A Clinical Governance Collaborative – the Outer BSW Healthshare Clinical Council

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Outline

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- The Idea
- Healthshare Clinical Council Structure, Role and Functions
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Background

- Duckett Report:

"All hospitals should have access to **independent clinical expertise** to help identify deficiencies in care and focus attention on opportunities for improvement."
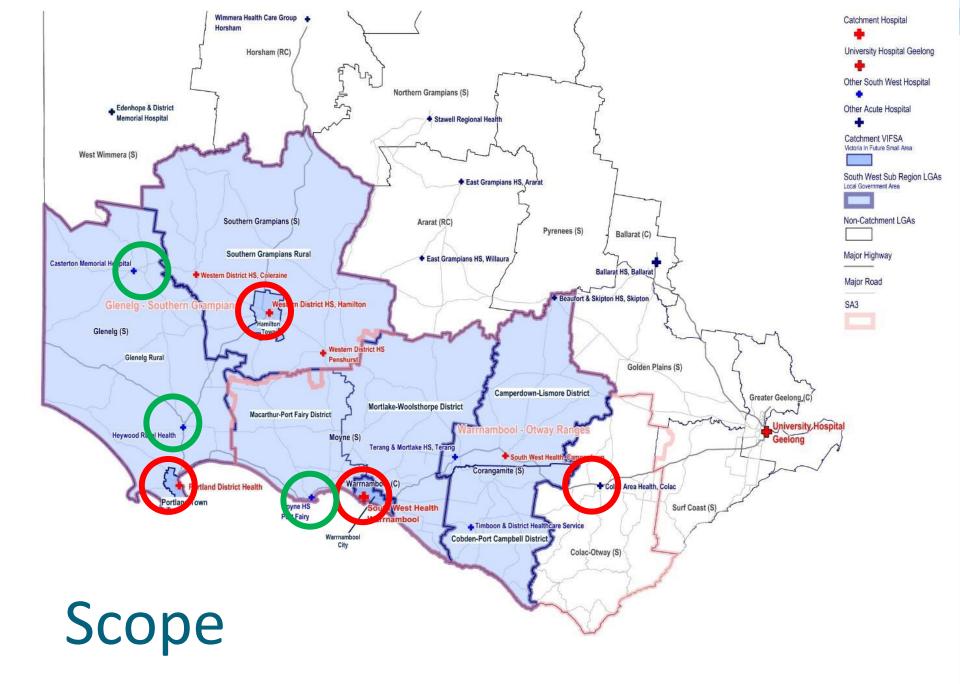
- Duckett Recommendations:
  - Reinstatement of the **Limited Adverse Occurrence Screening** so that all smaller hospitals have access to reliable and independent information on safety and quality performance.
  - All small hospitals to develop ongoing **partnerships** with larger health services to ensure they receive **adequate expert support for case audit and other clinical governance activities** in all their major clinical streams.

- Robust monitoring of **safety and quality of care**, incorporating **risk assessment** of hospital **governance**, as well as **culture** and **patient outcomes**.

- Strong performance in **safety and quality** to be a standalone requirement of health services.

Outer BSW clinical governance journey

- Started with a **Medical Workforce Collaborative** 2 years back – SWH, WDHS an PDH

- **Clinical Governance** of critical importance to the subregion, especially after Djerriwarrh and the Duckett Report

- **CEOs and DMSs** got together in November 2016

- Met with larger group of CEOs in January 2017 – overwhelming support for a **clinical governance collaborative**
- **Inaugural meeting** and accept **TOR** in March 2017
- **Clinical Governance Framework** for **Healthshare Clinical Council** accepted in April 2017
- **SCV support** – endorsement from Euan Wallace (12 May 2017)
- Workshop on 16 May 2017 – Flesh out **ideas and principles** and launch **3 working parties**.

Scope

Purpose

The Outer Barwon Southwest Healthshare Clinical Council is connecting the Outer Southwest of Victorian Health Services to provide:

- **safe high quality care close to home for our patients and communities.**

- **clinical excellence through collaboration by:**
  - Ensuring **patients and patient outcomes are at the centre of services and systems**.
  - Creating **linkages for shared learning opportunities**.
  - Facilitating and supporting **cooperative partnerships** / **initiatives** across Healthcare agencies that **improve safety, quality** and **access** to care.
  - Building a **future focused culture** that finds **new ways of thinking and working.**

Key Principles

- Appropriate **engagement of clinicians** (all disciplines) and **consumers** in design and leadership

- **No duplication of effort**

- **Equity** of:

  - engagement in direction of and contribution to the HsCC

  - access to resources

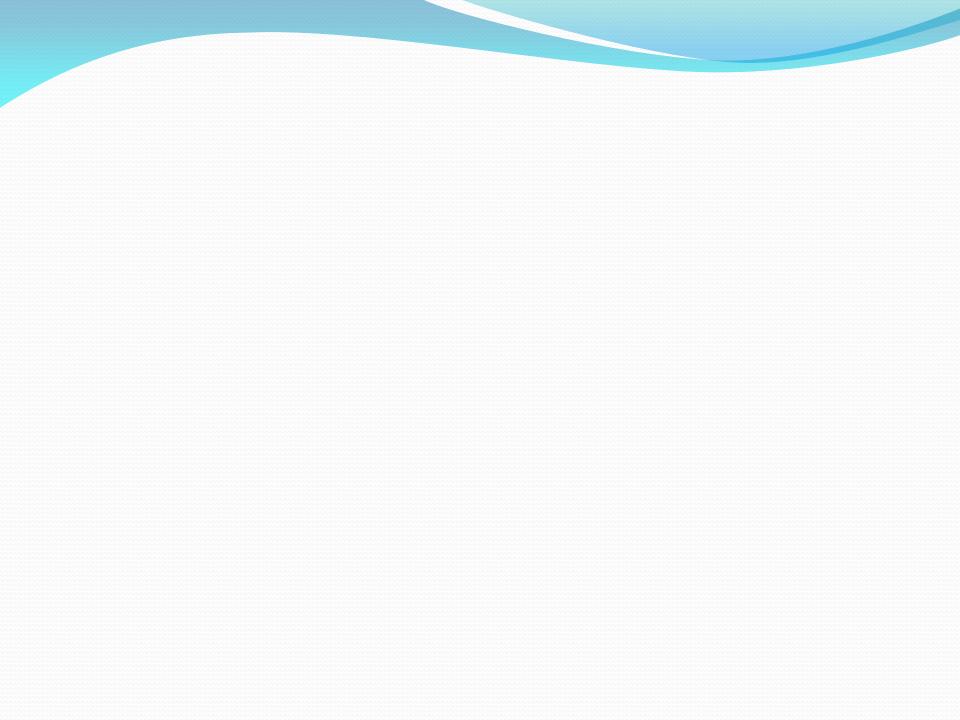- **Respect for participating organisations** of all sizes and capabilities
- **Clear accountability arrangements**
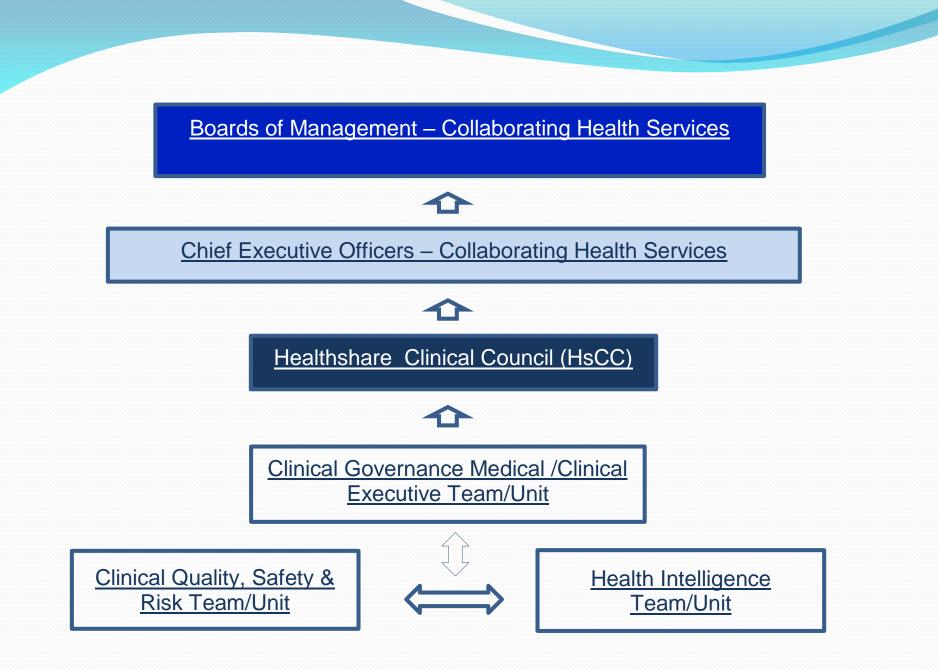- **Culture of trust** and **transparency**

The idea of a Healthshare Clinical Council

- A **sub-regional 'network' of participating health services**, which work together to align and monitor **clinical governance**:
  - safety and quality services
  - credentialing and scope of practice,
  - incident management services,
  - regional morbidity and mortality reviews
  - standards, policies, protocols and clinical guidelines

- audit/compliance
- standardised performance reports
- clinical workforce development
- education and training
- Clearly **articulates with existing structures** (BSW CEO group) and **avoids duplication**
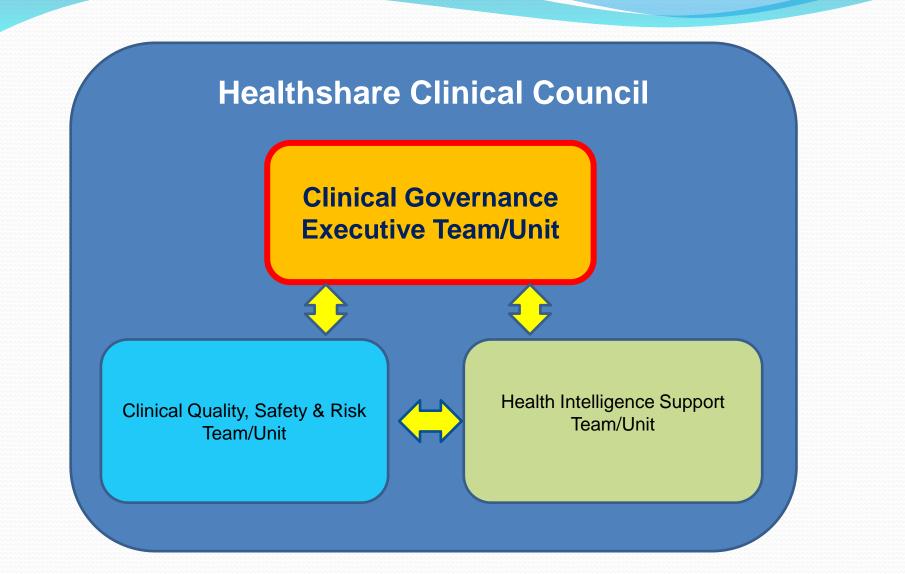- Utilise a **committee structure** of employees / contractors

- Draw on/second existing **organisational resources**, or develop new ones
- Provide **services to participating organisations**
- **Financially supported** by participating health services, or the DHHS or both
- Underpinned by a **MoU**
- No 'enforcement' role, but include an **escalation process**

Healthshare Clinical Council

- CEOs (Board Chairs of Quality Committee)
- DMSs
- DON representatives
- Allied Health / Executive professional representatives
- Quality Team representatives
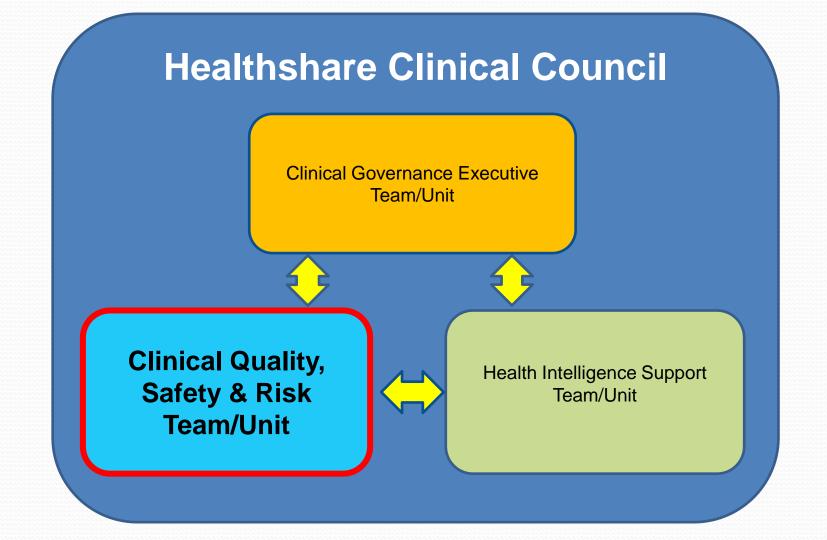- Health Intelligence representatives

Clinical Governance Unit / Team:

This is the DMS / DON / Senior Allied Health Executive level. The Unit is accountable for setting policy directions and the framework to meet the HsCC's goals through the:

- Development of a **subregional delineation framework** to support the **standardised organisational specific capability frameworks (CF)** of individual services and review regularly ensuring organisations work within their set CF.

- Joint management of the **Credentialing and Privileging (SoP) processes** to match organisation's CF

- Oversight of **Clinical Accreditation** (e.g. ACSQHC, Colleges, PMCV) and clinical supervision and learning processes

- Oversight of **clinical guidelines, pathways or policies** including development and implementation

- Oversight of **clinical review / audit** processes
- Meaningful **engagement with Clinicians and Clinical Forums**
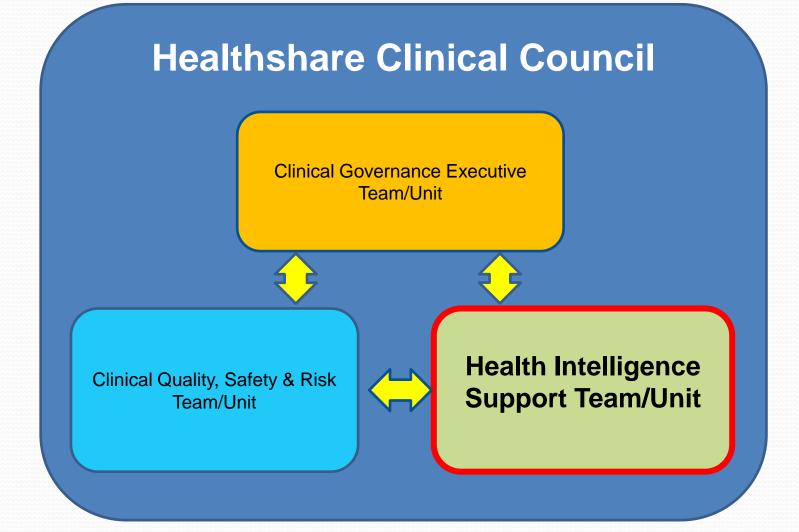- Achieve **clinical effectiveness and appropriateness**.

Quality/Risk Unit / Team:

This is the health quality and risk expert level.

The Unit is accountable to ensure compliance, process information, scan for event triggers, identify shared clinical risks and refer matters for review as follows:

- Engage with consumers and develop initiatives that **represent the patients voice**

- Undertake the **LAOS processes** as set out by the clinical governance unit

- Manage the **clinical incidents / complaints system (Riskman)** – including:

  - providing reports as set out by the clinical governance unit

  - maintain systems and processes that highlight trends or reveal events that require review.

- Manage **compliance** - National standards and Legislative compliance.

- Manage regular review of **clinical policies and guidelines** from a process perspective.

- Ensure organisational **Risk Management Framework** and Clinical Risk Register is in place.
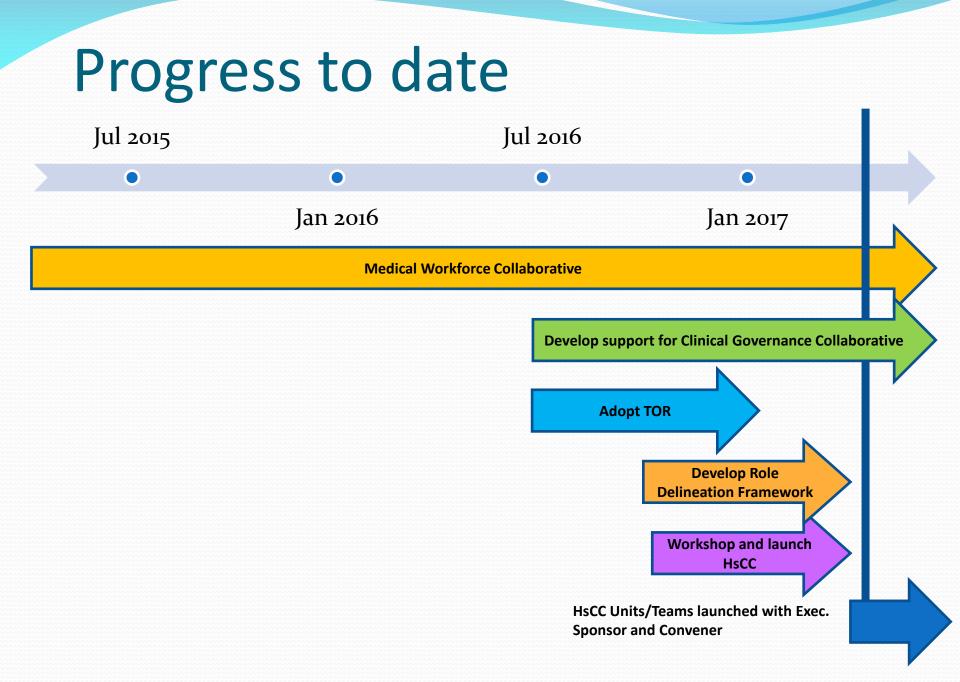
Health Intelligence Unit / Team

This is the clinical informatics expert level with appropriate access to all databases and analyses tools on a platform (Power BI) that can receive and integrate data (from TrakCare, Riskman, VAED and VEMD, Power budget and Payglobal) that will:

- Ensure **data integrity and security**

- Support processes to optimise **the Electronic Health Record**

- Work in close liaison with Quality Team in the provision of **relevant records and reports**

- Move towards **real time clinical review and intervention** to facilitate the development of **clinical safety nets** using the EHR

- Facilitate **clinical data sharing** to support **seamless transition of patients** throughout the region and at each clinician hand-off point.
- Enable the **sharing of information without fear of challenge**.

- Develop **reporting tools, reports and dashboards to inform as close to real time as possible** and provide rigour to patient care outcome evaluation including **detailed trend analysis and activity, quality and cost predictors data sets**.

Progress to date

Jul 2015   Jul 2016

Jan 2016   Jan 2017

Medical Workforce Collaborative

Develop support for Clinical Governance Collaborative

Adopt TOR

Develop Role Delineation Framework

Workshop and launch HsCC

HsCC Units/Teams launched with Exec. Sponsor and Convener

Acknowledgements

- Enid Smith
- Christine Giles
- Members of the OBSWHsCC

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