

# **Clinical governance, quality and accountability.....**

**joining the dots in the new primary healthcare  
landscape**

**Christine Phillips**

- **What is clinical governance?**
- **How does it relate to interprofessional practice?**
- **Clinical governance and collaboration at the regional level**
- **What we need**

Clinical governance is a **systematic** and **integrated** approach to ensuring services are accountable for delivering quality health care.

The purpose of interprofessional practice is to delivery good service to the patient

Shipman 2002, Bristol babies 2003

Primary care reform 1990s

Sentrong Sigla: Primary care reform 1990s

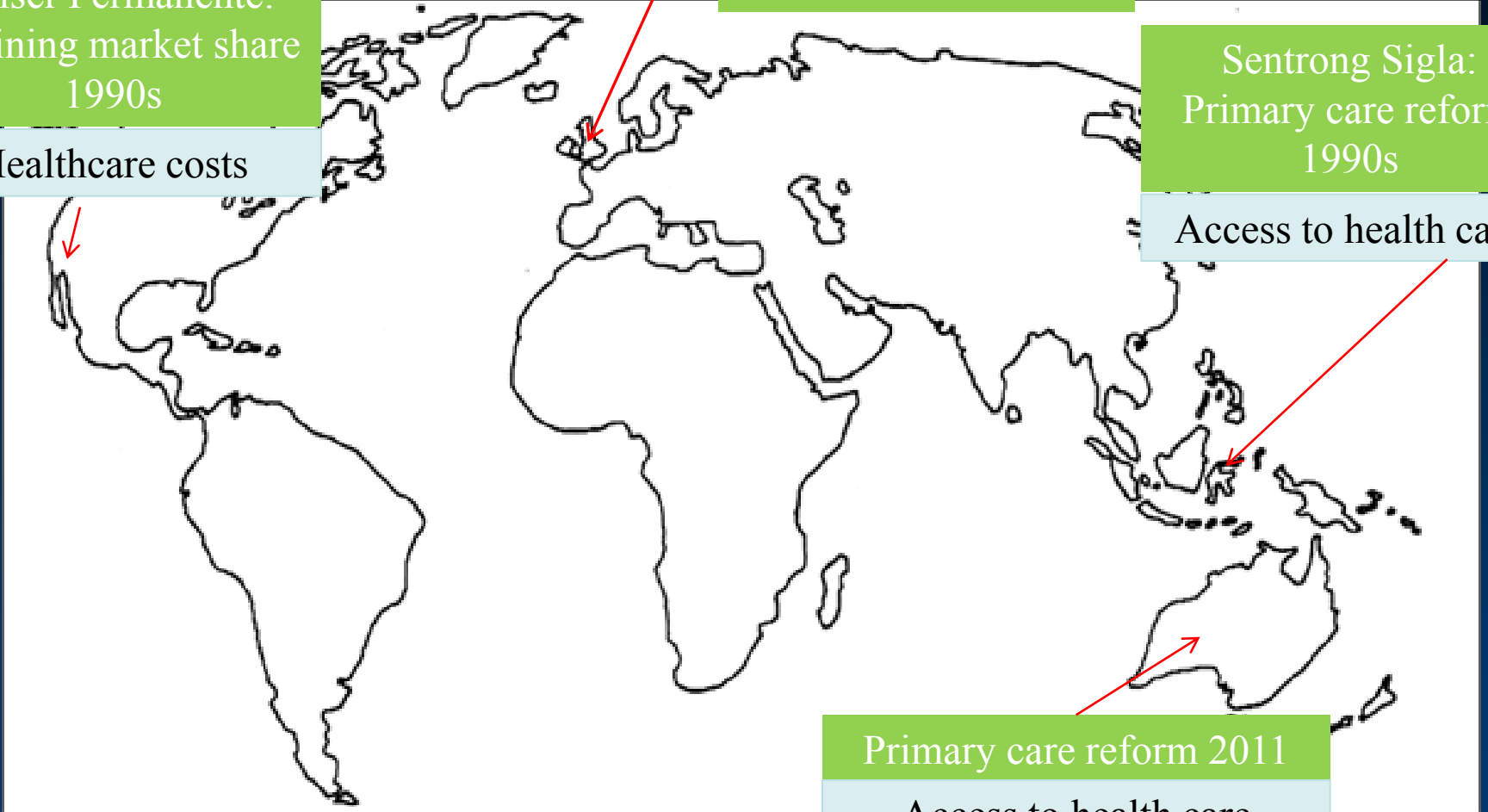
Access to health care

Primary care reform 2011

Access to health care  
More collaboration between primary care services

Kaiser Permanente: declining market share 1990s

Healthcare costs



**(a) Ontological - legitimacy/illegitimacy**

“Vote so an osteopath doesn’t get onto the board”

**(b) Philosophical – phenomenology/materialism**

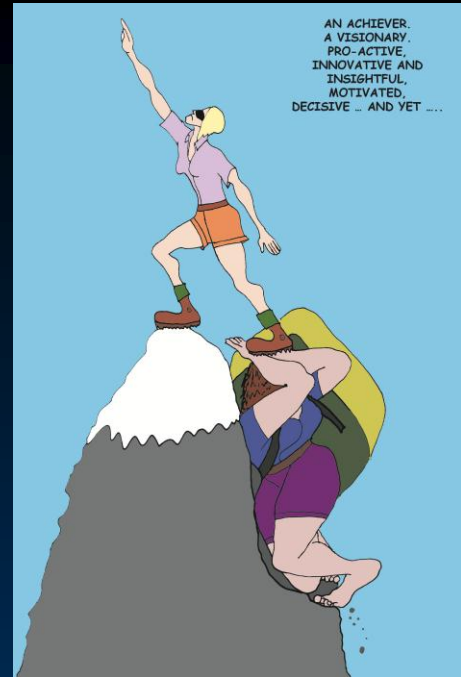
“Doctors employ the medical model, but nurses really care”

**(c) Practical – leaders/collaborators**

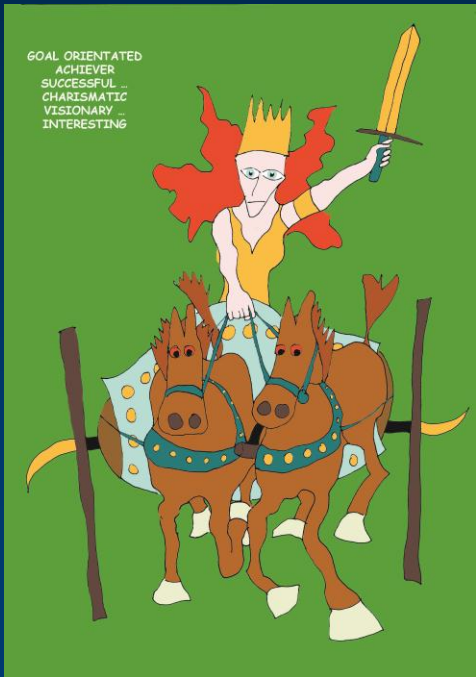
“If we are a team, someone has to lead”



CHALLENGES COMFORT ZONES  
LEARNS FROM THEM  
THINKS OUTSIDE THE SQUARE  
CAN BE IMPROVED  
LEADS TO CHANGE



AN ACHIEVER.  
A VISIONARY.  
PRO-ACTIVE,  
INNOVATIVE AND  
INSIGHTFUL,  
MOTIVATED,  
DECISIVE ... AND YET ....



GOAL ORIENTATED  
ACHIEVER  
SUCCESSFUL ...  
CHARISMATIC  
VISIONARY ...  
INTERESTING



ALOOF AND ARROGANT ...  
BOSSY AND BULLYING  
DOMINEERING, DESTRUCTIVE ...  
OFFICIOUS, OBSTRUCTIVE ...  
WITH A TWIST  
OF THE IMPERSONAL,  
THE POSSESSIVE  
AND THE UNDERHAND!

Paer 2006

## **(a) Geography**

**Very loose nodal network of services**

## **(b) Financial barriers**

**Business models which can/can't absorb costs**

## **(c) Organisational incoherences**

**e.g. electronic and practical firewalls**

Geography

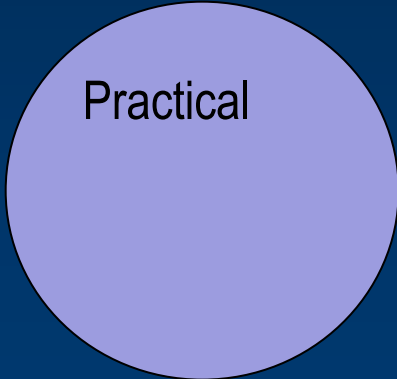
Financial

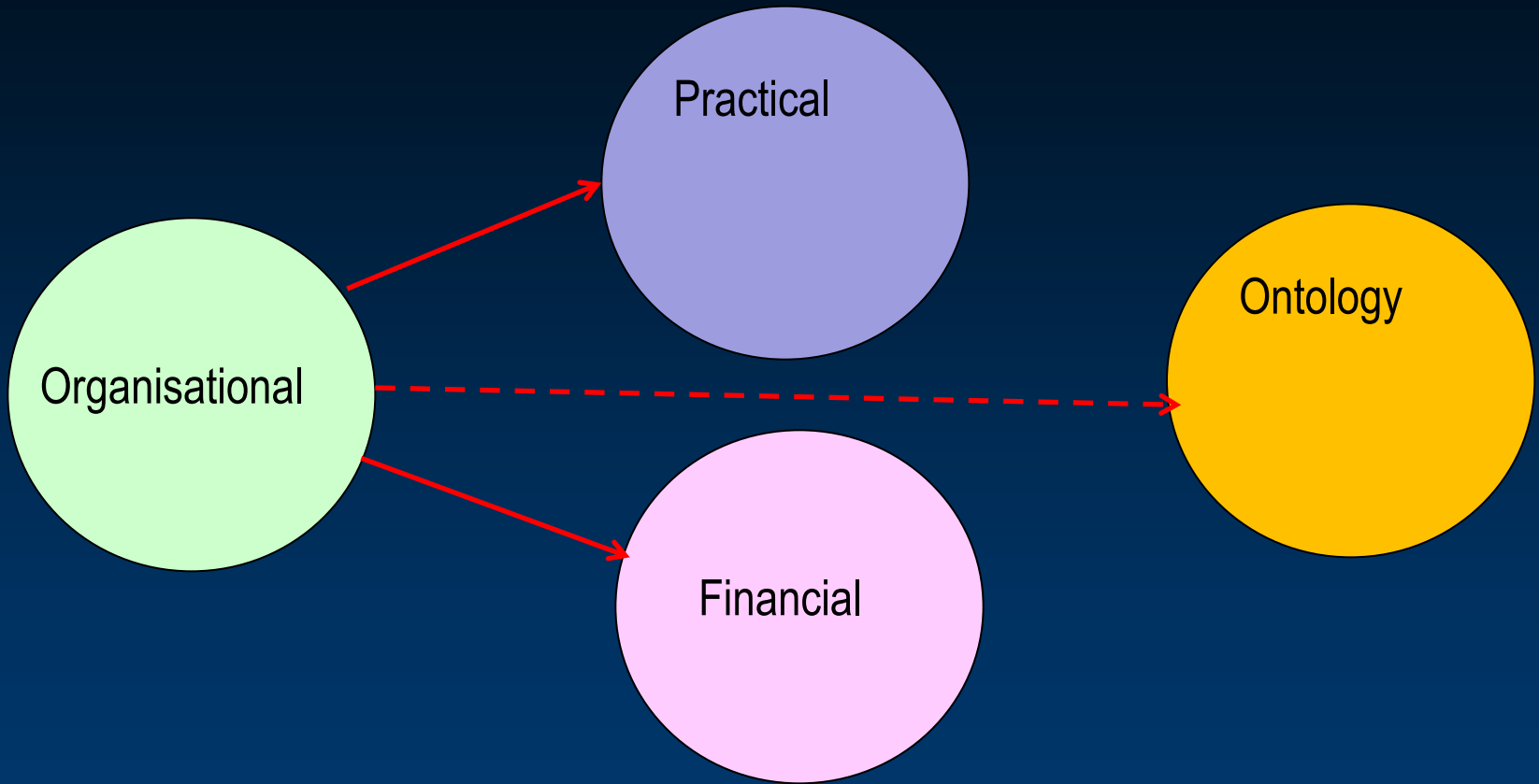
Organisational

Ontology

Philosophy

Practical







The components of clinical governance individually may not make up to much. Each is rather a building block, or a coloured pane, in the construction of a larger and more significant work of art...Each component on its own is not enough.

van Zwabenberg & Harrison  
*Clinical Governance in Primary Care*, 2003



Risk management



Audit



Patient involvement



Use of information



Ensuring clinical  
competence



Education & training



Staff management

- **3.1.3 Clinical governance**
- **Our practice has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care.**



Use of information



Staff management



Audit

- **▶ A. Our practice has leaders who have designated areas of responsibility for safety and quality improvement systems**
- **▶ B. Our practice shares information about quality improvement and patient safety within the practice team.**

# Medicare Locals and quality and accountability

- **Supporting and monitoring quality of care in 7 of 21 objectives**
- **Healthy Communities report includes quality framework**
- **Ways to do this not elaborated; existing evidence base favours peer-referenced methods**
- **?Incorporates population level reporting**
- **?Quality indicators**






# Challenges with existing systems to support clinical governance

- **Practice level: opportunity costs ++, IT systems are often unwieldy, sustainability of improved practice, staff too busy to work together**
- **Regional level: leadership challenge, tailoring support for different health practitioner groups, IT systems are often unwieldy, distrust between groups**
- **System level: leadership challenge, overcoming legitimacy challenges**



- Staff too busy to work together (buy time to do clinical governance work)
- Invest in developing new models of care
- Collaborate using IT in and outside the practice
- Clinical governance leader needed within practice

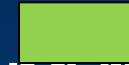
	Audit
	Use of information
	Staff management



- Clinical governance leadership
- Models of interorganisational/interprofessional working
- Become competent in understanding and using data together
- Skills transmission in management and risk appraisal
- Assistance with extraction of data
- Community reporting



Patient involvement



Audit



Staff management



Use of information



Education & training



Risk management



- Leadership
- Sensible regulatory mechanisms
- ? Standards for practice



Ensuring clinical  
competence



Use of information

**#1 Leaders**

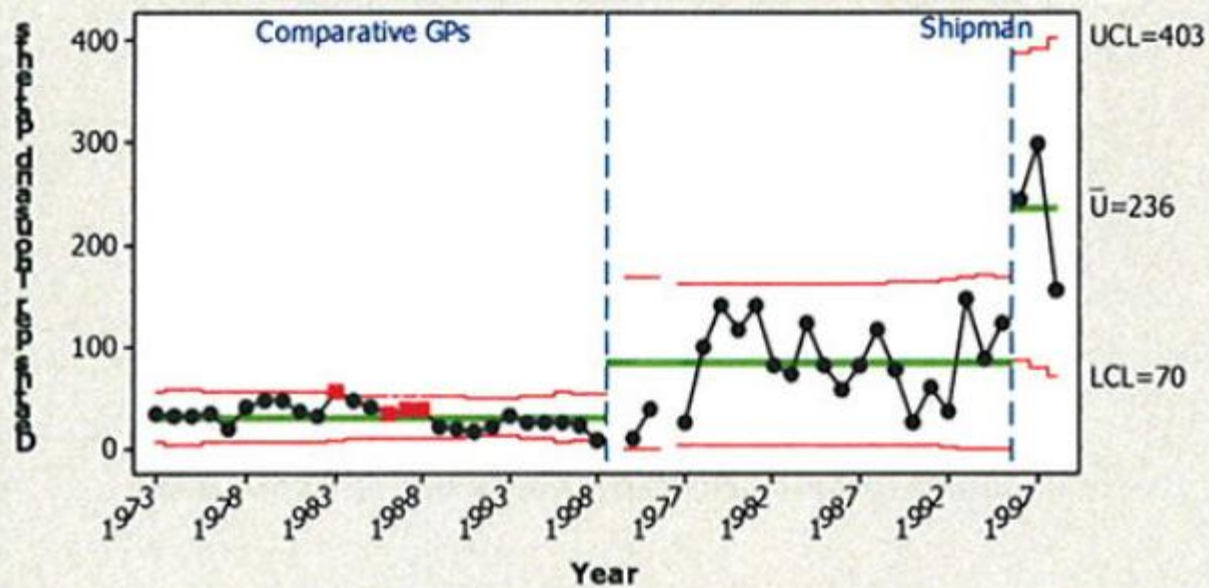
- **Management is its own skill**
- **Need to be transformational, translational and shared leaders**
- **This should be regarded as something to aspire towards for clinicians, with career path advantage**

# Regional level resourcing

## #2 Knowledge

- Incorporates management, epidemiology, statistics
- We need to invest substantially in this expertise
  
- Victorian Healthcare Association resources  
[http://www.vha.org.au/?c\\_id=1012](http://www.vha.org.au/?c_id=1012)
- NSW Health's Statum (and Statistical Sally)  
[http://intranet02.nsccahs.health.nsw.gov.au/clinical/clinical\\_governance/patientsafety/QualityImprovement/statum.html](http://intranet02.nsccahs.health.nsw.gov.au/clinical/clinical_governance/patientsafety/QualityImprovement/statum.html)

### Harold Shipman Versus Comparative GP Death Rate Females aged 75 Years or Above 1973 - 1998





PIs

Mandated  
CME

Performance  
review

Leaders

Inspire, inform, enthuse, collaborate

Knowledge  
brokers

Epidemiologist, statistician, quality  
improvement, community

Systems

Interoperable software ?Medicare  
?PCeHR



*Clinical governance is about our organisational conscience, our DNA, the things we do when we're not being supervised; it's about remembering whom and what we first came here for. It's about asking ourselves, as clinicians: How would I be feeling if I were the patient in front of me? What more would I need? What more would possibly help me?*

Sir Liam Donaldson 2003

