Risk Alert

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RISK

Clinical Governance and Incident Management in the Care Sector

Clinical Governance is a component of Corporate Governance. As such, it must be provided the same rigour and attention by Board as other key responsibilities such as finance and planning.

Clinical Governance is increasingly a challenge for the care sector and often the most difficult aspect of governance in care organisations. As health treatments improve, people live longer, and organisations face the increasingly complex needs of clients with long-term, chronic conditions and acute health issues.

In recent times the care sector has been rocked by claims and evidence of harm and preventable deaths while in the care of organisations. Failures of clinical governance have been identified as a key gap in several Royal Commissions across several care services (e.g.: Mental Health, Aged Care, Disability Services). Organisations need to understand the role of clinical governance in their context to effectively identify and manage clinical risks and learn from and prevent incidents.

Clinical Governance is relevant to all organisations providing supportive care. This could be during:

- the delivery of therapy or clinical procedures
- assisting clients with chronic medical conditions to conduct activities of daily living
- being prepared to manage a clinical condition while under your care.

This applies in the following settings:

- Aged care
- Disability services clinic
- Community services
- In-home care
- Supported accommodation

IN THIS RISK ALERT WE COVER:

Part 1: What is clinical governance

Part 2: Risk Management in your clinical governance framework

Part 3: Eight ways Incident management can improve care

Part 4: Tools and Resources

How Ansvar Risk can help

Part 1: What is Clinical governance?

Clinical governance is the systems, processes and actions undertaken to ensure care is high quality, safe and effective. The organisation's clinical governance and safety culture is led by its Board and implemented by management and staff. The organisation's clinical governance committee oversees and monitors care planning, delivery, monitoring and continuous improvement from client feedback and learning from incidents. Directors with clinical and/or care expertise on a care oganisation's board are essential and should lead the clinical governance committee.

Clinical governance was born from the health sector, so many strong examples and resources for clinical governance have originated around health care delivery. The level of complexity of care in community, disability and residential care services is increasing. Now more than ever supporting clients to live with chronic medical conditions is a core part of being a care organisation. So the concepts of clinical governance apply across all sectors where clinical and care services are provided; including home-care providers, residential care, therapy providers or any other providers of health, supportive or disability care services.

Insurers are looking for organisations to adopt appropriate and contextualised approaches to Clinical Governance, based on the complexity of their organisation and the needs of clients they serve. Strong clinical governance prevents harm, serious incidents and preventable deaths and effectively manages risk and claims.

WHAT ARE THE KEY COMPONENTS OF CLINICAL GOVERNANCE?

Ansvar provides this example of a clinical governance framework based on industry models. At its centre is the objective to provide safe, effective, quality care that is person centred.

The five elements are listed around the objective:

- Leadership and culture
- Consumer/Resident partnerships
- Workforce
- Clinical Practices
- Risk management

For more detail on the elements of clinical governance, refer to the webinar link below.

The processes that support achieving the elements are the cycle on the outside.

- Clinical Strategy - A plan for implementing the framework that has been developed at the context of your organisation
- Evaluating - The process by which the framework will be evaluated
- Improving - The approach you will take to continuously improve the framework
- Monitoring - The way in which the framework and its objectives will be measured

DOES YOUR APPROACH TO CLINICAL GOVERNANCE ANSWER THESE QUESTIONS?

Leadership and culture	How do we know we have a safety culture? How do we know our governance frameworks and procedures translate to daily practice?
Consumer/Resident partnerships	How do we know our care is consumer-centred?
Workforce	How do we know our people are capable to deliver safe care?
Risk management	How do we know we are measuring, monitoring and reporting key clinical risks? How do we use incident management to improve care and enhance risk controls?
Clinical practice	How do we know our care is safe and effective?

⚠️ In early June, Aon and Ansvar Risk held a forum on Clinical Governance in Care; An urgency for Boards and Executives to act with keynote speaker Alan Lilly, Adjunct Professor, ACU, Member, AHPPC and Independent Consultant, Health and Aged Care. This webinar is part of a four-part series of webinars on Risk, governance and insurance.
Click here to watch the webinar recording and acess the slide deck.

Part 2: Risk Management in your Clinical Governance Framework

This section of the risk alert focuses on the Risk Management element of your clinical governance framework, including the roles of staff in risk management and incident reporting to help improve care and quality standards.

Your clinical governance framework should map out the committee structures, processes and reporting that will enable the Board to understand, monitor and direct changes in the organisations delivery of care, based on performance data. There are a number of tools and resources available to assist you in preparing or updating your clinical governance frameworks (See Part 4).

Your clinical governance framework should be able to articulate how staff contribute to safe, effective, high quality care, including through risk management and incident management. Some organisations may elect to enhance their existing Quality Framework to include clinical governance, while others may require a separate framework. The level of detail will depend on the types of services that are being delivered and the potential risks associated with that care.
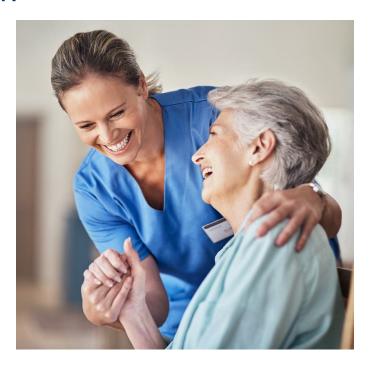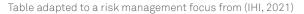
Table 1: Quality and safety is everyone's business - example roles and responsibilities for improvement

ROLE	BUSINESS PLANNING	RISK MANAGEMENT	INCIDENT MANAGEMENT	CONTINUOUS IMPROVEMENT
Clients/residents, families and the community	Consumer feedback is used to inform planning	Advise of near misses and use assistive equipment	Report incidents and take part in identifying solutions	Take part in client/ resident feedback meetings
POINT OF CARE				
Carers and Clinicians	Staff feedback for improvements are reported to line manager.	Identifying local risks and implementing risk prevention controls. Share with your team.	Report incidents and near misses. Raise at shift handover.	Identify and address issues when possible. Escalate to team leader if help needed.
Team leaders	Partners with staff, quality and executive to create local plans to implement organisational strategy.	Ensuring risk prevention embedded in practice at point of care.	Enquire about near misses and incidents during the shift. Support team to document and implement preventative action.	Support team to improve care at the point of service.
Quality and risk staff	Work with Executive and Teams to demonstrate how high-priority projects will support strategy.	Supporting audit to validate risk controls activated. Train staff and management in understanding risk.	Partner with teams to understand incident causes and create prevention controls. Trend analysis and escalation.	Coach team leaders and staff to conduct improvement activities. Escalate issues and successes to management .
Clinical governance committee	Informs planning from risk and incident .	Regular review of clinical risks and quality indicators.	Regular review of major or recurring incidents, report to board.	Initiate audits to ensure best practice changes sustained .
Executives	Integrates priority projects into .	Deploy resources and training to manage risk.	Deploy resources and training to manage incidents.	Sponsors and initiates high priority projects.
Board	Ensure strategies and plans focus on high quality care.	Regular review of key strategic risks and top clinical risks.	Regular review of significant incidents.	Sets tone of culture for safety and improvement.

Table adapted to a risk management focus from (IHI, 2021)

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Part 3: Eight ways incident management can improve care

Incident management is the process of documenting, escalating, investigating, mitigating and monitoring incidents. Clinical or client safety incidents should be reported to the Clinical Governance committee and analysed to understand trends occurring across a service or group of services. The purpose of incident management is to understand how an incident occurred and put in place measures to prevent or reduce the likelihood of the incident happening again. **Incident rating processes to review the severity of an incident can assist in triaging which improvements are needed first.**

A consolidated system for incident management is a necessity for effective incident management. Digital systems can enable easier analysis and provide more accessible data for monitoring and oversight and are generally expected of medium-large multi-site care providers.

A proactive culture of reporting near misses and incidents is part of good clinical governance and aligned with both legislative requirements and community expectations. Notification of significant incidents may also be required to your insurance broker and/or insurer.

Eight ways incident management can improve care

GOOD GOVERNANCE CHECKS	IMPROVEMENT ACTIONS ARISING FROM INCIDENT MANAGEMENT
Incidents may highlight a risk that hasn't been considered.	Ensure each incident is aligned to a clinical risk category.
Repeat incidents may mean the likelihood of the risk has been underestimated or that preventative controls aren't working or aren't being used.	Conduct an audit to see if the relevant risk controls are being applied. Consider re-rating the risk likelihood.
Incidents with hard may suggest the consequence of the risk has been underestimated or the effectiveness of controls that reduce impact were overestimated.	Consider re-rating the risk consequence. Reassess controls effectiveness or look for alternatives.
Rating the severity of incidents can assist in determining incident improvement priorities.	If not done already, commence rating the severity of incidents. Many organisations do this as part of the incident reporting process.
Low numbers of incidents may suggest incidents aren't being reported.	Consider a safety culture survey. Respond positively to increased levels of reporting. Demonstrate action on incidents. Managers ask team leaders about incidents on shift. Team leaders ask about incidents or near misses every handover.
Absent reporting of near misses indicate poor reporting culture.	Encourage documentation of near misses. Ask team leaders about near misses on shift. Celebrate risk prevention for reported near misses.
Acceptance of persistent levels of incidents can be a red flag for poor reporting culture.	Identify unacceptable performance and prioritise resource or improvement activity to address the issue. Include priority improvement projects in business plan.
Variation between sites might indicate different practices if client care needs are comparable.	Analyse trends by site. Top performers can share their practice tips with under performers.

Key Governance Actions

- Regularly review the clinical risk register and align incidents
- Analyse trends, particularly repeat incidents and reassess the relevant risks and controls effectiveness
- Encourage reporting of incidents and near misses for improvement purposes. No or low reporting should be a red flag

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Part 4: Tools and Resoucres

Guidance for brokers and clients around clinical governance

Ansvar tools: clinical governance and incident management checklist

This checklist may assist you to reflect on your clinical governance approach and consider potential improvement actions to strengthen incident management and how it is used by your clinical governance committee

DOWNLOAD

Resources for making your Clinical Governance Framework:

National Model Clinical Governance Framework

The National Model Clinical Governance Framework provides a consistent national framework for clinical governance that is based on the National Safety and Quality Health Service Standards.

Clinical governance in aged care
A range of materials are available from the Aged Care Commission on Quality and Safety around clinical governance; toolkits and FAQ sheets to help you create or update your clinical governance framework.

Governance and Clinical governance

The Australian Institute for Company Directors has a number of checklists and thought-provoking tools for directors in the sector to consider, including Board governance in the aged care sector (Hislop, 2020) and Clinical governance tools for boards in the aged care sector (Hislop, 2020). While these tools are based on the recommendations of the Royal Commission into Aged Care Quality Standards, the principles are useful for other care sector organisations as well.

Reducing restrictive practices

From July 1, 2021, legislative changes will come into force specifically regarding the use of restrictive practices. Restraint is the act of limiting a person's movement, generally in an effort to minimise harm to themselves or others. Restraint can be physical; by positioning, tethering or use of furniture from which a person cannot freely get up from i.e. a deep chair- or pharmacological; the use of medication that effectively sedates a person.
Your clients may be interested in the following resource set from the Aged Care Quality and Safety Commission Minimising the use of restrictive practices | Aged Care Quality and Safety Commission (ACQSC, 2021)

Take Action Now - We Can Support You

Ansvar Risk is encouraging clients to be prepared and proactive about clinical governance structures and processes ahead of the likely changes as part of the implementation of the Royal Commission recommendations.

Ansvar Risk provides a range of consultancy services to assist clients to review and enhance their clinical governance systems, processes and practices and the time to act is now.

We can also assist with tailored programs:

- Risk health checks
- Risk maturity assessments
- Risk improvement planning
- Training on safeguarding vulnerable people
- Strategic Board and Executive workshops
- Strategic risk identification
- Dignity of Risk programs
- Clinical governance frameworks
- Business continuity planning

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Stephen has a broad background and qualifications in risk management, project management, service redesign and managing change. He originally trained as a dietitian and spent 10 years working in private practice in aged residential care, disability home care services and veterans affairs home visit services on the Mornington Peninsula.

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References

ACQSC. (2021, July 1). **Minimising the use of restrictive practices.** Retrieved from Aged Care Quality and Safety Commission: https://www.aged-carequality.gov.au/resources/minimising-restrictive-practices

ACQSC. (2021, July). **Serious Incident Response Scheme .** Retrieved from Aged Care Quality and Safety Commission : https://www.agedcarequality.gov.au/sirs

Aged Care Quality and Safety Commission, Commonwealth of Australia. (2019, August). **Clinical governance in aged care.** Retrieved from Aged Care Quality and Safety Commission: https://www.agedcarequality.gov.au/providers/quality-care-resources/clinical-governance

Australian Government Department of Health. (2021, May 11). **Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety.** Retrieved from Australian Government Department of Health: https://www.health.gov.au/resources/publications/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety

Hislop, R. (2020). **Board governance in the aged care sector.** Retrieved from Austrlian Institute of Company Directors: https://aicd.companydirectors.com.au/-/media/cd2/resources/director-resources/director-tools/2019/organisational/07236-3-27-board-governance-aged-care-web.ashx

Hislop, R. (2020). **Clinical governance tools for boards in the aged care sector.** Retrieved from Australian Institute of Company Directors: https://aicd.companydirectors.com.au/-/media/cd2/resources/director-resources/director-tools/2020/organisational/07236-6-35-dt-org-clinical-governance-for-board-aged-care-sector-nov20-a4-web.ashx

IHI. (2021, 07 20). **How to Build a Learning Organization Culture.** Retrieved from Institute for Healthcare Improvement: http://www.ihi.org/communities/blogs/how-to-build-a-whole-system-quality-learning-organization-culture/

Safer Care Victoria. (2020, December 11). **Clinical Governance Framework.** Retrieved from Safer Care Victoria: https://www.bettersafercare.vic.gov.au/publications/clinical-governance-framework