

CLINICAL GOVERNANCE IN HEALTH CARE SYSTEM-A HOLISTIC APPROACH

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Abstract

A healthcare facility provides services for the care of persons who are sick, the early detection of disease, prevention of health problems and promotion of wellness, as its core function. In order to offer these services, the healthcare facility needs to function as a business entity, a provider of hospitality services and a physical facility. In addition, strategic management is also important because the facility has to respond to changes in needs of its clients, technology, business environment, regulatory requirements and the welfare of its own staff. The management of activities, functions and services of a health care facility requires very complex organizational structures, policies and procedures.

Key:- Clinical governance is a holistic approach, which measures the outcome of hospital services by patient satisfaction tool. A satisfied patient is more willing to recommend the hospital to provide his or her care to others. (Abramowitz, et al., 1987)

Keywords: Clinical Governance, Patient satisfaction, Hospital quality

GOVERNANCE

Governance refers to all processes of facilitating interaction and decision-making that enables the accomplishment of common goals, through enablers consist in a uniform set of cultural norms, ethical principles, rules, policies and procedures. The purpose of governance is to create and maintain an environment that is conducive for achieving the goals of healthcare. From a service delivery perspective, governance is different from operations management. Governance provides the general regulatory framework and the sociocultural environment necessary for facilitating the functions of the organization. It is applied to the entire organization. In a health care facility, the part that guides the business functions is termed as 'Corporate Governance' and that for clinical care is called 'Clinical Governance'. Governance acts as the framework and creates the necessary environment. The actual execution of functions is managed through Operations management which is the more specific means of planning and controlling the realization of a particular service or a range of similar service products. It is performed by the facility manager (CEO) or heads of clinical departments (HOD) and units. In fact, in many instances the clinical care provider in charge is responsible for the operations management of the service delivery of his/her case.

Governance is only possible if the people involved are willing to adhere to a uniform set of rules, ethical principles, policies and procedures by virtue of belonging to an organization or a regulated professional group. Otherwise, the achievement of common goals can only be attempted through advocacy. The promulgation and control of governance requires the assignment of authority and responsibility to certain individuals organized in a certain manner.

CLINICAL GOVERNANCE

It is generally agreed that clinicians and clinical teams have the prerogative and responsibility of managing persons under their care. Clinicians are generally customer/patient focused and have the welfare of their customer/patients at heart. However, a clinician does not and cannot operate on his/her own. The success of care delivery is dependent on proper input, processes and environment that are provided by the management. Complete care depends substantially on contributions by other clinicians, allied health care professionals and clinical support providers.

There is a need for many aspects of clinical patient care including the philosophy, goals, approaches, policies and

practices to be streamlined in order to achieve the objectives of healthcare. This can come only through consensus. These areas of common interest relate not only to the practice of medicine but also include areas such as training, service delivery methods, information sharing and the optimization of the use of (usually scarce) resources. Clinicians as a group must be responsible for agreeing on standards plus monitoring and ensuring them. It is accepted that the Chief Executive officer or Director of the hospital is responsible for executing policies and ensuring that the hospital is functional. However, for the development of policies and procedures relating to clinical matters and their implementation, a management team made of representatives of all persons involved in care delivery is necessary.

Basics of Clinical Governance

- equity
- respect for human dignity
- aspiring to do the best
- to do no harm

1. Equity

Clinical governance is based on health equity means ensuring that everyone has the chance to be as healthy as possible. Health care system should work towards challenging the factors such as discrimination and lack of resources. Health equity means ensuring that every person has the opportunity to achieve their best health.

2. Respect for human dignity

Clinical governance is based on providing care that supports the self-respect of the person, recognizing their capacities, ambition and provides best health care services, fulfilling the desired outcomes of satisfaction

3. Aspiring to do the best healthcare

Clinical governance is based on the process of providing, organizing and coordinating the performance of a healthcare facility, offering the best healthcare services.

4. To do no harm

Clinical governance is based on the commitment by health care professionals in a healthcare system to best do no harm has produced a focus on the absence of intervention, that may cause adverse outcomes. To “first do no harm” health services need to actively improve their focus on health and the entire patient's experience. Care providers are inculcated with these beliefs during their professional training. In daily practice, they need to be guided by two main attributes of clinical governance

- professionalism
- ethical practice

1. Professionalism

Clinical governance is based on professionalism of healthcare staffs, who are committed in “day-to-day practice” to

- ❖ Integrity
- ❖ Compassion
- ❖ Altruism
- ❖ Continuous improvement
- ❖ Excellence
- ❖ Collaboration with colleague

2. Ethical Practice

Clinical governance is based on health care ethics which apply the care principles of bioethics: autonomy, beneficence, non-maleficence, justice to medical and healthcare decisions.



Roles and Responsibilities of healthcare provider

The smooth running of a health care policy depends on various components working in tandem. Hence, it is imperative that staff working in management, the clinical departments, and the support services know their roles and perform them diligently. Many care activities initiated by a care provider need to be continued through the efforts of many others before reaching its completion. The intermediate product of the initial provider becomes the input of the person performing the next process. It is important that a professional best suited for a job is assigned the responsibility. Certain staff (especially those in training or orientation) need to be supervised. Hence an important role of Clinical Governance is to oversee the activity of verifying credentials and privileging of staff of the healthcare facility.

Implementation of clinical governance in health care system

The implementation of Clinical governance is in three stages, i.e.:

1. Formulation of scope, purpose and content
2. Formalization
3. Advocacy and Facilitation
4. Operationalization
5. Assessment and Review

CLINICAL GOVERNANCE-clinical governance is a strategic frame work for the development of high quality healthcare.” A frame work through which organizations are accountable continuously quality of their services and safe guarding the high standards of care by creating an environment in which excellence in clinical care will flourish” . “The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents” Australian Council on Healthcare Standards 2004 . -“clinical governance is a way of making sure that everyone who passes through the

health system is well cared for". Or system that enable staff work in the best possible way + staff performing to the highest possible standards.

WHAT MIGHT THAT MEAN IN PRACTICE- Put patients/clients/customers first and last Improve standards of working Learn from experience Enable staff and team Use information effectively

PILLARS OF CFG-

- 1. patients and public involvement (PPI).
- 2. Risk management
- 3. staffing and staff management
- 4. Education and training
- 5. Clinical effectiveness and research
- 6. using clinical information & IT.
- 7. Clinical Audit.

Patient and public involvement (PPI) NHMS patient satisfaction survey complaints patient's right

- Ensuring services meet the need of the patients.
- patients and public feedback is used to improve services.
- patients and public are involved in the development of the services and the monitoring of treatment outcomes.

COMPLAINTS Implementing a complaints management system that includes partnership with patients and carers Why Complaints are an important improvement opportunity Consumers have a right to be engaged Consumers can contribute to finding system solutions What? Processes are in place to support the workforce to recognize and report complaints. Systems are in place to analyse and implement improvements in response to complaints. Feedback is provided to the workforce on the analysis of reported complaints. Patient feedback and complaints are reviewed at the highest level of governance in the organization.

Risk management incident reporting mersweh/SSI-risk management

- Involves having robust system in place to understand, monitor and minimise the risk to patients and staff and to learn from mistakes.
- Complying with protocols'
- Learning from mistakes and near misses.
- Reporting adverse events.
- Assessing the risk- probability of occurrence, impact Promoting blame free culture.

11. Patient safety and quality incidents are recognised, reported and analysed and information is used to improve safety

Implementing an incident management and investigations system that includes reporting, investigating and analysing incidents (including near misses), which all result in corrective actions Why? Research has shown that adverse patient events can be detected, and their frequency reduced, using multiple detection methods and clinical improvement strategies as part of an integrated clinical risk management program. What? Establish processes to support the workforce recognition and reporting of incidents and near misses Establish systems to analyse and report on incidents Provide feedback on the analysis of reported incidents to the workforce Take action to reduce risks to patients identified through the incident management system Review incidents and analysis of incidents at the highest level of governance in the organization

STAFF MANAGEMENT-

- Appropriate recruitment and management of staff
- Ensuring that underperformance is identified and addressed
- Encouraging staff retention by motivating and developing staff.
- Providing good working conditions.

13. Education and training- Providing appropriate support enable staff to become competent to do their jobs and to develop their skills so that they are up to date. Professional development needs continue through lifelong learning.

14. EDUCATION AND TRAINING-

- Attending courses and conferences (Commonly referred to as CPD-Continuous professional development).
- Taking relevant exams.
- Regular assessment designed to ensure that training is appropriate,
- Appraisals (which are a means of discussing and identifying weakness and opportunities for personal development.)

15. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) - This is about developing a culture that encourages lifelong learning (the learning organization) and is an integral part of the job plan. Health organization should commit, plan and act on 'investment in people' if they are truly interested in delivering quality clinical care

16. CLINICAL EFFECTIVENESS & RESEARCH- clinical effectiveness is ensuring that everything we do is designed to provide the best outcomes for patients.

17. CLINICAL EFFECTIVENESS & RESEARCH CPG SOP HTA ACTION RESEARCH- it practice it means –

- Adopting an evidence-based approach in the management of patients.
- 2. Changing your practice and developing new protocols or guidelines based on the experience and evidence if current practice is shown inadequate,
- 3. Implementing guidelines to protocols and other national standards to ensure optimal care.
- 4. Conducting the research to develop the body of evidence available and therefore enhancing the level of care provided in the future.

18. CLINICAL INFORMATION AND USAGE OF IT- This is to ensure that

- 1. Patient data is accurate and up-to-date
- 2. Confidentiality of patient data is respected.
- 3. Full and appropriate use of the data is made to measure quality of outcomes (e.g. through audits) and to develop services tailored to local needs.

19. CLINICAL AUDIT- clinical audit is a quality improvement cycle that involves measurement of effectiveness of health care against agreed and proven standards of high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

20. Comparison of organization with and without clinical governance

Without clinical governance	With clinical governance
Quality and safety are not important	Quality and safety culture
Blaming culture	Learning culture
Secrecy culture	Transparency culture
No standard procedure, protocol, G.Line	Standard procedure, protocol,
Non-checking system	Audit system
Performance not monitored	Performance monitoring
Less emphasis on patient experience	Patient experience is essential

CONCLUSION : The key to effective governance is ensuring: i. There is a positive organizational culture that values performance and promotes continuous inquiry ii. Systems of care are well-designed and performance is monitored a. A system is made up of inputs (e.g. equipment, pharmaceuticals, skilled staff) and processes (policies, procedures, the way things are done) b. Systems need to be actively designed, monitored, controlled and regularly reviewed. There are systems to ensure people with the necessary skills and competencies are appointed and supported at all levels of the organization a. The right facilities and support area available b. Risk is identified and managed