



BOARD + GOVERNANCE

B.04 Clinical Governance Policy

REVIEWED: 25 January 2023

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PURPOSE

Mercy Services is committed to developing and implementing a clinical governance framework that ensures the provision of safe, effective, high quality, consistent and client-centred clinical care for residents and clients.

Mercy Services will strive to include clients, residents, clinicians, clinical review, training, risk management, workforce management and continuous improvement in its clinical governance framework. The purpose of this policy is to ensure that everyone is accountable to clients, residents and the community for delivering good clinical outcomes and meeting clinical indicators.

In order to achieve the goal of providing safe and high-quality, person-centred care, Mercy Services Clinical Governance Policy includes the following elements:

- Roles and responsibilities;
- The importance of good clinical governance culture;
- Client partnerships;
- Processes that identify and manage clinical risk, safety and quality; and
- Clinical practice procedures.

Record of policy development

Version	Date approved	Policy Changes
1.0	11/09/2019	Initial draft
2.0	21/02/2023	Review as per prior policy with changes for relevancy and best practice

Responsibilities and delegations

This policy applies to	MSCAL Board, Staff and Volunteers
Specific responsibilities	Clinical Advisory Committee, Head of Risk & Compliance
Policy approval	MSCAL Board

Policy context – this policy relates to:

Standards	National Safety and Quality Health Service (NSQHS) Standards NDIS Practice Standards Aged Care Quality & Safety Standards
Legislation	Health Administration Act 1982 (NSW) Health Administration Regulation 2015 (NSW)
Organisation policies	Delegations, Risk Management, Complaints & Incidents
Forms, record keeping, other documents	Quality reviews, Continuous Improvement Register, Clinical Advisory Committee

DEFINITIONS

Clinical governance: is the set of relationships established by a health service organisation between its relevant stakeholders to ensure the best possible clinical outcomes.

Clinical care: is health care that includes the prevention, treatment and management of injury, illness and the maintenance of psychological and physical wellbeing. A holistic and person-centred approach should always be taken in the delivery of clinical care.

Risk management: is the development and implementation of a program which makes every attempt to identify and mitigate potential risks to workers, clients and patients.

Quality improvement: is the collaborative efforts of all workers, clinicians, clients, patients and planners to strive for continuous improvements to achieve better outcomes and the highest possible standard of care.

ROLES AND RESPONSIBILITIES:

Care Recipients

Clients & Residents or their representatives should:

- Participate in their own healthcare to the extent that they wish;
- Participate in all aspects of quality and safety improvement; and
- Provide feedback to drive organisational change.

MSCAL Board

Mercy Services Board will:

- Be held accountable for the quality and safety of care provided by Mercy Services
- Foster an organisational culture of safety and quality, and satisfy itself that this culture exists within the organisation;
- Lead an organisational culture that encourages open and transparent communication, and makes these organisational values known to the workforce;
- Ensure the organisation has a clear strategic direction, policies and procedures which promote safety and quality care; and
- Delegate responsibility to senior executives and managers to implement clinical governance arrangements and provision of safe and quality clinical care;

Mercy Services Senior leadership will:

- Assist in the delivery of the governing body's strategic direction and vision to provide quality care;
- Support the development of workers to become leaders in championing safe and quality care for all clients using services;
- Determine the best approach to planning, implementing, evaluating and improving clinical quality and safety;
- Assist the governing body with monitoring by ensuring accurate reporting and analysis occurs regularly;

- Ensure adequate resources are directed towards delivering consistently safe, quality care;
- Be aware of key areas of potential risk and act responsibly when the safety of a client, resident or worker is compromised; and
- Determine the effectiveness of clinical governance systems through continuous evaluation.

Clinical Managers & Administrators

Clinical workers are responsible for:

- Supporting other clinicians through a culture of safety, transparency, accountability, teamwork and collaboration;
- Developing effective working partnerships with other health service organisations, clinical groups, clinicians, clients and residents;
- Ensuring clinical care is provided in line with evidence-based best practice, organisational policies and legislation;
- Providing useful performance data and feedback to clinicians;
- Identifying and mitigating areas of potential risk, and reporting to this through the appropriate manager/supervisor or raising to the Clinical Advisory Committee regarding any incidents or where safety has been compromised; and
- Assist in developing operational procedures and frameworks which address:
 - Risk management
 - Quality improvement
 - Incident management
 - Open disclosure
 - Feedback and complaints; and
 - Ensuring staff understand their roles and responsibilities and are held accountable for the care they provide.

Care Staff

All care staff are responsible for:

- Providing the highest quality of clinical care possible within the parameters of the clinical governance framework;
- Providing feedback if they are harbouring concerns over anything related to clinical care and the delivery of safe services;
- Educating themselves and frequently refining their skills to ensure they are providing the best care possible;
- Complying with relevant care standards, protocols and procedures; and
- Contributing to an organisational culture of delivering high-quality care, safety, teamwork, collaboration, and transparency.

PRINCIPLES

The following principles comprise the key elements of Mercy Services in ensuring it has an effective clinical governance framework in place.

1. Governance, Leadership and Culture

Mercy Services understands the importance of workplace culture in ensuring both residents and clients receive safe and high-quality care. We will endeavour to create an organisational culture with:

- Strong and effective strategic and cultural leadership of clinical services;
- Clear responsibilities for managing safety and quality of care;
- Reliable monitoring and recording systems to ensure delivery of care is effective;
- Data and information that are used to monitor and report on performance; and
- Systems and governance framework in place for identifying and managing clinical risk.

2. Partnering with clients & residents

Client and resident partnerships are essential to planning and delivering quality of care across Mercy Services.

Systems are in place to ensure:

- Delivering client/resident person-centred care is a key priority;
- Clients and residents are encouraged to give feedback on the care they receive;
- All workers establish respectful and transparent lines of communication with clients;
- Clients/residents are provided with information on their services to allow them to make informed decisions on their clinical care;
- The diverse needs, including communication needs, of clients, residents and the community are met;
- Clients/residents' dignity, choice and privacy is respected;
- Feedback on clinical care from clients and residents is acted upon to make continuous improvement to care;
- The rights and responsibilities of clients and residents are respected and promoted, as required by the Charter of Aged Care Rights; and
- Client and resident complaints are responded to in a timely way and with respect, used to continuously improve care and services.

3. Clinical performance and effectiveness

Mercy Services is committed to providing a physically and emotionally safe workplace. Relevant staff will undergo ongoing clinical training to assist them in delivering quality care to those we care for and aligned with best practice. Mercy Services Clinical Advisory Committee also identifies areas for clinical education and continuous improvement. Education and training are supported through the Learning & Development team to develop and consolidate staff skills. Mercy Services applies this principle by ensuring:

- Procedures are in place to ensure suitable workers are hired based on their qualification and prior experience, to deliver the highest standard of client-centred care;
- Procedures are in place to ensure employed and contracted health practitioners are registered by using the Australian Health Practitioner Regulation Agency or Register of Practitioners;
- Procedures are in place to foster a safe, respectful and collaborative working environment;

- Workers and volunteers are clear on their responsibilities and workplace expectations, and are held accountable for meeting these expectations;
- Where relevant, visiting health practitioners are informed of the protocols and procedures on the provision of clinical care, including communication processes;
- Workers and volunteers strive to improve their own practice and organisational processes through continuous learning;
- Review of clinical incidents, clinical indicators, clinical practices and areas for continuous improvement at Clinical Advisory Committee; and
- An effective complaints management system is in place and regularly reviewed.

4. Safe environment for the delivery of care (risk management)

Mercy Services will ensure safety and quality improvement systems are central to creating a safe working environment and support clinicians to deliver the highest standard of safe and quality care for clients.

Mercy Services will create a safe environment for the delivery of care by:

- Implementing effective quality improvement processes through the organisational audit plan and quality reviews against clinical standards;
- Identifying opportunities to improve the safety and quality of the working environment;
- Ensuring appropriate resources, facilities, staff, training tools and equipment are available to satisfy the highest standard of care delivery;
- Minimising the risk of infection; and
- Minimising the use of restraints (where applicable).

5. Client & Resident safety and quality improvement systems

Mercy Services strives for the highest level of clinical practice and care for its clients and residents. Various quality improvement systems or processes are in place to ensure that:

- Research and evidence-based clinical care forms the basis for clinical practice;
- Clinicians inform clients/residents on the care they receive, and are transparent and open in their communication;
- Clinicians receive the support they need to work safely and effectively, through training, skills and technology;
- Clinicians strive to improve their peers' and their own clinical care and actively participate in the review of clinical systems and processes;
- Structured processes are in place when clients are transferred to or from external healthcare providers;
- External health practitioners, allied health providers and healthcare organisations from which clients/residents regularly receive care are assessed and where appropriate, formal relationships are established;
- Data is collected on clinical care to ensure that there is organisational accountability, transparency and continuous improvement in quality of care; and
- When new procedures for clinical practice and methods are introduced, they are safeguarded with appropriate oversight to ensure potential risks are identified and mitigated.

Mercy Services will implement an effective risk management system which:

- Identifies and documents organisational risk in an effective risk register;
- Uses data collection to support risk assessments and decision making;
- Acts to reduce risks by ensuring clinical incidents are investigated and reported to address root causes or trends;
- Provides an appropriate framework for measuring and assessing risk;
- Reports on risks to the workforce and clients;
- Plans for, and manages, internal and external emergencies and disasters; and
- Complies with and adheres to risk-related legislation and relevant standards.

6. Monitoring, reporting and responding to performance

Clinical Advisory Committee is responsible for monitoring and reporting on the clinical outcomes and performance of the clinical governance framework. It reports to the Board's (MCSALs) Service Delivery Sub-committee on quality and clinical outcomes at a minimum quarterly for governance oversight.

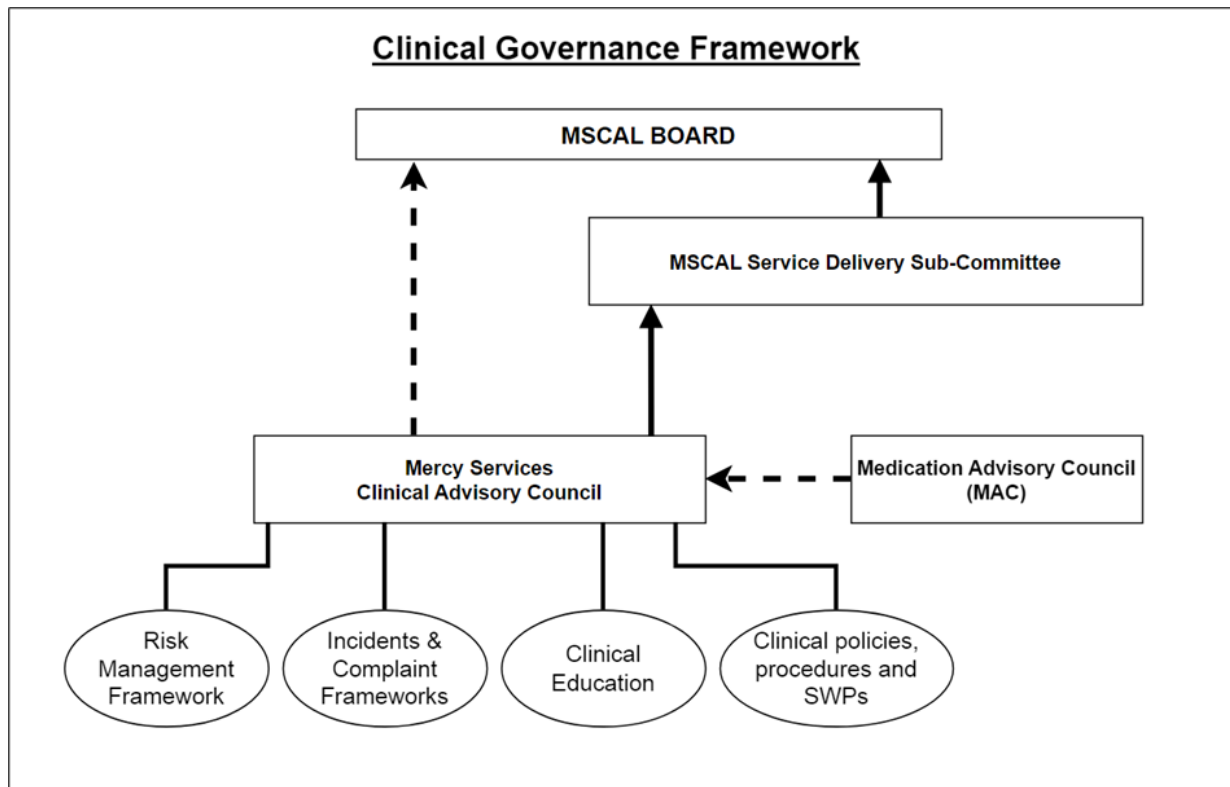
Agenda items and reports are used to inform, discuss, review and improve the organisation's clinical governance and clinical risk systems.

Evidence-based data will include data collated based on the following:

- Falls
- Infections, such as urinary tract infections
- Medication-related incidents
- Prescribing of psychotropic medicines (Residential)
- Pressure injuries
- Unplanned weight loss (Residential)
- Use of physical restraint

The Clinical Advisory Committee meets monthly and reports on clinical indicators and data for the prior month. This information is and feedback is used to inform, review and improve the organisation's clinical governance and clinical risk systems. The clinical governance review process will identify opportunities for improvement, trends, emerging issues and the impact of improvement actions.

Clinical incidents which are classified high risk/critical and have significant consequences (e.g., SIRS notifications) will be reported on using Mercy Services incident management procedures, to ensure that the causes of high risk/critical incidents are escalated promptly to address the situation, investigated, reported to appropriate authorities and discussed with impacted staff to prevent recurrence.



Policy Review

Procedures for review of this policy

This policy will be reviewed at least every 3 years or if there have been significant organisational changes or variation in the services provided. The Risk & Continuous Improvement Committee will review any changes made to the policy with endorsement then sort by the Board to be effective.