

Foundation Standard 2022v

Indicators 8.1 & 2

Clinical Governance



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

The Quality Programmes Team
May 2023



The HQSC was established in November 2010, with an expectation from the Government that it would lead quality and safety improvements in the health sector.

It is a clinically-focused Crown Entity, determined to make a real difference to consumers' experience of health care. It is led by clinicians and other professionals with expertise in health quality and safety

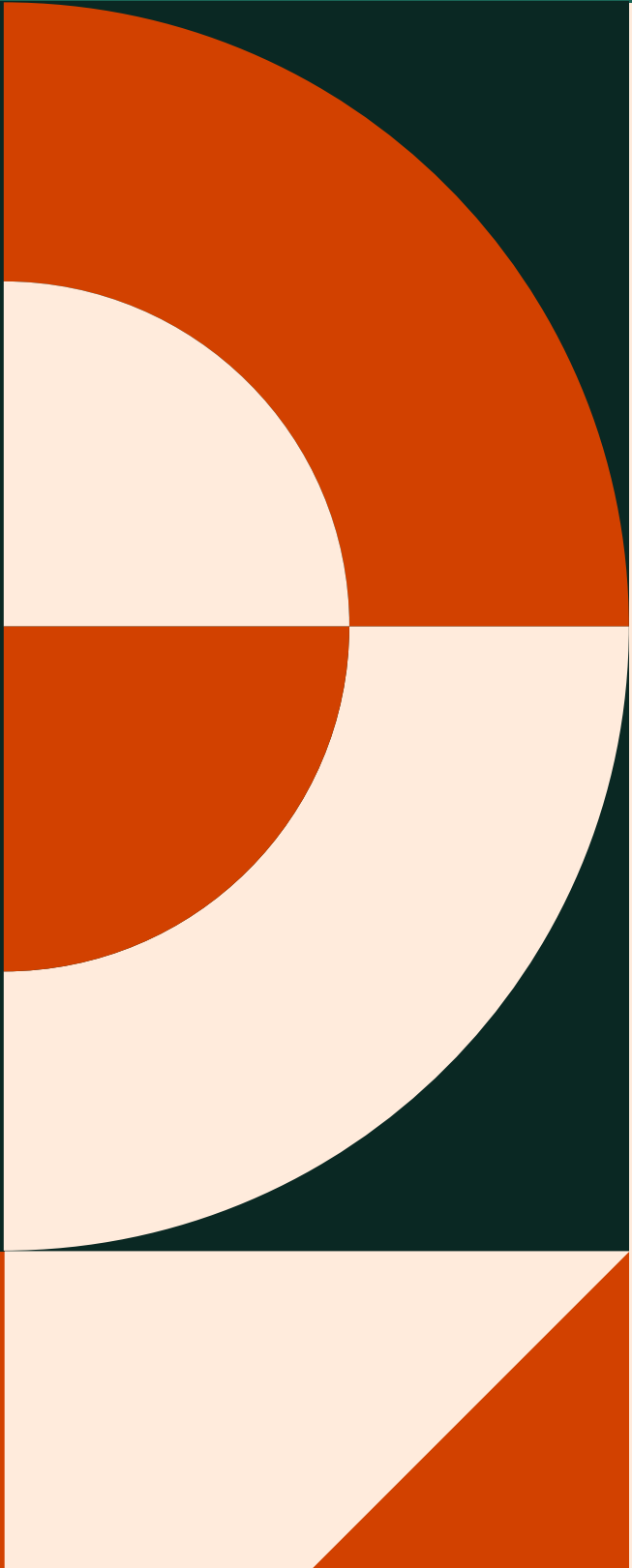
How is clinical governance defined?

The Health Quality and Safety Commission (HQSC) summarise clinical governance as: “an organisation-wide approach to the continuous quality improvement of clinical services. It is larger in scope than any single quality improvement initiative, committee or service. It involves the systematic joining-up of all patient safety and quality improvement initiatives within a health organisation.”

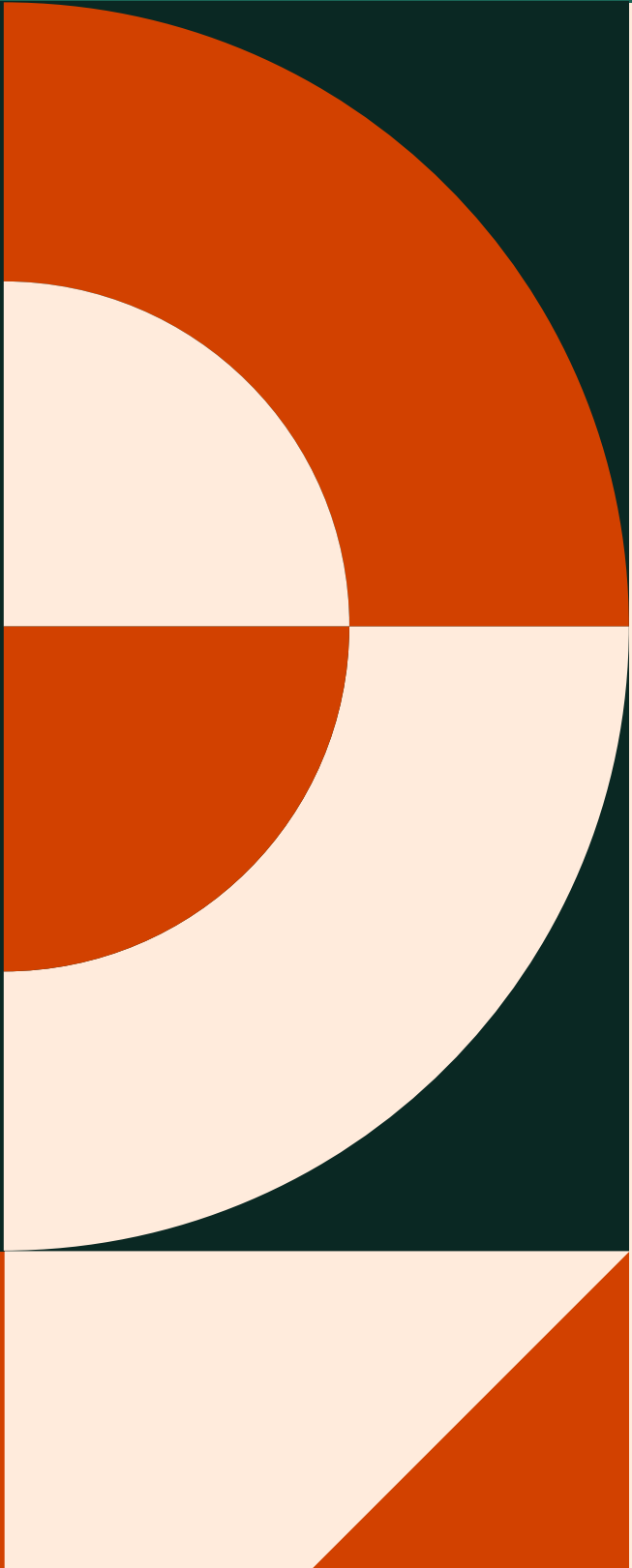
Governance was first established in commercial businesses, and includes the relationships between management, the board, shareholders and stakeholders....Clinical governance adapts the framework by adding the 4 core elements of healthcare.




1. Clinical effectiveness

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- Clinical policies, for example repeat prescribing.
 - infrastructure for clinical services (facilities and equipment)
 - Reducing variation in clinical practice (best practice, approved guidelines etc)
 - Medicines reconciliation
 - Oversight of all clinical audit activities
 - Review of recall activities

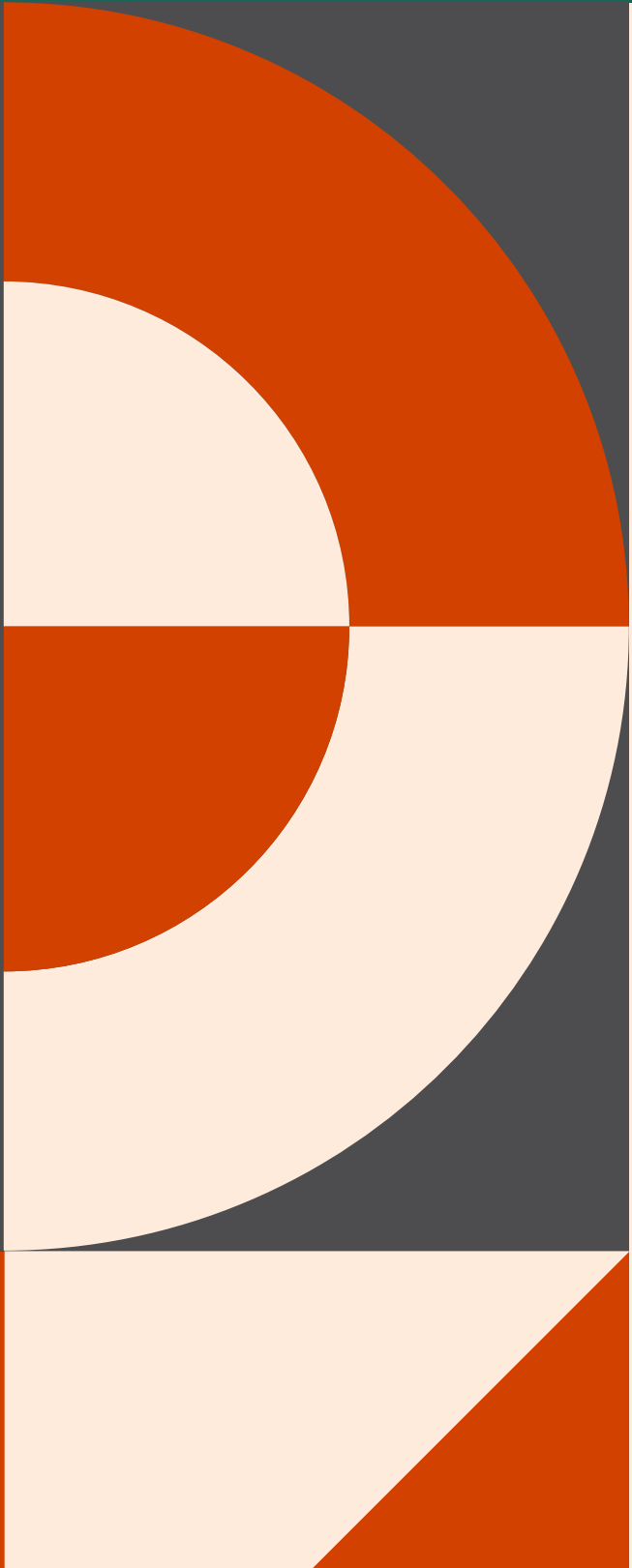
2. Quality improvement /Patient safety

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- Includes health and safety and Infection control
 - Learning from adverse events, trends, excellence and risk
 - Using accurate and timely data on population diversity, demographics and health data to inform quality improvement initiatives
 - Approval, oversight and input into the practice quality plans


3. Patient engagement and participation

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- Understanding the needs of the practice's enrolled population through patient feedback
 - Co-design with patients/whānau/the community on delivery of services
 - Shared decision making with patients/ whānau /the community

4. An effective and engaged workforce

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- Employing team members who reflect the practice population
 - Processes for the induction of all team members
 - Training needs that are tailored for individual team members in accordance with the overall training goals of the practice
 - Team members who are encouraged to develop skills to support Māori and under-served groups within the practice population
 - Ensuring advice is available to confirm roles and responsibilities meet the clinical needs of the practice
 - Safe staffing levels: for both short term leave and planning for longer term practice needs.

Criteria	Standard - what we'll be assessing on	Evidence to provide for assessment
8.1	<p>The practice ensures there are clear clinical governance, leadership and equity responsibilities and processes, reflective of disciplines within the practice team.</p>	<ul style="list-style-type: none"> • Clinical governance roles and responsibilities written into job descriptions. • A designated champion for equity with role description. • Clinical governance policy and procedure.
8.2	<p>The practice ensures processes are in place to deliver the four core elements of clinical governance:</p> <ul style="list-style-type: none"> • patient engagement and participation • clinical effectiveness • quality improvement/patient safety • an effective and engaged workforce 	<ul style="list-style-type: none"> • Documented clinical governance activities: <ul style="list-style-type: none"> ○ Clinical governance quality plan, including goals and quality activities. ○ Practice population experience survey results demonstrate consumer engagement. ○ Explain the methods used to obtain feedback from all groups in the patient population (including Māori and under-represented groups).



8.1 The practice ensures there are clear clinical governance, leadership and equity responsibilities and processes, reflective of disciplines within the practice team.

Evidence:

- Clinical governance roles and responsibilities written into job descriptions.
- A designated champion for equity with role description.
- Clinical governance policy and procedure.

Examples of Clinical governance group Roles

Depending on the size of the practice... some team members may adopt more than one role.

- Equity Champion
- Health and safety
- Clinical lead
- Infection control
- Human relations/workforce
- Quality lead
- Patient engagement lead

Clinical Governance Policy

- A policy statement
- Identification of a Chairperson
- Representation on the clinical governance team from the practice team and the inclusion of the equity champion
- Roles and responsibilities of the clinical governance team members
- Description of the frequency of meetings
- The process for team members to add items to the agenda
- Inclusion of a standing agenda covering core elements of clinical governance (including Māori health, patient safety and quality and effectiveness of care)
- Responsibilities and timeframes for documentation of meeting minutes/summary, including the process for sharing with wider practice team
- Description of the management of the Quality plan
- An actions register, with assigned responsibilities and timeframes

8.2 The practice ensures processes are in place to deliver the four core elements of clinical governance

- **patient engagement and participation**
- **clinical effectiveness**
- **quality improvement/patient safety**
- **an effective and engaged workforce**

Evidence

- Documented clinical governance activities:
 - Clinical governance meeting agendas and minutes.
 - Clinical governance quality plan, including goals and quality activities.
 - Practice population experience survey results demonstrate consumer engagement.
 - Explain the methods used to obtain feedback from all groups in the patient population (including Māori and under-represented groups).

Clinical
Governance, a
flexible
framework

Practices of differing shapes and sizes have been seen to adapt the flexible framework to suit the character and structure of their business.

Large practices

In a large corporate health organisations with multiple practice sites, there may be an appointed Medical Director who has clinical governance roles and responsibilities for each practice. These Medical Directors would be involved at a ground level with individual practices and feedback to the board about risks, incidents, clinical audits of note, and trends. The board may also review policies and protocols, and generally act as a safety net for the individual practices as well as the organisation.

Medium sized practices

Medium sized general practices could incorporate clinical governance into their existing systems without adding the burden of additional meetings. For example, individual teams (GPs, nurses, admin) may meet at scheduled intervals and discuss items related to clinical governance. This may then pass through the practice manager, who applies a critical eye, before adding the item to the clinical governance standing agenda item for the quarterly practice meeting.

- Sometimes an emergency clinical governance meeting, with core members, may be called for events/ complaints/sensitive issues or policy sign off.

Small practices/solo GP practices

Small practices with very few team members may simply assign clinical governance roles and responsibilities across the team and discuss clinical governance items at each practice team meeting.

..in summary.....

- Clinical governance is the way practices can maintain their compliance to the many regulations/acts/NZ Standards and legislation
- The New Health System aligns with clinical governance's 4 core elements of healthcare.
- The way a medical practice sets up and applies clinical governance can be tailored to suit their individual character.

Why it's worth the effort.

Despite the current challenges in health, delivering health services which are safe and of high quality, requires a system which enables accountability and improvement.

The challenge is to apply clinical governance strategies in the best way possible. If this challenge is met, the beneficial consequences will flow, taking us all closer to our collective health care goals.

Thank you!

The Quality Programmes Team is here to help.

Please contact us at:

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