

Overview of the Clinical Governance (Part 2)

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MHA611
Healthcare Systems

Lecture 10



Outlines:

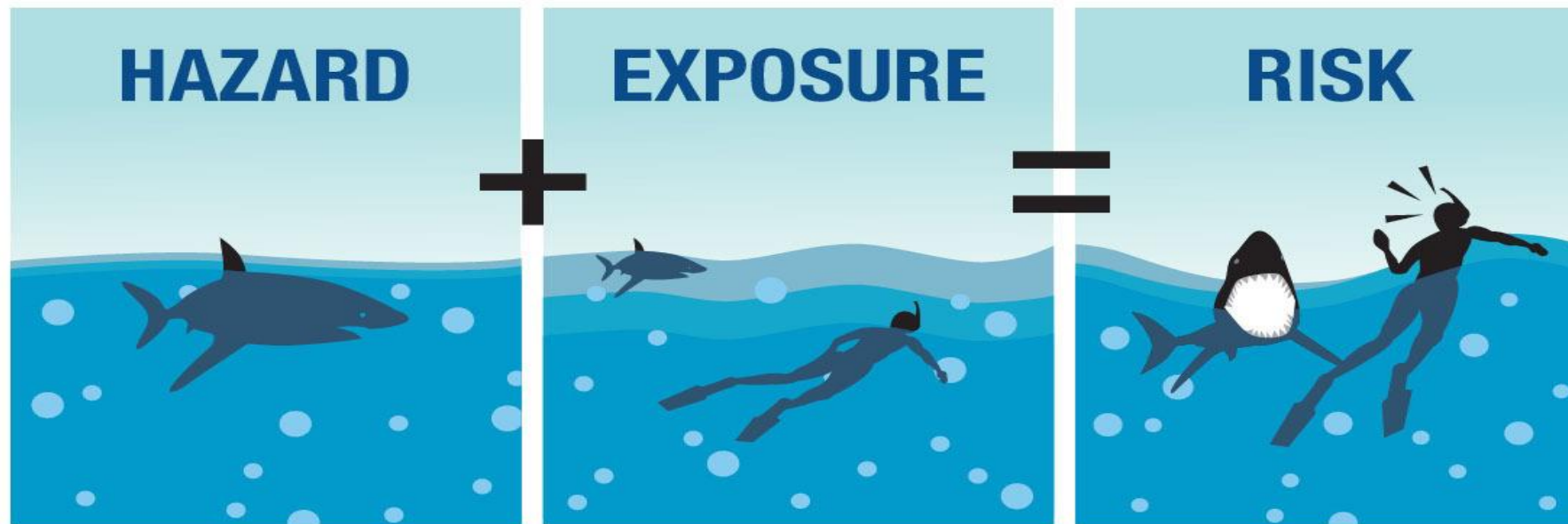
- Concepts on risk management.
- Types of risks.
- What is the clinical risk management.
- Risk management framework.
- Education and training pillar.
- Patient and public pillar.
- Using of information pillar.
- Staffing and staff management pillar.

Chapter

10

Pillar 3: Risk Management

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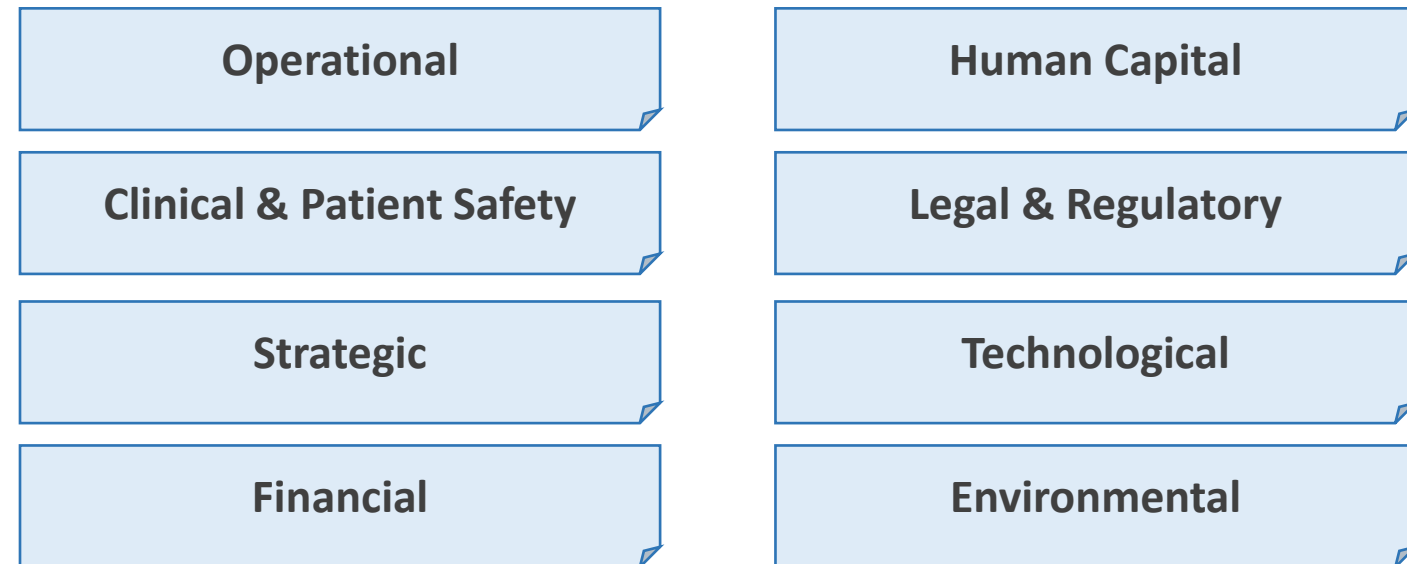
A Risk can be defined as anything that threatens a practice team's ability to achieve its clinical objectives or anything that increases the probability of patient harm.

A Risk is characterized by reference to potential events and expressed in terms of the "Likelihood" and the associated "Consequences" or a combination of these.

Examples of Risks in Healthcare



Types of Risks:



Reference: Clinical Risk Management in general practice,

What is Clinical Risk Management:

Risk management in healthcare is a complex set of clinical and administrative systems, processes, procedures, and reporting structures designed to detect, monitor, assess, mitigate, and prevent risks to patients.



Why Clinical Risk Management:

Clinical risk management specifically is concerned with improving the quality and safety of healthcare services by identifying the circumstances and opportunities that put patients at risk of harm and acting to prevent or control those risks .

World Health Organization

منظمة الصحة العالمية

Clinical Risk Management involves having robust systems in place to understand, monitor, and minimize the risks to patients and staff and learn from mistakes. When things go wrong in the delivery of care, doctors and other clinical staff should feel safe admitting it and be able to learn and share what they have learnt.

Risk Management includes:

- Complying with protocols.
- Learning from mistakes and near-misses.
- Reporting any significant adverse events.
- Assessing the risks identified for their frequency and severity.
- Promoting a blame-free culture.

Reference: <https://alison.com/topic/learn/133628/the-pillars-of-clinical-governance>

What can be done to manage risk?

1. Assess how patients may be harmed even before this happens:

An understanding of the adverse incidents that have occurred in the past and identifying common problems can help identify future risks. Clinical risk identification and analysis should take place in every ward to prevent patient safety incidents.

What can be done to manage risk?

2. Prevent or manage risks:

Make staff aware of risks in the environment. Put in place robust systems to prevent common errors and ensure that safety protocols are in place to protect patients undergoing high-risk procedures.

What can be done to manage risk?

3. Report and analyze adverse events:

Facilities need to actively encourage reporting of adverse events so that adverse events are identified promptly and managed to minimize harm and suffering.

There should be a procedure in place for acknowledging, investigating and dealing with patient complaints. Complaints should be screened to ensure adverse events are identified and appropriately managed.

Reference: A CLINICAL GOVERNANCE HANDBOOK FOR DISTRICT CLINICAL SPECIALIST TEAMS

What can be done to manage risk?

4. Learn from such incidents:

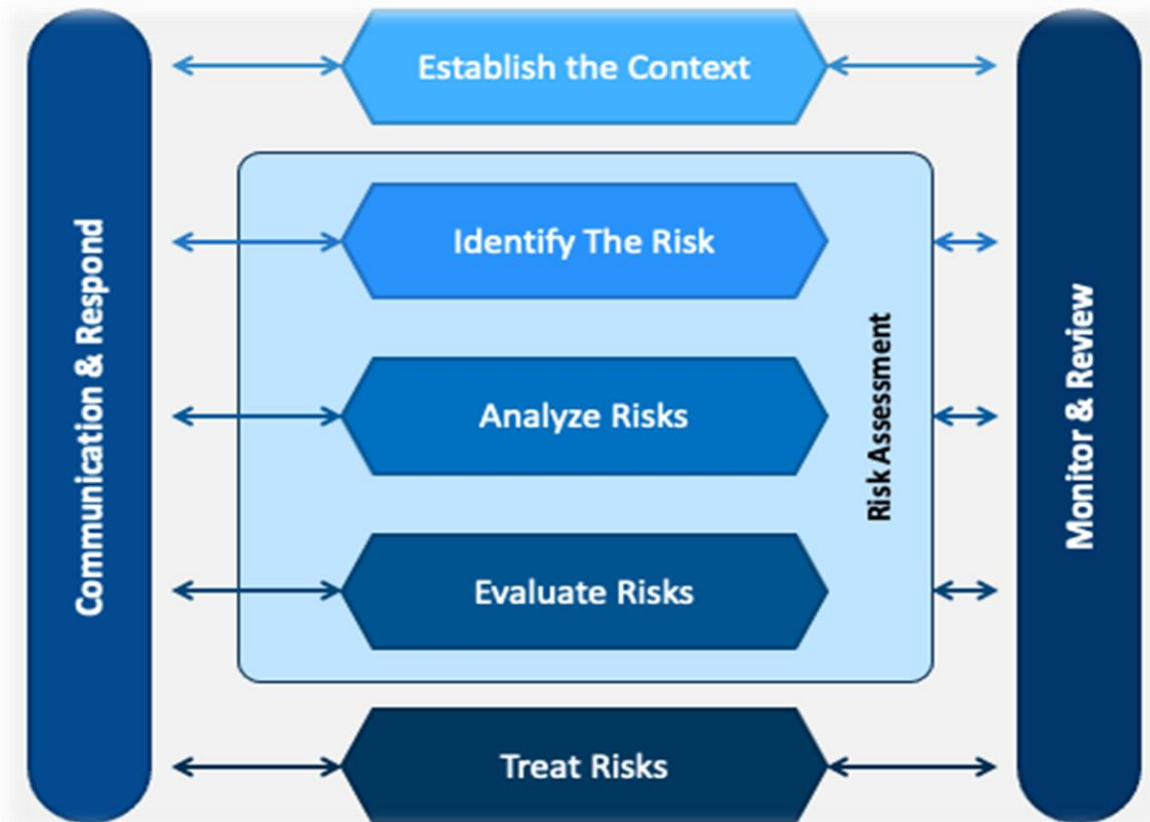
Morbidity and mortality meetings are a key vehicle for learning from adverse events. It is critical to move away from just blaming individuals to trying to understand the role of system factors in patient safety.

5. Implement solutions to minimize the likelihood of them re-occurring.

Risk Matrix

			Consequence				
			1	2	3	4	5
			No patient harm	Minor and brief patient harm	Patient has significant but brief adverse effect	Patient has significant sustained adverse effect	Patient severely affected and may die
Likelihood	A	No identified or known incidents	Low	Low	Medium	Medium	High
	B	Few identified or known incidents	Low	Medium	Medium	High	High
	C	Some incidents have been identified	Medium	Medium	High	Extreme	Extreme
	D	Several incidents have been identified	Medium	High	Extreme	Extreme	Extreme
	E	Multiple incidents have been identified	High	Extreme	Extreme	Extreme	Extreme

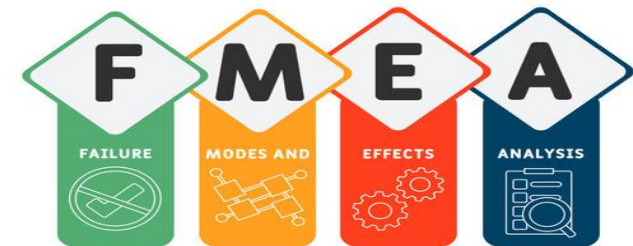
Risk Management Framework



Clinical Risk Management Techniques:

The **Clinical Risk Management** function exists to anticipate adverse events and to mitigate the possible consequences when they occur.

There are numerous risk prediction techniques that have been developed in the industry, such as **FMEA**.



The application of FMEA is divided into Seven Steps:

- 1. Select a process to be evaluated** with FMEA, bearing in mind that this technique works best for the analysis of linear processes that do not have many sub-processes. In the case of many sub-processes, it is advisable to apply the technique to each individual sub-process.
- 2. Organize a multidisciplinary group** with all the actors who have been involved in the process being analyzed, some of whom may be included only for the part of the analysis that concerns them.

The application of FMEA is divided into Seven Steps:

3. **Set a meeting to analyze the process** starting with the description of steps in the process, trying to describe each phase in a detailed manner and without any bias
4. For each step of the process, **list all the possible failure modes (FM)**, that is all that could go wrong, including rare and minor problems. Then proceed to identify the possible contributory factors and consequences of each failure mode.
5. For each failure mode identified, **have the group assign a numerical value on a scale** from 1 to 10 for the frequency and the severity of the FM.

The application of FMEA is divided into Seven Steps:

6. Calculate the Risk Priority Index (RPI) for each FM, taking the product of the frequency score (F), the severity score (S), and the probability of identifying the failure by the operators (I). The possible calculation results range from an RPI equal to 1 to an RPI equal to 1000.

7. Define improvement plans, starting from the FM that have accumulated a higher RPI score and therefore require priority interventions.

Chapter

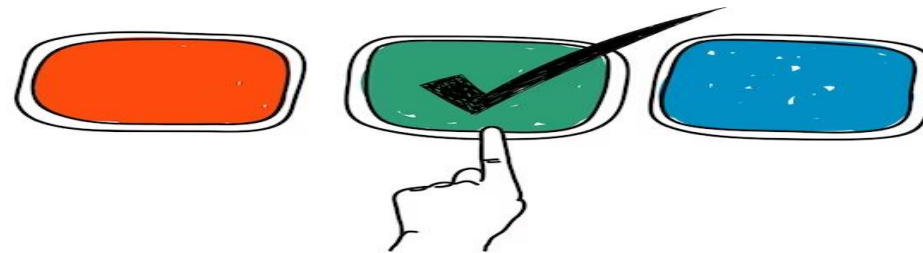
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Pillar 4: Education and Training

Why focus on Education and Training:

Quality is defined as:

“Doing the right things right the first time”



Education and Training:

Education and Training entail providing appropriate support available to enable staff to be competent in doing their jobs and to develop their skills so that they are up-to-date.

Professional development needs to continue through lifelong learning.

A healthcare provision is a **career of continual learning**.

This ensures that practitioners remain **up-to-date** with the latest skills, knowledge and research — linking into Clinical Effectiveness and Research.

Reference: <https://alison.com/topic/learn/133628/the-pillars-of-clinical-governance>

Why focus on Education and Training



Why focus on Education and Training:

- **Medical knowledge is rapidly changing** and there have been vast advances in the field of obstetrics and gynecology, some of them involving a paradigm shift in practice.
- This necessitates the staff to be continuously updated and equipped with the latest knowledge to deliver safe and appropriate patient care.
- **Continuous Professional Development (CPD)** should be the responsibility of the individual practitioners, a culture that should be promoted.

Reference: Article: Clinical Governance, Chandaraharan & Arulkumaran, 2007

Why focus on Education and Training:

In practice, this involves:

- Attending courses and conferences (commonly referred to as CPD)
- Taking relevant exams.
- Regular assessment is designed to ensure that training is appropriate.
- Appraisal by peers (to assess competency and areas for improvement/ further training)
- Completing further training, e.g.: certificates, diplomas, or degrees.

Why focus on Education and Training:

How do you see your hospital?



Why focus on Education and Training:

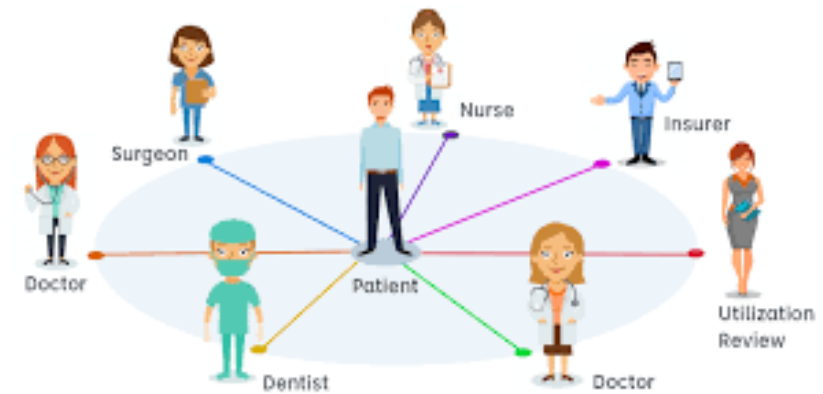
Who is responsible?



Pillar 5: Patient and Public Involvement

Patient and Public Involvement (PPI)

What do we mean by PPI?



Patient and Public Involvement (PPI):

What do we mean by PPI?

Patient and Public Involvement (PPI) is about ensuring that the services provided suit patients, that patient and public feedback is used to improve services into day-to-day practice to ensure an increased level of quality and suitability, and that patients and the public are involved in the development of services and the monitoring of treatment outcomes.

Patient and Public Involvement (PPI):

This is being implemented through a number of initiatives and organizations, including:

- Local patient feedback questionnaires.
- The involvement of the Patient Advice and Liaison Service (PALS) in handling issues with patients.
- Patients Satisfaction surveys.
- Foundation Trust Board of Governors who are elected by members of the local community and have a say on who runs a hospital and how it should be run, including the services it can provide.

Sources: <https://alison.com/topic/learn/133628/the-pillars-of-clinical-governance>

Patient and Public Involvement (PPI):

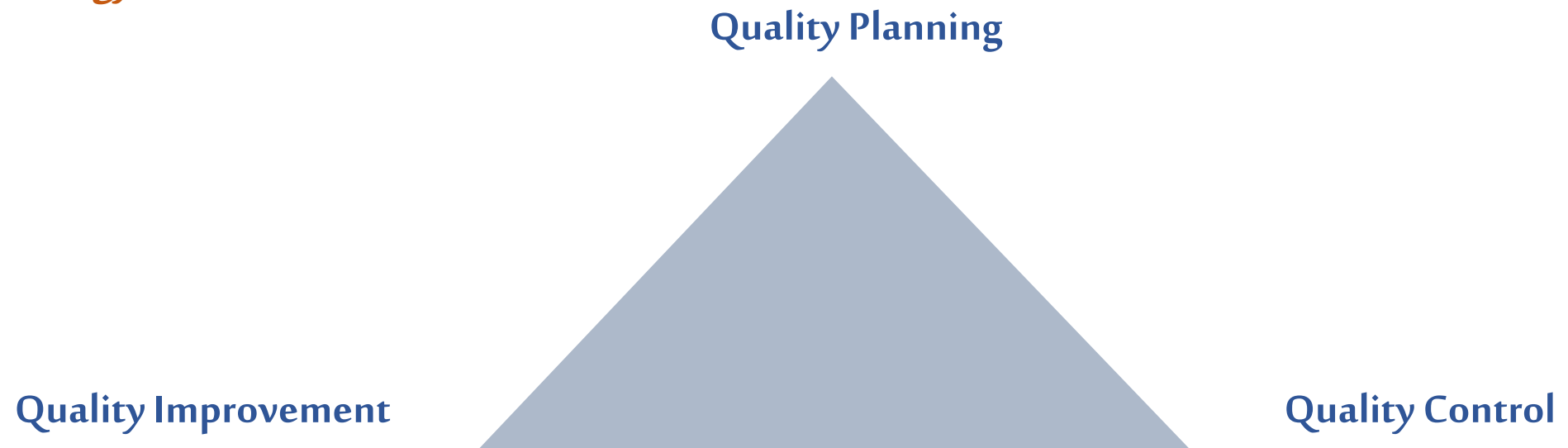
Through this, we are able to assess the quality of services from a patient's point of view and address any issues.

Methods through which this is implemented include:

- Patient feedback questions e.g. Friends and Family questionnaires
- Patient representatives on practice and hospital boards
- Patient Forums to discuss healthcare matters

Why Patient and Public Involvement (PPI):

Joran Trilogy:



Patient and Public Involvement (PPI):

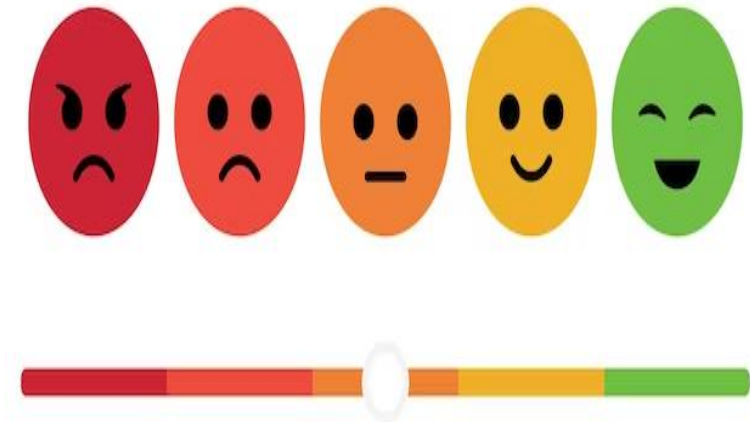
Joran Trilogy:

Quality Planning	Quality Control	Quality Improvement
Identify who the customers are?	Prove the the process can produce the product uder operating condition with minimal inspection	Develop a process which is able to produce a product
Determine the needs of those customers	Transfer the process to operations	Optimize the process
Translate these need into our language		
Developa product that can respond to those needs		
Optimize the product features to meet our needs and customer need		

Patient and Public Involvement (PPI):

Perceptive Quality:

- Is the degree of excellence which is perceived by the recipient or the observer of care rather than by the provider of care.
- Is generally based more on the degree of caring expressed by physicians, nurses, and other staff than on the physical environment and technical competence.



Pillar 6: Using Information and IT

Reference: <https://www.dentalnotebook.com/7-pillars-clinical-governance/>

Chapter

10

Using Information and IT:

Why is it important?



Using Information and IT:

This aspect of Clinical Governance is about ensuring that:

- Patient data is **available**.
- Patient data is **accurate**
- Patient data is **up-to-date**.
- Patient data is **confidential**.
- Patient data is **complete**.

Sources: <https://alison.com/topic/learn/133628/the-pillars-of-clinical-governance>

Using Information and IT:

It aims to ensure **data protection and confidentiality for patients** as well as appropriate storage and management of patient data e.g. including use for audits.

Using Information and IT:

In practice:

- This includes **efficient and appropriate management** of patient records.
- It is important to ensure that the patient's notes are available at his/her appointment.
- Request forms should have a patient's details legibly written.
- The use of printed labels should be encouraged. It is essential to ensure that labels are affixed on all copies of the request form.
- General practitioners should be kept informed of the progress of a patient's condition or treatment with his/her consent.

Reference: <https://www.dentalnotebook.com/7-pillars-clinical-governance/>

Pillar 7: Staffing and Staff Management

Reference: <https://www.dentalnotebook.com/7-pillars-clinical-governance/>

Staffing and staff management

How can staff participate in improving the quality and patient safety?



Staffing and staff management:

This is related to the need for:

- 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.

Staffing and staff management:

From the above explanations, you may have noted that some of the pillars are more directly related to the day-to-day responsibilities of a junior doctor:

- Clinical Effectiveness.
- Audit.
- Risk Management.
- Education and Training.

Staffing and staff management:

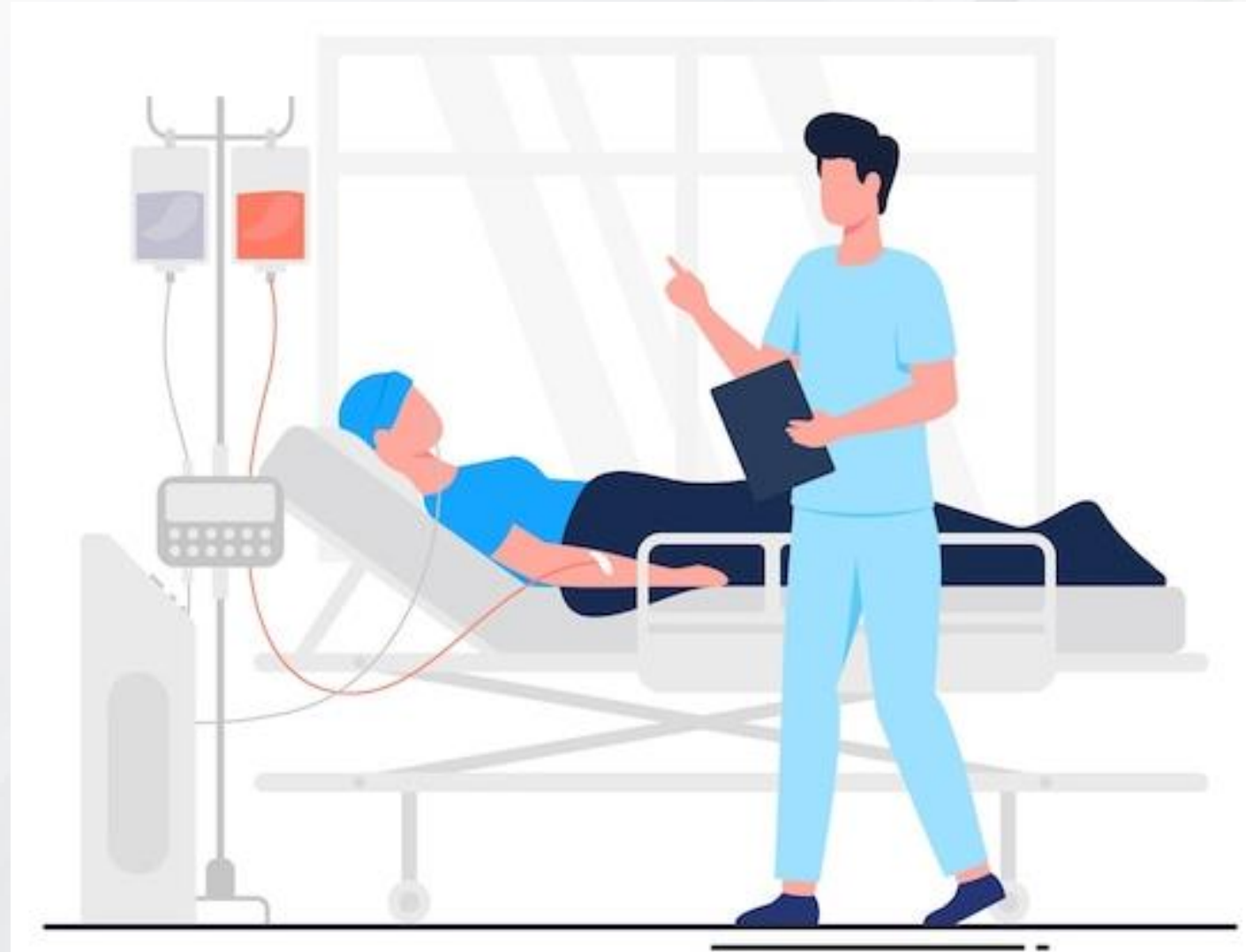
This ensures correct staff are employed for the correct jobs. Any staffing issues, e.g. performance, are addressed as well as encouraging staff to actively participate in the environment.

Additionally, it requires the employer to provide an open attitude with good working conditions and appropriate management of staff members.

Conclusion:

Clinical Governance is a set of activities/ processes/ systems/ components that work integrally to build an **ENVIRONMENT** that ensures and sustains **PATIENT SAFETY.**

Dr. Abdulaziz Alsaedi



Summary

- Risk management in healthcare is designed to detect, monitor, assess, mitigate, and prevent risks to patients.
- A healthcare provision is a career of continual learning.
- Patient and Public Involvement (PPI) is about ensuring that the services provided suit patients and that patients and the public are involved in the development of services and the monitoring of treatment outcomes.
- Staffing and staff management related to appropriate recruitment and management of staff.
- Clinical governance leads directly and indirectly to patient safety.



Thank You