform and consult with our patients, clients, staff, stakeholders and community.
Clinical Governance

Clinical governance is a framework through which health organisations 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. i

Views on how to define and measure the quality of healthcare vary greatly between healthcare workers, managers, funders and consumers. This Framework is underpinned by an internationally accepted framework for defining healthcare quality under six domains:

a. Safety
b. Efficiency
c. Effectiveness
d. Appropriateness
e. Patient-centricity
f. Equity ii

Over the past 20 years, there has been an increasing body of evidence which highlights the root causes of the healthcare safety and quality problems. Healthcare has been slow to learn from other high risk industries such as commercial aviation, petrochemicals and mining. Whilst there has been early adoption and adaption by healthcare of some of the lessons from so called high-reliability organisations, there is a long way to go for this to be the predominant culture. Some of the reasons for quality and safety problems are:

• Professional culture – individualist/craftsman origins rather than team and system based
• Low levels of regulation, particularly at individual practitioner level with little/no consequences for good or poor performance or unjustified variation in practice
• Funding models which sometimes reward poor quality
• Poor communication and team work
• Systems not designed with safety in mind, using human factors principles, with decision support
• Low value placed on safety relative to production
• Difficulty defining and measuring healthcare safety and quality with resulting confusion on the goals of care. iii

Australian Health Ministers endorsed the Australian Safety and Quality Framework for Health Care in 2010. The Framework describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision.

Goals of Clinical Governance

The goal of any governance framework is to drive behaviours, both individual and organisational, that lead to better patient care. Such a framework will include processes to ensure high standards of clinical performance, clinical risk management, clinical audit, ongoing professional development and well developed processes to take action to manage adverse events. In August 2012 Australian Health Ministers agreed to the first set of Australian Safety and Quality Goals for Health Care (the Goals). These Goals are:

3. Partnering with consumers: That there are effective partnerships between consumers and healthcare providers and organisations at levels of healthcare planning, provision and evaluation.

The Australian Commission on Safety and Quality in Health Care is now established as a permanent body and has developed a National Accreditation Scheme with 10 standards that all healthcare facilities are now measured against:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls

Roles of Board and Executive in Clinical Governance

The roles and functions of the HHS Boards are prescribed under the Hospital and Health Boards Act 2011. The board has the ultimate responsibility for the governance of the health service and for patient safety and quality and attention to this must be rigorous. Maintaining the highest standards of care and improving safety and quality is emphasised as a core role of the governing body. However this expectation of safe high quality health care can only be achieved and maintained by focusing the culture of the organisation. To provide safe and high quality care must be everyone’s focus: it needs to be actively upheld and implemented by every person.

This definition places accountability for maintaining the quality and safety of care with the organisation. For the HHS, this means the Chief Executive and the Board are accountable for ensuring that the structures, processes and behaviours are in place to ensure that the best possible patient outcomes are achieved, and to act to safeguard high standards of care.vii

As statutory authorities Hospital and Health Services have additional obligations:

**Contractual:**
The National Health and Hospital Agreement states that
1. the HHS service agreements will include the quality and service standards that apply to the services delivered by the HHS
2. the HHS will have a Performance and Accountability Framework
3. the HHS will be responsible for the local clinical governance arrangements and implementation of national clinical standards

**Health Service Directive Obligations**
The Hospital and Health Boards Act 2011 authorises the Director General of the department, in the role of system manager, to issue health service directives. Directives may be issued to set standards and policies for the safe and high quality delivery of health services and to ensure consistent approaches to the delivery of health services and the delivery of support services across the state. These directives are binding on HHSs and are a lever to ensure that system-wide approaches are retained where this is necessary and beneficial for patient care.viii

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viii. Townsville HHS Safety and Quality Framework 2013/14
Clinical Governance Framework for Darling Downs HHS

The Framework is based on 10 steps that can be developed into Quality Cycles allowing ongoing improvements. These steps clearly reflect the National Framework, when defining the goals of Quality and Safety to be consumer centred, driven by information, and organised for safety.

The individual steps for the Framework are
1. What do people need from the health service?
2. Development of Health Service Plan
3. Ensure staff resources available to perform service
4. Develop procedures and processes for the performance of services
5. Deliver the care to the patient
6. Monitor outcomes and successes
7. Analyse variances to planned care
8. Manage clinical incidents to develop improvements in service
9. Engage with consumers about care given and future care, including feedback
10. External agency reporting and accreditation
1. What do people want from the health service?
   This allows the Health service to ask consumers what they need. This can be in combination with multiple demographic and data sets to include health care burden of the region, and generally accepted health care outcomes to be included.
   The essential focus of this step in providing good clinical governance is to include the consumer in development of the health service needs. This can be done through various methods to engage consumers. It is essential in meeting NSQHS Standard 2 – Partnering with Consumers.

2. Development of Health Service Plan
   The Health Service plan reflects the identified needs of the community, the minimum standards for Australian Healthcare, the personnel required with relevant skill mix and the financial resourcing to provide this plan. The Plan must continually be modified to reflect changing community health needs.

3. Ensure staff resources available to perform services
   Staff resources are essential to providing quality safe healthcare. The staff need to be adequately trained, continue to undertake ongoing education and strive for constant improvements in care and personal skill sets. This includes formal credentialing and definition of scope of practice. The Darling Downs supports all health care workers to continue their development through continuing professional development, and encourages all staff to work to the top level of their scope of practice.

4. Develop procedures and processes for the performance of services
   The Clinical Governance Framework links with the Policy Framework. All Darling Downs Policies are developed to identify the context and required processes to be followed by staff in the pursuit of our vision to be trusted to deliver excellence in rural and regional healthcare. Policies are applicable across the organisation and have been approved by the Health Service Chief Executive as a delegate of the Board. From these Policies, Procedures may be developed for the definition of clinical services and standardisation of many clinical pathways and guidelines if required. Individual Work Place Instructions may be developed at a more local level as required from the procedures. All procedures and workplace instructions are directly linked to an overarching Darling Downs Hospital and Health Service Policy Framework.

5. Deliver the care to the patient
   The Darling Downs Hospital and Health Service strives to provide patient centred care across all facilities. This care includes involving the patient in decision making and in developing the care pathways chosen to meet their needs.
6. Monitor outcomes and successes

Many monitoring systems are employed to review outcomes across all aspects of service provision. Regular review of service provision, activity data monitoring, mobility and mortality reviews, senior clinical care review committees and many other triggers to monitor outcomes and successes. Internal processes measure activity and efficiency through measurement of Weighted Activity Units. Successes in emergency departments are measured through NEAT (National Emergency Access Targets) whilst surgical throughputs are measured utilising NEST (National Efficient Surgical Targets). Both of these initiatives have been engaged to support our staff in delivering best clinical practice, increase access to our services while reducing delays and improving the patient experience. Current lengths of stay are monitored and benchmarked against other facilities. Individual hospital management meetings and Mortality meetings review patient discharges and deaths.

7. Analyse variances to planned care

Unfortunately, not all care goes as planned. Sometimes patients suffer side effects or complications in their care. These can be serious consequences for the patients. Other times, the consequences are minimal for patient, but significant for health services. Variances to care are monitored via a suite of clinical indicators benchmarked against other hospitals around Queensland and Australia. Variances can be positive or negative and are carefully reviewed to explore why outcomes were worse, or better, than expected with corrective actions developed to address issues when they are identified.

8. Manage Clinical incidents to develop improvements in services

Clinical incidents occur throughout the health service. These range from near misses, to incidents causing minor or temporary harm to incidents causing serious permanent harm or death. These incidents are all investigated and solutions developed in order to minimise the chances of reoccurrence. Serious events are managed with formalised investigations such as RCA (Root Cause analysis) or HEAPS (Human Error and Patient Safety). Reports of incidents are reported through the organisation and to the Executive and Board.

9. Engage with consumers about care given and future care, including feedback

Feedback from patients and their carers is welcomed and encouraged throughout the Darling Downs Hospital and Health Service and there are multiple opportunities to provide this feedback. Feedback is encouraged in both inpatient and outpatient settings and throughout the patient journey. Feedback opportunities are provided formally through surveys and questionnaires, and a great deal of additional feedback is ad-hoc in the form of verbal compliments and complaints. A complaints management system is in place to manage any concerns formally and provide useful and timely feedback to patients, as well as implement changes in service if required.
10. External agency reporting and accreditation

The Darling Downs Hospital and Health Service has many compliance and auditing processes and is appropriately scrutinised with regular and ad hoc reports being required by external agencies and partners. Much of the patient safety data is shared with the Queensland Health Patient Safety unit, who develops many reports on performance, complaints management, clinical incident management, and reflection of multiple Key Performance Indicators in regular reports.

The Darling Downs HHS services are all fully accredited by relevant agencies. All acute facilities maintain ACHS Accreditation, whilst aged care facilities are accredited against National Aged Care Standards. The Mental Health services maintain dual accreditation with ACHS and National Mental Health Standards.

References

viii. Townsville HHS Safety and Quality Framework 2013/14