

Clinical Governance and Leadership Guideline for Physiotherapy

*A guide for physiotherapists leading clinical governance activities as Clinical Directors
for the Physiotherapy Services Contract*



Acknowledgements

Development of this guideline was undertaken by Physiotherapy New Zealand (PNZ) with support from ACC. The purpose of the document is to provide a reference and resource for physiotherapists who want to develop their understanding of clinical governance and clinical leadership.

The guideline has relevance to all physiotherapy services provided in an outpatient or community setting, regardless of size and irrespective of funding arrangements.

For practices providing physiotherapy under the Physiotherapy services contract it's a requirement to have a named Clinical Director in place. This is a clinical governance role to support clinical leadership and quality within practices.

With this in mind reference is made to the ACC Requirements for Physiotherapy and Hand Therapy Services which outline certification requirements for services provided under the Physiotherapy services contract. Consequently, some content may appear more tailored toward musculoskeletal physiotherapy services. e.g. Examples of clinical guidelines for physiotherapy (page 38).

Discussions with many PNZ members have been instrumental in how the development of this resource was approached. Their time and commitment to the profession is acknowledged and their insights and perspectives invaluable.

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Key Concepts, Terms and Definitions

Adverse event	An incident in which harm resulted to the person receiving health care (see 'Incident' and 'Near miss')
Audit	A systematic review of clinical care against a pre-determined set of criteria
Capability	The extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance (Fraser & Greenhalgh 2001)
Client	May be an individual, a group of individuals, family/whanau, a community or an organisation
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (National Institute for Clinical Excellence 2002)
Clinical expertise	The proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice (Sackett et al, 1996)
Clinical governance	A system through which organisations are accountable for continuously improving the quality of their services and safe guarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish
Clinical risk management	Clinical risk management is concerned with improving the quality and safety of health care services by identifying the circumstances and opportunities that put patients at risk of harm and then acting to prevent or control those risks (Reason 2001)
Clinical workforce	The clinicians who provide patient care, as well as students who provide patient care under supervision. This may also include staff carrying out diagnostic tests eg: radiology
Clinician	A health care provider, trained as a health professional. Clinicians include registered (eg: physiotherapists) and non-registered (eg: physiotherapy assistants) practitioners, or a team of health professionals providing health care who spend the majority of their time providing direct clinical care

Coaching	A relationship between two or more people in which one person finds ways to enable and empower the other(s) to perform at higher levels
Co-design	Brings consumers/patients, families/whanau and staff together to share the role of improving care through the re-design of services. It is a proven methodology, which provides tools for effectively increasing the engagement of consumers in decision-making and design of health and disability services
Collaboration	When health professionals from different professions work together with patients, families, carers, communities to deliver the highest quality care. Elements of effective collaborative practice include respect, trust, shared decision-making and partnerships (World Health Organisation, 2010)
Competence	The ability of a health professional to practice safely and effectively in a range of contexts and situations of varying levels of complexity. The level of an individual's competence in any situation will be influenced by various factors
Competency-based training	An approach to training that places the emphasis on what a person can do in the workplace as a result of training completion
Consumer (health)	Patient/client and potential patient/clients, carers and organisations representing consumers interests
Continuous improvement	A systematic ongoing effort to raise an organisations performance as measured against a set of standards or indicators
CPD	Continuing professional development
Credentialing	Refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a practitioner for the purpose of forming a view about their competence, performance, and professional suitability to provide safe, high quality healthcare services within specific organisational environments
Culture	A system of shared values (what is important), assumptions, beliefs (how things work), behaviours and norms that represent the expectations and image of a particular people, organisation or system ("the way we do things around here")
Cultural responsiveness	A core concept of client-centred practice that requires a health professional to respond pro-actively to the healthcare issues of socially and culturally diverse clients and relevant others

Domain	An area of knowledge or activity
Environment	The overall surroundings where health care is being delivered, including the building, fixtures, fittings, and services such as air and water supply. 'Environment' can also include other clients/patients, visitors and the workforce
Evidence-based practice	Care where experience, judgement and expertise are integrated with knowledge about effectiveness gained from a systematic overview of all relevant high quality research evidence
Governance	Encompasses the systems, processes and relationships through which an entity is directed or controlled (Institute of Directors)
Guidelines	Clinical practice guidelines are 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances'
Health outcome	The health status of an individual, group of people, or population that is wholly or partially attributable to an action, agent or circumstance
Health literacy	A clients knowledge, motivation and competence to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care (Sorenson et al, 2012)
Health pathways	An online manual used by clinicians to help make assessment, management, and specialist request decisions for health conditions. Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context
Incident	An event or circumstance that resulted, or could have resulted, in unintended +/-or unnecessary harm to a person +/-or a complaint, loss or damage (See 'Adverse event' and 'Near miss')
Informed consent	The process of exchanging information so that a patient/consumer can make an informed decision about their healthcare options, including the option of refusing the treatment, procedure or intervention
Leadership	In health, leadership has been described as a 'mechanism for effecting change and enhancing quality. . . it requires a new obligation to step up, work with other leaders, both clinical and managerial, and change the system where it would benefit patients' (Department of Health, 2008)

Mandatory training	Compulsory training designed to ensure health care workers have the required knowledge and skills to practice safely in their areas of responsibility
Near miss	An incident that did not cause harm, but had the potential to do so
Open communication	The timely and transparent approach to communicating with, engaging with, and supporting consumers/clients/patients and their families/whanau when things go wrong (Health Quality & Safety Commission, 2016)
Open disclosure	An open discussion with a client/patient about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret and factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence
Orientation	A formal process of informing and training workforce upon entry into a position or organisation, which covers the policies, processes and procedures applicable to the organisation
Patient	A person receiving health care. Synonyms for 'patient' include 'client' and 'consumer'
Patient safety	The management of risk over time in order to maximise benefit and minimise harm to consumers/clients/patients in the health care system
Policy	A set of principles that reflect the organisations mission and direction. All procedures and protocols are linked to a policy statement.
Procedure	The set of instructions to make policies and protocols operational. These are specific to an organisation
Protocol	An established set of rules used for the completion of tasks or a set of tasks
Risk	The chance of something happening that will have a negative impact. It is measured by consequences and likelihood
Whānau	"Whanau are those to whom the person relates in terms of shared experiences, values and beliefs. The people and relationships that comprise a person's whanau may be lifelong, or time-limited and specific to the person's life circumstances" (Darlow & Williams, 2018)

What is the purpose of the guideline?

The purpose of the guide is to provide a reference and resource for physiotherapists who want to develop their understanding of clinical governance and clinical leadership – particularly in relation to the Clinical Director requirement for the Accident Compensation Corporation (ACC) Physiotherapy Services Contract.

Part A of this guideline outlines New Zealand legislation and standards relevant for guiding provision of safe and quality health services. Physiotherapy New Zealand's Clinical Governance Framework is discussed with the goal of supporting physiotherapists to embed appropriate governance and leadership practices within their organisations, as a professional way of life.

Part B presents the components and processes for appropriate and effective clinical governance for physiotherapy services with emphasis on the activities of a physiotherapist in a Clinical Leader role. ACC now requires each organisation delivering physiotherapy services under the Physiotherapy Services Contract to appoint a Clinical Director, with the aim of having more experienced physiotherapy practitioners provide oversight of treatment providers. Whilst Clinical Directors will undertake specific requirements as outlined in the Contract, the establishment of the Clinical Director role is about clinical leadership to support safety and quality within physiotherapy practices.

PART A – Background

Legislation and standards

In Aotearoa New Zealand the **Ministry of Health** (MoH) has overall responsibility for the management and development of New Zealand’s health and disability system. The Ministry administers a number of laws made by Parliament as well as having roles defined in other legislation.

Legislation relevant to the quality and safety of health services including physiotherapy are the:

- **Health and Disability Commissioner Act 1994**
- **Health and Disability Services (Safety) Act 2001 and**
- **Health Practitioners Competency Assurance Act 2003**

The Health and Disability Commissioner Act established the **Health and Disability Commissioner**, with the role of promoting and protecting the rights of health and disability services consumers, and facilitating the fair, simple, speedy, and efficient resolution of complaints.

The Health Practitioners Competence Assurance Act 2003 (the Act) provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from professional practice. The Health and Disability

Services (Safety) Act 2001 is the legislation that underpins the certification of health care services.

The purpose of the Health and Disability Services (Safety) Act is to:

- promote the safe provision of health and disability services to the public
- enable the establishment of consistent and reasonable standards for providing health and disability services to the public safely
- encourage providers of health and disability services to take responsibility for providing those services to the public safely and
- encourage providers of health and disability services to continuously improve the quality of those services (MoH, 2020).

Developed jointly by the Ministry of Health and Standards New Zealand (SNZ) the **Health and Disability Services Standards** are mandatory for health and disability service providers with the goal of promoting good and safe practice.

Sponsored by the Ministry of Health, the Health and Disability Services Standards are available at no charge on the **Standards New Zealand** website.

Accident Compensation Corporation (ACC) is the crown entity responsible for administering New Zealand’s no-fault accidental injury compensation scheme as per the **Accident Compensation Act 2001**. ACC provides financial compensation and support to citizens, residents, and temporary visitors who are injured, through funding of health and rehabilitation service providers.

Many health professionals provide services to ACC clients under the **Cost of Treatment Regulations** legislation, but it is also possible to provide services by **working under a contract**. Set up in 2004 (originally as the Endorsed Provider Network contract) the **Physiotherapy Services Contract** offers providers of physiotherapy a higher rate of payment per client per contact, but requires providers to be certified by meeting certain standards.

To ensure consistency in terms of safety and quality, ACC contracted Standards New Zealand to develop a national standard for allied health services. Published in 2005 the Allied Health Services Sector Standard (AHSSS) is “the result of collaboration between allied health professionals (representative societies, associations and providers from the public and private sector), consumer representatives, ACC and Standards New Zealand.”

The AHSSS specifies consistent dimensions of safety for allied health service providers in terms of consumer-focused services, organisational management, pre-entry to services, service delivery, managing service delivery and provision of a safe and appropriate environment (SNZ, 2020).

Alongside the AHSS Standard, an audit workbook for physiotherapy services was developed for use by providers and

auditors. The Physiotherapy workbook outlines expectations for services along with solutions, examples and additional information to enable physiotherapy practices, in both public and private health and disability settings.

Both the **Allied Health Service Sector Standard** and related **Physiotherapy workbook** (reconfirmed in 2020) are available for purchase from the Standards New Zealand website. Recent review of the Physiotherapy Services Contract has resulted in ACC revising the certification requirements for physiotherapy services as well as introducing certification requirements for providers of hand therapy services.

Published in 2018 **The ACC Requirements for Physiotherapy and Hand Therapy Services** reference the AHSS standards, ACC standard terms and conditions for health contracts and the ACC physiotherapy and hand therapy services service schedules. Contracted suppliers can chose to be audited and certified against either the NZS 8171 AHSSS or the ACC Requirements for Physiotherapy and Hand Therapy Services. The **ACC Requirements for Conformity Assessment Bodies to audit against** provides assurance that a robust and consistent process is followed by agencies that audit. Physiotherapists find the physiotherapy workbook useful in a number of ways which are discussed [here](#).

Of note, the ACC Requirements include:

- ✓ A section on **Clinical Governance** under *Personnel and Human Resource Management* which details specific expectations of Clinical Directors and

- ✓ Detailed expectations of appropriate and complete documentation under *Information Management and Keeping Clinical Records* in relation to:
 - injury causation
 - assessment
 - clinical reasoning
 - treatment plans
 - collection and reporting of specific outcome measures
 - client education on self-management/injury prevention and
 - referral to other services where necessary

The inclusion of more specific requirements relating to clinical oversight/audit, clinical reasoning and the importance of comprehensive documentation outlining clinical management refers to a core component of clinical governance – *clinical effectiveness*. Some clinical governance frameworks use different terminology i.e. clinical performance & evaluation (ACSQHC, 2017), clinical effectiveness & audit (HSE, 2009), evidence based care & effectiveness (NHS, 2019), professional performance (Scally & Donaldson, 1998) but they all encompass the same requirements. Attention to evidence-based practice, audits, clinical pathways/ models of care, measuring outcomes and cost-effective care is all part of Clinical Effectiveness. Physiotherapy practices with good clinical governance in place report staff are motivated and loyal.

- ✓ Physiotherapy practices with good clinical governance in place report staff are motivated and loyal as discussed [here](#).

Clinical governance

A clinical governance system should exist within the context of a broader organisational (corporate) governance system, which means that for clinical governance to be successful it must be supported by the same strengths as organisational (corporate) governance.

Organisational governance

Defined as “a system by which an organisation makes and implements decisions in pursuit of its objectives” (ISO 2600) organisational governance is the process by which an organisation:

- Is provided with direction
- Has its activities monitored and controlled
- Has its personnel held to account

Governance is different from management in that it encompasses the systems and processes the organisation has in place to shape, facilitate and direct the management of the organisation. Management provides the actions for achieving co-ordination and management of the day-to-day operations of the organization.

From the perspective of safety and quality:

- Good management includes management of safety and quality
- Good governance adds to good management by importing a layer of leadership, accountability and risk management (Edwards, 2013)

Clinical governance

Clinical governance is an organisation-wide approach that protects and continuously improves the safety and quality of services and care provided. Everyone is involved and it's important that everyone appreciates that they have a collective responsibility to create a safer and more effective health system. A lack of clarity about the responsibility for the quality and safety of care, or the shifting of responsibility, can sometimes be an issue in healthcare organisations (HSE, 2014).

In larger physiotherapy businesses, the CEO and leadership team should provide organisation-wide leadership for quality improvement with consumer and clinical input provided at all levels of policy development, health service management, clinical research, education, training, and guideline development.

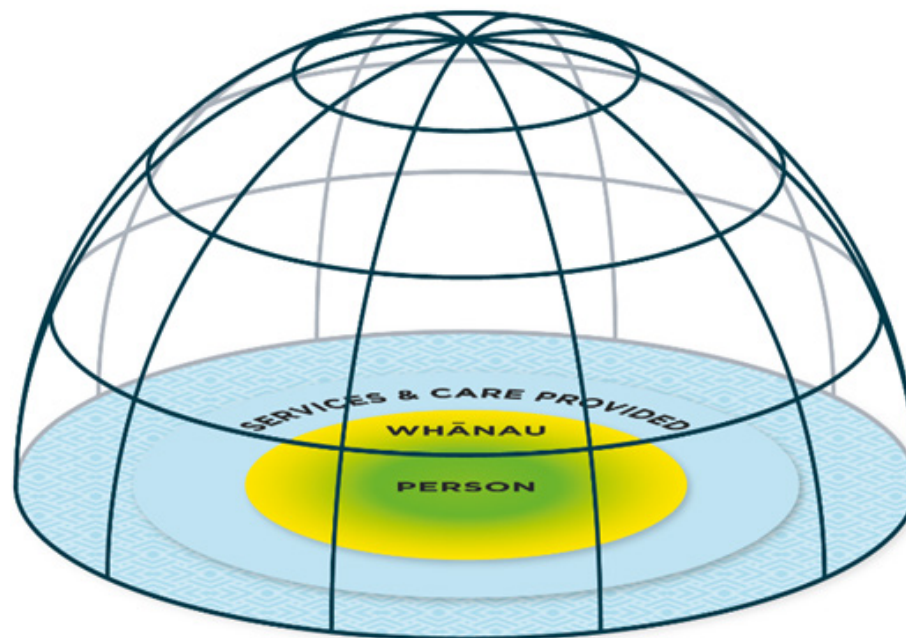
For smaller physiotherapy businesses, the same responsibilities and accountabilities apply but consumer/client groups will be smaller and services delivered less complex. However, the commitment to consumer/client engagement and continuous improvement is still central.

The key principles for clinical governance to be effective are:

- ✓ Consumer/patient-centred care
- ✓ Open and transparent culture
- ✓ All staff actively participate (and partner) in clinical governance
- ✓ Continuous quality improvement focus (HQSC, 2017)

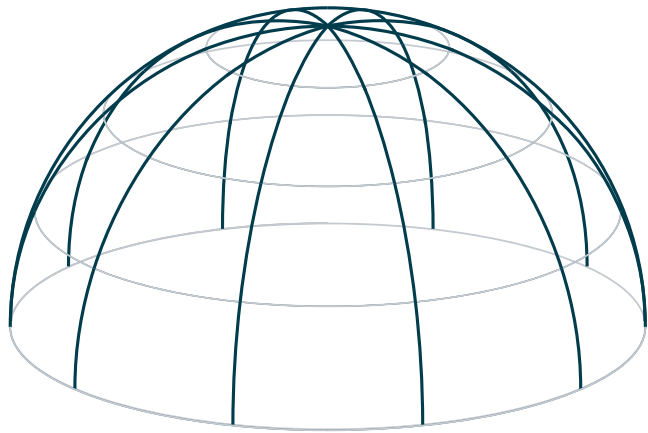
PNZ framework

The **PNZ framework** is based on current best practice, literature and international examples and uses a **dome** graphic to illustrate how a clinical governance framework protects patients/clients, whanau, staff and the organisation itself as services and care are provided.



Organisational systems and processes

Organisational systems and processes provide a framework to support the components or domains – all of which must be addressed by the organisational systems and processes (e.g., policies, procedures, associated activities) that make up an organisation’s clinical governance framework.



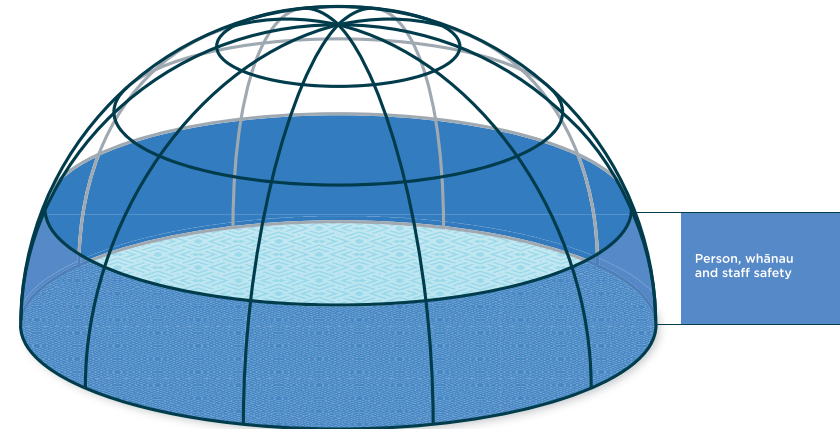
For physiotherapy services the **four domains of clinical governance** are:

- Person, whānau and staff safety
- Clinical effectiveness
- Engaged and effective workforce
- Person and whānau engagement and participation

Person, whānau and staff safety

There is an ongoing, organisation-wide commitment to **person, whānau and staff safety**. This involves:

- proactively and reactively identifying and managing risks (including clinical, cultural, psychological, other)
- monitoring, reporting and evaluating performance of risk identification and management, and
- using this evaluation to inform improvements.



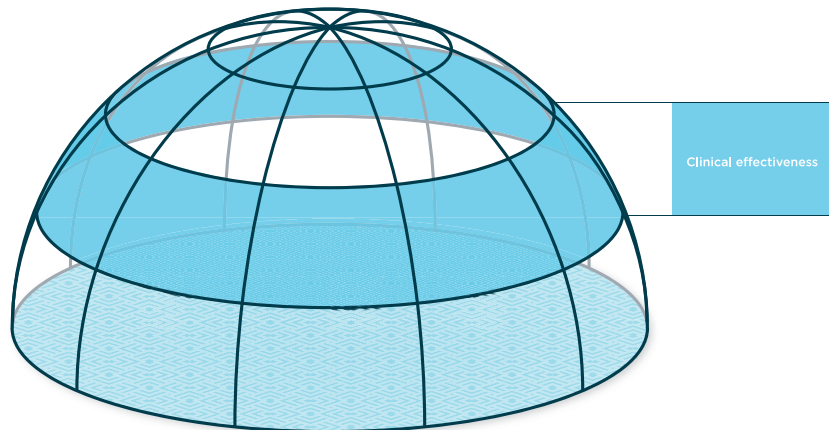
A fair, just and open organisational culture that takes a “no-blame” approach to risk identification and management, and repair of errors, and which has a continuous learning focus will help to realise this domain.

Clinical effectiveness

There is an ongoing, organisation-wide commitment to **clinical effectiveness**, in order that the 'right care' is provided to the 'right patient' at the 'right time' by the 'right clinician' in the 'right way'.

This involves:

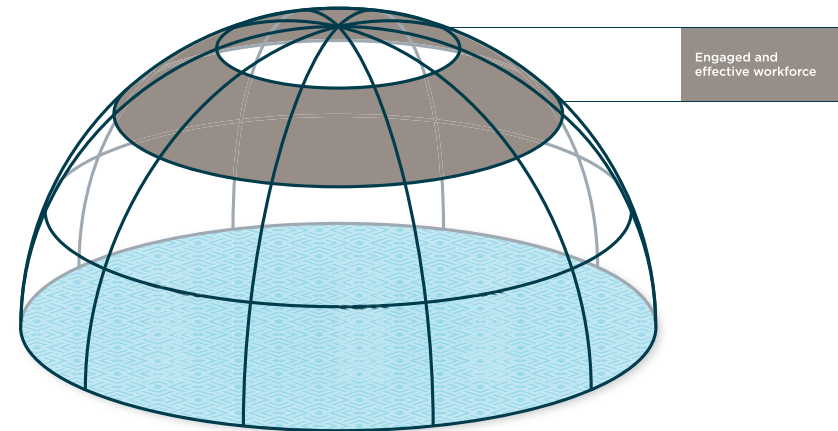
- using evidence-based practice (informed by person and whānau preference) to achieve the best possible care and outcomes for people
- monitoring, reporting on, and evaluating clinical and other health outcomes, and the use of evidence-based practice and guidelines, clinical pathways and models of care, and
- using these evaluations to inform improvements in service and care delivery.



Having systems in place for sharing learning and improvements will help to realise this domain.

Engaged and effective workforce

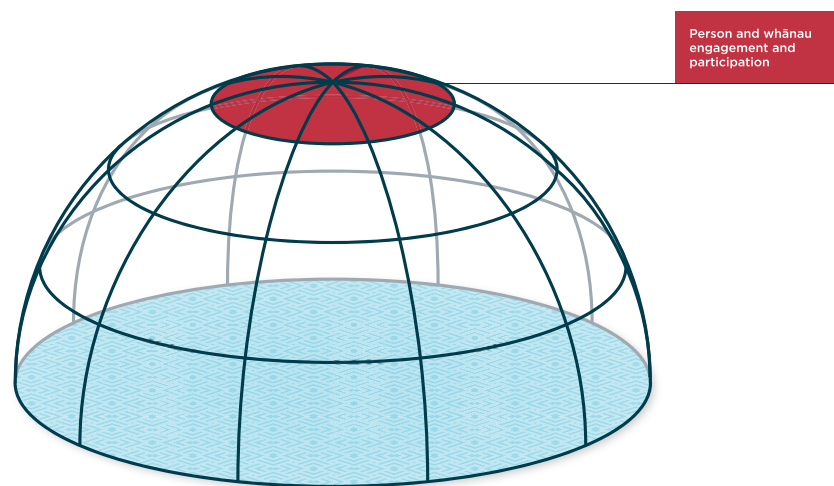
All staff have the appropriate expertise and qualifications for their roles, and are supported to maintain the roles by the organisation. **Physiotherapists at all levels** are aware of their roles and responsibilities regarding clinical governance, and actively participate in associated activities; i.e., everyone plays their role in clinical governance.



A culture in which staff partner in clinical governance initiatives will assist this domain to be realised. An essential part of clinical governance is that health care professionals—clinicians—provide leadership for, and oversight of, the services and care provided.

Person and whānau engagement and participation

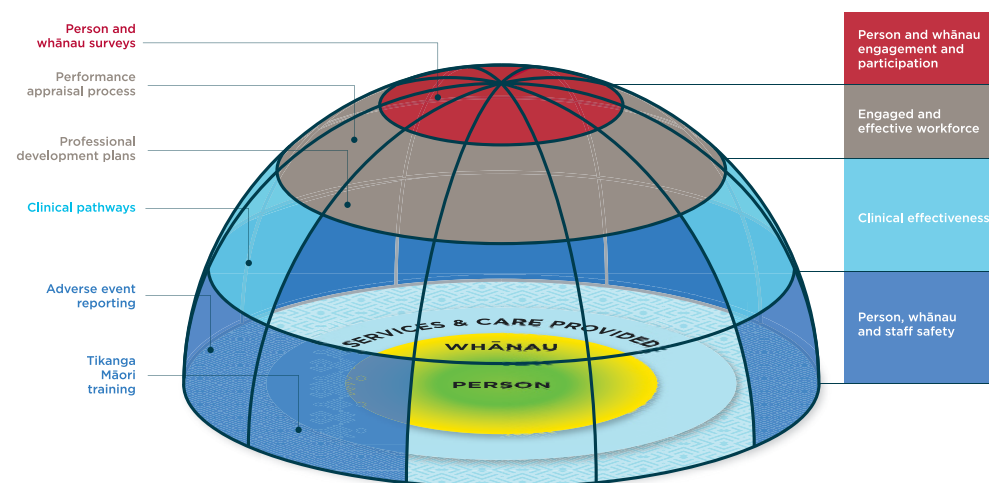
The organisation **engages with people and whānau** in culturally appropriate ways, and monitors, reports on, evaluates their experiences of care, and uses these evaluations to inform improvements. The organisation actively seeks opportunities to understand the views, needs and perspectives of tangata whenua and the community it serves. These insights are used to inform service design, delivery, and evaluation, and where possible, design and evaluation processes are conducted in such a way as to enable and empower people, whānau and tangata whenua participation.



Establishing and maintaining meaningful relationships with people and whānau, and being responsive to their expectations in ways that enhance their outcomes and experience will help to realise this domain.

Practices of varying sizes hold the Physiotherapy Services Contract ranging from a one person physiotherapist-business owner to larger businesses with multiple clinics, many levels of management and sizeable health professional workforces which include physiotherapists.

Irrespective of size, a clinical governance framework should suit the individual organisation, incorporating the systems and processes that are appropriate to that organisation. The **PNZ framework** and associated guidance has been developed to support physiotherapists in New Zealand to develop and implement clinical governance frameworks within their organisations.



Clinical leadership

Just as a whole of organisation approach is fundamental to good clinical governance, so too is the premise that clinical leadership requires health professionals have two jobs. Firstly, their profession specific role, and secondly the less mandated role of ‘stewardship’ where opportunities to enhance safety, use resources more effectively and improve outcomes should be explored (Gauld, 2017). What this means is that from physiotherapists just beginning their careers through to practitioners with decades of experience everyone should be prepared to ‘wear’ the clinical leadership hat in some way.

Newly qualified staff at the novice/beginner stage are invariably focused on developing their physiotherapy skills but by demonstrating a proactive and structure approach to ongoing learning this in itself is about safety and quality. For physiotherapists at the competent/proficient stage of practice, to be seen as leader in the clinical environment requires a shifting of focus from providing individual care of clients, to adding value to the system in a way that contributes to the care of all clients. A simple example is senior physiotherapists mentoring less experienced junior staff. Proactive clinical leadership behavior shouldn’t be a choice for health professionals, but rather an expectation and extension of what it means to be a professional.

Health professionals inherently demonstrate intellectual strength, resilience and patient/client focus, but to be an effective clinical leader other competencies are needed – namely the ability to set direction, influence, engage others and understand how to work through processes and practices to get things done.

Further description of clinical leader characteristics include approachability, clinical competence, being supportive, acting as mentors or role models, being visible in practice, directing and helping people, inspiring confidence, having effective communication skills and behaving with *integrity* (Stanley, 2012).

Guidance on professional behaviour expected of physiotherapists in New Zealand can be found in the **[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct](#)**. The Code is based on longstanding ethical values and professional principles e.g. Trustworthiness and integrity: to be honest and able to be trusted.

The relevance of the Physiotherapy Board Standards framework for physiotherapy leaders is discussed [here](#).

At the heart of quality improvement is the **team** and ensuring good team working is an essential task for clinical leaders along with supporting the development of the workforce. A further aim is the development of an environment in which ongoing improvement is perceived by everyone as 'what we do around here'. Healthcare is likely be safer if everyone, including junior members of teams, feel able to speak out about concerns, acknowledge mistakes and present ideas for improvement (Moss, 2011). Proactive leaders, both clinical and operational, have a central role in establishing a 'collective responsibility' culture.



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Clinical Directors

The ACC [Service Schedule for Physiotherapy Services](#) stipulates that the 'Supplier' appoint a named Clinical Director who "will have a minimum of 5 years' experience in the area of clinical practice and a minimum of a post graduate certificate in an area relevant to the clinics practice."

The [Physiotherapy Board Annual Report](#) shows forty-five percent of physiotherapy APC holders as having postgraduate qualifications, which signposts the availability of suitably qualified physiotherapists. Duties of the clinical director can be delegated to other physiotherapy staff members who also meet the requirements i.e. five years of experience in clinical practice, and a Postgraduate Certificate or higher in a relevant area to the clinic's practice.

There are circumstances when a physiotherapist **independent** from the clinic or business holding the Physiotherapy Services contract will be required to provide Clinical Director services. This may occur when:

- There isn't a physiotherapist on staff with the required qualification/experience
- The physiotherapy business owner is a sole practitioner so unable to:
 - conduct internal audits of the quality of their clinical record keeping against the requirements outlined in the Physiotherapy standards framework and
 - check their clinical records and provide a clinical review prior to the 16th consultation for each client

In these situations, the contract allows alliancing and networking between clinics and the use of technology to enable review of clinical records by the named Clinical Director from offsite. There are a number of real life examples of how this works.

There are a number of real life examples of how this works which are discussed [here](#).

Clinical Director requirements are outlined in Part B Clause 8.3 of the [Service Schedule for Physiotherapy Services](#) and further information related to Clinical Directors responsibilities is discussed in the [Physiotherapy Services Operational Guidelines](#) e.g. Section 15 Progress Report Requirements as relates to the requirement outlined in clause 6.2.3 (f) of the contract.

Clinical leadership is now implicit in the [New Zealand Health Strategy](#) (Gauld, 2017) with growing thought given to training opportunities and supporting resources.

The [Health Quality Safety Commission](#) offers information on quality improvement tools and resources and building leadership capability. The HQSC [Open for Leadership](#) awards were launched as part of their building leadership and capability programme.

Further clinical governance learning options include:

- [AUT Clinical governance and quality paper – Postgraduate Certificate in Health Science](#)
- [Clinical governance online training – Australian Institute Clinical Governance](#)

Future direction

This guideline has been put together as a reference and resource document for physiotherapists to develop their understanding of clinical governance and clinical leadership. Using the PNZ clinical governance framework all the aspects and components that contribute to a whole-of-organization approach to ensuring the safety and quality of health care services are discussed in Part B with activities and responsibilities outlined.

The activities required of Clinical Directors as per the ACC physiotherapy services contract are under the umbrella of 'clinical leadership', which in turn is a significant and unquestionable element of 'clinical governance'. Central to that required of Clinical Directors is review of physiotherapy clinical records, providing clinical oversight for less experienced staff +/- or peer review for colleagues plus the provision of ACC relevant orientation and information.

Some organisations will have a number of physiotherapists with the pre-requisite qualifications thereby the ability to share the load as detailed in clause 8.3.9 of the service schedule whilst others will be reliant on an arrangement with someone offsite. For small practices particularly those who are sole practitioner- business owners this opens the door to networking and staying connected in the interests of safe and appropriate physiotherapy care for clients. For physiotherapists and especially those just beginning their career this affords some protection by way of advice, guidance and mentoring from a more experienced colleague.

PART B – The application of appropriate and effective clinical governance and leadership of physiotherapy services

Part A of this guideline outlines New Zealand legislation and standards relevant for guiding the provision of safe and quality health services. Clinical governance and clinical leadership is discussed with reference to the Physiotherapy New Zealand clinical governance framework.

In essence **Part A** is about ‘setting the scene’ with regard to clinical governance and clinical leadership whereas **Part B** is about ‘how to do it’.

To ensure this guideline is relevant and practical to:

- Business owners/or service managers (who may or may not be physiotherapists)
- Physiotherapists tasked with providing clinical leadership (e.g. named clinical director on the physiotherapy services contract) and
- Physiotherapists providing care to clients.

The domains of the PNZ clinical governance framework are used with expectations and actions discussed in relation to the following:

- What does this mean?
- What should be in place?
- What is my responsibility as a business owner/service manager?

- What is my responsibility as a clinical leader?
- What is my responsibility as a physiotherapist providing care?

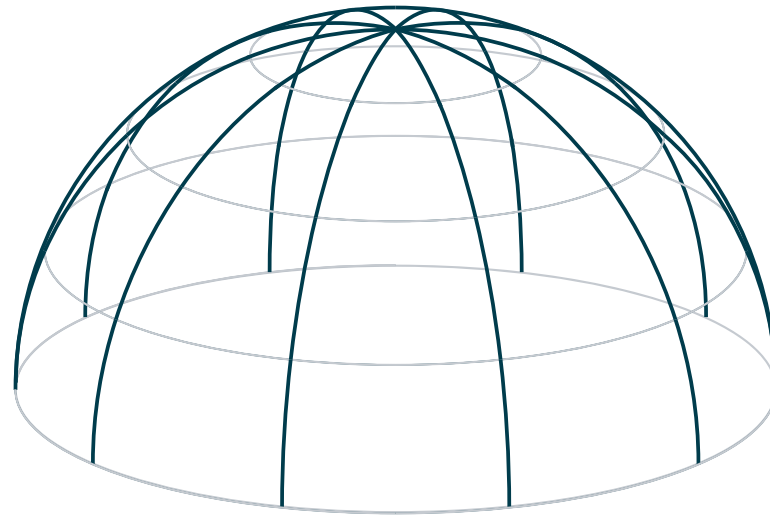
- **Physiotherapists are responsible and accountable for the quality of care they provide.**

* **Business owners/service managers are responsible and accountable for ensuring the systems, structures and processes are in place to support physiotherapists in providing safe, high quality care.**

+ **Physiotherapy clinical leaders/directors are responsible for encouraging and engaging staff to actively participate in quality improvement and safety and risk management activities.**

As to ‘who’ undertakes the range of responsibilities in the clinic, roles may vary, depending on the size, structure, and resources of the organisation. Where the service is part of a larger organisation many overarching policies, procedures, systems and processes will already be in place. Smaller services e.g. sole practice owner physiotherapist may have to develop these at a local level or seek resources from other sources i.e. an independent quality management system provider. Clinical governance is constructed on quality systems and requires a focus on evidence and using the evidence to continually improve the quality of the services provide by the organisation.

Organisational Leadership and Management



A governance system that sets out policies procedures and protocols is implemented

ACC Requirements for PT and HT Services: 2.1 Quality and Risk Management Standards

2.1.5 Have in place, and follow, written protocols, procedures and policies for managing the Services. This document needs to be kept up to date and made readily available for staff to read.

What does this mean?	What should be in place?
<p data-bbox="114 180 1451 252"><i>An organisation wide management system is in place for the development, implementation and regular review of policies procedures and protocols</i></p> <p data-bbox="114 268 331 300">Policies etc. are:</p> <ul data-bbox="159 323 1451 499" style="list-style-type: none"> <li data-bbox="159 323 667 355">• Based on evidence and good practice <li data-bbox="159 371 443 403">• Reviewed regularly <li data-bbox="159 419 1451 499">• Incorporate legislative requirements relevant to the physiotherapy service e.g. The Children’s Act & Health Worker Safety Checks <p data-bbox="114 515 1451 555">ACC Requirements for PT and HT Services: 1.3 Vulnerable Children Act 2014 and Vulnerable Clients</p> <p data-bbox="114 571 1451 643">1.3.1 Your service delivery must comply with all applicable laws and regulations including the Vulnerable Children’s Act 2014.</p> <p data-bbox="114 659 1451 730">1.3.2 Have a documented policy about dealing with vulnerable clients which will at a minimum be consistent with ACCs policy.</p> <ul data-bbox="159 746 1451 1015" style="list-style-type: none"> <li data-bbox="159 746 1451 818">• Include roles and responsibilities of Business owner/service manager, clinical leader/director, physiotherapists and support staff <li data-bbox="159 834 1025 866">• Identify who has responsibility for amending / endorsing policies <li data-bbox="159 882 857 914">• Incorporated into a document management system <li data-bbox="159 930 1451 1015">• Health Safety & Quality (HSQ) Committee +/-or representative established for overseeing practice policies in place 	<p data-bbox="1458 180 2123 252">A governance framework that is understood by all staff</p> <p data-bbox="1458 268 2123 339">A quality improvement framework that is continuously reviewed and adjusted which covers:</p> <ul data-bbox="1503 355 2123 946" style="list-style-type: none"> <li data-bbox="1503 355 2123 467">• Organisational structure with roles, relationships, accountability and delegations outlined <li data-bbox="1503 483 2123 555">• Clear communication channels between staff which are documented <li data-bbox="1503 571 2123 683">• Person(s) responsible for implementing, amending +/-or endorsing policies are identified <li data-bbox="1503 699 2123 810">• Document management system for all policies, procedures and protocols which includes version control to maintain validity <li data-bbox="1503 826 2123 946">• HSQ Committee or representative with decision-making and high level reporting relationships to management

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Display organisational chart * Ensure job descriptions contain clear reporting lines * Ensure compliance is met * Ensure all policies, guidelines, protocols, forms etc. are accessible * Monitor policies etc. to ensure they are current and valid * Ensure staff are aware of new policies etc. * Ensure staff are aware of and comply with high risk policies e.g. <ul style="list-style-type: none"> • managing challenging behaviour; Managing Challenging Client Behaviour • maintaining professional boundaries Sexual and emotional boundaries standard * Promote the HSQ Committee/representative, encourage staff involvement and attend meetings 	<ul style="list-style-type: none"> + Be familiar with organisation chart and reporting lines + Clarify and follow reporting chain for communications for Physiotherapy Clinical Leader/Director responsibilities as per job description + Maintain awareness of all policies, guidelines, protocols, forms + Monitor policies, guidelines, protocols relating to clinical physiotherapy practice to ensure they are current, valid and follow best practice + Encourage and educate staff to understand / comply with policies etc. + Establish working relationship with HSQ committee/representative and attend meetings 	<ul style="list-style-type: none"> - Be familiar with organisation chart and reporting lines - Follow reporting chain for communications and be aware of who to report to as per job description - Comply with policies etc. and integrate safety and quality in to work practices - Report any inconsistencies observed and contribute to policy review - Know and comply with high-risk policies - Know the appointed HSQ representative and participate in relevant activities - Attend HSQ meetings as required

Te Tiriti o Waitangi (Treaty of Waitangi) is recognised in the way services are provided to achieve equitable outcomes for Māori clients/whai ora

ACC Requirements for PT and HT Services: 1.4 Services must comply with the Treaty and meet individual cultural values and beliefs

What does this mean?	What should be in place?
<p><i>Bi-culturalism is embedded in the organisation wide management system honouring te Tiriti o Waitangi</i></p> <ul style="list-style-type: none">• The organisation has an understanding of its own culture and how this impacts/influences Māori and Māori health outcomes• The organisation has an appreciation that Physiotherapy is founded on Eurocentric medical principles, which may affect Māori understanding of health and wellness• There is consultation with Māori consumers/representatives/practitioners when developing services and planning care• Barriers to Māori consumers, within the control of the organisation, are identified and eliminated	<ul style="list-style-type: none">• Relevant policies and procedures are developed collaboratively with input from Māori• Ongoing training to improve bi-cultural practice programme is in place and regularly conducted• Māori consumers/representatives/practitioners provide input into the development of services for Māori

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * The organisation actively seeks to support Māori clients to engage in Māori health practices if desired by the client/whai ora thus supporting article 2 of Te Tiriti through enabling Māori access to cultural practices * The organisation is aware of what traditional Māori health practitioners are operating in the local community and seeks to form a meaningful relationship with them * Facilitate training re: Te Tiriti o Waitangi for staff members * Monitor training record * Record and act on all complaints about staff acting contrary to cultural safety protocols * Seek external support from Māori leaders to improve services or if there is a complaint. 	<ul style="list-style-type: none"> + Role model respectful, appropriate behaviour and engagement with all clients/whai ora and whanau + Facilitate/initiate ongoing continuing professional development related to Te Tiriti responsibilities e.g. understanding Māori models of health and Te Reo pronunciation + Provide orientation for staff not from Aotearoa NZ to tikanga Maori practices involved in healthcare Person & Whānau Centered Care The Treaty of Waitangi: Biculturalism in Aotearoa New Zealand ACC Guidelines on Maori Cultural Competencies for Providers + Be familiar with relevant professional standard and ensure physiotherapy staff awareness Cultural competence standard Physiotherapy Code of Ethics principles + Be familiar with population demographics and encourage initiatives to reduce health inequities https://www.health.govt.nz/our-work/populations/maori-health 	<ul style="list-style-type: none"> - Attend education and training re: Te Tiriti o Waitangi responsibilities and tikanga or best practice in treating Māori clients - Be aware of maintaining Te Tiriti o Waitangi principles in clinical/professional practice - Provide feedback at staff meetings and seek second opinions on Māori clients that may not be engaging or not progressing - Consider initiatives/approaches aimed at reducing inequities for Māori - Consider learning more about Māori e.g. taking a Te Reo paper or getting involved with the local Marae

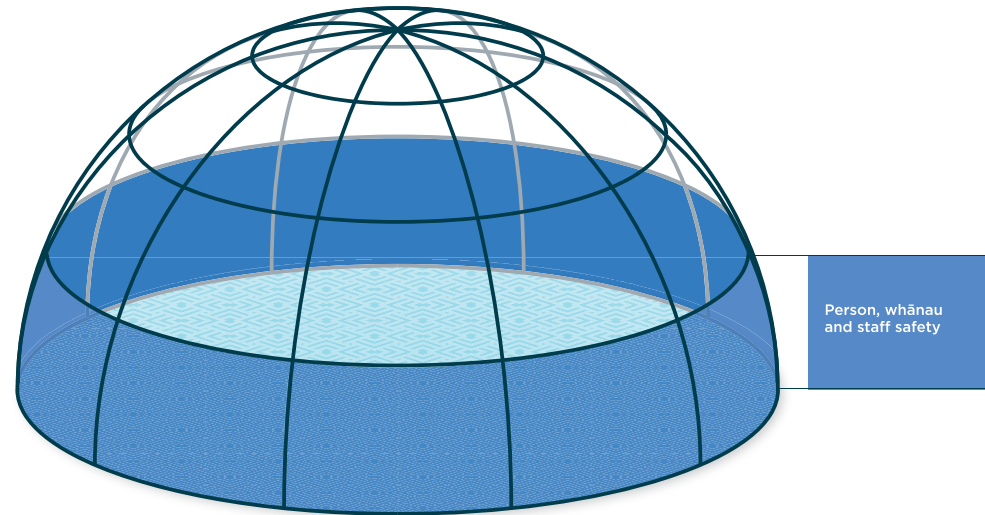
Client safety and quality of care is considered in business decision-making

What does this mean?		What should be in place?
<p>The service builds a supportive culture where openness, mutual respect and teamwork are encouraged. The purpose/mission, vision and values of the service are developed in consultation with stakeholders that:</p> <ul style="list-style-type: none"> • Describes commitment to providing safe and quality care • Describes a value-based organisation and value-based leadership • Strategic health service planning is collaborative. Managers, clinicians and support staff are given opportunities to input • Strategic planning considers population health needs including safety and quality factors • Consideration given to safety and quality when developing business proposals 		<ul style="list-style-type: none"> • Purpose/mission statement, vision +/- or values are visibly displayed as a commitment to providing safe and quality care <p><i>E.g. Our vision: Keeping our community healthy and well Our values: Manaakitanga – Respect, caring, kindness Kotahitanga – Connection, unity, equity Rangatiratanga – Autonomy, integrity, excellence</i></p> <ul style="list-style-type: none"> • Organisations strategic plan incorporates allocation of resources for safety and quality • Business plan incorporates safety, quality, risks and risk mitigation
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure purpose/mission statement, vision +/- or values are displayed * Demonstrate behaviour consistent with purpose/mission statement * Initiate/lead/contribute to strategic planning with staff and consumers * Develop/contribute to business plan and work to implement * Support health safety & quality activities within organisation 	<ul style="list-style-type: none"> + Ensure work place practices and behaviour demonstrates values in purpose/mission statement + Be prepared to participate/lead strategic and organisational planning as required + Encourage/educate staff to complete risk assessment prior to developing a service activity 	<ul style="list-style-type: none"> - Ensure work place practices and behaviour demonstrates values in purpose/mission statement - Attend and participate in organisational planning as required - Complete health safety & quality plan prior to developing/leading a service activity

An organisation wide risk management system that incorporates identification, assessment and monitoring for client safety and quality is established

What does this mean?		What should be in place?
<p><i>An organisation-wide Risk Register is used and regularly monitored</i></p> <p>This includes:</p> <ul style="list-style-type: none"> • Policies and procedures for the implementation of a risk register are in place • Managers/senior clinicians with responsibility for managing risks are identified <p><i>Actions are taken to minimise risks to client safety and quality of care</i></p> <ul style="list-style-type: none"> • Service performance is measured against key safety and quality risks • Strategies are developed to respond to risks identified by external organisations such as Health & Disability Commission, New Zealand Physiotherapy Board 		<ul style="list-style-type: none"> • Risk management system in place • Identified persons with roles, responsibilities and accountabilities for managing risks • Monitoring of Risk Register
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Maintain Risk Register which is reviewed regularly to ensure it is up to date * Record all clinical & non-clinical risks and strategies for managing risks * Audit risk management system and review results. * Engage staff (meetings, forums, committees etc.) in identifying, assessing and managing risks * Implement action as indicated to reduce risks 	<ul style="list-style-type: none"> + Be familiar with the risk register and educate/engage staff about its purpose + Ensure all clinical risks and strategies for managing risks are documented + Work with management and other staff to report and mitigate risks + Actively participate and take the lead in the process of identifying, assessing and managing clinical risks + Advise and implement action as indicated to reduce clinical risks e.g. instigate/organise training for physiotherapists who require upskilling 	<ul style="list-style-type: none"> - Understand the purpose of a risk register and know what contributes a risk and the reporting procedure - Work with manager, clinical leader and other staff to report and mitigate risks - Actively participate and take the lead in the process of identifying, assessing and managing risks

Person, whānau and staff safety



The organisation provides support and resources to ensure a safe and culturally appropriate service is delivered

ACC Requirements for PT and HT Services: 1.4.4 The cultural values and beliefs of consumers and their families/representatives are identified and responded to in line with Right 1 (Right to be Treated with Respect) of the Code.

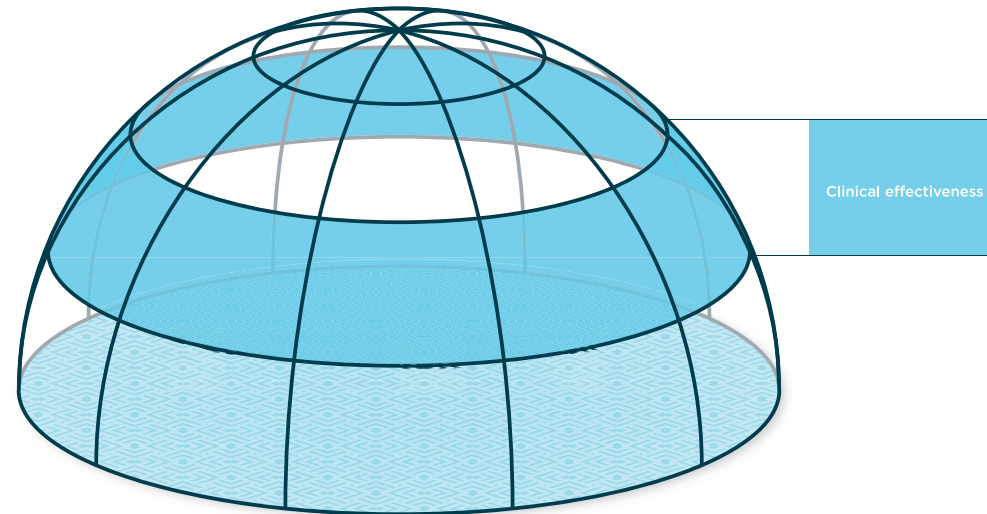
What does this mean?		What should be in place?
<ul style="list-style-type: none"> • Culturally safe environment • Creating an environment that is reflective of the community served • Consulting consumer representatives for the population utilising services when planning care • Cultural competency and safety programmes are in place • The concept of cultural safety is embedded at all levels of the organisation with clear commitment to support/educate staff in this area • All staff are aware of their own culture and that of physiotherapy to support maintaining a cultural safety approach in their practice 		<ul style="list-style-type: none"> • Policies and procedures are developed collaboratively with input from employees and consumer representatives • A cultural competency education programme is in place and regular training provided
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Facilitate cultural safety training programmes for all staff * Monitor training record * Record and act on all complaints about staff acting contrary to cultural safety protocols * Ensure culturally appropriate consultation and communication takes place with clients and whanau * Support staff in the case of inappropriate behaviour from a client 	<ul style="list-style-type: none"> + Role model respectful, appropriate behaviour and engagement with all clients and whanau + Be aware of your own culture and that of physiotherapy + Facilitate/initiate cultural awareness training + Role model/encourage learning re: all aspects of cultural competency + Promote relevant learning/resource material e.g. <ul style="list-style-type: none"> Cultural awareness Person & Whānau Centered Care Cultural competence standard Working with transgender clients Gender identity and sexual orientation: Resources for physiotherapists Belief systems (religion): Resources for physiotherapists Muslim culture: Resources for physiotherapists Pasifika culture: resources for physiotherapists Pakeha culture: Resources for physiotherapists Human Rights Commission – education material 	<ul style="list-style-type: none"> - Be aware of maintaining cultural safety principles in your practice - Be aware of your own culture and that of physiotherapy - Ensure practice is always conducted in a culturally sensitive manner - Attend cultural safety education and training sessions - Provide feedback at staff meetings on cultural competency training - Participate in mandatory training in line with national requirements <p>NB: Physiotherapy practice thresholds in Australia & Aotearoa New Zealand</p> <p><i>Role 5 Collaborative practitioner. 5.1 engage in inclusive, collaborative, consultative culturally responsive and client-centred model of practice</i></p>

The organisations facilities and physical resources are managed to ensure an effective, safe and efficient and service is delivered

**ACC Requirements for PT and HT Services: 2.3 Facility and Equipment
2.4 Infection Control**

What does this mean?		What should be in place?
<ul style="list-style-type: none"> • Appropriate physical environment for staff, clients and whanau • Requests for maintenance are risk related to ensure completion, with client/consumer and staff safety being the highest priority 		<ul style="list-style-type: none"> • Workplace safety is supported by sound facility and building and equipment maintenance programmes • Laundry services are included in safety audits • Workplace health and safety policies and procedures • A preventative maintenance programme and compliance is monitored and reported • Cleaning audits are in place and completed • Infection control safety audits are in place and completed
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Oversee preventative maintenance programme * Report breakages / malfunctioning equipment * Conduct risk rate maintenance requirements * Facilitate cleaning audits * Facilitate infection control audits 	<ul style="list-style-type: none"> + Maintain awareness of facility maintenance and cleaning. + Be aware of and encourage infection control best practice HQSC Infection Prevention & Control + Report inadequate/inappropriate equipment to business owner/service manager and monitor follow up 	<ul style="list-style-type: none"> - Report any malfunctioning equipment to clinical leader +/-or service manager - Report instances of inadequate / inappropriate equipment to clinical leader +/-or service manager - Assist in cleaning audit - Ensure infection control standards are met

Clinical Effectiveness & Quality Improvement



The CEO +/-or governance group of the organisation take responsibility for client safety and quality

ACC Requirements for PT and HT Services: 1.2 Health and Safety

1.2.2 The service provider has comprehensive health and safety plan and written procedures for health and safety management.

What does this mean?

Regular reports on health, safety & quality indicators and other performance data are monitored by the executive level of governance

- HSQ data is reported to an identified individual (e.g. CEO) at governance level
- Annual operation plans link to strategic direction, which helps guide improvement activity. Known risk areas will form part of the operational plan for action
- Key Performance Indicators (KPIs) and other HSQ data are reported to senior management ensuring all services provided and major risks outline a comprehensive picture
- All staff, client and visitor incidents and hazards are reported via a defined reporting mechanism to the governance group
- Reporting templates are developed to capture relevant information including set deadlines for reporting

Action is taken to improve the health, safety & quality of patient care

- Suitable person identified as having responsibility for oversight of clinical safety and quality management
- Regularly review Clinical Audit Programme so that the information is measurable for making changes to safety and quality
- Time is allocated for clinical audits
- Results from audit discussed at team meetings
- Implementation of action plan for ongoing quality improvement
- Benchmark audit results against similar practitioners/clinical presentations

What should be in place?

- Organisational chart reflects reporting and communication channel for HSQ data
- Strategic plan is accompanied by an operational plan identifying indicators of achievement
- A clinical audit programme, outlining audit requirements for all clinical areas
- Incident and complaint reporting mechanism
- Incidents reviewed and investigated, then reported to management
- No-blame culture in existence for collecting incidents and hazard identification and reporting
- Reporting templates include set deadlines for reporting
- Management system with suitably qualified person identified as having responsibility for maintenance
- Established audit person/team
- Clinical audit program
- Audit time allocated
- Established forum for staff to collectively review clinical practices in relation to audit results
- Quality Improvement Action Plan

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Regularly evaluate operational plan to determine level of progress/achievement * Collect clinical indicator data as required (e.g. number of treatments/client, adverse reaction reports) and report to management e.g. ACC physiotherapy provider data * Implement clinical audit programme * Allocate local auditing to staff and ensure completion, collection and reporting of data to a set deadline * Ensure no-blame culture in the collection of incident and hazard identification, and report accordingly * Work with Physiotherapy Clinical Leader/Director regarding oversight of clinical safety and quality risk management * Appropriately train staff and allocate time for clinical audit * Ensure audits are conducted and data reviewed on regular basis * Share results of data regularly with staff at meetings * Oversee local quality improvement plan * Report results of benchmarking with similar practitioners/clinical presentations 	<ul style="list-style-type: none"> + Maintain awareness of the level of progress of the operational plan + Review clinical indicator data with Business Owner/Service Manager + Lead/provide input into development of clinical audit programme + Review incident and hazard data related to clinical services + Model 'no-blame' culture + Work with and advise Business Owner/Service Manager regarding clinical safety and risk management + Educate and inform physiotherapists about clinical audit programme <p>e.g. ACC Requirements for PT and HT Services: 3.2.3 The Clinical Director will:</p> <ul style="list-style-type: none"> # Conduct internal audits of quality of clinical records # Provide clinical oversight, assist with diagnosis # Provide clinical review following 12th consultation <ul style="list-style-type: none"> + Oversee/carry out clinical audit programme activities and review findings + Benchmark results of clinical audits with similar practitioners/clinical presentations + Collaborate with Business Owner/Service Manager on quality improvement plan related to clinical audit results + Share results of clinical audit with physiotherapists (individually and in group meetings) + Oversee/implement Quality Improvement Plan to improve clinical services/outcomes 	<ul style="list-style-type: none"> - Assist as part of daily practice the recording of clinical indicators relating to incidents, risks and hazards to Service Manger +/-or Physiotherapy Clinical Leader/Director - Actively participate in clinical audits - Actively participate in training opportunities for clinical auditing and conduct audits as required - Suggest areas of improvement and use data to drive improvement - Participate and assist with activities of the Quality Improvement Plan

An organisation-wide quality management system that monitors and reports on the safety and quality of client care and informs change in practice is established

ACC Requirements for PT and HT Services: 2.1 Quality and Risk Management Standards

2.1.1 The quality of risk management systems has commitment and participation by management and service providers, and enables consumer participation wherever appropriate.

What does this mean?	What should be in place?
<p>Implementing an organisation-wide quality management system should include managers, clinicians, consumers and community representatives to establish quality and clinical service objectives and how these will be met</p> <p><i>An organisation-wide quality management system is used and regularly monitored</i></p> <p><i>Actions are taken to maximise quality care for clients</i></p> <ul style="list-style-type: none"> • Strategies are implemented to improve performance • Reports are analysed to understand performance including clinical services performance 	<ul style="list-style-type: none"> • Strategic plan accompanied by operational plan (Quality Plan for the service) identifies indicators of successful achievement • Quality policy and statement is visible • Annual operational plans guide improvement via co-ordinated approach • Clinical audit programme identifies risk, ensures team compliance and engagement and follows up with corrective action and preventative action • Quality Improvement Plan in place • Customer focus is clear and all customers identified • Consumer feedback is systematically collected (questionnaire/ survey, suggestion box, client interviews) • Consumer feedback used to improve practice with feedback cycle informing consumers of improvements

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Involve staff in development and monitoring and improvement of systems * Share results of data regularly with staff at meetings/forums and seek areas of improvement * Ensure consumers informed of improvements resultant from feedback 	<ul style="list-style-type: none"> + Role model/encourage physiotherapy staff with quality improvement approaches + Encourage physiotherapy staff learning about Clinical Governance HQSC Clinical Governance resources https://www.twh.co.nz/governance-training + Work with Service Manager and Physiotherapy staff to review results of audit data, consumer questionnaires and surveys to implement improvements 	<ul style="list-style-type: none"> - Suggest areas of improvement and use data to collaborate on improvements - Report non-conforming items - Encourage consumers feedback and suggestions - Assist with activities of the Quality Improvement Plan

An incident management and investigation system that includes reporting, investigating and analysing (including near-misses) resulting in corrective action is implemented

ACC Requirements for PT and HT Services: 2.1 Quality Risk Management Standards

2.1.9 All incidents, accidents or untoward events are systematically recorded, responded to and reviewed and there is documented evidence of improvements made with the aim of preventing further such occurrences.

What does this mean?	What should be in place?
<p>Key elements of an incident management and investigation system are defined in the organisations policies and procedures including:</p> <ul style="list-style-type: none"> • Confidentiality of information • Suitable person identified for the responsibility of managing and maintaining system • Staff are trained in use of the system • Supporting and encouraging the reporting of incidents and near misses • Allocating responsibility for communicating with the organisations professional insurers • Collected data is used to drive quality improvement • Analysis undertaken by responsible HSQ person including number, scope, trend, severity etc and info conveyed to staff at regular intervals • Reporting mechanism for incidents must be in place and reports conveyed to highest level of governance (i.e. CEO) 	<p>Comprehensive incident management and investigation system which includes:</p> <ul style="list-style-type: none"> • Policy and procedures/guidelines including confidentiality of information • Incident reporting, management and investigation system training programme for staff • Appointment of staff member with requisite skills for analysing and reporting on data • HSQ person responsible for reviewing incidents and referring to relevant parties • Feedback is provided via staff meetings, newsletters, noticeboard, emails +/- or other communication channels • Incident reports regarding clients are forwarded to governing body, insurance providers and funders as per requirement • e.g.: treatment injury claim to ACC / potential complaint notified to insurance provider

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure staff and consumer privacy is maintained in relation to reporting, investigation and data analysis * Ensure all staff have training and access to incident management system * Ensure all staff are provided with guidelines for reporting * Support and encourage reporting of incidents and near misses * Review incident reports promptly, and make recommendations * Conduct investigations if appropriate * Monitor system to ensure incidents are being reported * Ensure feedback/corrective actions on reported incidents is communicated to staff * Lead Quality Improvement Action Plan 	<ul style="list-style-type: none"> + Assist with staff training of incident management as required + Role model and encourage physiotherapy staff with incident reporting + Educate physiotherapy staff re: criteria for reporting adverse events as per NZPB standard + Educate physiotherapy staff about: HQSC National Adverse Events Reporting Policy and severity assessment code (SAC) classification + Promote use of PNZ patient adverse event reporting template for adverse reactions from treatment modalities + Work with Service Manager to investigate incidents particularly if relating to clinical practice + Ensure feedback/corrective action relating to clinical practice incidents is communicated to physiotherapy staff and implemented 	<ul style="list-style-type: none"> - Maintain consumer and staff privacy and confidentiality at all times - Actively participate in training - Follow guidelines especially if severe adverse event e.g. pneumothorax caused by use of acupuncture needle <p><i>NB: PAANZ guidelines for safe acupuncture and dry needling practice</i></p> <ul style="list-style-type: none"> - Report all risks, incidents, hazards, near misses and encourage others to report - Maintain confidentiality if assisting others to report risks etc. - Seek feedback and follow-up of all reported incidents/near misses - Actively participate and contribute to quality improvement of care

A complaints management system that includes documenting, analysing and making improvements in partnership with clients and consumers is implemented

ACC Requirements for PT and HT Services: 2.1 Quality and Risk Management Standards

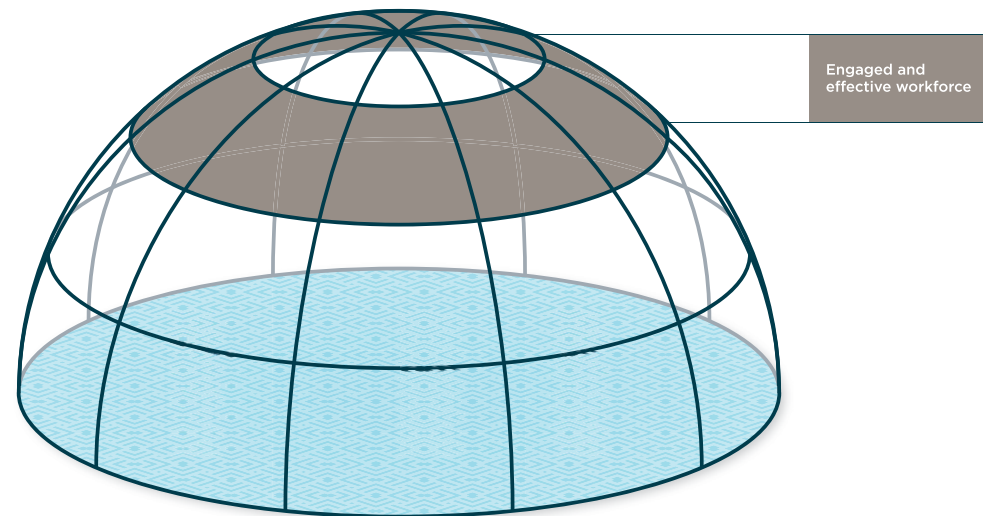
2.1.2 Have in place, and follow, written protocols, procedures and policies for managing the Services.

The document will include written procedures on the following: receiving and responding to complaints.

What does this mean?	What should be in place?
<p>Framework and systems are in place to support a complaints management system</p> <p><i>Processes are in place to support staff to recognise and report complaints</i></p> <p><i>Systems are in place to analyse and implement improvements in response to complaints</i></p> <ul style="list-style-type: none"> • Information from complaints should be analysed to inform the organisations induction, education, training programmes, safety and quality improvement projects • Processes are in place to support staff to recognise and report complaints • Systems are in place to analyse and implement improvements in response to complaints <p><i>Feedback is provided to staff on the analysis of reported complaints</i></p> <p><i>Client feedback and complaints are reviewed at the highest level of governance in the organisation</i></p>	<ul style="list-style-type: none"> • Complaints person with identified communication chain in place to ensure complaints and incidents are reported and responded to in a timely manner • Topic of complaints management is covered in staff induction, education, training, safety and quality improvement projects • Staff awareness of complaints management system undertaking to record all complaints • Consumer brochures on how to complain are visible in clinical areas • Consumer suggestion box is visible and easily accessed within clinical areas • Feedback provided to staff on analysis of complaints as appropriate • Information reported to senior management • Feedback provided to consumers as indicated

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure staff are aware of complaint management system understanding that all complaints are reported * Regularly review responses from consumer suggestion box and feedback to staff * Ensure staff aware of responsibility to provide information to consumers regarding complaints process 	<ul style="list-style-type: none"> + Lead and encourage physiotherapists to be aware of the complaints process: <ul style="list-style-type: none"> o within the organisation / service o within the profession + Provide education and training related to physiotherapy complaints including: <ul style="list-style-type: none"> Physiotherapy Complaints by source and type Mitigating the risk of complaint What to do if a complaint is made + Assist with complaint investigation particularly if related to clinical practice + Provide advice and support to physiotherapists who have received a complaint 	<ul style="list-style-type: none"> - Initiate and actively participate in auditing, as required - Actively participate in education and training programmes relating to client complaints - Ensure consumers are aware of the consumer suggestion box - Provide consumers with information regarding complaint process <ul style="list-style-type: none"> Register a complaint or concern with the physiotherapy board Health & Disability Commissioner – making a complaint Privacy Commissioner – making a complaint

Engaged and effective workforce



Workforce roles, responsibilities and accountabilities for client safety and quality in the delivery of physiotherapy care are assigned

ACC Requirements for PT and HT Services: 3.1 Make sure your personnel meet the required standard

3.2.2 The named clinical director will have a minimum of 5 years of experience in the area of clinical practice and a minimum of a post graduate certificate in an area relevant to the clinics practice.

What does this mean?

All staff in the organisation are aware of their delegated health, safety and quality improvement roles and responsibilities

- Governance structure of organisation is clear including workforce roles, responsibilities and accountabilities
- Governance team members, managers and clinical leaders understand their roles and responsibilities and receive training in clinical governance and leadership

ACC Requirements for PT and HT Services: 3.1 Make sure your personnel meet the required standard

3.1.1 The organisation is managed by a person(s) who has/have knowledge of, and responsibility for, the services goals, objectives and agreed outcomes.

- Policy documents assign responsibility and accountability for health, safety and quality
- All staff have standardised position descriptions or contract templates defining health, safety and quality roles and responsibilities
- Induction and orientation programme for all new staff (including locums and contractors) includes info about networks, peer support and mentors
- Health, safety and quality responsibilities are discussed during routine performance management processes
- Professional registration, qualifications and work experience is checked and verified with ongoing monitoring
- Locum and contract staff provided with same opportunities for training and made aware of expectations to comply with safety, quality and clinical governance

What should be in place?

- Organisational structure outlining relationships, responsibilities and delegations
- Policies outline delegated health, safety and quality roles
- Position descriptions define roles and responsibilities for health, safety and quality
- Relevant training for managers and clinical leaders in clinical governance and leadership is available
- Opportunities offered to staff to lead quality improvement initiatives
- Induction/orientation programme for all staff (including locums and contractors) re: quality, document management, incident, complaint and reporting system
- Info related to roles and responsibilities communicated via regular meetings, newsletters, emails etc

System in place for:

- monitoring physiotherapists qualifications and registration status
- monitoring performance appraisals and staff development plans

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure staff have up to date position descriptions and contractual arrangements with regular review * Facilitate regular staff meetings +/- handovers/ emails/newsletters for disseminating info to staff re: health, safety and quality roles * Ensure staff receive orientation information that includes checklist of safety and quality systems and outlines their role in quality improvement * Ensure annual performance reviews are carried out including identification of training needs for forthcoming year 	<ul style="list-style-type: none"> + Ensure position description for Clinical Leader/ Director role clearly outlines responsibilities and accountabilities particularly in relation to ACC physiotherapy contract ACC Requirements for PT and HT Services: 3.2 Clinical Governance 3.2.1 The supplier will appoint a clinical director who is named 3.2.3 The Clinical Director will: # Conduct internal audits of quality of clinical records # Provide clinical oversight, assist with diagnosis # Provide clinical review following 12th consultation + Lead the dissemination of health, safety and quality information relevant to physiotherapy clinical practice + Participate/lead quality initiatives with the goal of improving physiotherapy practice and client outcomes + Undertake +/- contribute to performance reviews of physiotherapy staff with attention to training needs + Provide input / direction into professional development plans of physiotherapy staff 	<ul style="list-style-type: none"> - Ensure position description or contractual agreement is current and reviewed as necessary - Participate in staff meetings/handovers - Keep up to date with info disseminated re: health, safety and quality roles and responsibilities - Participate in quality initiatives and be aware of own role in quality improvement - Maintain professional registration and provide evidence of renewal as required - Participate in annual performance review which identifies training needs as per professional development plan

Training in assigned safety and quality roles and responsibilities is implemented

ACC Requirements for PT and HT Services: 3.1 Make sure your personnel meet the required standard

3.1.2 You must make sure your service providers have the necessary skills, experience, training and resources to successfully deliver the Services.

What does this mean?	What should be in place?
<p><i>Orientation and ongoing training programmes provide the workforce with the skill and information needed to fulfil safety and quality roles and responsibilities</i></p> <ul style="list-style-type: none">• Induction and orientation for all staff including networks and support from peers/mentors• Staff are orientated to workplace, equipment, treatment resources and provided with support people in the workplace <p>ACC Requirements for PT and HT Services: 3.2 Clinical Governance</p> <p>3.2.4 An orientation and induction process is implemented to ensure that new service providers are familiar with the essential processes of the service.</p> <ul style="list-style-type: none">• Staff are encouraged to identify training and education needs to further develop skills in providing safe practice• Organisations identify education and training needs for the physiotherapy workforce based on review of the risks and requirements to ensure safe practice as per operational and strategic plans• Mandatory training provided as required	<ul style="list-style-type: none">• Scheduled comprehensive orientation programme for staff provided prior to or when starting employment• Staff training and education needs are identified and monitored on a yearly basis• Training and education for staff related to service needs and aligned with operational and strategic plans• Dedicated time for teaching, supervision and assessment of skills• Mandatory training programme in place e.g. managing clinical emergencies <p>ACC Requirements for PT and HT Services: 1.2 Health and Safety</p> <p>1.2.4 Service providers who are competent in emergency procedures are available during the hours of operation.</p>

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Allocate time for competency- based education and training * Support staff to access relevant education and training * Organise mandatory training 	<ul style="list-style-type: none"> + Provide appropriate and relevant orientation to staff as required ACC Requirements for PT and HT Services: 3.2 Clinical Governance 3.2.4 Ensure that ACC specific induction and orientation is provided to all staff at the Clinic before they commence independent practice – or in the case of administration staff – before they work unsupervised. Partnering with ACC: a guide for physiotherapists and hand-therapists.pdf + Role model by demonstrating proactive approach to own training and skill development + Work with Business Owner/Service Manager to ensure physiotherapy staff have training, skills and experience sufficient to deliver required services + Advise Business Owner/Service Manager on gaps in skill mix and training opportunities available + Advise physiotherapy staff on relevant training opportunities + Provide teaching and supervision as agreed 	<ul style="list-style-type: none"> - Participate in skill review and identify areas of own practice that require up-skilling https://pnz.org.nz/continuing-professional-development https://pnz.org.nz/online-resources - Participate mandatory training and provide evidence as required

Clinical guidelines or pathways that are supported by the best available evidence are applied +/- developed

ACC Requirements for PT and HT Services: 3.2 Clinical Governance

3.2.7 The standard of clinical care is monitored to ensure that it reflects accepted good practice.

What does this mean?	What should be in place?
<p><i>Agreed and documented clinical guidelines +/-or pathways are available to the clinical workforce meaning:</i></p> <ul style="list-style-type: none"> Organisations should adopt clinical guidelines and pathways relevant to services provided Agreed guidelines related to services provided are utilised by clinical staff Organisations resource and support the use of clinical guidelines and pathways e.g. https://www.healthnavigator.org.nz/clinicians/r/regional-pathways/ Easy access by clinicians to guideline and pathway documents is facilitated <p><i>The use of agreed clinical guidelines by the workforce is monitored meaning there is review of:</i></p> <ul style="list-style-type: none"> clinical guidelines/pathways used to ensure they are current and reflect the evidence/good practice practices that vary from the guidelines or pathways 	<ul style="list-style-type: none"> Agreed guidelines are utilised within the service In the absence of evidence based guidelines expert opinion and consensus is used https://pnz.org.nz/evidence-based-practice A monitoring process for the use of clinical guidelines/pathways and information on variations is provided to the physiotherapy workforce Clinical review processes in place <p>ACC Requirements for PT and HT Services: 3.2 Clinical Governance</p> <p>3.2.3 The Clinical Director will:</p> <ul style="list-style-type: none"> Provide clinical oversight, assist with diagnosis, establishment of causation and treatment / planning where required Check the clinical records and provide a clinical review following the 12th consultation and prior to the 16 consultations for each Client.

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure guidelines are up to date and accessible in clinical areas * Ensure governance team are aware of policies/ guidelines in use * Support staff to undertake reviews/updates of guidelines 	<ul style="list-style-type: none"> + Conduct an analysis of clinical guidelines used within the organisation to ensure practice is current, evidence based and person centric + Provide advice/mentoring re: models of care / usual care pathways + Implement clinical reviews on a regular basis + Provide clinical review of all ACC funded clients before 16th consultation by checking the client's clinical record. This will include review of the diagnosis, treatment plan and opinion regarding causation. Document finding of the review in the client clinical record including recommendations for future management. + Role model and promote resources/tools available for improving safe and evidence informed practice e.g. 5 stage cycle of Evidence Based Practice Cervical Manipulation standard 	<ul style="list-style-type: none"> - Use agreed clinical guidelines - Document any deviation from guidelines or usual care pathway, along with the rationale for deviation - Ensure guidelines are updated/reviewed - Actively participate in clinical reviews

Examples of clinical guidelines for physiotherapy

Physiotherapy Board Standards <https://www.physioboard.org.nz/standards/physiotherapy-standards/cervical-manipulation-standard>

<https://www.physioboard.org.nz/standards/physiotherapy-standards/sports-physiotherapist-practice-standard>

PAANZ Guidelines for Safe Acupuncture and Dry Needling Practice <http://www.paanz.org.nz/>

Concussion guidelines <https://www.healthnavigator.org.nz/health-a-z/c/concussion/>

<https://www.acc.co.nz/assets/contracts/e748c7033b/concussion-og.pdf>

Choosing Wisely <https://choosingwisely.org.nz/>

<https://australian.physio/media/physiotherapists-choose-treatments-wisely>

Referral for Imaging <https://www.acc.co.nz/assets/provider/c8bb57066e/acc6289-referral-guideline-imaging-shoulder-pain.pdf>

<https://www.acc.co.nz/assets/provider/e4b2b36f28/acc5468-imaging-guideline-diagnosing-soft-tissue-knee-injuries.pdf>

Health Navigator <https://www.healthnavigator.org.nz/>

<https://www.healthnavigator.org.nz/clinicians/r/regional-pathways/>

Best Practice Advisory Centre <https://bpac.org.nz/>

Telehealth <https://www.physioboard.org.nz/standards/physiotherapy-standards/telehealth-standard>

<https://www.telehealth.org.nz/>

AHANZ Best Practice Guidelines for Telehealth <https://www.alliedhealth.org.nz/publications.html>

Processes to support the early identification and intervention management of clients at increased risk of worsening symptoms +/- or delayed recovery are adopted

What does this mean?	What should be in place?
<p><i>Mechanisms are in place to identify clients at increased risk of delayed recovery</i></p> <ul style="list-style-type: none"> • Use patient screening tools to identify factors that contribute to at risk patients • Undertake risk assessment for patients, procedures or locations of treatment • Following risk assessment on patients a prevention / management plan is implemented <p><i>Action is taken to reduce the risks for delayed recovery patients</i></p> <ul style="list-style-type: none"> • Monitor clinical outcomes for at risk patient groups • Provide workforce with information on the management and outcomes of at risk patient groups <p><i>Systems exist to refer on when different care or further investigation is required</i></p> <ul style="list-style-type: none"> • Policies, procedures +/- or protocols for onward referral when required 	<ul style="list-style-type: none"> • Policies are in place that specify relevant tools for screening at risk clients are used e.g. Orebro Musculoskeletal Pain Screening Questionnaire <p>ACC Requirements for PT and HT Services: 4.2 Keeping Clinical Records and evidence of service provision</p> <p>4.2.7 Service delivery plans describe the agreed goals, interventions, education, equipment and support to achieve the desired outcomes.</p> <ul style="list-style-type: none"> • Audit programme in place • Protocol/guideline for recognition of pathology/symptoms of concern <p>ACC Requirements for PT and HT Services: 4.2 Keeping Clinical Records and evidence of service provision</p> <p>4.2.11 The service provider facilitates consumers having access to, or referral to, other providers or agencies as appropriate (this may include but is not limited to, health, social, education, and vocational providers or agencies).</p>

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure policies are in place that specify which tools should be used * Maintain KPIs of client care and those who are at risk * Encourage staff to become champions for clients in high risk groups e.g. chronic pain – also for clients who have English as a second language * Ensure information brochures are available in appropriate language 	<ul style="list-style-type: none"> + Use agreed screening tools and educate staff in how to use them + Educate staff on pathways when screening tools indicate increased risk + Educate staff on implementing prevention or management plans e.g. education intervention if increased risk of developing ongoing pain + Facilitate/provide on-going in-service education re: screening and management of at risk clients 	<ul style="list-style-type: none"> - Undertake risk assessment for at risk patients - Be a champion within the clinic for specific at risk groups - Be aware of prevention and management protocols/guidelines - Provide education to patients and families about at risk factors - Participate further education

An integrated patient clinical record that identifies all aspects of the client care is used

ACC Requirements for PT and HT Services: 4.2 Keeping Clinical Records and evidence of service provision

What does this mean?	What should be in place?
<p><i>Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care</i></p> <p>A senior clinician with responsibility for and skills in clinical records management is identified.</p> <p>Considerations for implementation of a clinical record system are:</p> <ul style="list-style-type: none">• a standardised process for management• developing policies and process that authorise documentation in clinical records• ensuring all legislative requirements for management of records are met <p><i>The design of the clinical record allows for systematic audit of the contents against the requirements of standards</i></p>	<ul style="list-style-type: none">• Clinical record system accessible to the clinicians when they are providing care for documentation of all clinical events• Systematic organisation of the patient clinical record to enable the collection of patient clinical data

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure clinical record management system meets business and clinician requirements * Orientate staff in the processes for accessing and documenting in patient clinical records * Ensure staff are aware of policies and processes that authorise documentation in clinical records * Maintain awareness of ACC requirements <p>ACC Requirements for PT and HT Services: 4.1 How information will be managed and monitored</p>	<ul style="list-style-type: none"> + Facilitate and provide on-going in-service education addressing all aspects of patient clinical record management, documentation and compliance with policies and processes + Promote best practice clinical record keeping to physiotherapy staff + Be familiar with relevant professional standard and ensure physiotherapy staff awareness <p>Physiotherapy health records standard</p> <ul style="list-style-type: none"> + Ensure ACC requirements for clinical record keeping are met <p>ACC Requirements for PT and HT Services: 4.2 Keeping Clinical Records and evidence of service provision</p> <ul style="list-style-type: none"> + Conduct audits of clinical records against the requirements outlined in the: <ul style="list-style-type: none"> • Physiotherapy Board Health records standard • Aotearoa NZ Physiotherapy Code of Ethics • Physiotherapy Practice Thresholds 	<ul style="list-style-type: none"> - Maintain accurate, systematic organised documentation in patient clinical record - Be aware and comply with policies and processes that authorise documentation in clinical records - Comply with the requirements of clinical records

A system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice is implemented

What does this mean?	What should be in place?
<p><i>A system is in place to define and regularly review the scope of practice of the clinical workforce.</i></p> <p>The service should have a policy and procedure for establishing a credentialing database and defining the scope of clinical practice for the clinical workforce.</p> <p>The health service is required to:</p> <ul style="list-style-type: none"> • Verify each clinicians professional credentials • Review this information periodically to ensure it is current and relevant • Establish processes for reviewing clinicians competency and performance if concerns are raised <p>Planning for clinical services must consider the skills and availability of the physiotherapy workforce, as well as the education, training, support and supervision that may be required by the workforce</p> <p>The service should have a process for assessing the safety and quality of any new service and monitor the safety and quality once it is underway.</p> <p>Members of the workforce who are developing their skills or in an assessment phase may need to be supervised</p> <p>The service should have documented procedures for identifying:</p> <ul style="list-style-type: none"> • Who would benefit from being supervised • Who can provide supervision • How long supervision is required 	<p>Clinical practice is monitored by implementing protocols for the:</p> <ul style="list-style-type: none"> • Routine observation and recording of clinical practice • Review of complaints or concerns of clinicians who are working outside their scope of practice • Clinical audits in place e.g. clinical records review <p>- A register of workforce qualifications, experience and skills</p> <p>- Evidence –based process for assessing safety and quality which may be developed or adopted/ adapted from a health authority, governing body, peer health service or professional group</p> <p>- Monitor performance following the introduction of any new service</p> <p>Requirements for supervision can be included in :</p> <ul style="list-style-type: none"> • Policies and procedures • Position descriptions • Professional registration requirements • Periods of training or re-entry to the workforce

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Verify all staff credentials and review periodically to ensure currency of practice * Follow organisational policy to review physiotherapists credentials if concerns are raised * Review any complaints made about physiotherapists working outside their scope of practice * Maintain register of workforce qualifications and credentialed practice * Ensure any new clinical service to be introduced has appropriately skilled staff * Refer to organisations procedures about supervision of staff * Monitor performance following introduction of any new service 	<ul style="list-style-type: none"> + Educate / inform physiotherapy staff about scope of practice as per Physiotherapy Board position statement e.g. Physios practising in a defined field + Promote appropriate and professional training options e.g. evaluation of CPD activities using Guidelines for Formal Professional Development tool + Advise business owner/service manager of training requirements of physiotherapy workforce + Organise and participate in regular clinical records audits + Organise and participate in regular Peer review sessions + Ensure junior/new/locum physiotherapy staff have supervision/mentoring as required. <p>Sports physiotherapist practice standards</p> <p>ACC Requirements for PT and HT Services: 3.2.3 The Clinical Director will: Provide clinical oversight, assist with diagnosis, establishment of causation and treatment/planning where required</p> <ul style="list-style-type: none"> + Encourage all physiotherapists to engage in professional and supportive relationships + Facilitate open and supportive environment for the ongoing skill development of staff 	<ul style="list-style-type: none"> - Maintain and provide CPD portfolio including credentials and work experience - Work within job description provided as well as within professional scope of practice, legislation and professional standards and guidelines. Provide evidence of qualifications - Identify area of performance that require development - Consider and evaluate quality of CPD activities before committing. - Actively participate in staff supervision, in line with organisations procedures (if required) - Participate clinical record audits - Participate peer review

A performance development system for the physiotherapy workforce that supports performance improvement within their scope is implemented

ACC Requirements for PT and HT Services: 3.1 Make sure your personnel meet the required standard

	What should be in place?
<p><i>The clinical workforce participate in regular performance reviews that support individual development and improvement</i></p> <ul style="list-style-type: none">• A robust system of performance development for all members of the workforce should be in place• Performance development system is regularly reviewed in terms of resourcing, facilitating safe clinical practice and quality patient outcomes	<p>A performance review process should:</p> <ul style="list-style-type: none">• Identify a manager/clinical leader responsible for ensuring the workforce complies with performance review process• Engage clinicians in formalised audit and peer review of their practice• Support and encourage CPD requirements of the clinicians as per registration body/ professional organisation• Monitor participation in performance review by the clinical workforce

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure performance review is in line with established process * Engage clinicians in an annual formal review of practice * Support staff to continue with their CPD learning needs * Maintain register of performance review and training requirements * Ensure and assist staff to document an appropriate education and training plan * Report workforce participation to higher levels 	<ul style="list-style-type: none"> + Support physiotherapy staff to continue with their CPD learning needs + Encourage and assist physiotherapy staff to document an appropriate continuing professional development training plan + Role model/promote Reflective Practice to all physiotherapy staff + Educate junior/locum staff about the Physiotherapy Board Recertification Programme + Encourage/develop leadership potential within physiotherapy staff + Provide input into physiotherapy staff performance reviews + Undertake performance reviews as/if required 	<ul style="list-style-type: none"> - Actively participate in an annual performance review and development activity - Identify professional development requirements - Actively seek opportunities for CPD training and education - Ensure regulatory authority registration requirements for CPD are met

Systems are in place for ongoing safety and quality education and training

ACC Requirements for PT and HT Services: 3.1 Make sure your personnel meet the required standard

What does this mean?		What should be in place?
<p>The service should have a programme of education and training that aligns</p> <ul style="list-style-type: none"> • Safety and quality risks of providing physiotherapy services • Skills and knowledge gaps of the physiotherapy workforce with requirements for CPD • Education is provided at orientation, induction, during supervised delivery of care, during informal tutorial and training sessions and in courses / external programmes of education 		<ul style="list-style-type: none"> • A process for the routine collection of feedback from physiotherapists about professional development requirements • Relevant and appropriate CPD is organised to meet requirements
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<p>* Identify additional training needs of local workforce from:</p> <ul style="list-style-type: none"> • Risk register • Incidents • Complaints • Current evidence-based clinical practices <p>* Encourage ongoing informal opportunities for learning for staff</p> <p>* Ensure and advise on online education/training programmes relating to service needs</p>	<p>+ Ensure that 6 monthly ACC in-service training requirements are undertaken by all physiotherapists and administrative staff e.g.</p> <p>Learning module: Understanding ACC cover Facilitators guide: Understanding ACC cover Discussion guide: Understanding ACC cover</p> <p>+ Oversee/lead/participate in-service training on topics related to the provision of safe and quality care e.g.</p> <p>Health literacy Increasing health literacy Communication skills Utilising effective communication Ethics Quiz case studies</p> <p>+ Role model/encourage learning via other options e.g. Journal clubs / Case review discussions</p> <p>On-line resource Webinars PNZ Library</p>	<p>- Actively participate in in-service and online education sessions and mandatory training programmes related to service needs and funder requirements e.g. CPR training</p>

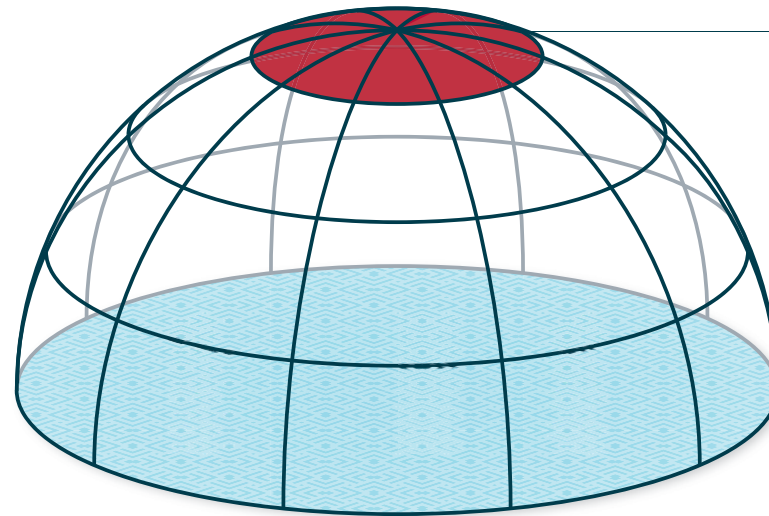
Regular feedback from the physiotherapy workforce to assess their level of engagement and understanding of the safety and quality systems of the organisation is sought

ACC Requirements for PT and HT Services: 3.2 Clinical Governance

3.2.5 Induct and assess each Service Provider on the quality and safety of their practice.

What does this mean?		What should be in place?
<p>Analyse feedback from the workforce on their understanding and use of safety and quality systems</p> <p>The service should consider using:</p> <ul style="list-style-type: none"> De-identified data from the performance review system Audit data from the clinical review system Surveys of the physiotherapy workforce Informal advice from the physiotherapists on safety and quality 		<ul style="list-style-type: none"> Regular agenda items at staff meetings Survey for staff regarding their understanding of safety and quality systems Staff audit of how to log incidents and hazards Database established regarding number of incidents logged
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure regular agenda items are included in staff meetings * Record informal and formal feedback from staff and collate for governance information * Survey local staff about their understanding of safety and quality systems * Audit staff awareness of how to log incidents and hazards * Monitor the number of hazards logged * Encourage 'no-blame' logging of incidents, hazards and risks 	<ul style="list-style-type: none"> + Encourage physiotherapy workforce to consistently consider safety and quality aspects of their clinical practice + Encourage, initiate and participate in audits related to clinical practice approaches and client outcomes + Role model/initiate/lead improvements to improve effectiveness and quality of care. 	<ul style="list-style-type: none"> - Work with Manager and other staff in providing feedback about your understanding of the safety and quality system of the organisation - Initiate and actively participate in audits - Actively participate in the safety and quality system - Suggest possible improvements – your observations, skills and experience are invaluable

Person and whānau engagement and participation



Person and whānau
engagement and
participation

Organisational policies and practices are consistent with current codes of health care rights

ACC Requirements for PT and HT Services: 1.5 Services must comply with The Code of Health and Disability Services Consumers' Rights

What does this mean?

- The service should have the Code of Patient Rights and Responsibilities visible
- Involvement of consumer representation on committees/focus groups/governance meetings
- Importance of clear communication (meaningful with shared understanding)
- Appropriate information is provided (relevant and culturally safe)
- Client satisfaction surveys are regularly undertaken and resources to acquire, analyse, provide feedback, and take appropriate actions are available
- Clients are involved in planning and taking responsibility for their own health care as much as possible
- A process of open disclosure is followed for serious adverse events that cause harm to the patient
- Individual differences are respected by staff
- Feedback welcomed by all users of the service through the complaints management process

What should be in place?

- The Code of Health and Disability Services Consumers Rights is prominently displayed and made available in appropriate format
- Identified person with responsibility for implementing the Code
- Establish a community advisory group and schedule regular meetings
- All publications for patient use reviewed by the client/patient advisory group
- Physiotherapy service related information is clear, unambiguous, and easy to read and hear – ensure multiple communication strategies
- Consumer survey – discharge interview regarding quality of care
- Have easily accessible and appropriate health information resources, and conduct regular health promotion and education programmes in the community

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure H&D Code information is in a visible place to be seen by all in the clinic * Attend Community Advisory committee * Ensure all patient information has had a consumer review * Educate all staff in principles of open disclosure * Implement and collate annual client satisfaction survey * Monitor KPIs around access and appropriateness of physiotherapy services * Create a culture that respects individual differences and choices 	<ul style="list-style-type: none"> + Role model and maintain an understanding of the Code of Health and Disability Services Consumers Rights The Code and your rights + Promote on-going learning + Ensure clients/consumers are aware of how to make a complaint and how to escalate a complaint if they are not satisfied + Use brochures in appropriate language to educate clients about their rights and responsibilities + Engage patients in planning the management of their own care + Respect clients and their families choices + Use translators to get informed consent (if required) + Use resources available for educating clients + Evaluate resources and give feedback to improve resources 	<ul style="list-style-type: none"> - Be aware and have an understanding of the Code of Health and Disability Services Consumers Rights - Ensure clients/consumers are aware of how to make a complaint and how to escalate a complaint if they are not satisfied - Use brochures in appropriate language to educate clients about their rights and responsibilities - Engage clients in planning the management of their own care - Respect clients and their families choices - Use translators to get informed consent (if required) - Use resources available for educating clients - Evaluate resources and give feedback to improve resources

Processes to enable partnership with clients and whānau in decisions about their care, including informed consent to treatment are implemented

ACC Requirements for PT and HT Services: 1.5.2 Consumer informed consent is obtained in line with the requirements of Right 5 (Right to Effective Communication), Right 6 (Right to be Fully Informed) and Right 7 (Right to Make an Informed Choice and Given Informed Consent) of the code.

What does this mean?	What should be in place?
<p><i>Clients (carers and whanau) are partners in the planning of treatment</i></p> <ul style="list-style-type: none"> • The service should empower clients/consumers and carers to be involved in the process of planning their own treatment • Information to support their involvement needs to be provided in a timely and culturally appropriate manner <p><i>Mechanisms are in place to monitor and improve documentation of informed consent</i></p> <ul style="list-style-type: none"> • The service should implement policies, procedures and protocols for documenting client consent to treatment • Documentation for the staff should meet legal and ethical requirements <p><i>Mechanisms are in place to align the information provided to patients with their capacity to understand</i></p> <ul style="list-style-type: none"> • The service should provide the physiotherapy workforce with client information and resources that have been developed to meet needs of their target audience • This is an especially important area where most of the people accessing the health service may not be fluent in either spoke or written English <p><i>Patients and carers are encouraged and supported to access other relevant health and community services</i></p> <p>The health services should have in place</p> <ul style="list-style-type: none"> • Access to client advocates • referral pathways • up to date contact list for community services 	<ul style="list-style-type: none"> • Workforce orientation programme provides information on informed consent and consumer rights • Policies and procedures are in place for informed consent • Identified person with responsibility for maintaining the integrity of the consent system and its continuous improvement • Audit of clinical records to assess the effectiveness of the client consent process • Orientation, training, and programs to include information on the common law and legislative requirements about consent and obtaining consent to treatment • Using local community members and interpretive services to communicate and provide information from different health agencies. • Physiotherapists have information and directions on their role in assisting clients to access other services

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure staff are aware of informed consent policies and procedures * Ensure education and training on informed consent is undertaken * Ensure up to date information about other health and community services is available to staff * Implement client satisfaction surveys * Conduct surveys of informed consent documentation * Conduct oral surveys of client experience of service, and document responses 	<ul style="list-style-type: none"> + Role model and promote best practice approach for informed consent + Encourage awareness of Physiotherapy Board requirements i.e. Informed Consent Standard + Encourage ongoing learning in area of informed consent, shared care + Promote PWCC framework and resources e.g. Building Relationships Informed Consent Sharing power, responsibility and decision-making Engaging in goal-oriented care Working with Interpreters Australian Commission SQHC – communicating risks and benefits 	<ul style="list-style-type: none"> - Use translators to get informed consent (if required) - Use resources available for educating clients - Evaluate resources and provide feedback to improve resources - Ensure clients are aware of reputable sources of health information

Procedures that protect the confidentiality of client clinical records without compromising physiotherapy workforce access to relevant clinical information are implemented

ACC Requirements for PT and HT Services:

1.1 Privacy Act 1993 and Health Information Privacy Code 1994: Personal and confidential information will be kept private and secure

1.1.2 You will ensure that your service providers: are aware of the obligations to protect personal and health information and confidential information in this Contract.

4.1 How information will be managed and monitored

What does this mean?	What should be in place?
<p><i>Systems are in place to restrict inappropriate access to and dissemination of client clinical information</i></p> <ul style="list-style-type: none">• Policies, procedures and protocols developed to support confidentiality and privacy of patient information which address paper-based and electronic records in use to ensure they are consistent with the law and good practice• Systems audited to ensure processes are being followed and areas for improvement are identified	<ul style="list-style-type: none">• Policies, procedures, +/-or protocols designed to ensure confidentiality of client information• Physiotherapy workforce are informed of their responsibilities to protect client privacy and confidentiality, and the consequences of intentional breaches of these obligations• Periodic audits review access and dissemination of client clinical information. Improvement strategies implemented as necessary

Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Ensure staff are aware of the importance of confidentiality of client/consumer information * Maintain client information in a secure place at all times * Appoint privacy officer to lead * Ensure consequences of breach of information are enforced * Work with staff to protect client information 	<ul style="list-style-type: none"> + Maintain awareness of best practice in the management of client information + Support appointed privacy officer to promote best practice management of client information + Promote and encourage ongoing learning via Office of the Privacy Commissioner e.g. <ul style="list-style-type: none"> Guidance for Privacy officers Online privacy training The Privacy Principles Privacy breaches Complaint about privacy dispute + Encourage awareness of Physiotherapy Board requirements <ul style="list-style-type: none"> Internet and electronic communication standard Code of Ethics 	<ul style="list-style-type: none"> - Ensure consumers confidentiality and privacy is maintained at all times - Ensure consumer information is placed in a secure area at all times

Well-designed, valid and reliable experience feedback mechanisms which are used to evaluate physiotherapy care and performance are implemented

ACC Requirements for PT and HT Services: 2.1 Quality and Risk Management Standards

2.1.3 Have in place, and follow, written protocols, procedures and policies for managing the Services.

The document will include written procedures on the following: systems to measure customer satisfaction with Services

What does this mean?		What should be in place?
<p><i>Data collected from patient feedback systems are used to measure and improve services in the organisation</i></p> <ul style="list-style-type: none"> • The service should implement a comprehensive client/consumer feedback system • Consideration is given to where and how this information is reported, to make it meaningful for planning and decision-making • Regular reviews of the feedback system will ensure that it is providing the information required and appropriate responses 		<p>The client/consumer feedback mechanism should be able to:</p> <ul style="list-style-type: none"> • Implement a validated and reliable mechanism for obtaining feedback from consumers • Identify person responsible for overseeing the collection and analysis of feedback • Analyse and report on consumer feedback systems
Responsibility of Business Owner / Service Manager	Responsibility of Physiotherapy Clinical Leader/ Director	Responsibility of Physiotherapists
<ul style="list-style-type: none"> * Locally maintain feedback system * De-identify feedback and reports to staff, managers and consumer advisor network 	<ul style="list-style-type: none"> + Encourage clients to provide feedback on all aspects of their physiotherapy care + Promote value of using client feedback to improve services + Maintain awareness of best practice approaches re: collection and utilisation of client feedback + Promote ongoing learning re: the relevance and value of consumer involvement and feedback <p>HQSC Partners in care programme</p>	<ul style="list-style-type: none"> - Provide consumers with information regarding feedback processes

References: including those used to inform the development of the Clinical Governance and Leadership Guideline for Physiotherapy

- Accident Compensation Corporation New Zealand (2020) <https://www.acc.co.nz/>
- Australian Commission on Safety and Quality in Health Care (2017). National Model Clinical Governance Framework. <https://www.safetyandquality.gov.au/>
- BPAC NZ (2005) Clinical Governance. A Guide for Primary Health Organisations Z www.bpac.org.nz
- CRANApplus (2013). A clinical governance guide for remote and isolated health services in Australia <https://crana.org.au> (CRANApplus is the peak professional body for the remote and isolated health workforce in Australia)
- Darlow B, Williams A. (2018) Person and whānau centred care. Model for physiotherapy in Aotearoa New Zealand. Wellington, N.Z.: Physiotherapy New Zealand.
- David Stanley (2012) Clinical leadership characteristics confirmed. Journal of Research in Nursing <https://doi.org/10.1177%2F1744987112464630>
- Edwards, K (2013). Governance for quality and safety in health service organisations (Presentation handout). Sydney: The Australian Council on Healthcare Standards.
- Fraser S.W., Greenhalgh T. (2001) Coping with complexity: Educating for capability. BMJ 323; 799-803.
- Gauld R (2017). Clinical Leadership: what is it and how do we facilitate it? Journal Primary health care. doi:10.1071/HC16041
- Health and Disability Commissioner, New Zealand (2020) <https://www.hdc.org.nz/>
- Health Navigator New Zealand (2020) <https://www.healthnavigator.org.nz/>
- Health Quality & Safety Commission NZ (2017) Clinical Governance: Guidance for Health and Disability Providers www.hqsc.govt.nz
- Health Quality & Safety Commission NZ (2016). From knowledge to action. A framework for building quality and safety capability in the New Zealand health system. www.hqsc.govt.nz
- Health Service Executive (2014). Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our learning. Dublin.
- Health Service Executive (2009). Towards Excellence in Clinical Governance – A framework for Integrated Quality, Safety and Risk Management across HSE Service providers
- International organisation for standardisation (2018). International standard on social responsibility, ISO 26000 <https://www.iso.org/iso-26000-social-responsibility.html>

- Jonas S et al (2011). The Importance of Clinical Leadership. Chapter 1, ABC of Clinical Leadership 1st edition. Blackwell Publishing Ltd
- Ministry of Health, New Zealand (2020) <https://www.health.govt.nz/>
- Moss, Fiona (2011) Leading and Improving Clinical Services. Chapter 8 ABC of Clinical Leadership. Blackwell Publishing Ltd
- National Institute for Clinical Excellence (2002) Principles for practice in Clinical Audit. Oxon. Radcliff Medical Press Limited.
- NHS Department of Health (2008) High quality care for all. Next stage review final report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf
- NHS Executive (1996). Promoting Clinical Effectiveness: A Framework for Action in and through the NHS. London: NHS Executive
- New Zealand Physiotherapy Board (2020) <https://www.physioboard.org.nz/>
- Office of the Privacy Commissioner, New Zealand (2020) <https://www.privacy.org.nz/>
- Physiotherapy New Zealand (2020) <https://pnz.org.nz/>
- Reason, J.T. (2001) Understanding Adverse Events: The Human Factor. In: Vincent C, Ed., Clinical Risk Management: Enhancing Patient Safety, BMJ Books, London, 9-30.
- Sackett, D., Rosenberg, W.M.C., Gray, J.A.M., Hayne, R., & Richardson, W. (1996) Evidence based medicine: What it is and what it isn't, British Medical Journal 312: 71-72.
- Safer Care Victoria (2017) Delivering high quality healthcare: Victorian clinical governance framework <https://www.bettersafecare.vic.gov.au/>
- Scally G & Donaldson L (1998) Clinical governance and the drive for quality improvement in the new NHS in England. BMJ vol 317 pg 61 65 www.bmj.com
- Sorenson, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., et al (2012) Health Literacy and Public health: A systematic review and integration of definitions and models, BMC Public health 12(80).
- Standards new Zealand (2020) <https://www.standards.govt.nz/>
- Te Whare Hukahuka (2020) <https://www.twh.co.nz/governance-training>
- Wilson, Kate (2013) How to be an effective clinical leader. <https://www.hsj.co.uk/commissioning/how-to-be-an-effective-clinical-leader/5059338.article>
- World Health Organisation (2010) Framework for Action on Interprofessional Education and Collaborative Practice, World health Organisation, Geneva.

