No Buts: Governance for Safe Quality Healthcare in Victoria

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VICTORIA State Government | Health and Human Services

The system is not working the way it should

A commitment to change

- **Safer Care Victoria** will work with health services to monitor and improve the quality and safety of care delivered across our health system, with the goal of achieving zero avoidable patient harm.
- A new **health information agency** will analyse and share information across our system to ensure everyone has an accurate picture of where the concerns are, and where we're getting it right.
- The **Victorian Clinical Council** will put clinicians front and centre to provide clinical expertise to the Government, the department and health services on how to make the system safer and provide better care to all Victorians.
- The **Ministerial Board Advisory Committee** will ensure our hospital and health service boards have the right mix of skills, knowledge and experience to strengthen local governance and decision making.

“For many, clinical governance is seen as the organisational conscience and, at its most idealistic, the ‘beating heart’ of care..”

“It encapsulates an organisation’s statutory responsibility for the delivery of safe high quality care … and it is the vehicle through which accountable performance is made explicit and visible.”

Professor Aidan Halligan former Director of Clinical Governance NHS

> **'To err is human, to cover up is unforgivable, and to fail to learn is inexcusable.'**
>
> – Sir Liam Donaldson, World Health Organization Envoy for Patient Safety

There are some key things to look out for

Symptoms of clinical governance failure

A number of common themes have emerged from reviews of healthcare organisations that have experienced high-profile failures in patient care:

- an institutional, isolated and inward-looking culture that is unsupportive of learning and developing and cultivates a fear of speaking up
- a disengaged board, CEO and executive that are unwilling to see and hear bad news
- clinical leaders who are disconnected from the organisation's clinical governance processes and systems
- lack of clinical leadership, staff engagement and teamwork to support the provision of safe, high-quality care
- weak reporting format and content, particularly a lack of benchmarking and trend analysis, and a passive monitoring response
- a quality system based on compliance with standards with limited service and care improvement beyond requirements of the standards
- a lack of robust review of clinical practice and an assumption that monitoring, performance management or intervention is 'someone else's responsibility'
- tolerance of sub-standard care – problems are longstanding and known by many stakeholders but not actively addressed
- a lack of consumer participation and input and limited interest in consumers and their families – decisions are made in the interests of the organisation and staff over the safety and quality of patient care.

Clinical governance:

“integrated systems, processes, leadership and culture that are essential to the provision of safe, effective, accountable and person-centred healthcare, underpinned by continuous improvement.”

The principles underpinning the refreshed framework

Excellent consumer experience	• Commitment to providing a positive consumer experience every time
Clear accountability and ownership	• Accountability and ownership displayed by all staff
	• Compliance with legislative and departmental policy requirements
Partnering with consumers	• Consumer engagement and input is actively sought and facilitated
Effective planning and resource allocation	• Staff have access to regular training and educational resources to maintain and enhance their required skill set
Strong clinical engagement and leadership	• Ownership of care processes and outcomes is promoted and practised by all staff
	• Health service staff actively participate and contribute their expertise and experience
Empowered staff and consumers	• Organisational culture and systems are designed to facilitate the pursuit of safe care by all staff
	• Care delivery is centred on consumers
Proactively collecting and sharing critical information	• The status quo is challenged and additional information sought when clarity is required
	• Robust data is effectively understood and informs decision making and improvement strategies
Openness, transparency and accuracy	• Health service reporting, reviews and decision making are underpinned by transparency and accuracy
Continuous improvement of care	• Rigorous measurement of performance and progress is benchmarked and used to manage risk and drive improvement in the quality of care

'Clinical governance is essentially an organisational concept aimed at ensuring that every health organisation creates the culture, the systems and the support mechanisms so that good clinical performance will be the norm and so that quality improvement will be part and parcel of routine clinical practice.'

– Sir Liam Donaldson, speaking at the Conference on the Development of Surgical Competence on Clinical Performance and Priorities in the NHS, November 1999

Everyone has a part to play

Moving from a focus on compliance to improvement

Diagram 2: Attitudes and activities of boards in relation to quality and safety

Clinical governance domains

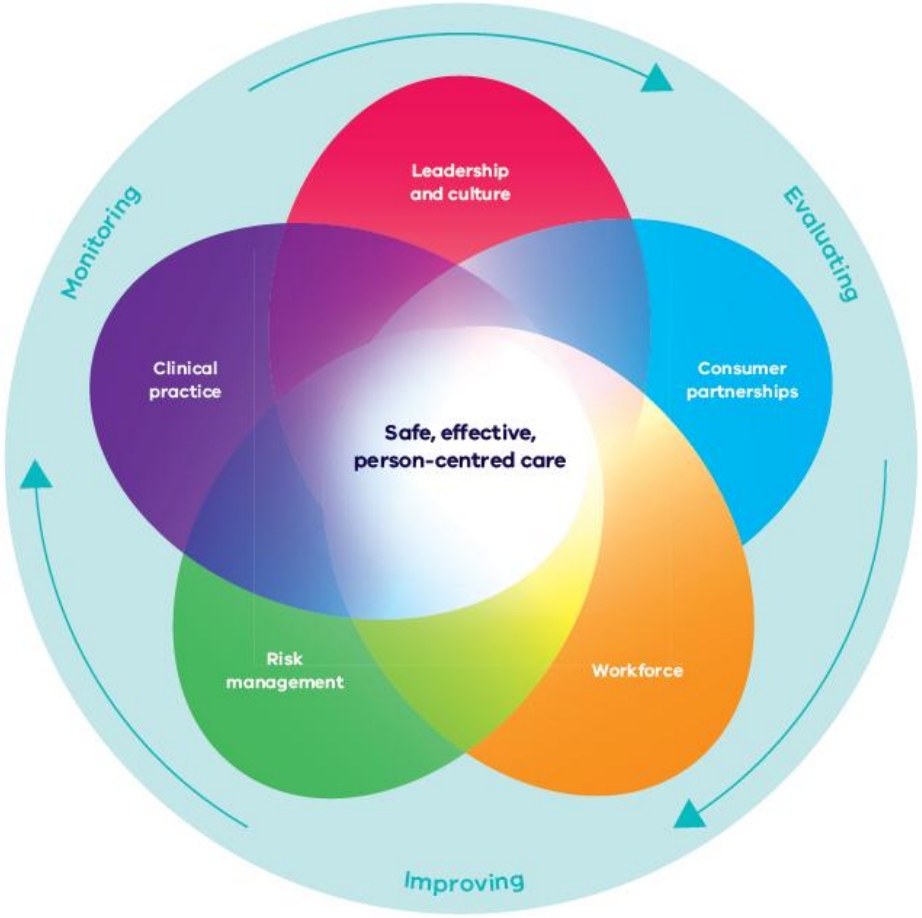

Figure 2: Clinical governance domains

Leadership & Culture

Visible, accountable leadership at all levels of the organisation

Culture is one of fairness and transparency, based on principles of natural justice, innovation, learning from errors and accountability for decisions and behaviours

Robust systems and productive working relationships between boards, CEOs, the executive, consumers, clinical leaders and staff

Shared vision for excellence in the safety and quality of care

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Hospital Board And Management Practices Are Strongly Related To Hospital Performance On Clinical Quality Metrics

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ABSTRACT **National policies to improve health care quality have largely focused on clinical provider outcomes and, more recently, payment reform. Yet the association between hospital leadership and quality, although crucial to driving quality improvement, has not been explored in depth. We collected data from surveys of nationally representative groups of hospitals in the United States and England to examine the relationships among hospital boards, management practices of front-line managers, and the quality of care delivered. First, we found that hospitals with more effective management practices provided higher-quality care. Second, higher-rated hospital boards had superior performance by hospital management staff. Finally, we identified two signatures of high-performing hospital boards and management practice. Hospitals with boards that paid greater attention to clinical quality had management that better monitored quality performance. Similarly, we found that hospitals with boards that used clinical quality metrics more effectively had higher performance by hospital management staff on target setting and operations. These findings help increase understanding of the dynamics among boards, front-line management, and quality of care and could provide new targets for improving care delivery.**

Hospitals increasingly face financial pressure to improve quality through national programs such as Hospital Value-Based Purchasing, the Hospital Readmissions Reduction Program, and the Hospital-Acquired Condition Reduction Program. Despite the recently increased emphasis by policy makers on linking payment and quality, quality improvement efforts have traditionally focused on the processes and outcomes of clinical providers. Less is known about how two critical elements, leadership and management, influence the delivery of high-quality care and how those effects might be empirically verified.[1]

Several previous studies have shown an association between hospital board practices and quality of care.[2–5] Although these studies have been helpful, they have not been able to clearly delineate which specific activities of the boards affect quality of care and how they relate to hospital managers' activities. Furthermore, it is unclear whether board activities and management activities are independently important in driving quality performance. It is known that there are large variations in both how hospital boards engage with clinical quality as well as managerial practices across institutions.[2,5–8] Understanding how hospital boards and management interact with each other, and the way in which they might drive gains in quality, is critically important. The lack of empirical data in this area, however, has

Consumer Partnerships

Consumers are actively enabled to partners in their healthcare

Changes made in response to complaints or feedback from an active consumer advisory committee whose members are trained and supported

Consumer-led patient walkarounds

Positive patient experience feedback, Shared understanding of established goals relating to patient outcomes

An established strategy for communicating and responding to patients and families

Informed and engaged consumers who can participate in decision making and organisational strategy

Workforce

Comprehensive strategies and plans for recruiting, allocating, developing, engaging and retaining high-performing staff

A physically and psychologically safe workplace

Access to training and information about effective change and improvement tools and methods

Human resources systems support staff to develop and consolidate their skill base, work within their scope, provide supervision where required and manage performance

Risk Management

Clinical risks are proactively identified, monitored and managed through an effective register with clearly understood, integrated risk data

Proactive and reactive approaches to minimising and safeguarding against clinical risk

Organisational culture supports staff to pursue safe practice and to speak up for safety

Documented review of risks and mitigation actions reported to board at least quarterly

Clinical incidents are investigated in order to identify underlying systems issues

Performance regarding safety culture is reviewed

Clinical Practice:

Systems for clinical practice effectiveness provide clinicians with the requisite knowledge, technology and equipment to provide the best care possible

Clinicians are supported and expected to regularly and rigorously review their practice, to embrace peer review and teamwork, and to contribute their knowledge and experience to improving care

Evidence-based clinical care is delivered within the clinical scope and capability of the health service

Clinical care processes and outcomes are measured across all services, benchmarked

Active use of data

Figure 2: First page of example board safety and quality analytics report

Indicator set	Performance relative to benchmark	Local progress
Comparative quality indicators (VLADs)	● Far below target on 1 ● Below target on 5 ● Near target on 20 ● Exceeding target on 4 ● Far exceeding target on 3	● Deterioration in 3 ● No change in 25 ● Improvement in 5
'Targeting zero' safety indicators (ACSQHC hospital-acquired complications)	● Far below target on 1 ● Below target on 1 ● Near target on 10 ● Far exceeding target on 2	● No change in 12 ● Improvement in 3
'At zero' sentinel events and ISR 1 incidents	● Two ISR-1 incidents ● Zero sentinel events	● Deterioration in ISR 1s ● No change in SEs
Maternity indicators	● Below target on 2 ● Near target on 3 ● Exceeding target on 1	● No change in 3 ● Improvement in 2
Capability framework compliance	● Far below target on 1 ● Near target on 1	● Deterioration in 1 ● Improvement in 1
Safety culture	● Near target on 5 ● Exceeding target on 3	● No change in 6 ● Improvement in 2
Patient experience	● Below target on 1 ● Near target on 3	● Deterioration in 1 ● No change in 3
Death in low-vol. DRGs	● Near target	● No change
Mental health indicators	● Near target on 2 ● Exceeding target on 1	● No change in 2 ● Improvement in 1
Aged care indicators	● Below target on 1 ● Near target on 4	● Deterioration in 1 ● No change in 4
Infection control indicators	● Near target on 3 ● Exceeding target on 2	● No change in 4 ● Improvement in 1
Overall performance	● Far off target on **4** ● Below target on **10** ● Near target on **53** ● Exceeding target on **11** ● Far exceeding target on **5**	● Deterioration in **7** ● No change in **61** ● Improvement in **15**

'Clinical governance and quality improvement requires a focus on evidence and data, not just trust.'

– *CRANAplus* 2013

Example from Duckett report p41

How will we get there

World-class system of quality and safety assurance.

Patient views and experiences are heard and shared to drive continuous improvement

Individual safety and quality success is shared across the system

Health services and their boards get the information and training they need

Frontline healthcare workers have a real say on how to make the system safer and lead the way on improvement and best practice.

The health service leaders of the future are identified and supported, with a focus on getting the right skills, knowledge and experience.

Data is collected, analysed and shared so the community is better informed about health services

What are working to

A health system where every patient:

- **is truly involved in decisions affecting them**
- **feels valued and respected**
- **receives the right care in the right environment every time**

A system which:

- **avoids preventable harm**
- **truly learns from mistakes and near misses**
- **adapts and improves**