

Clinical Governance Framework

Corporate Policy

Creation Date	16/08/2024
Document Number	PL18169 V1
Owner	Amy Singh
Contributors(s)	Jakline Barkho, Jo Tyson
Review Schedule	Three Years
Risk Rating	Low
Effective Date	08/09/2024
Review Date	08/09/2027
Departments	Geelong, Essendon
Standards	Standard 1 Goverance, Leadership Culture Standard 1 Patient Safety and Quality Systems Standard 1 Clinical performance and effectiveness Standard 1 Safe Environment for delivery of care Standard 2 CG & QI supporting partnering with consumers Standard 2 Partnering with patients in their own care Standard 2 Partnering with consumers in organisational design
Key Search Words	clinical governance, quality management, risk management, incidents, feedback, training

1 Policy Statement

The Hader Clinic is committed to providing safe, high quality care for our consumers. This Clinical Governance Framework is part of an integrated clinical and corporate governance system providing mechanisms to deliver safe, and effective client centered care. This framework together with The Hader Clinic, Partnering with Consumers Policy provides the overarching requirements for effective safety and quality management across the organisation.

2 Policy Rationale

This policy provides a framework within which compliance to legislation, standards and accreditation requirements can be achieved and maintained.

3 Policy Scope

This policy applies to all staff

4 Roles and Responsibilities

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4.1 Leadership | Executive

Leadership and executive are responsible to ensure the overall governance system including the clinical governance system, is implemented effectively, and that the governing body is accountable for the outcomes and performance of the organisation.

4.2 Management

Management is responsible for implementing the Clinical Governance Framework within their scope of operational accountability

4.3 Clinicians and Recovery Coaches

Clinicians and Recovery Coaches are responsible for fulfilling their roles and responsibilities relating to safety and quality inline with the Clinical Governance Framework, related organisational procedures, professional accountability and associated professional Code of Conduct.

4.4 Administration Staff

Administration Staff are responsible for fulfilling their roles and responsibilities for safety and quality inline with the Clinical Governance Framework and adhering to any related organisational procedures.

5 Definitions

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5.1 Clinical Governance

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes" ACSQHC, National Model Clinical Governance Framework 2017

5.2 Risk Management

The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the institution. National Safety and Quality Health Service Standards 2021

5.3 System

The resources, policies, procedures and protocols that are organised, integrated, regulated and administered to accomplish objectives. National Safety and Quality Health Service Standards 2021

5.4 Patient-Centred Care

The delivery of health care that is responsive to the needs and preferences of patients. National Safety and Quality Health Service Standards 2021

5.5 Shared Decision Making

A consultation process in which a clinician and a patient jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the patient's values, preferences and circumstances. National Safety and Quality Health Service Standards 2021

5.6 Diversity

The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, National Safety and Quality Health Service Standards 2021

6 Policy

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6.1 Governance, Leadership and Culture

Clinical governance is fully integrated as a component of the overall corporate governance system and is supported by a robust governance, leadership and safety and quality culture including:

- 6.1.1 Endorsement and maintenance of The Hader Clinic, Clinical Governance Framework
- 6.1.2 Approaching planning, delivery and evaluation of services that is client centred and responsive to, the preferences, needs and values of clients.
- 6.1.3 Setting strategic goals for safety and quality of care that is communicated to staff and clients
- 6.1.4 Development and maintenance of a safety and quality culture within the organisation
- 6.1.5 Partnering with consumers in line with Standard 2 of the National Safety and Quality Health Service Standards
- 6.1.6 Defining safety and quality roles and responsibilities for The Hader Clinic leadership, managers, clinicians and the workforce.
- 6.1.7 Monitoring actions taken in response to incidents
- 6.1.8 Reviewing reports and monitoring progress on safety and quality performance
- 6.1.9 Driving improvements in safety and quality
- 6.1.10 Considering the impact on safety and quality as part of business decision making.
- 6.1.11 Assisting clinical leaders to understand and perform their delegated safety and quality roles and responsibilities

6.2 Reporting

The Hader Clinic Quality & Safety Committee has overarching responsibility for safety and quality across the organisation and reports to The Hader Clinic Board of Governance

6.3 Client Safety and Quality System

The Safety and quality systems enable The Hader Clinic to actively manage and improve safety and quality of care.

6.4 Management of Policy and Procedure

A risk management approach will be used to manage policy and procedures including:

- 6.4.1 Reviewing of policies and procedures to ensure compliance with legislation, regulation and jurisdictional requirements
- 6.4.2 Creation, review, maintenance and currency of policies, procedures and protocols
- 6.4.3 Monitoring compliance to policies and procedures and taking action to improve.

6.5 Measurement and Quality Improvement

An organisational wide approach to quality improvement will be supported by:

- 6.5.1 Identifying safety and quality performance measures, monitoring performance and reporting outcomes
- 6.5.2 Identifying areas for improvement in safety and quality
- 6.5.3 Implementing and monitoring safety and quality improvement strategies
- 6.5.4 Involving the staff and clients in the review of safety and quality performance and systems
- 6.5.5 Providing reports on safety and quality performance to The Hader Clinic leadership, managers, clinicians, clients and others in the workforce.
- 6.5.6 Record of client feedback and respond to client feedback

6.6 Risk Management

A risk management approach will be taken across the organisation including:

- 6.6.1 Identifying and documenting organisational risks using a risk reporting system used by all staff.

6.6.2 Conducting risk assessments using clinical and corporate data.

6.6.3 Acting to reduce identified risks

6.6.4 Regularly reviewing and improving the effectiveness of the risk management system.

6.6.5 Reports on risks to The Hader Clinic leadership, clinicians, clients and workforce.

6.6.6 Planning for internal and external emergencies

6.6.7 Reporting back to clients and staff at meetings about outcomes of risks identified.

6.7 Incident Management

The Hader Clinic will use an incident management system to:

6.7.1 Support staff to recognise and report incidents

6.7.2 Support clients and families to communicate concerns or incidents

6.7.3 Involve staff and clients in the review of incidents

6.7.4 Analyse incidents and report to The Hader Clinic leadership, clinicians, clients and staff.

6.7.5 Use the information from incident analysis to improve safety and quality

6.7.6 Incorporate risks identified during incident analysis into the risk management system

6.7.7 Review and act to improve the effectiveness of the incident management system.

6.8 Feedback and Complaints

The Hader Clinic will support systems of feedback and complaints including:

6.8.1 Actively seeking feedback from clients and families about their experiences and outcomes of care

- 6.8.2 Regularly seeking feedback from the workforce on their understanding and use of the safety and quality systems
- 6.8.3 Using feedback information to improve safety and quality systems
- 6.8.4 Support for clients and families, and staff to report complaints
- 6.8.5 Involvement of staff and clients in the review of complaints
- 6.8.6 Resolution of complaints in a timely way
- 6.8.7 Providing feedback to workforce and clients regarding actions taken
- 6.8.8 Analysis of complaints to inform improvements in safety and quality systems
- 6.8.9 Recording the risks identified from the analysis of complaints in the risk management system
- 6.8.10 Reviewing and acting to improve the effectiveness of the complaints management system
- 6.8.11 Report all risks, complaints and incidents to management in the organisation.

6.9 Diversity and High Risk Groups

The Hader Clinic will implement systems to protect clients of high risk and diversity including:

- 6.9.1 Implementation of mechanisms to identify diversity of clients in particular Aboriginal and Torres Strait Islander peoples.
- 6.9.2 Identification of clients who are at higher risk of harm
- 6.9.3 Provision of information on diversity of clients and clients at high risk into the planning and delivery of care
- 6.9.4 Providing resources and systems to support cultural competence across the organisation

6.10 Clinical Records

The Hader Clinic provides systems for the safe management of clinical records including:

- 6.10.1 Clinical records being available at the point of care
- 6.10.2 Clinicians and Support Workers being supported to maintain accurate and complete records
- 6.10.3 Compliance with security and privacy regulations
- 6.10.4 Use of clinical record for audit
- 6.10.5 Integration of multiple information systems, where necessary
- 6.10.6 Provide all clients with a medical identifier number
- 6.10.7 Use of standard national terminology
- 6.10.8 Upholding legislative requirements for access to the My Health Record system
- 6.10.9 Maintaining accuracy of information uploaded into the My Health Record system
- 6.10.10 Adhere to an organisational wide agreed set of abbreviations for documentation purposes.

6.11 Clinical Performance and Effectiveness

The Hader Clinic will ensure clinicians and other members of staff have the qualifications, skills and supervision to provide safe, high-quality health care to clients.

6.11.1 Safety and Quality Training

The Hader Clinic will provide safety and quality training across the organisation by:

- 6.11.1.1 Implementing a training program for Leadership and Executive
- 6.11.1.2 Implementing a training program for managers

6.11.1.3 Implementing a training program for clinicians and recovery coaches

6.11.1.4 Implementing a training program for administrative support staff

6.11.1.5 Assessing and reviewing the effectiveness of the safety and quality training program

6.11.1.6 Monitoring safety and quality training compliance

6.11.2 Performance Management

The Hader Clinic will review safety and quality performance including:

6.11.2.1 Regular performance review of staff

6.11.2.2 Developing safety and quality training as part of professional development.

6.11.3 Credentialing and Scope of Practice

The Hader Clinic will support processes that ensure staff are suitably credentialed and work within their scope of practice by:

6.11.3.1 Defining the scope of practice with consideration of the services provided to clients.

6.11.3.2 Monitoring practice of clinicians to ensure that they are operating within their designated scope of clinical practice

6.11.3.3 Reviewing the scope of practice of clinicians periodically and whenever a new services, procedures or technology is introduced or substantially altered

6.11.3.4 Implementing procedures to ensure clinicians are credentialed

6.11.3.5 Monitoring and improving the effectiveness of the credentialing process

6.11.4 Safety and Quality Roles and Responsibilities

The Hader Clinic supports staff to understand their safety and quality roles and responsibilities within the organisation including:

6.11.4.1 Assigning safety and quality roles and responsibilities within the organisation

- 6.11.4.2 Providing supervision, where required, to support staff to understand their roles and responsibilities to safety and quality

6.11.5 Evidence Based Care

The Hader Clinic supports the use of evidence based care by:

- 6.11.5.1 Providing clinicians with ready access to best-practice guidelines and decision support tools
- 6.11.5.2 Supporting practitioners to use the best available evidence.

6.11.6 Safe Environment for Care Delivery

The Hader Clinic supports work health safety and a safe environment for care by:

- 6.11.6.1 Maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose
- 6.11.6.2 Facilitating access to services and facilities by using signage and directions that are clear and fit for purpose

6.11.7 Partnering with Consumers

The Hader Clinic will support partnering with clients and their families by:

- 6.11.7.1 Involving clients to be members on The Hader Clinic Safety and Quality Committee.
- 6.11.7.2 Consulting with clients on clients information distributed by the organisation
- 6.11.7.3 Taking action to incorporate clients feedback into publications prepared by the organisation to support shared decision making
- 6.11.7.4 Providing clients with information that is meaningful and relevant on the organisation's safety and quality performance
- 6.11.7.5 Providing an environment of shared decision to support client goals and healthcare needs

6.12 Legislation and Acts

National Safety and Quality Health Service Standards 2nd edition 2021
Health Practitioner Regulation National Law (Victoria) Act 2009
Health Records Act 2001
Health Records Regulations 2023
Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013
Health Services (Conciliation and Review) Act 1987
Health Complaints Act 2016
Mental Health and Wellbeing Act 2022
Mental Health and Wellbeing Regulations 2023
Mental Health Tribunal Rules 2023

6.13 Related Policies and Procedures

Incident and Complaints Management Policy
Communicating for Safety
Medication Safety Policy
Comprehensive Care Policy
Emergency Management Policy

Partnering with Consumers

Recognising and Responding to Acute Deterioration
Risk Management Policy

7 Document Control

Document PL16997 created 26/10/2018
Reviewed 20/03/24
Reviewed and Updated 29/08/2024