

CLINICAL GOVERNANCE PROGRAM

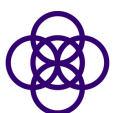
WORKED EXAMPLES

This training is supported by Primary Health
Tasmania (Tasmania PHN) through the
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MODULE 1: INTRODUCTION AND STANDARDS OVERVIEW

Thinking about the service you work in, what processes are in place to stay informed about the clinical governance standards that may impact your organisation?

Example 1:

At my service, we subscribe to newsletters from the Australian Commission on Safety and Quality, and I keep an eye on these to see if there is anything that is relevant to the service I work in. I also look out for updates from Primary Health Tasmania.

Example 2:

Most years I attend a clinical governance conference to refresh my knowledge of the key trends in the area and meet peers in similar roles at other organisations. We speak about the key issues which are impacting on our organisations and share what initiatives we are focussing on.

If you were to strengthen the connection between the standards and your day-to-day operations, where might you begin?

Example:

While we have a fairly mature clinical governance structure and process in my organisation, I could provide more updates to people working in front-line clinical roles about the projects I'm leading. This would help make these clinical governance improvement initiatives more top of mind for them as well.



MODULE 3: DEVELOPING A CLINICAL GOVERNANCE VISION

Service name:	Date:
1. Identify your stakeholders	
<ul style="list-style-type: none">• Ensure you have representation from patients and consumers, potentially their families if appropriate, your front-line staff, clinicians and administrative staff, and the leadership team.• Decide whether you will meet with everyone individually or complete this as a group activity.	
Run a half-day workshop attended by all staff and clinicians, the management team and five patients.	
2. Warm up your stakeholders	
<ul style="list-style-type: none">• If it is a group session, you may want structured slides to present what has happened in the clinical governance space within your organisation and what the Primary and Community Healthcare Standards are.• If it is a one-on-one chat, you might give a verbal summary version so people have some background.• Ensure you explain why their views are important.• Arrange post-it notes and markers as you'll need them for the activity.	
At our primary and community health service, we are committed to clinical governance practices in alignment with the National Safety and Quality Primary and Community Healthcare Standards. As part of this process, we'd like to hear your views on areas where we could strengthen how we provide services to better meet safety and quality standards. There are no right or wrong answers, and you don't need to do any special preparation. If you have time to participate it would be appreciated.	
3. The Miracle Question	
<ul style="list-style-type: none">• This question asks people to consider what an alternate reality might look like - in which things are different, better, and challenges are resolved.• Pause and let people reflect on the question that you have asked.• Ask, "What is it that has changed?"• Write one idea on each post-it note.	
Imagine we meet again in a weeks' time and during that period a miracle has happened at our primary and community service. All the key challenges you know about in the service have resolved themselves.	



MODULE 3: DEVELOPING A CLINICAL GOVERNANCE VISION (CONTINUED)

4. Group the answers and ideas

- Assemble and group your post-it notes together in ways which make sense.

After running the consultation process, you have 10 post-it notes with a range of improvements spanning from making the reception area more welcoming for clients through to implementing a new medical record.

5. Describe your service once the improvements are in place

- Look at the improvements, and consider how you might describe your service when they are in place.
- This description is your vision.
- The ideas - if they are supported by your leadership team - will also help inform your improvement program.

The clinical governance vision is that your primary and community service be “where outstanding patient experience is underpinned by quality health technology.”

6. Sense check your vision against the characteristics of a vision

- Is it ambitious?
- Is it feasible?
- Is it broad?
- Is it strategic?
- Refine your vision as required to meet the characteristics of a vision.

The clinical governance vision meets the characteristics.



MODULE 4:

PLANNING A CLINICAL GOVERNANCE IMPROVEMENT PROGRAM

Service name: Rural primary care practice in Smithton

Date: 1 January 2023

1. What are we trying to accomplish?

Increase the proportion of our active patients with chronic obstructive pulmonary disease (COPD) who have an influenza vaccine by 15% by 31 December 2023.



The Goal

2. How will we know that a change is an improvement?

We will measure the percentage of active patients with COPD who have had an influenza vaccine.



The Measure

To do this we will:

- A) Identify the number of active patients with COPD
- B) Identify the number of active patients with COPD who have had a vaccine

$B \text{ divided by } A \times 100 = \text{the percentage of patients with COPD who have had an influenza vaccine.}$

3. What changes can we make that will results in an improvement?

Our ideas for change:

- Identify active patients with COPD who have not had an influenza vaccine in 2022
- Using the list of identified active patients with COPD, send SMS via the practice software recall function
- Check vaccine stock, reorder if needed
- Source and provide endorsed patient education resources on influenza vaccination in clinic waiting room
- Run an awareness campaign for COPD patients



The Idea

e.g.

MODULE 4: PLANNING A CLINICAL GOVERNANCE IMPROVEMENT PROGRAM (CONTINUED)

Idea: Identify active patients with COPD who have not had an influenza vaccine in 2022

PLAN Plan what we will do as a small test of change

- What are we going to do?
- When are we going to do it?
- Who will do it?
- Where will it be done?
- What is our prediction of the idea/test to be carried out?
- What data will we collect and how?



What: Jane (Dr Smith's receptionist) will conduct a search on the clinic's system and identify active patients with COPD who have not had an influenza vaccine recorded in 2022.

When: Begin 5 January 2023

Who: Jane (Dr Smith's receptionist)

Where: At the clinic

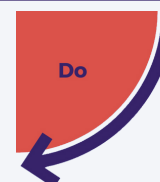
Prediction: 50% of the active COPD patient population will have had their influenza vaccine recorded in 2022.

Data to be collected:

- The number of active patients with COPD
- The number of active patients with COPD who have had an influenza vaccine in 2022

DO Carry out our plan

- Document the measurable findings
- Collect data for analysis
- Document feedback from relevant staff and/or consumers



The search was completed on 15 January 2023.

The data search was conducted very quickly, as Jane had previous experience conducting similar types of patient searches.



MODULE 4: PLANNING A CLINICAL GOVERNANCE IMPROVEMENT PROGRAM (CONTINUED)

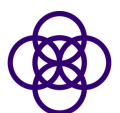
STUDY	Compare data from DO stage to predictions from PLAN stage
<ul style="list-style-type: none">• Was the plan executed successfully?• Has the test resulted in an improvement? If not, what exactly needs to be changed?• Can this concept be tested on a larger scale next?• What did we learn? <p>The search highlighted that some patient records were incomplete and it was difficult to ascertain whether a vaccine had been administered or not.</p> <p>The planned test could not occur.</p>	
ACT	Act on the results
<ul style="list-style-type: none">• What changes do we need to make next?• When will we carry out our next PDSA cycle? <p>Run an education session in February with practice staff on the importance of capturing all vaccination information.</p> <p>Update the orientation manual at the same time to include this process.</p> <p>At 30 June, extract and review year to date data to determine if there has been an increase in the number of patients with vaccine status recorded.</p>	

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