VOLUME D

SETTING DIRECTION & PLANNING
- Vision, mission and values
- Policy and strategy
- Business & financial planning

OPERATIONAL MANAGEMENT
- Leadership, teamwork & organizational change
- Workforce
- Services, partnership & recovery

GOVERNANCE & EVALUATION
- Clinical & quality governance
- Programme evaluation for quality improvement
- Advocacy
MODULE 3
GOVERNANCE AND EVALUATION
Module 3

GOVERNANCE AND EVALUATION

1. Clinical & quality governance
2. Programme evaluation for quality improvement
3. Advocacy
Pre-assessment
Icebreaker
Workshop 1

CLINICAL AND QUALITY GOVERNANCE
At the end of this workshop you will be able to:

► Define what clinical governance and what are its main components

► Identify the strengths and weaknesses of implementing clinical governance in their respective places of work

► Describe the role of the clinical audit
At the end of this workshop you will be able to:

► Discuss the importance of performance improvement in service delivery NIATx

► Demonstrate the ability to plan a PDSA cycle

► Identify at least two areas in their place of work where quality & clinical governance can improve patients care
Clinical governance
Clinical governance is a system of steps and procedures to ensure that patients receive the highest possible quality of care.

It is:

► A patient centred approach
► An accountability for quality
► Ensuring high standards and safety
7 Pillars of clinical governance

- Clinical Effectiveness
- Risk Management Effectiveness
- Patient Experiences
- Communication Effectiveness
- Resource Effectiveness
- Strategic Effectiveness
- Learning Effectiveness

Patient – Professional Partnership

Systems Awareness
Teamwork
Communication
Ownership
Leadership
## Components of clinical governance

| WORKFORCE | • Staff appraisal and supervision  
| Training and development investment plan |
| TREATMENT | • Evidence-based clinical practice  
| • Treatment protocols  
| • Risk management policies  
| • Planned clinical audit cycle |
| IT SYSTEM | • Data collection and information analysis system  
| • Dissemination and cascade of communication internal and external to the organization  
| • System on feedback mechanism |
| QUALITY & PERFORMANCE | • Standards measures  
| • Target setting and monitoring |
| USERS/CARERS INVOLVEMENT | • At every level in their care and management including workforce |
| SERVICE DESIGN | • Accessible, receptive and effective |
Quality in health services aims to provide individuals and patient populations desired health outcomes. The care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making.

_Pelleter & Beaudin, 2008_
Quality: key terms

► Patient experience
► Effectiveness
► Efficiency
► Timeliness
► Safety
► Equity
► Sustainability
Scenario:
You work in a drug treatment service where a Quality & Clinical Governance System has not been established yet. As Managers, Clinicians and Information Support workers, etc. you need to set up a Quality and Clinical Governance Structure for your drug treatment centre.

Tasks:
- Identify resources
- Using a diagram, illustrate the structure of the monitoring and governance group and the reporting/communication flow/mechanisms
- Give three examples of what data would be collected for defined clinical OR performance areas within the clinical governance framework.
International Standards for the Treatment of Drug Use Disorders
Clinical governance is about quality and how it can be achieved and guaranteed in service provision.

For clinical governance to flourish, a culture of excellent leadership, “no blame” and an ethos where staff are valued and supported is required.

It is about “system awareness,” i.e. looking at the whole process of service delivery and the relationships between these to ensure clinical safety.
Clinical supervision
Definition of clinical supervision

- It is the provision of support and guidance from a more experienced professional (supervisor)
- It is characterized by regular, systematic and detailed exploration
- It can also involve two practitioners of equal seniority and breadth of experience
Aims of clinical supervision

- Improved clinical practice
- Enhanced supervisee capacity to meet professional standards (e.g., ethical, best practice)
- Provision of support and encouragement to supervisee/s
- Attainment of standards of the employing organization
Benefits of clinical supervision

- Availability of support for supervisees, and a forum to discuss clinical issues
- Maintenance of clinical skills and quality practice
- Promotion of standardized performance of core skills
- Improved complex clinical skills
- Increased job satisfaction and self confidence
- Improved communication amongst workers
- Improved worker retention
Clinical supervision: protocols and procedures

- Confidentiality
- Professional boundary setting and conduct
- Supervisors should not force the adoption of a theoretical orientation
- Dispute resolution protocols should be clearly defined
Clinical supervision: supervisor

In a regular clinical supervision session, the supervisor should:

► Build a solid working relationship with the supervisee
► Assess the supervisee’s clinical skills
► Ensure regular supervision sessions
► Mutually agree on learning goals with supervisee
Clinical Audit
Clinical Audit is a quality process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria...

Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

*The National Institute for Clinical Excellence, UK*
Why undertake clinical audit?

- To ensure the best possible care for patients is provided
- To ensure clinical practice is evidence-based
- Audit is an integral part of Clinical Governance
- To assist with the implementation of national initiatives
- To improve working between multi-disciplinary groups
Characteristics of clinical audit

► Should be patient focused
► Should have a direct impact on patient care
► Assists to improve patients’ experience of services
► Can highlight an area of concern
► Should be based on evidence based practice
► Helps to ensure an efficient use of resources
What can be audited?

- **Structure**
  The resources and personnel available, e.g. skill mix of staff, patient access to see GP

- **Process**
  Amount and type of activities of clinical care, e.g. annual review for diabetes

- **Outcome**
  Result of an intervention, e.g. pain relief, patient satisfaction
Stages in completing the audit

Step 1: Select a topic
Step 2: Define your criteria and then set your standard
Step 3: Identify how you are going to collect the information or data to measure against your criteria & standard
Step 4: Data collection sheet/questionnaire
Step 5: Analyse the results
Step 6: Make recommendations
Step 7: Implement change
Step 8: Re-audit – to ensure change in practice has been implemented
Audit report

What to include:

1. Title page
2. Contents page
3. Executive summary
4. Background/rationale
5. Aims and objectives
6. Standards/guidelines/evidence base
7. Sample
8. Data source
9. Audit type
10. Methodology
11. Caveat
12. Findings
13. Observations
14. Presentation/discussion
15. Recommendations
16. Learning Points
17. References
Let’s practice!

How would you design the audit?

You are the manager of a drug treatment centre. After recent death of a patient, you went through the patient’s case records and noted that the care/treatment plan was last documented 8 months ago. You decide to undertake a clinical audit to ascertain, whether updated treatment plans have been recorded for other patients.
NIATx
Network for the Improvement of Addiction Treatment
NIATx works with addiction treatment providers to make more efficient use of their capacity and shares strategies for improving treatment access and retention.

NIATx is a US partnership consisting of the Robert Wood Johnson program, the Center for Substance Abuse Treatment’s Strengthening Treatment Access and Retention (STAR) program, and a number of independent addiction treatment organizations.
Four key aims

► Reduce the waiting time between a client’s first request for service and the first treatment session
► Reduce client no-shows
► Increase addiction treatment centers’ admissions
► Increase the treatment retention rate
Organizations exist to serve customers

To change an organization to better serve customers, it should solve problems that will improve processes
What really matters for successful organizational change?

► Define the problem
► Generate solutions
► Implement solutions
► Evaluate solutions
► Repeat the four steps above until the problem is solved
What keeps organizations from improving?

To answer the question, NIATx turned to the evidence accumulated by studies that have examined 80 different factors across 640 companies in 13 different industries to isolate those factors that distinguish successful organizations from less successful ones.

*Gustafson and Hundt, 1995*
Only five factors matter

These five principles make the difference between successful and unsuccessful organizational changes:

- Understand and involve the customer
- Fix key problems (that let the CEO sleep)
- Pick a powerful change leader
- Get ideas from outside the organization/field
- Use rapid-cycle testing
A model for improvement

If these five principles are what really matter when making innovative changes in organizations, how can they be integrated into a problem-solving process for improving organizations?
Walk through

Each agency participating in NIATx began by conducting a “walk-through”: an exercise where staff members experience the treatment processes just as a patient does.

By viewing treatment through the eyes of a patient, the organizations were able to identify and categorize the barriers to treatment that their clients face.
Fix key problems

Getting the commitment from the director or another Executive Sponsor is key. Work with them to identify problems to address.
The four stages of the PDSA cycle:

**Plan** -
the change to be tested or implemented

**Do** -
carry out the test or change

**Study** -
analyze data before and after the change and reflect on what was learned

**Act** -
plan the next change cycle or full implementation

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we test that will result in an improvement?
Let’s think!

**The Improvement Cafe**

Think how to improve ways of handling reservations? Get ideas from outside the field, for example:

- Balance reservations with walk-ins
- Always have a live person answering the phone
- ...

The Improvement Cafe
Use rapid-cycle testing

- The PDSA cycle should be used to test components of a large change
- Do not use one cycle to attempt to accomplish everything
- The use of multiple cycles for sequential testing and implementation reduces the risk as the change process progresses from hunches, theories, and ideas to actual changes that result in improvement
- Keep in mind that not every idea will result in improvement
- It is also helpful to plan the next three or four cycles ahead. Consider the progression of multiple cycles you think you will follow
Rapid Cycle Testing

Repeated use of cycle

![Diagram of Rapid Cycle Testing cycle]

- **Hunches, Theories, Ideas**
  - Very Small Scale Test
  - Follow-up Tests
- **Wide-Scale Tests of Change**
- **Implementation of Change**
- **Changes That Result in Improvement**
Implement and sustain changes

► Implementing a change means incorporating it into the day-to-day activities of the process

► While the research on sustainability is not as clear as the research on change, we can view sustainability as an innovative change in and of itself, and can apply the five key principles to sustaining a change
Sustain change

► Always involve the client
► Select important potential or latent problems to monitor so they don't wake the director
► Pick a powerful sustain leader (who may or may not be the same person as the change leader)
► Get ideas from outside the organization to see how others sustain their changes
► Use rapid-cycle testing for all changes made specifically to sustain the improvement changes
Take-home messages

- Good governance is crucial for quality service delivery
- Main pillars of good governance are: clinical, risk management, patient experiences, communication, resources, strategic and learning effectiveness
- Clinical supervision is an important element of improving clinical effectiveness and hence clinical governance
Take-home messages

- Clinical audit addresses problems and challenges in clinical governance
- Understanding that the success of a treatment service is directly reflected from our service users
- NIATx is a tried and tested management tool to improve processes and outcomes and works across cultures
Questions
Wrap-up

► What are the seven pillars of clinical governance?

► What is the main role of supervision?

► What are some characteristics of clinical audit?

► What are the Five Key Principles of Change identified by NIAT/x?
Thank you for your time!
End of workshop 1