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?

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

Adverse Outcome or Preventable Error?

Diabetes, August 16, 2004

AM’s shock as hospital keeps baby tissue

Why do we need Clinical Governance?
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

Where is the evidence?

Successes in clinical governance

Failures in clinical governance

Hazardous but high reliability

USS Ronald Reagan, Brisbane Port, July 2017
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

What are the barriers?

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


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


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