

# Clinical Governance: An Introduction

## Introduction

Clinical governance is an approach to continuously improving the safety and quality of services and care. It is recognised across health sectors internationally as being effective for driving this improvement. Because there is no widely-used clinical governance framework for physiotherapy in place in New Zealand, PNZ is developing one that is based on current best practice, literature and international examples. The framework and associated guidance will support members who are looking to introduce or refine a clinical governance framework in their practice, or to increase their focus on safety and quality of care.

ACC has also introduced the requirement for clinical governance and a nominated clinical director in their variation to the Physiotherapy Services Contract commencing May 2020.<sup>1,2</sup> The following framework and associated guidance will support PNZ members to meet these requirements.

## Overview of the framework

The clinical governance framework itself is made up of **policies and processes** that address the four **domains** of clinical governance, all of which are underpinned by **core principles**. These are all outlined below. The framework is applicable to all physiotherapy practices, irrespective of the size, funding arrangements, or accreditation status. The processes (and associated tools and activities) that are selected to make up each organisation's own clinical governance framework should be appropriate for that specific context.

## Your input is sought by 31 July 2019

Many of the tools and activities that can be part of clinical governance will already be in use in physiotherapy practices. We would like to draw on these to ensure that the guidance we provide is useful to members. **Please read the outline below, and [provide feedback on the following by 31 July 2019](#):**

1. What other policies, processes, tools and activities do you use that could address any of the clinical governance domains?
2. What other information or support (e.g., guidance) you will need to assist you to develop, refine, or implement a clinical governance framework in your organisation?
3. Any other feedback that you have about the framework, guidance, or outline below.

## Next steps

Once we have received input from PNZ members, the framework will be finalised, supporting explanations developed, and lists of possible processes, tools and activities compiled. Guidance regarding how to go about developing a clinical governance framework for your organisation will also be developed.

The framework and associated guidance will be published for members in early December 2019.

## Development process

The framework has been developed by the Professional Development Committee, drawing heavily from the NZ Health Quality & Safety Commission's framework.<sup>3</sup> PNZ members on the ACC Expert Reference Group have had input into it, as has Dr Karen Webster (Senior Lecturer: Paramedicine, AUT) and Dr Iwona Stolarek (Medical Director, Health Quality & Safety Commission).

## What is clinical governance?

**Clinical governance** is a whole-of-organisation approach to continuously improving the quality of services to protect safety and wellbeing of the person, whānau, and staff, and enhance the quality of care provided and experienced. It involves systematically joining-up all safety, quality maintenance and improvement actions and practices within or across health care organisations.<sup>3-7</sup>

A **clinical governance framework** is a structure that guides how we think about, plan, and deliver services and care, so that safety and wellbeing, and the quality of care and services, can be monitored and enhanced.<sup>8</sup> It provides the whole-of-organisation approach and the systematic joining-up that the essence of clinical governance.

## Clinical governance framework

Conceptually, a clinical governance framework can be thought of as a structure that surrounds and protects the **central core**: the person (consumer) and whānau, and their experience of the care and services provided.<sup>3,6,9</sup> The services and care provided, and the safety and quality of those services and care, wrap around the core.

The **underpinning principles**<sup>3-7</sup> form the floor that the person and their whānau, the services and care provided, and the person and whānau experiences of that care and those services, rest on. The underpinning principles are that:

- Services and care are person and whānau centred
- Services and care are safe and effective
- Organisational culture is fair, just, open and transparent
- All staff actively participate and partner in clinical governance
- There is a shared commitment to continuous quality improvement

The clinical governance framework is a dome that sits over the services and care provided. The framework is made up of **policies, processes, tools, and activities** which address the four\* **domains of clinical governance**<sup>3,4,6,7</sup> (represented as the four layers of the dome in Figure 1, and identified and explained below), that are in-place, used, monitored, evaluated, and refined. The four domains of clinical governance are:

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

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\* Although presented as four separate domains, there is interaction between them.

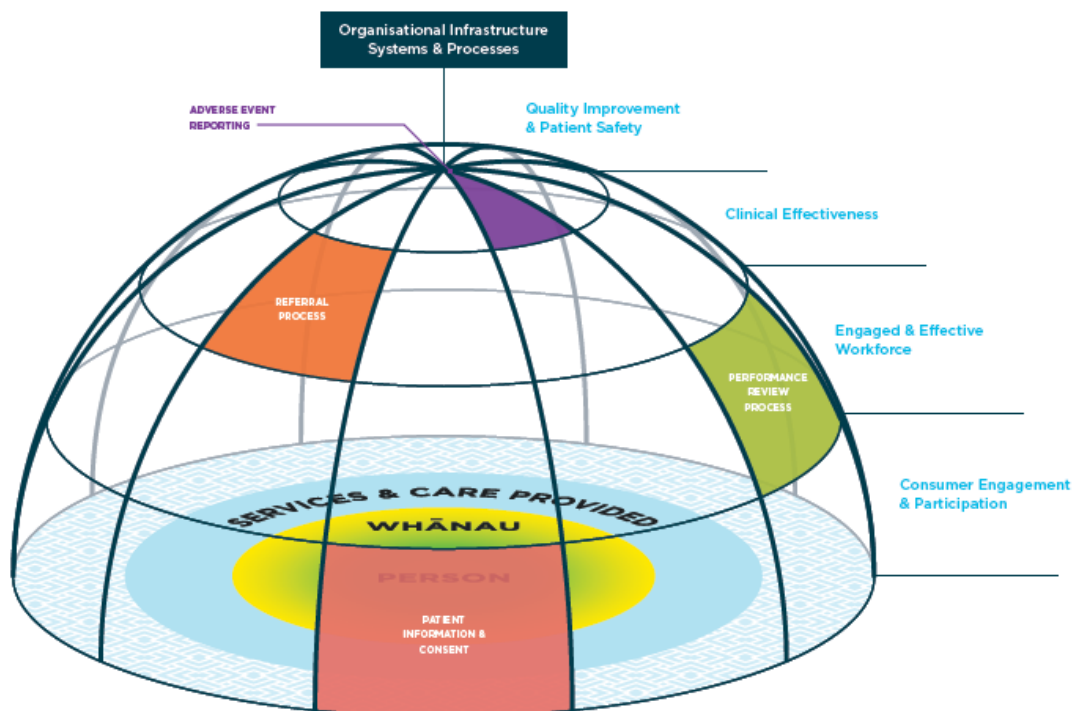


Figure 1: DRAFT Visual representation of clinical governance framework

## Four domains of clinical governance

### Person, whānau and staff safety

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

- having appropriate processes in place to lessen the potential for errors to occur
- monitoring and reporting performance against these, and
- using this evaluation to inform improvements.

Clinical and other risks are proactively and reactively identified and managed.

### Clinical effectiveness

There is an ongoing, organisation-wide commitment to clinical effectiveness. Evidence-based practice (informed by person and whānau preference) is used to achieve the best possible care and outcomes for people. This can be summarised as the 'right care' is provided to the 'right patient' at the 'right time' by the 'right clinician' in the 'right way'.<sup>7</sup>

### Engaged and effective workforce

All staff have the appropriate skills, knowledge and qualifications for their roles, and the organisation supports staff to maintain these requisite skills, knowledge, and competencies. All staff are aware of their roles and responsibilities regarding clinical governance, and actively participate in associated activities.

### Person and whānau engagement and participation

The organisation engages with people and whānau, and actively seeks opportunities to understand their views, needs and perspectives. These are used to inform service design, delivery, and evaluation, and where possible, people and whānau actively participate in the design and evaluation processes.

## Policies, processes, tools, activities

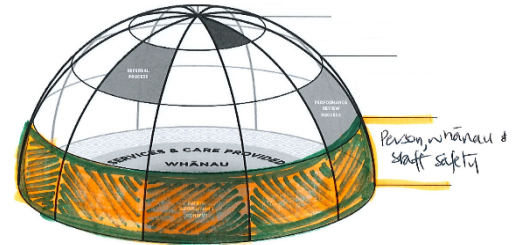
For each organisation, the policies, processes, tools and activities that are used to address each domain<sup>†</sup> will be those that are appropriate for the organisation(s) and setting. The clinical governance framework should be tailored to best suit the organisation, context and stakeholders.<sup>3,4,6,7</sup>

**QUESTION 1:** *Beyond those listed below, what other processes, tools or activities could be used to address these domains?*

### Person, whānau and staff safety

Examples of processes, tools, activities that could address this domain include:

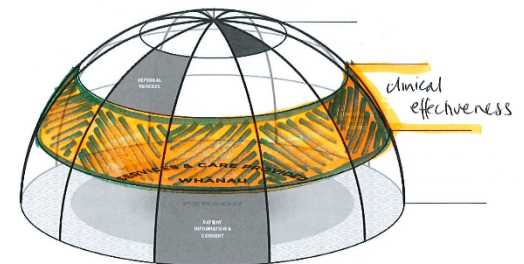
- Adverse event reporting and monitoring
- Clinical risk management
- Incident management
- Clinical audit process
- Adherence to Physiotherapy Standards framework<sup>10</sup> (Code of Ethics, Physiotherapy Standards, Physiotherapy practice thresholds)
- .
- .



### Clinical effectiveness

Examples of processes, tools, activities that could address this domain include:

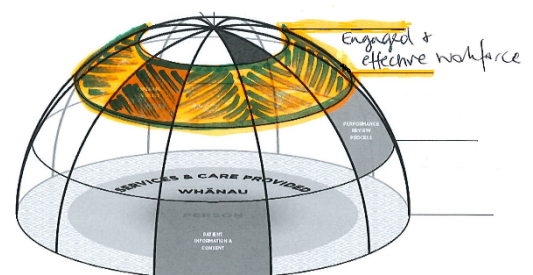
- Referral and second opinion processes
- Peer review process
- Clinical audit process
- Measuring, monitoring and evaluating clinical and health outcomes
- Regular dedicated time for case review
- Clinical supervision process
- Adherence to practice guidelines
- Interdisciplinary practice
- Clinical pathways
- .
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### Engaged and effective workforce

Examples of processes, tools, activities that could address this domain include:

- Clear definition of roles and responsibilities
- Recruitment and selection processes
- Provision of training for required capabilities
- Continuing Professional Development policy
- Performance review process
- Peer review process
- Self-review and reflection
- Professional relationships (e.g., professional supervision, mentoring) processes
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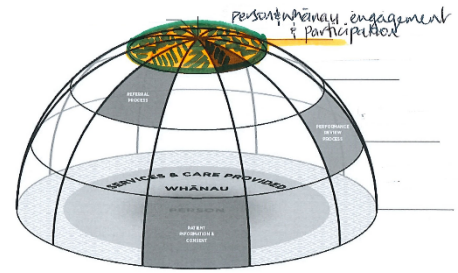


<sup>†</sup> Some processes, tools and activities will contribute to more than one domain.

## Person and whānau engagement and participation

Examples of processes, tools, activities that could address this domain include:

- Patient information and consent
- Consumer representation (e.g., on planning committee)
- Consumer feedback process
- Consumer satisfaction survey
- Person and Whānau Centred Care
- Complaints process
- Information available about Code of Health and Disability Services Consumers' Rights
- Provision of clear and well-structured information
- Provision of information, e.g., about other services available in the community
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- .



## Guidance for developing a clinical governance framework for your organisation

\*\*Still to be developed\*\*

**QUESTION 2:** *What other information or support (e.g., guidance) do you need to assist you to develop, refine or implement a clinical governance framework in your organisation?*

**QUESTION 3:** *What other feedback do you have about the framework, guidance, or outline above?*

## References

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9. Health Direct Australia. Clinical governance framework (version 4.2). Sydney, Australia: Author; 2018.
10. Physiotherapy Board. Physiotherapy Standards framework 2018. Wellington, N.Z.: Physiotherapy Board; 2018.