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Clinical Governance Training for Pacific Island Countries and Territories

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Clinical governance was introduced following a decade of revelation about poor healthcare quality in the 1990s that was identified and reported in major studies of adverse events and public inquiries worldwide. The development of many useful and innovative approaches to clinical governance in Australia, as well as missteps that slowed or misdirected progress, provide important lessons that can be applied in Pacific Islands Countries and Territories (PICTs). By avoiding key clinical governance 'rabbit holes' and recognising common issues PICTs can decrease the time required to implement, and increase the effectiveness of, approaches to improving point of care quality.

1. BACKGROUND

The 1990s was a decade of revelation about poor healthcare quality, identified and reported in major studies of adverse events and public inquiries across the world[1]. The initial shock waves evolved into a care safety revolution, supported by the introduction of clinical governance. A quarter of a century later, healthcare in Australia has developed many useful and innovative approaches to clinical governance. There have also been many missteps that slowed or misdirected progress. Lessons from this holds true for all healthcare sectors including Pacific Island Countries and Territories (PICTs).

The financial cost of suboptimal care to consumers and organisations is significant, ineffective clinical governance processes also waste time, energy and resources. Expectations are growing that organisations will develop more sophisticated, whole-of-organisation approaches to improving point of care quality. PICTs can short-cut development time and increase implementation effectiveness by learning from the Australian acute healthcare sector's clinical governance path.

2. CLINICAL GOVERNANCE IN CONTEXT

2.1 Setting the Scene

Clinical governance is the set of relationships and responsibilities established by a healthcare service between regulators and funders, managers, owners and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes[2].

In Australia, despite national standards and accreditation processes, patient safety and quality care lapses continue to plague our health system. Patient complications are costing public hospitals $4 billion a year[3] and variation in care continues to exist.

2.2 Four Rabbit Holes to Avoid

There are four key clinical governance 'rabbit holes' that have been identified from the Australia context[1] that PICTs need to avoid:

1. Activity without purpose: A focus on governance activities and processes without clarity of purposes and expected outcomes has led to inconsistency in the results of attempts to improve clinical governance.

2. Process before people: An emphasis on activities and systems has shifted focus from support to staff to provide quality care and services.

3. Prioritising passivity: Passive or 'trickle' down clinical governance is not very useful in complex systems thus providing support to line management responsibility is essential to achieving consistently good care.

4. Confusing fads with foundation: Effectively implementing clinical governance foundations to support consistently high-quality services requires knowledge, skills and a toolkit. Whilst tools and methods (including software, training, models and templates) help, no single approach ensures quality of care.

These are not the only clinical governance traps to avoid, but are issues that are useful to be aware of, because:

- most health services have fallen into these traps on their implementation path at some stage.
- they align with the literature on clinical governance failures and fault lines.
- they are avoidable; organisations have it within their power to bridge these clinical governance chasms because they are not government policy or funding dependent but require governing bodies and executives to cultivate the right mindset, knowledge and leadership to chart a better course.
- Stepping over, rather than into, each of these rabbit holes will help to reduce clinical governance evolution time and increase positive point of care impact.

3. FUTURE DIRECTIONS

PICTs have a unique opportunity to accelerate clinical governance implementation by learning from the successes and missteps of the healthcare path. Identified rabbit holes can be avoided by applying key lessons such as:

- **Activity without purpose**: Boards and executives should clearly define high quality care and services and pursue this as a strategic and business priority, with effective and fit for purpose clinical governance.

- **Process before people**: Clinical governance should be designed as a purposeful and useful set of processes that support staff to enact their roles in care quality and help them to experience greater job satisfaction.

- **Prioritising passivity:** Organisations can cultivate a realistic mindset that recognises the challenges of creating high quality care in a complex environment; and translate this to a proactive, dynamic approach to care governance and leadership.

- **Fads before foundations**: We should be clear about the care quality destination and the foundational clinical governance building blocks required to get there. Armed with this knowledge, change and improvement methods can be assessed for their usefulness as supports and drivers, and implemented to maximise positive impact.

PICTs can begin to address clinical governance by exploring critical questions such as[4]:

- How do we know our care is safe and effective?
- How do we ensure the quality and safety of care?
- What needs to be done to improve the quality and safety of care?
- Do the staff feel supported to create consistently safe, person-centred effective care?
- What must we do to increase support for the staff?
- What must we do to increase the effectiveness of the systems?
- What evidence do we have to show that our patients are better off?
- Do we have a shared understanding of success?

4. BIBLIOGRAPHY

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