

Health Care
Quality & Safety Standard
Governance Dimensions

Prof. Tawfik A. M. Khoja



MBBS, DPHC, FRCGP, FFPH, FRCP (UK)
***Prof of Public Health- Imperial College-
London***

Family and Community Medicine Consultant
***Secretary General of Arab Hospital
Federation***

Patient Safety Conference
UAE – Dubai
24 – 26 October 2019



***In the Name of Allah eht ,Most
Gracious the Most Merciful***

MAJOR CHALLENGES

Expanding equitable Universal access to comprehensive, quality, people and community centered health services



Poor Performance

Barriers to access

Poor Quality & Safety

Irrational/inefficient use

High Cost

Low Satisfaction

Governance

For Health

الحوكمة من أجل
الصحة



European **Observatory** on Health Systems and Policies Series

Strengthening Health System Governance

Better policies, stronger performance

Edited by
Scott L. Greer
Matthias Wismar
Josep Figueras

Shift to

Safety

Your source for patient safety

UHC

Governance For Health

“good governance is perhaps the single most important factor in eradicating poverty and promoting development”

Kofi Annan

The former Secretary General of the United Nations,



Governance in the health sector

The concept of stewardship, or governance, in the health sector *is relatively new*, and there is little guidance for collection or standardization of information on this aspect of the health system.

Evidence shows a positive relationship between governance indices and measures of health performance and outcomes .



Governance: Background

- International WHO consensuses expressed in the Bangkok Charter for Health Promotion (WHO, 2005) and the Commission on Social Determinants of Health (WHO, 2008), recommend that governments establish processes favoring a **“whole of government approach”**, which ensure more coherence among a government’s missions insofar as **they touch on population health and wellbeing**.

Other policy documents and declarations at Regional levels have also strongly promoted this view, including, for example, the WHO Health for all Update 2005 the Community strategy **“Together for Health: a strategy approach for EU 2008-2013”**.



The term “**whole of government approach**” refers to what is called a **pan-governmental approach**, that is, an approach that calls for both horizontal (cross government) and vertical (across levels of government) management.

Such an approach requires the establishment of various mechanisms allowing for **coordination and collaboration** between various government actors and stakeholders from civil society or the private sector.



Governance refers to

- the challenge to take on the direction and coordination of a complex collection of organizations through a control system built upon many links.
- “the set of values, policies and institutions by which a society manages economic, political and social processes”.
- Governance comprises the complex mechanisms, processes and institutions through which citizens and groups articulate their interests, mediate their differences and exercise their legal rights and obligations.





By “**Governance**,” I rely on the definition from **Weill and Ross** in their book, **IT Governance**:

... the framework of decision rights and accountability that encourages desirable behavior and utilization of scarce resources in the achievement of a shared objective.”

This entails organizational structures and the processes of decision making, communication, and information flow, appropriately allocating scarce resources to their highest and best use, within well understood objectives.



The key elements for good governance are:

1. _ The inclusion of several actors from both inside and outside the organization; and Public Participation.
2. _ The use of horizontal and vertical management;
3. _ Accountability and control mechanisms;
4. _ High-level political commitment;
5. _ Financial and human resources support;
6. _ Skills development;
7. _ The existence of knowledge production systems.
8. _ Accountability and transparency.
9. _ Respect for the rule of law and Human Rights
10. _ Efficient and effective public sector management:



Governance in Quality Healthcare

What's the biggest contributing factor to success when it comes to outcomes improvement?

Superior technology?

Really smart people?

Dumb luck?

While these all play a role, none strikes me as the most important.

The one thing that stands out to me as

the single greatest predictor of success is effective governance.



Specific Drivers of Health care Quality & Safety Governance:

1. Technology
2. Cost
3. Meaningful use
4. Innovation
5. Safety
6. Healthcare consumers
7. Legal and compliance pressures



Although its widespread adoption is not occurring as rapidly as some may prefer, **Health care Quality & Safety Governance** is becoming an emerging business priority in healthcare, and health care professionals need to be aware of it, and help their organizations recognize the potential of governance in meeting some of their own critical priorities on standard of care.

DEFINITIONS



• Clinical governance

- A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.
- This is achieved by developing an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.



**Making the governance load manageable
means each of us carrying our share.**



THE CONTEXT



GOVERNANCE FOR QUALITY

- The standard provides the safety and quality governance framework for health service organisations. It is expected that the Standard will apply to the implementation of all other Standards of health care delivery.

The standard is particularly important in the context of the changing governance arrangements in the public health care system.



WHY HAVE A STANDARD ABOUT GOVERNANCE FOR SAFETY AND QUALITY?

- **Evidence base:**

-
- Considerable literature and expert opinion about the need for a 'systems approach' to governance.
 - The community expects that 'someone' is ensuring appropriate systems are in place and working well.
 - Evidence of safety and quality performance challenges in health care.
 - Multiple case studies of clinical governance failure.
 - Evidence that capability in good governance of safety and quality is still developing – reviews have confirmed variable performance.



THE STANDARD



- Health service organisation leaders implement governance systems to set, monitor and improve the performance of the organisation and communicate the importance of the patient experience and quality management to all members of the workforce.
- Clinicians and other members of the workforce use the governance systems.

THE CONTEXT PROPER EXAMPLE IS...



FIVE CRITERIA



1) Governance and quality improvement systems

- There are integrated systems of governance to actively manage patient safety and quality risks.

2) Clinical practice

- Care provided by the clinical workforce is guided by the best current practice.

3) Performance and skills management

- Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.



Planning is the Key to Success :

Define the Project Plan. Ask the right questions and the answers will define the project roadmap.

- **Why?** Objective.
- **How?** Make Key Decisions.
- **What?** Scope and Measurable Goals.
- **Who?** Roles and Responsibility.
- **When?** Develop a Realistic Schedule.

I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

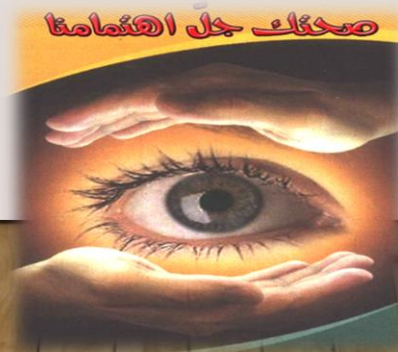
1.1: Implementing a governance system that sets out the policies, procedures and / or protocols for:

- establishing and maintaining a clinical governance framework
- identifying safety and quality risks
- collecting and reviewing performance data
- implementing prevention strategies based on data analysis
- analysing reported incidents
- implementing performance management procedures
- ensuring compliance with legislative requirements and relevant industry standards
- communicating with and informing the clinical and non-clinical workforce
- undertaking regular clinical audits



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

- Why?
- Evidence suggests a significant correlation between the governance system of a health organisation and the level of performance achieved within that organisation.....
Michel S. Putting quality first in the boardroom. The King's Fund. 2010.
Available at:
http://www.kingsfund.org.uk/publications/putting_quality.html
- Effective clinical governance involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

- **WHAT?**

- Establish an organisation-wide management system for the development, implementation and regular review of policies, procedures and / or protocols.
- Consider the impact on patient safety and quality of care in business decision making.



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

I.2: The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care:

- **Why?**
 - Both leadership and performance monitoring are essential elements of good clinical governance.
 - The board and senior managers are responsible for setting a positive organisational culture of safety and quality and ensuring appropriate systems are in place.
- **What?**
 - The executive level of governance monitors reports on safety and quality indicators and other safety and quality performance data.
 - Action is taken to improve the safety and quality of care.

I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

I.3: Assigning workforce roles, responsibilities and accountabilities to individuals for:

- patient safety and quality in their delivery of health care.
- the management of safety and quality specified in each of these Standards.



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

• WHY?

- Systems for delegating and exercising authority, accountability and responsibility are essential elements of good clinical governance.
- Authority refers to the scope given to staff at each level of the organisation to carry out their responsibilities, the individual's authority to act, the resources available and the boundaries of their role.
- Accountability requires clear definition of the responsibilities of individuals, functions and committees for safe, high quality services.
- Effective governance also requires personal responsibility, where staff accept personal ownership of their actions and their role in the safety and quality of services provided by their organisation.

I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

- **WHAT?**

- Effective delegation of safety and quality roles and responsibilities.
- Support for individuals with delegated roles and responsibilities to perform, in particular to meet the requirements of the Standards .
- Ensuring agency or locum workers are aware of their designated roles and responsibilities .



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

I.4: Implementing training in the assigned safety and quality roles and responsibilities:

- **WHY?**

- Health care workers who are educated and trained to work together can reduce risks to patients, themselves and their colleagues and when they manage incidents proactively and maximise opportunities to learn from adverse events and near misses.
- Organisations also have a responsibility to provide the appropriate systems and support to enable their workforce to learn and apply the skills and knowledge required for patient safety.
- In the past most training and education in health care has been delivered using the learning objectives of a particular profession, occupation or discipline. This segregated approach is not appropriate in today's health care system where complexity, technology and specialisation are the norm.

National Patient Safety Education Framework 2005

I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

• WHAT?

- Providing the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities .
- Providing annual mandatory training programs to meet the requirements of the Standards .
- Providing locum and agency workforce with the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities .
- Providing competency-based training to the clinical workforce to improve safety and quality .



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

I.5: Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality:

- **WHY?**

- Risk management is an essential component of clinical governance as provision of care carries an element of risk to patients, providers and the organisation within which care is delivered

- **WHAT?**

- Establishment and monitoring / maintaining of an organisation-wide risk register.
- Taking actions to minimise risks to patient safety and quality of care .



I. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

I.6: Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice:

- **WHY?**

- A planned, systematic approach to defining quality, monitoring quality, designing and implementing quality initiatives and evaluating outcomes is necessary when there are complex, inter-dependent systems.

- **WHAT?**

- Establishment and monitoring / maintaining of an organisation-wide quality management system .
- Taking actions to maximise patient safety and quality of care .



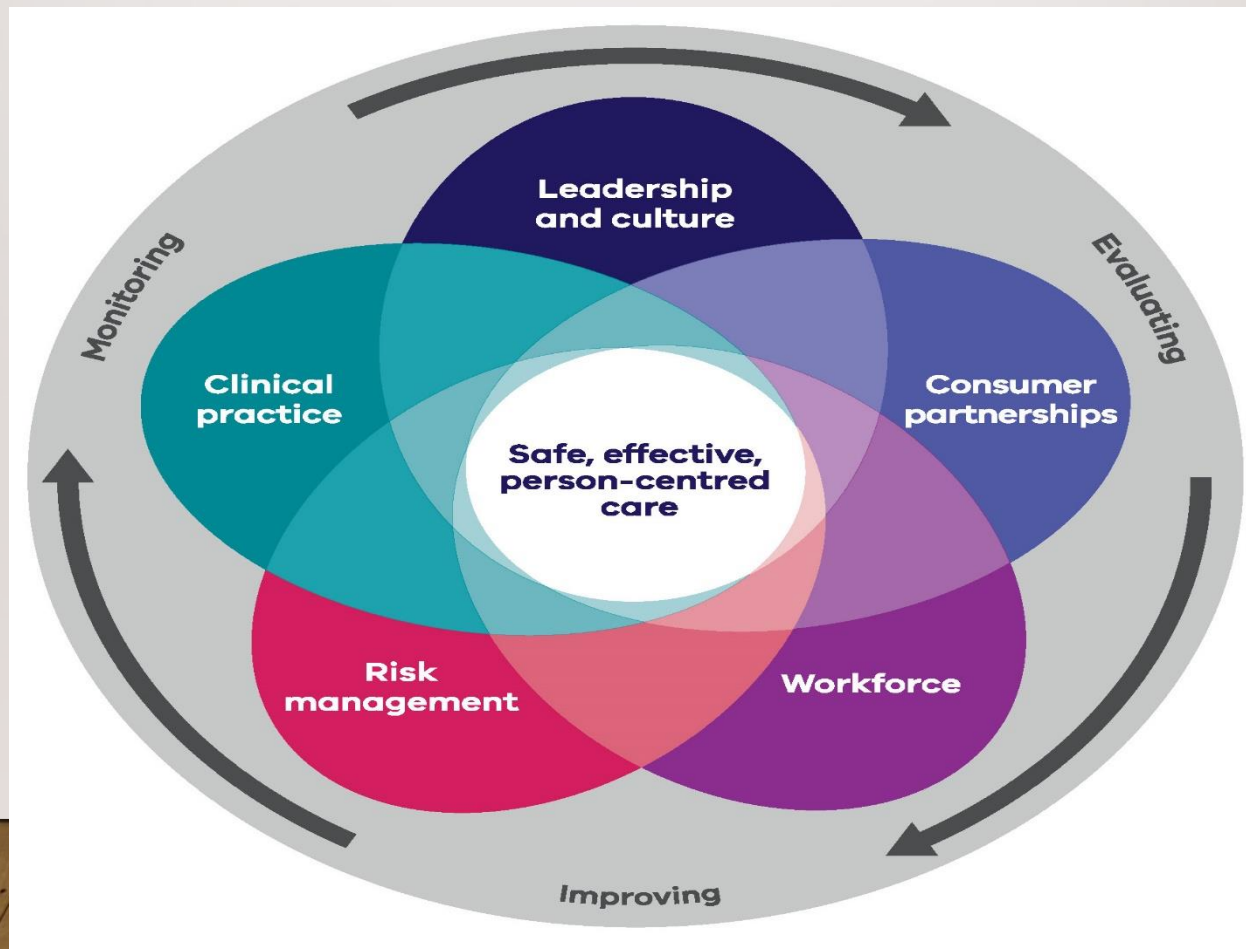
What is needed to achieve it?

Innovation is needed

For a country to achieve, several factors must be in place.



You have the passion
You have the drive
We have the road map





Unlocking Innovation

GENERAL ISSUES

GOVERNANCE is the responsibility of the governing entity, but governance systems permeate the organisation. There should be an identifiable system throughout the organisation of:

- 1) Strong cultural leadership
- 2) Delegation and clarity of roles and responsibilities
- 3) Quality management
- 4) Risk management
- 5) Performance monitoring and reporting, through to the governing entity



GENERAL ISSUES

- The key to effective governance is ensuring:
 1. There is a positive organisational culture that values performance and promotes continuous inquiry
 2. Systems of care are well-designed and performance is monitored:
 - ☐ A system is made up of inputs (e.g. equipment, pharmaceuticals, skilled staff) and processes (policies, procedures, the way things are done).
 - ☐ Systems need to be actively designed, monitored, controlled and regularly reviewed.
 3. There are systems to ensure people with the necessary skills and competencies are appointed and supported at all levels of the organisation.
 4. The right facilities and supports are available .
 5. Risk is identified and managed.



GENERAL ISSUES

- Governance is different from management
 - good management includes management of safety and quality
 - good governance adds to good management by importing a layer of leadership, accountability and risk management.
- Good governance requires constant inquiry:
 - Have we got a system?
 - Is it a good system?
- Good governance requires a focus on evidence, not just 'trust'
 - How do we know? Are there standards that apply? Do we comply?

The Crucial Difference
Between Governance and
Management



GENERAL ISSUES

- Its not just about compliance and assurance - good governance requires the governing entity to support and coach the CEO and senior staff.
- **Good clinical governance draws from experience in other sectors and industries – the principles of delegation, responsibility, quality management, accountability and risk management are the same.**



SPECIFIC ISSUES

- A system for the development and maintenance of policy that controls safety and quality of care :
 - This is the foundation of the organisation's clinical governance system
 - Led and authorised by the governing entity
 - Well-designed, systematic and controlled
 - Clear about who is authorised to make and update policies
 - Inclusive - core policies relating e.g. to performance monitoring and reporting, risk management, adverse event management, open disclosure, credentialing and scope of practice, statutory immunity, expectations of clinician engagement in peer review and audit, engagement of consumers
 - Supported by and consistent with position descriptions and performance management systems
 - Clear individual responsibilities and accountabilities for the system
 - Supported by effective governance committees



SPECIFIC ISSUES

- Inclusion of safety and quality in all decision-making and planning:
 - Objectively meaningful, documented inclusion of safety and quality considerations in strategic, business, operational and clinical plans
 - Comprehensive, documented analysis of clinical implications of major decisions
 - Does documentation about major decisions reflect an appropriate focus on clinical safety and quality?



SPECIFIC ISSUES

- Monitoring of safety and quality performance :
 - Dashboards of data are necessary but not sufficient
 - Indicators
 - Metrics
 - Adverse events (high level data)
 - Risk rating information
 - Compliance with guidelines/pathways
 - Participation in well-designed peer review
 - The governing entity needs to allocate sufficient time for all directors (if appointed) to fulfil their independent responsibilities – should be identifiable from minutes of meetings
 - Governance actions should regularly and reliably include clinical governance actions
- Needs to be complemented by regular consideration of the design and effectiveness of the quality management system .



SPECIFIC ISSUES

- Workforce

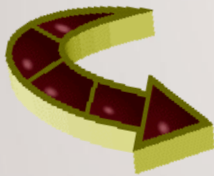
A skilled, motivated and developed workforce is critical to safe, high quality care.

- Requires
 - A focus on organisational management structure (are roles and responsibilities clear?)
 - A focus on responsibilities (do contracts and position descriptions clearly identify safety and quality responsibilities including supervision responsibilities?)
 - Effective credentialing and scope of clinical practice (consistent with standard, administratively reliable credentialing, robust peer-based scope of practice)
 - Demonstrable investment in well-designed performance review, education, training and development (including in safety and quality and systems theory)
 - Reliable, documented and evaluated systems to induct /orient and support the workforce (especially the locum/temporary workforce)



SPECIFIC ISSUES

- **Risk management**



This is a core governance responsibility

- The governance question is at a systems level – have we got an effective system in place, how do we know?
- Should be moving towards evidence of proactive consideration of design of systems for delivery of care that limit risk, as well as retrospective review of incidents, complaints etc.
- Requires evidence of a risk register, a culture of risk awareness and a systems focus for identifying and managing risk
- Links complaints, incidents, open disclosure.



SPECIFIC ISSUES

- **Quality management**

- Again, the governance question is at a systems level – have we got an effective system in place to deliver clinical care to a high level of quality? How do we know?
- Moving towards proactive consideration of design of systems for delivery of care for effectiveness and appropriateness as well as safety
- Supported by an agreed language about the elements of quality of care
- Planned schedule of reviews and audits with a systems focus (design and performance)
- Reliable follow up of findings and recommendations
- Systematically reported to the governing entity
- Supported by process and outcome data



SPECIFIC ISSUES

- **Patient clinical record**

Requires a reliable system (policies and procedures) for recording, communicating, using and securely storing patient-level clinical information

- Evidence of monitoring of compliance and system performance



SPECIFIC ISSUES

- **Incident and complaints management and open disclosure :**
 - Requires comprehensive documented policies and procedures that reflect readily-available standards for incident and complaints management and open disclosure
 - There are significant compliance obligations in most jurisdictions
 - Evidence of evaluation of systems outcomes will support appropriate ongoing governance controls



SPECIFIC ISSUES

- **Patient rights and engagement :**
 - Founded in organisational culture
 - A significant compliance element (confidentiality and privacy)
 - Reflected in multiple systems and structures
 - Clearly reflected in policy
 - May be documented in a system including clearly defined roles and responsibilities, processes and outcomes
 - Documented evidence of systematic collation and analysis of patient feedback (both survey and ad hoc) and review of committee structures will provide valuable insights into level of systematic engagement

SUMMARY

GOVERNANCE

- is the activity of leadership, delegation, oversight of quality management, monitoring, reporting and risk management.
- It is the responsibility of the governing entity to ensure an effective governance system is in place, permeating the organisation.
- Managers are responsible for designing good systems of care and ensuring quality care is delivered – good governance develop another ‘arms-length’ layer of leadership and assurance.



- At a governance level, the questions are **ALWAYS** **“Do we have a good system?”** and **“How do we know?”**.
- The standard guides the governing entity to address the various elements of leadership, assurance, accountability and risk management.



CONCLUSIONS

EFFECTIVE GOVERNANCE

FOR QUALITY AND PATIENT SAFETY



**Drivers
for
Effective
Governance
for
Quality
and
Patient
Safety**

CONCLUSION

- The national profile of quality and safety governance has increased and highlighted the importance of local delivery contexts in implementing a national policy.
- Engaging with clinical, manager and director level staff to develop a governance framework created a shared ownership of the agenda.
- The development process highlighted the need for the large number of stakeholders to achieve the vision of Health Care Quality & Safety Governance Dimensions.
- The governance framework has enabled the first baseline data on hospital / PHC -based health care to be established and can now be used to benchmark future progress within the country.



PROMOTING THE HEALTH OF THE NATION ON



**Health Care
Quality & Safety
Standard
Governance
Dimensions**

Thank you and let's work together !

Thank You!!

