Our Clinical Governance Journey

~ A board member's perspective

Dr Carol McKinstry Anne McEvoy



Rochester and Elmore District Health Service



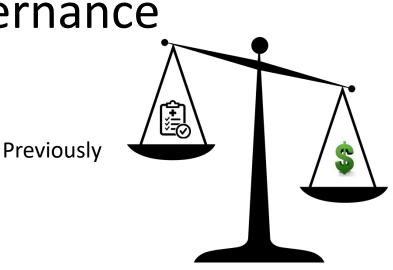
- Small rural health service
- Located 65 km to the northeast of Bendigo and 25km south of Echuca
- 12 bed acute ward
- Urgent Care Centre
- Day Procedure Unit

- 60 bed aged care facility
- Primary Care including allied health, support services and health promotion
- Co-located Men's Shed
- Budget of \$13million
- Full time equivalent staff = 118

Balancing corporate and clinical governance

REDHS has been in surplus for the past six years.

This has promoted stability and assisted the board in being able to focus energy on clinical governance.





Now

Rochester and Elmore District Health Service Board

The board currently has seven members:

- Economics and Community Development Manager (local government)
- Administration Coordinator (Dairy Farmer's Cooperative)
- Financial Accountants x 2
- Solicitor
- Director of Aged Care (Barwon Health)
- Senior Lecturer OT, La Trobe Rural Health School (Bendigo)

2/7 have clinical backgrounds

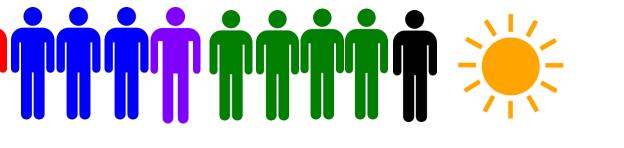




REDHS' Clinical Governance journey did not happen overnight and has been gathering momentum since 2010.

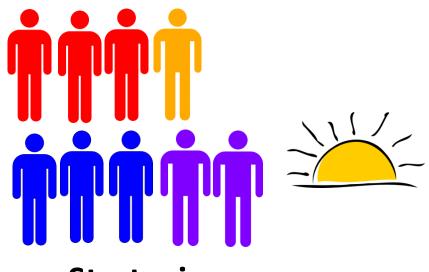
In what forums is board member time best served?

Pre 2011 – Quality of Care Committee



2011 onwards.....

Quality of Care Committee



Strategic

Care Review Committee

perational

LEGEND

Consumer

Infection

Control Practitioner

Clinical

Corporate

Services

Manager

Nurse Educator

Board

member

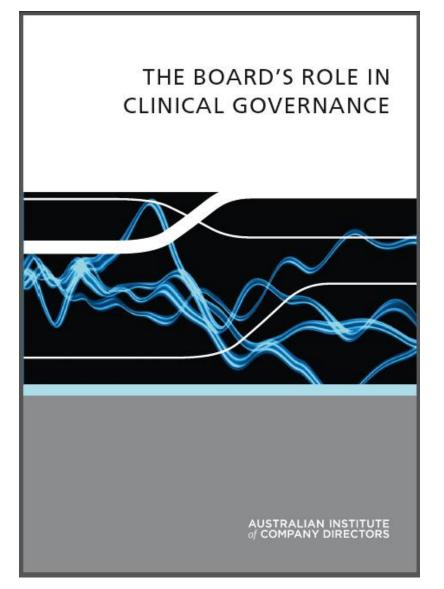
Executive

Quality

Clinical

Manager

Our Drivers of Change



Course undertaken by CEO and board members provided strategic and practical guidance for improving clinical governance and clinical risk management

REDHS Quality Plan

2012-2016

Providing 'REDHS Great Care' for every consumer, every time, across aged, primary and acute care.



Quality Plan was developed with assistance from Qualityworks in 2012

Great care for every consumer, every time

National Safety and Quality Health Service Standards especially

Standard 1 – Governance for Safety and Quality in Health Service Organisations



Board effectiveness evaluation



Board members conducted individual self-assessments and interviews, followed up as a group with an external facilitator.

Areas for focus were identified:

Strategy, sub-committee roles (e.g. quality, risk)

Manage risk – to help improve safety and quality



Board members identified risk management as an area in which they needed further education.

Quality of Care Committee Evaluation



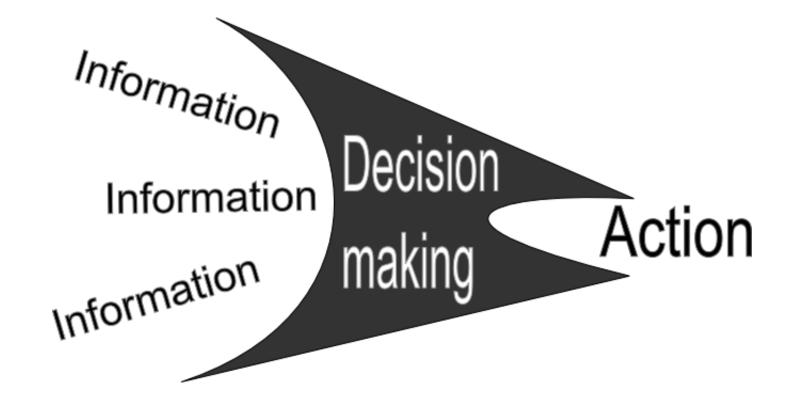
The committee engaged in a self-assessment and evaluation exercise using the Quality Masterclass modules as guidance throughout 2015.

What doesn't a board want?



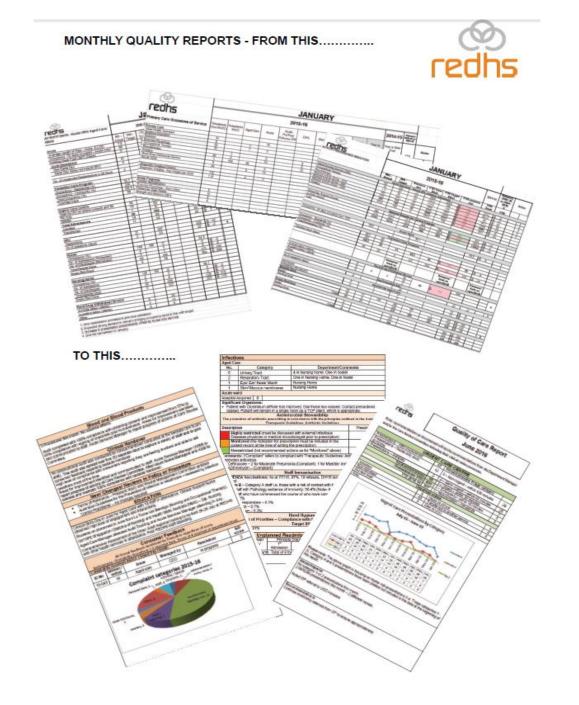


What does a board need for effective clinical governance?

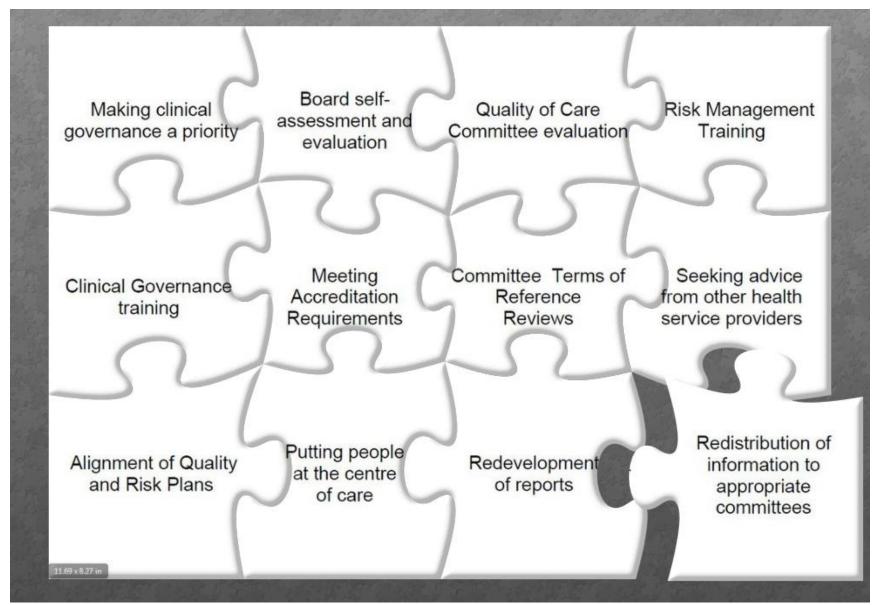


Needs to be the right information at the right time Deciding which information, how much is enough, how it should look and who needs to see it





Gradually it has come together.....



What priority is given to clinical governance at board meetings?



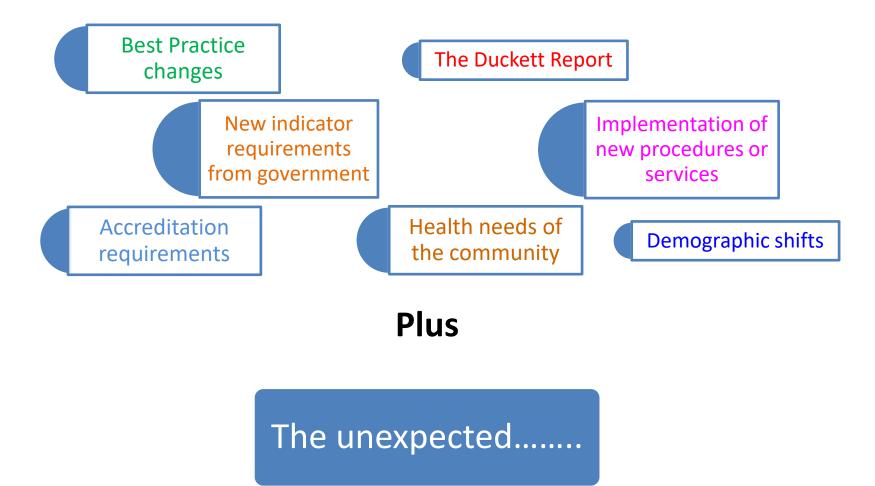
Board approvals made to assist frontline staff in delivering great care



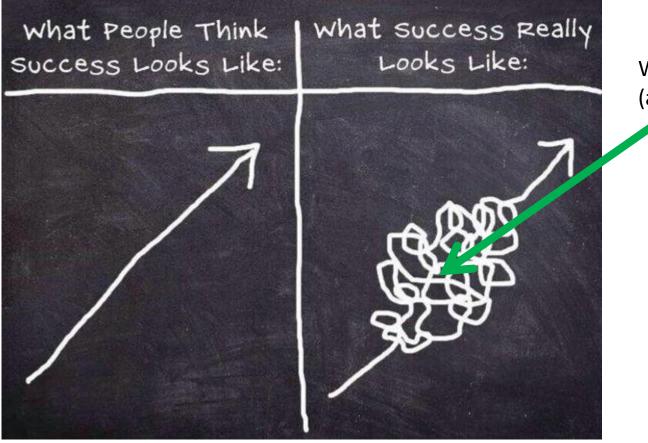


MedSig Electronic Medication System New Management Model -Primary Care Manager and Team Leaders

An ever-changing healthcare landscape



Striving for excellence



Where we are now (approximately!)

REDHS – Winner of the VHA Innovation Award for Clinical Governance in 2016