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Strengthening Health Systems Through Clinical Governance

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Effective clinical governance is essential to delivering clinical care that is high quality, that is, safe, timely, effective, efficient, equitable and person-centred. The concept of clinical governance was first introduced to Fiji Ministry of Health & Medical Services (MOHMS) in 2005 (previously referred to as Risk Management'), and from 2019 has been reinvigorated by the engagement of a consultant and clinical governance leads from 2021, and the appointment of a National Manager Clinical Governance in May 2023.

Significant progress has been made over this period including: the strengthening of national clinical governance approaches through the development of the Clinical Governance Charter and metrics; digitalization of the Incident Reporting System; training and upskilling of staff; and interventions to support high priority clinical governance issues such as infection, prevention, and control (IPC) and in-hospital deterioration. Ongoing challenges to clinical governance remain including issues around understandings of clinical governance, clinical leadership capacity, clinical software standards, relevance of indicators and data analysis, and financial support.

1. BACKGROUND

Effective clinical governance is essential to delivering clinical care that is high quality, that is, safe, timely, effective, efficient, equitable and person-centred. The concept of clinical governance was first introduced to Fiji Ministry of Health & Medical Services (MOHMS) in 2005 as Risk Management. Lautoka Hospital was the pilot site then the program was rolled out to other health facilities in 2006. Clinical Governance (CG) is defined as:

'A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.' - MOHMS Risk Management/Quality Improvement Program, 2008; p3).

In 2019, a consultant was employed by Fiji Support Program (Facility) to provide guidance this led to the rebranding of Risk management to Clinical Governance. CWMH was identified as the Clinical Governance Hub. Unfortunately the consultant had to return during the pandemic. In 2021 a local CG lead was employed to continue the program.

2. PROGRESS AND ACHIEVEMENTS

2.1 National level support for clinical governance

Historical progress and achievements include:

- Establishment of Risk Management Unit for the 3 divisional hospitals in 2004 -2006 and National Patient Safety & Quality position at Ministry of Health & Medical Services Headquarters in 2005.
- Development of Quality Improvement Committees at divisional hospitals, Divisional Plus for Public Health (PH) and the National Quality Improvement Committee at Headquarters followed by other relevant committees such as Infection Prevention & Control, Blood Transfusion, Clinical Services Network and Nursing/Medical Advisory Committees.
- Introduction of the paper-based incident reporting system and form that is used in Fiji for reporting patient related incidents. Outcomes from these reports has enabled health facilities to develop or review:
 - Policies, Guidelines and Standard Operating Procedures (SOPs).
 - Audit tools to evaluate practices and plan activities to meet recommendations.

- Patient Satisfactory Survey Questionnaires to help assess basic metrics through patient care and understand the level of care provided by health facilities and difficulties faced with the service, if any.

A National Manager Clinical Governance (NMCG) was appointed in May 2023.

2.2 Strengthening the national clinical governance approach

- Development of the first Clinical Governance Charter and metrics.
- Workshop for all senior managers and NMCG scheduled for the 1 -3 November 2023 to:
 - Build a community of practice;
 - Provide training; and
 - Support participants to identify their local clinical governance priorities and how they will support those in their roles.
- Regularisation of Clinical Governance Manger positions within MOHMS.

2.3 Digitalization of the Incident Reporting System

- Colonial War Memorial Hospital (CWMH) and Northern Health Services are online.
- Reporting systems allow improved monitoring of what has occurred and how they have been responded to/managed.

2.4 Upskilling of staff

- 15 Infection Prevention and Control Officer's (IPCO's) and Clinical Governance Managers are currently undertaking the online Foundations of Infection Prevention and Control training by the Australian College of Infection Prevention & Control (ACIPC).
- 2 staff members have completed the Clinical Governance training delivered by the Australian Institute of Clinical Governance (AICG).

2.5 Interventions to support high priority clinical governance issues

2.5.1 Strengthening of infection prevention and control (IPC) systems

- Development of the National Infection Control workplan and consumable list.
- Strengthening cleaning process at CWMH.

- IPC workshop held on the 16th & 17th of October for the Western Division. 18 IPC and Link Nurses were trained.

2.5.2 Piloting of the “Between the flags” program

Visiting teams during the COVID-19 pandemic identified that there was an opportunity to strengthen management of in-hospital clinical deterioration. In response to this, a pilot program has been undertaken in the acute medical and surgical wards at CWMH. This has a suite of interventions aimed at improving recognition of clinical deterioration, response to deterioration and oversight of clinical deterioration. This pilot will shortly finish and after evaluation consideration, will be given to a broader rollout across Fiji.

3. CHALLENGES

3.1 Understanding of clinical governance

There is currently a poor understanding of clinical governance by health care workers. The conversation about clinical governance should be driven by recognised clinical leaders who are able to generate a sense of excitement around the concept and build support for activities and interventions. Exemplary narratives offer the best way for participants to understand how the process works and various mechanisms should be used to disseminate discussion and narrative around clinical governance.

3.2 Clinical leadership capacity

Many clinicians are placed in leadership roles with little support or training. There is a need to develop ongoing education for clinical leaders, possibly by partnering with universities.

3.3 Standards for clinical software

There is no software package that has the capacity to fully support clinical governance needs. Effective software is the most efficient way to rapidly introduce governance mechanisms.

3.4 Robust and relevant indicators

Currently, indicators for the measurement of clinical governance are not specific. Indicators need to be relevant, appropriate and streamlined, so that services do not become overburdened by reporting burdens.

3.5 Data analysis

There is currently poor analysis of locally produced data that are of local relevance to strengthen policies and processes.

3.6 Financial support

There is no allocated budget for clinical governance activities and monitoring. There is a need for finances to support the implementation of clinical governance.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

4.1.1 Governments are urged to consider strategies to design and implement integrated approaches of clinical governance that tackle key aspects including: leadership and culture, a supported, effective workforce, effective systems and processes, and effective risk management. Design and implementation of these must be intentional and underpinned by continued measurement and monitoring.

4.2 Recommendations for development partners:

4.2.1 Support governments to address a whole of system clinical governance approach by using interventions that support improvements to the overall quality of care delivered rather than only targeting particular, urgent clinical challenges which results in the systems that underpin and drive those challenges remaining unaddressed and in turn, limits the sustainability of interventions.

4.2.2 Consider clinical governance (and the attendant needs for leadership development and capacity building) a high priority area of focus.