The National Healthcare Group - Clinical Governance

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Quality Assurance & Improvement

Create a Safety Culture

DETECTION
- Sentinel Events
- Frequent Adverse Events
- Near Misses
- Clinical Outcomes Tracking Systems

ANALYSIS
- Clinical Review
- Quality Assurance Committees
- Hospital Committees

Evaluate Changes

IMPROVEMENT STRATEGIES
- Clinical Improvement Projects
- NHG My Care
- Organisation Learning & Training
- Sustain & Spread Best Practices
Clinical Governance starts with premise that...

Well-managed organisations are those in which financial control, service performance and clinical quality are fully integrated at every level. In healthcare this will require each service to work out its accountability arrangements in detail and ensure these arrangements are known by all stakeholders throughout the organisation.

Adapted from OECD Principles of Corporate Governance

Healthcare Standards

Seven Domains of Healthcare Standard

1. **Safety** – processes, practices and systems designed to prevent or reduce harm to patients
2. Clinical and cost **effectiveness** – decisions are based on evidence that show effective outcome
3. **Governance** – managerial and clinical accountability, organisational culture, systems which enable probity, quality and assurance/improvement and patient safety are central to the existence of the enterprise. Integrate clinical and corporate governance (using public monies appropriately) frameworks.
4. **Patient focus** – healthcare provided in partnership with patients and their carers / relatives and designed to respect their needs, preferences and choices.
5. **Accessible and responsive care** – equity of services
6. **Care environment and amenities** – actively consider patient and staff safety, support, privacy and confidentiality
7. **Public Health** – provide leadership for collaboration with local organisations to ensure design and delivery of programmes / services which promote, protect and improve the health of the population and reduce inequalities

Ref: Standards for better health: Healthcare standards for services under the NHS – A consultation [DH2004]
Clinical Governance
It's Purpose

Role: Oversight on

1. the delivery of services to the people meeting established standards of quality (clinical and non-clinical), consistency and safety

2. guiding the evolution of healthcare services with the rapidly changing landscape and societal expectations

Aim: Promote equity in reasonable standards and sustainable level of healthcare

Clinical Governance
Where It Stands in The Broader Landscape

It acts in partnership and is not the driver of the organisation. It’s role is balanced by;

1. The organisation’s strategic direction
2. Financial considerations
3. Objectives of interested parties
4. Management of internal processes
5. Learning (including from mistakes and proactively resolving them)
6. Growth needs of the organisation
Clinical Governance
The National Healthcare Group Perspective

NHG – Adopting the attributes as Our Four Pillars

- Quality Assurance and Improvement
- Professional Accountability
- Creating a safe environment for staff and patients
- Nurturing an honest and open culture
NHG Clinical Governance Framework

<table>
<thead>
<tr>
<th>Quality Assurance and Improvement</th>
<th>Professional Accountability</th>
<th>Safe Environment</th>
<th>Honest and Open Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopting integrated approach</td>
<td>Developing leadership skills that are in line with professional and clinical requirements</td>
<td>Establishing clinical risk management systems</td>
<td>Establishing proactive approach to reporting, dealing with and learning from adverse events</td>
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<tr>
<td>Building infrastructures to foster development of evidence-based practices</td>
<td>Identifying and managing poor clinical performance</td>
<td>Viewing complaints seriously and pulling in action to prevent recurrence</td>
<td>Establishing open disclosure</td>
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<tr>
<td>Appraising and sharing excellent innovations</td>
<td>Aligning professional and practice development to governance frameworks</td>
<td>Promoting continuous learning</td>
<td>Focusing on patient-centric care</td>
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<tr>
<td>Ensuring clinical data are sound and using it to monitor care and outcomes</td>
<td>Mandating sentinel events reporting by Department Clinical Heads</td>
<td>Accreditation by reputable bodies, e.g., Joint Commission International (JCI)</td>
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<td></td>
<td>Centralising ethics as advised by the individual professional bodies</td>
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<td></td>
<td>Having a generic Health Service Development Programme (HSDP)</td>
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<td></td>
<td>Ensuring effective use of resource by unified criteria for fund application and accountability</td>
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Probity and Accountability

Institutional culture and systems support;
- Probity (uprightness)
- Quality improvement and assurance
- Patient safety
- Accountability

Clinical Governance

Components of Clinical Governance vis-a-vis existing NHG Matrix

Accountability and Organisation Chart
Clinical Governance
NHG Matrix Accountability and Organisation Chart

<table>
<thead>
<tr>
<th>Components of Clinical Governance</th>
<th>Key personnel or Programme Elements</th>
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<tbody>
<tr>
<td>NHG Board Subcommittee</td>
<td>NHG CMB Committee</td>
</tr>
<tr>
<td>Lead Clinician / s</td>
<td>Asst Cluster CEO (Clinical) Institute CMB/Medical Director</td>
</tr>
<tr>
<td>Continuous Quality Improvement Programme</td>
<td>NHG Quality Framework</td>
</tr>
<tr>
<td>Clinical Risk Management</td>
<td>Hospital Administrative Policies</td>
</tr>
<tr>
<td>1. Risk management policies</td>
<td>Electronic Hospital Occurrence Reporting</td>
</tr>
<tr>
<td>2. Critical incident reporting</td>
<td>Safety culture</td>
</tr>
<tr>
<td>3. Safety culture</td>
<td></td>
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<tr>
<td>Professional Performance</td>
<td>E-HOR, sentinel event/internal review, total performance management (TPM), Training and education (HMDP, LNA)</td>
</tr>
<tr>
<td>1. Detecting poor performance and reporting concerns</td>
<td>Committee structures (internal [training and accreditation/credentialing] and external Professional Regulatory bodies)</td>
</tr>
<tr>
<td>2. Continuous professional development</td>
<td>Recruitment and HR planning with accreditation and credentialling oversight</td>
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<td>3. Support services in place for staff</td>
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<tr>
<td>4. Work force planning</td>
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<tr>
<td>Performance management and reporting systems</td>
<td>NHS Total Performance Management</td>
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Clinical Governance
Implementation strategy - Impediments

Potential impediments to establishment of clinical governance

1. Culture of healthcare professionals does not by nature of its traditions, training and psychological inclination “support” any initiative that appears to constrict or retard professional freedom.

2. Clinical governance is seen as an administrative tool that simply infringes on an individual’s professional privileges and/or institutional autonomy and which inserts itself between the healthcare provider and patient

3. Healthcare worker apathy

4. Dearth of clinical leadership which subscribe to its relevance and which views it as having only a limited policing and punitive role
The End in mind…

- Managing patient safety and quality improvement has service, clinical and resource implications.
- Outcomes are tracked within various established frameworks and committee structures to ensure that patients, who come to our institution experience care that is safe, timely, effective, efficient, patient-centered and equitable.
- To transform the culture, ways of working and systems of healthcare delivery so as to ensure that quality assurance, patient safety and quality improvement become an integral part of everyday work.

Thank you