Achieving a Systematic and Integrated Approach to Clinical Governance

2017 RACS Combined Queensland Annual State Meeting &
Surgical Directors Section Leadership Forum

Adrian Anthony

Disclosures

- None

Outline

- What is Clinical Governance?
- Why do we need it?
- Where is the evidence?
- What are the barriers?
- How can we achieve it?

What is Clinical Governance?

*"… a **system** 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"*

Scally & Donaldson, BMJ 1998

*"The **system** by which the governing body, managers, clinicians and staff **share responsibility** and **accountability** for the **quality** of care, **continuously improving**, **minimising risks** and fostering an environment of **excellence** in care for consumers"*

ACHS 2013

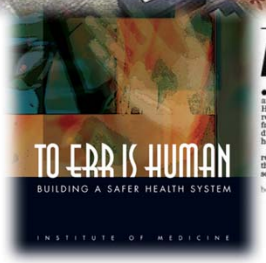
*"… a **system** through which organisations are **accountable** for **continuously improving** the **quality** of their services and **safeguarding** high **standards** of care"*

ACSQHC 2012

*"… is about a **culture** … **commitment** to **continuous improvement processes** …"*

RACS 2017

Why do we need Clinical Governance?

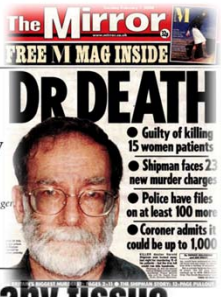


ORIGINAL ARTICLE

Common Bile Duct Injury
During Laroscopic Cholecystectomy
and the Use of Intraoperative Cholangiography

Adverse Outcome or Preventable Error?

David R. Flum, MD; Thomas Koepsell, MD; Patrick Heagerty, PhD; Mika Sinanan, MD; E. Patchen Dellinger



Monday, August 16, 2004 www.thisisgwent.co.uk

AM's shock as hospital keeps baby tissue

● from front page

angry with Gwent Healthcare NHS trust for retaining tissue samples from his son, Brendan, who died when he was just 36 hours old in 1974.

Mr and Mrs Davies say they received an admission from the trust that they are storing some tissue samples.

And, the couple say, trust bosses told them they cannot categorically assure Mr and Mrs Davies that none of Louise's organs were also kept without physically checking their archive.

"When the reply came back it was a complete surprise because we didn't expect the hospital to have kept anything," said Mrs Davies, who represents Plaid Cymru.

"We thought it would be just a routine check. Now they have asked us what we want to do with the samples, but because our daughter was cremated, we can't bury them. We just don't know what to do."

Mrs Davies, who has a 26-year-old son, Lewis, from her first marriage, has since had two children with husband Michael, Anna, 14, and Katie, 13.

She added: "I want to know what they are keeping them for. It can't be for research purposes because the post mortem revealed there were no abnormalities with Louise, as is often the case with stillbirths.

"They told me that as far as they could tell they haven't kept any body parts, but they cannot give a categorical assurance without checking the archive in person.

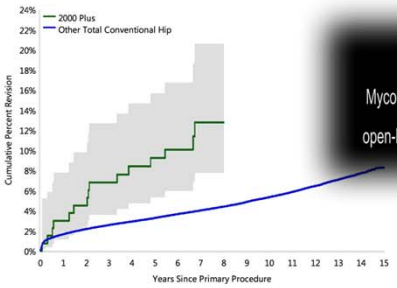
"It has brought it all back to us after nearly 16 years, and you just don't trust anybody. I can understand why a family involved in such a situation feel there is no justice. I wished I had never asked – that is how it is making me feel now."

A spokesman for the Gwent Healthcare NHS Trust said: "We acted in accordance with the now[illegible] NHS practice at the time, and since the publication of the Alder Hey report we have strictly followed guidance by the Assembly.

"However, we do not underestimate the emotional impact felt by any family involved and will continue to offer any help and support we can."

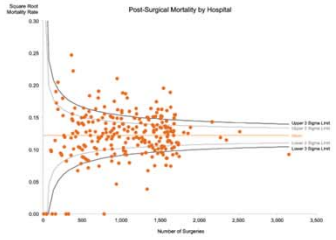
● Editorial comment: page 15

Why do we need Clinical Governance?



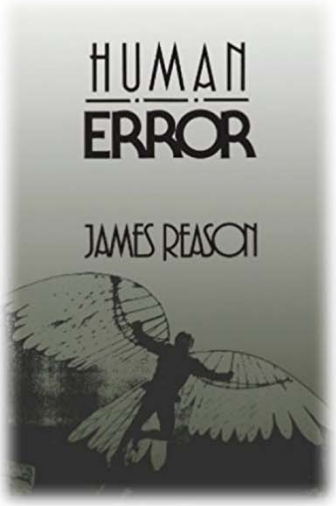
NSW Health
Mycobacterium chimaera and open-heart cardiac surgery

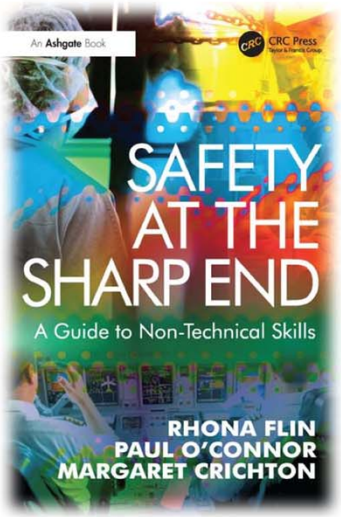
ANZASM
Australian and New Zealand Audit of Surgical Mortality

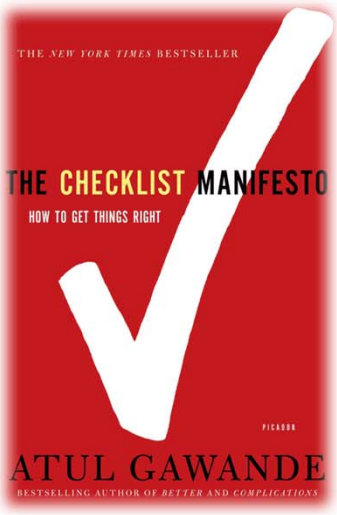


NELA
National Emergency Laparotomy Audit

www.theguardian.com
Australian Transvaginal Mesh J&J Class Action update: "In 2007, the French health authority, Haute A...







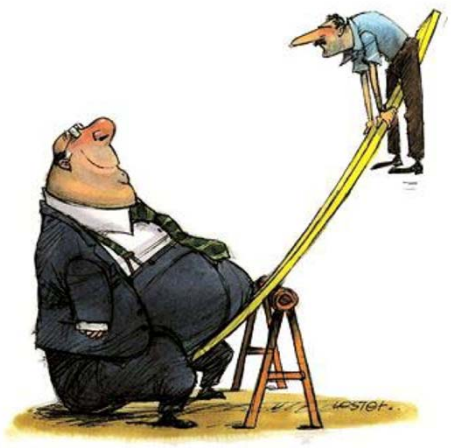
Why do we need Clinical Governance?

- Healthcare is inherently hazardous
- Suboptimal outcomes are common and costly
- Safety and efficacy can be engineered
- Social expectation
- Professional obligation
- Regulatory accountability

Institute of Medicine 2000; Davies 2005; Flin et al 2008; Flynn et al 2015; Reason 2015; Duckett et al 2016

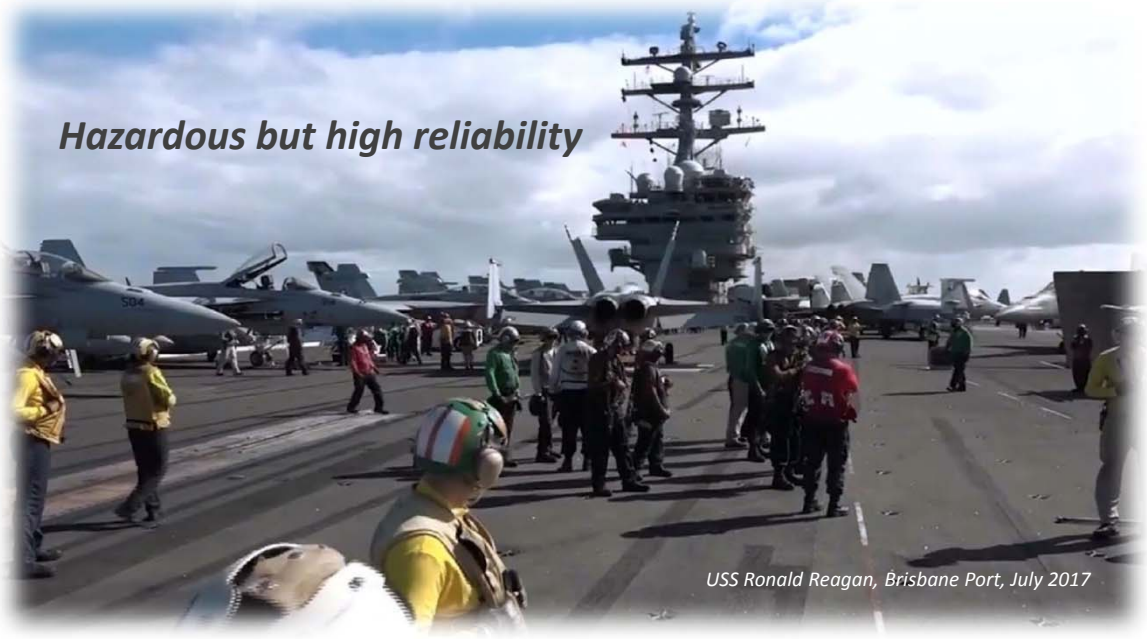
Where is the evidence?

Successes in clinical governance



Failures in clinical governance

Hazardous but high reliability



USS Ronald Reagan, Brisbane Port, July 2017

Peters et al 2014; Swensen et al 2016

The evidence tells us …

High reliability organisations create systems, processes and conditions that are resilient … cope with human variability … consistent professionalism.

- Synchronised goals
- Vigilance, benchmarking
- No-blame, system focus
- Simulation, practice
- Positive relationships
- Effective use of hierarchy
- Transparency

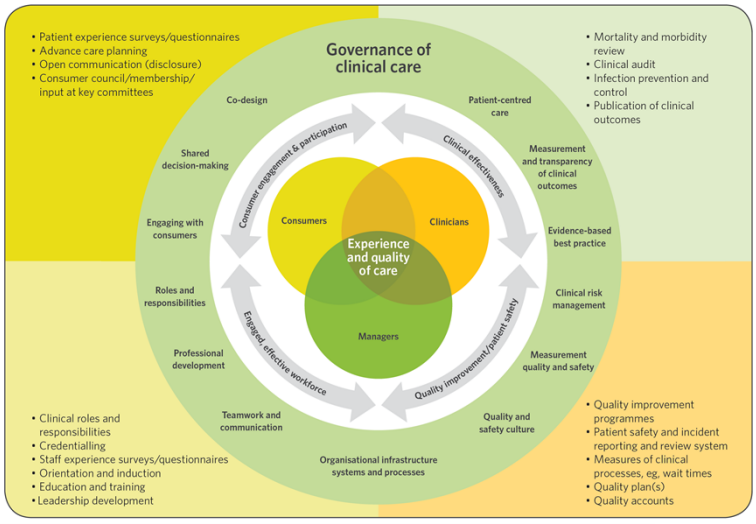
KPMG 2013; Peters et al 2014; Flynn et al 2015; Taylor et al 2015; Swensen et al 2016; RACS 2017

What are the barriers?

- Ineffective leadership
- Lack awareness or appreciation
- Cynicism, scepticism
- Management-clinician disconnect
- Disengagement, dis-ownership
- Deficient processes

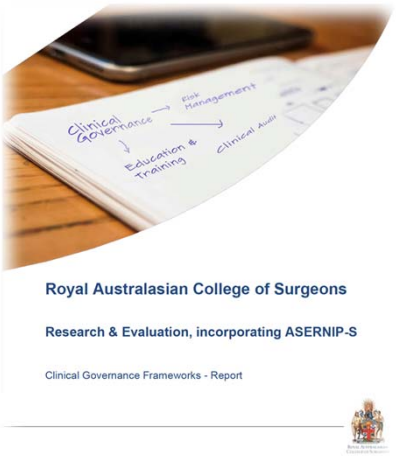
Degeling et al 2003; Sarchielli et al 2016; Gauld & Horsburg 2015

How can we achieve good clinical governance?



Health Quality & Safety Commission NZ 2017

How can we achieve good clinical governance?



Practical basics …

- Education and training
- Shared agenda
- Joint ownership, accountability
- Measuring and monitoring
- Quality data
- Evaluate initiatives

Phillips et al 2010; Peters et al 2014; Swensen et al 2016; RACS 2017

How can we achieve good clinical governance?

'Micro' level

- Define KPIs and outcomes relevant to practice
- Analyse, interpret, benchmark data
- Inform checklists, protocols, bundles
- Model behaviours (*e.g.* huddles, checklists, respect)
- Induction for new members

How can we achieve good clinical governance?

'Meso' level

- Management-surgeon partnership
- Systems and tools – reliable, consistent
- Monitor compliance
- Measure effectiveness
- Share and publish

How can we achieve good clinical governance?

'Macro' level

- Education and training
- Professional development
- Benchmarking practice (*e.g.* ANZASM, BQA, Joint Registries, *etc.*)
- Research (*e.g.* ASERNIP-S)
- Regulation (*e.g.* TGA)

Clinical Governance …

- Whole of healthcare issue
- Safety culture
- Starts with small initiatives
- Requires joint enterprise
- Surgeon-led