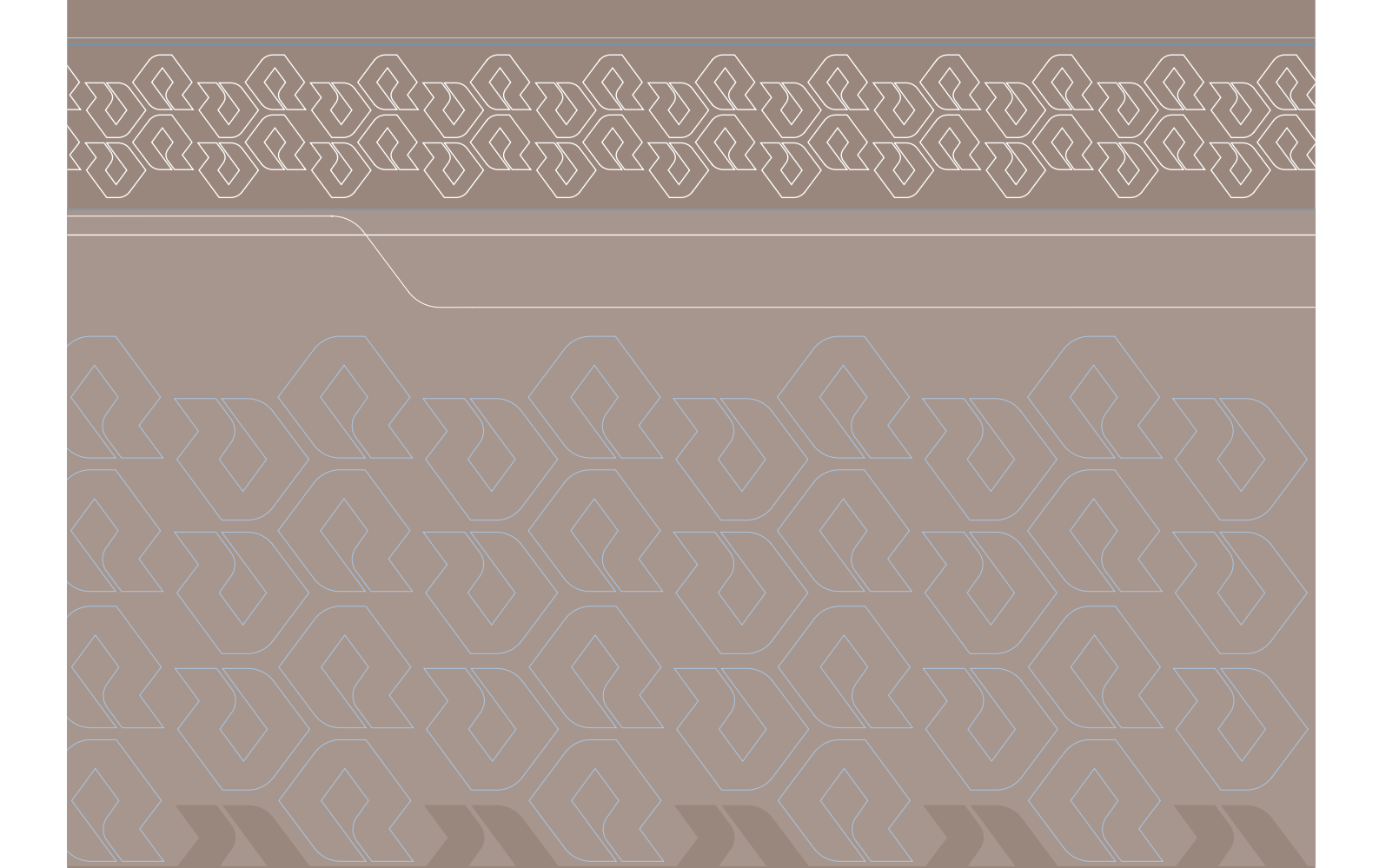


Leading clinical governance in health services

The Chief Executive Officer and Senior Manager roles

A supplementary paper to the VQC document 'Better Quality,
Better Health Care – A Safety and Quality Framework
for Victorian Health Services'



Published by the Metropolitan Health and Aged Care Services Division
Victorian Government Department of Human Services, Melbourne Victoria

April 2005

This booklet is also available in PDF format and may be downloaded
from the VQC website at <http://www.health.vic.gov.au/qualitycouncil/>

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Printed by Ego Print, 31-37 Howleys Road, Notting Hill, Victoria 3168

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Summary

Summary

Chief Executive Officer (CEO), Executive and senior manager visibility and activity are critical to leading a clinical governance program that staff want to be a part of, and that fulfils the legal and ethical obligations of health services. CEO commitment, in particular, makes the difference between a program that merely exists, and one that assists the organisation to attain its goals.

Clinical governance requires that health service governing bodies and executives assume the same ultimate responsibility for the oversight of the safety and quality of clinical care as they do for financial and business outcomes. The CEO is positioned to ensure that both Board members and managers are aware of their clinical governance roles and responsibilities, and to enable them to enact their roles. CEOs must lead a culture wherein it is easier to be involved in improving safety and quality than not, and where the status of safety and quality, and associated involvement, is highly regarded.

Leadership at the senior level is required to create motivation and opportunity for all staff to fulfil their clinical governance roles by ensuring:

- The development of a culture wherein improvement is the norm rather than the exception
- A clear understanding of what clinical governance means in practice for the organisation, including the vision, the link with the strategic objectives and the process for implementation
- Provision of incentives for safety and quality leadership development throughout the organisation, such as resources, education, data, influence, communication channels and supportive organisational structures and processes
- Specific training to equip leaders, managers and staff to effectively participate in the program
- A strategy for bringing clinicians and managers together to achieve mutual goals for patients, and attaching a significant organisational status to such involvement
- Changes to governance and reporting structures and role descriptions are made to embed clinical governance responsibilities and accountabilities
- Both improvement and transformation are pursued to provide high quality care and services.

Purpose of the paper

This paper expands on the information outlined in the VQC Safety and Quality Framework, "Better Quality, Better Healthcare".¹ Its purpose is to assist health services to better practically define the rationale and methods for high-level leadership of clinical governance programs. It specifically explores the role of the CEO and executive managers in translating clinical governance from a concept and policy into something that is practical and applicable to the day to day running of the health service.

The paper covers:

- The leadership role in effective clinical governance
- Laying the foundation for effective clinical governance: culture and role development conducive to staff ownership of safety and quality processes
- Leading the development of the clinical governance program
- Equipping staff with skills to participate in clinical governance
- The role of governance, leadership and culture for each dimension of quality
- A checklist for clinical governance leadership.

Governance and Leadership are key tenets of effective healthcare improvement. The Victorian Quality Council (VQC), in its document “Better Quality, Better Healthcare: A Safety and Quality Improvement Framework for Victorian Health Services”¹ (the Framework), nominates Leadership and Governance as one of four organisational elements necessary for ensuring high quality health services, along with Consumer Involvement, Competence and Education and Information Management.

The leadership role in effective clinical governance

There are many difficulties inherent in implementing and sustaining effective safety and quality programs in hospitals, not least the issue of translating senior management vision for this into operational reality. Issues such as the significance of leadership, the confounding role of sub cultures in creating an organizational quality and safety culture, and the complexities of the health care environment are prominent in the literature.^{2,3,4,5,6,7} If health service governing bodies are to fulfill their clinical governance legal and ethical obligations, these difficulties need to be addressed.

Clinical governance requires that health service governing bodies and executives assume the same ultimate responsibility for the oversight of the safety and quality of clinical care as they do for financial and business outcomes. Chief Executive Officers (CEOs) must ensure that their boards have the same knowledge of quality matters as they do financial matters. This requires mechanisms such as system checks and balances in place to monitor and manage risks, regular reporting on key areas of priority, delineation of and support for staff accountability for monitoring and improving safety and quality, and data to paint an accurate picture of issues and problems and how they are being addressed. The Australian Council on Healthcare Standards (ACHS) has developed a definition of clinical governance to reflect this emphasis: ‘clinical governance is the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care’.⁸

The ultimate responsibility of Boards for the safety and quality of the care provided by the health services they govern is described in the VQC supplementary paper to the Framework: “The Healthcare Board’s Role in Clinical Governance”.⁹ The governing body is reliant on management to develop and operationalise relevant policies and processes to fulfil these responsibilities supported by a culture that encourages effective delegation and implementation.

Embedding a clinical governance program in an organisation requires the CEO to engage and develop leaders and innovators at all levels, from Board to bedside. The change management literature echoes the quality-related literature in reinforcing the consistent message that resistance to change in organisations, particularly complex hierarchies such as health services, is potentially so strong that without consistent, unswerving commitment from leaders, change programs are unlikely to be successful. To maximize clinical governance effectiveness and sustainability, CEOs must lead a culture wherein it is easier to be involved in the desired change than not.^{3,4,5} Consistent themes emerge from the quality and management literature regarding predictors of staff involvement in safety and quality activities: the extent of support from their direct line manager; the belief that the organisation will experience outcomes of value from the activities; and access to training in the tools of change and improvement.^{10,11,12,13}

Leadership at the CEO and executive level is required to create and promote motivation and opportunity for involvement by ensuring:

- The development of a culture wherein improvement is the norm rather than the exception
- A clear understanding throughout the organisation of what clinical governance means in practice for the organisation, including the vision, the link with the strategic objectives and the process for implementation
- Provision of incentives for safety and quality leadership development throughout the organisation, such as resources, education, data, influence, communication channels, and supportive organisational structures and processes, including support for risk taking as part of transformational change
- Specific training in improvement tools and strategies to equip leaders, managers and staff to effectively participate in the program
- A strategy for bringing clinicians and managers together to achieve mutual goals for patients, and to attach organisational status to these activities
- Changes to governance and reporting structures and role descriptions to embed and encourage clinical governance responsibilities and accountabilities.^{14,15,16}

Laying the foundation for effective clinical governance: encouraging staff ownership of safety and quality processes

Middle managers and staff are well positioned to operationalise the clinical governance program, but this is unlikely to be sustained unless built on an organisational culture that encourages and supports staff involvement in, and ownership of, safety and quality activities. Culture is often referred to as ‘the way we do things around here’.³ Health care is said to have a distinctive culture, departments and professions within health care have discrete cultures and each health care organisation has its own unique culture. This is one of the reasons that clinical governance programs will be most effective if applied in a way that is acceptable and appropriate to individual organisations.

Culture is created from the top of the organisation and maintained at all levels. The culture of health care organisations is particularly complex due to the nature of health care itself, the organisations in which it takes place and the broad range of professions involved. Organisational culture may be a primary source of resistance or a force for major improvement, depending on the initiative. Developing an organisational culture wherein clinical governance is mainstreamed as core business is not an easy or straightforward task, but there are some concrete steps indicated in the quality and management literature that CEOs and senior managers can take to achieve this:

- Seeking and sharing education and information to equip themselves and the governing body to lead the safety and quality program
 - Defining the clinical governance vision and values in conjunction with staff
 - Linking the organisation’s strategic direction with the clinical governance vision, translating this into clear priorities and practical implications, and setting up reporting systems up and down the organisation to measure and monitor progress
 - Establishing and enacting a commitment to a ‘just’ culture at Board and senior management levels, and consistently modelling and promulgating this throughout the organisation
 - Clarifying individual job accountability and requirements for clinical governance with managers and staff, and supporting this with relevant organisational structures so that employees can carry out improvement processes effectively and see their contribution to the overall strategy
- Prioritising credentialing activities and ensuring that the culture supports assessment for clinicians in the areas of technical competence, communication and teamwork skills
 - Identifying and developing clinical governance leadership capability at all levels of the organisation
 - Resourcing the development of effective communication skills in individuals and teams, and encouraging good communication practice
 - Developing formal and informal processes to recognise, support and reward staff who enact and lead clinical governance policies and procedures
 - Setting up transparent processes to benchmark organisational performance with other appropriate organisations and sharing lessons learned
 - Reviewing and revising policies and procedures to better achieve clinical governance goals
 - Engaging in regular evaluation of the program with the governing body, executive and managers.^{1,5,6,7,15,36}

Not everyone will embrace a move towards a culture based on clinical governance. A positive start is to identify and work with those who want to be involved (the innovators and opinion leaders) and demonstrate successful change from their activities to encourage others to follow. Clinical governance requires managers, in particular, to engage themselves and their staff in change, and they may be more willing to take on this role if their organisational and professional values contribute to the foundation of the program. In health care, a widely held value is ‘the desire to help people by offering a high standard of service in a timely and courteous manner’¹⁸ and clinical governance initiatives are more likely to gain support if the intent and planning of the program practically supports this goal.

A values-based approach to empowerment and accountability that complements health care managers’ commitment to patient care and professional accountability is more likely to be positively translated into daily activities. It can also assist in establishing common ground on which clinical and non-clinical managers can work together to improve patient processes and outcomes. Taking the time to equip and empower all types of managers at all levels to engage in safety and quality improvement may diminish the need for the traditional, and seldom sustainable, coercive approach to achieving staff involvement. To be truly empowered, managers must have authority, responsibility, accountability, appropriate skills and understanding of task requirements.

The CEO, supported by executive management, is uniquely placed to provide the environment in which these elements are present.^{20,21,22,23} Empowerment is often confused with involvement, but empowerment is more than employees merely making suggestions, offering advice, providing input and carrying out actions. Empowerment means that opportunities are created for health care professionals to redesign their own work to achieve improvement, and that real discretionary power with budgets and staff can be exercised to engage in activities that improve safety and quality, as long as this is done within the agreed parameters and goals of the organisational plan.

The CEO and Executive can also empower managers to operationalise the clinical governance program by providing resources in practical terms such as funding, relevant hardware and software, backfilling staff positions, and effective quality improvement education and training. The provision of physical resources, in particular, is a necessary and measurable element of senior management commitment to empowering middle managers to behave and to take action in ways that will facilitate improvement. Visible support, in the form of enacted policy and feedback, can also assist clinical managers in potentially difficult but critical areas such as credentialing and performance review.^{18,19,20}

Leading the development of the clinical governance program

Research in the areas of quality improvement and management provides valuable information for CEOs and senior managers regarding planning and implementing a program that maximizes opportunities for success. CEOs can lead staff engagement in clinical governance by ensuring that staff are aware of the strategic direction of the program, clear on their role and responsibilities, empowered to fulfill this role, and provided with sufficient time and resources to encourage an innovative approach. Individuals in the organisation who are most critical to the program's implementation, particularly the early innovators, should be identified and involved in planning.^{4,15,16,20}

A process for developing a values-based plan may be as simple as starting with a small group discussion on core values, that is, asking what is important about work and organisational relationships, and what the ideal workplace might look like, to elicit what is of value, and testing these with a wider group before deciding upon a final values set. The values can then be integrated into specific goals and strategies, and translated into practice.²³

The translation into action is critical, as employees will be quick to note differences between espoused and enacted values, especially in health care organisations where those in professional and factional power groups can easily violate espoused organisational values. Such sub-cultures may encompass many overlapping, ambiguous and conflicting value sets, and employees may be selective about which of these they identify with, depending on the current organisational climate. An unwavering CEO and executive commitment to the values underpinning the clinical governance plan is required to provide a consistent message, and to encourage cooperation across professional and departmental boundaries to achieve safety and quality improvement.^{2,3,7}

Studies reviewing employee commitment issues show that a common goal of staff is to seek synergy with a respected supervisor, and that commitment to any task is positively associated with commitment to and behaviour modeling of the supervisor of the person involved.^{2,23} Given the matrix management structure in most hospitals, this may equally relate to a senior administrative manager and a senior professional manager thus reinforcing the importance of mutual recognition of professional and organisational values in the development of goals and implementation of the clinical governance plan.

Planning for risk reduction, monitoring and continuous improvement

Clinical governance planning requires CEO leadership to map out an agreed and feasible “why, what, who and how” of safety and quality monitoring and improvement for the organisation. The plan’s chances of successful implementation increase if the CEO anchors the plan with the strategic vision for the organisation. The literature notes this to be a core CEO role, and one that can make the difference between effective and ineffective programs.²⁴

It enables the parameters within which the scope of the clinical governance program will operate to be set, and ensures that the program’s priorities link to the broader organisational context and goals. Such parameters will encompass key organisational elements such as governance, leadership and culture, consumer participation, competence and education, information management and reporting, and ensure that those organisational elements are developed across key dimensions of quality including: safety, effectiveness, appropriateness, acceptability, access and efficiency.¹

The clinical governance plan will assist in developing and maintaining the desired culture and activities by clearly laying out:

- the structures, processes and roles that underpin the clinical governance program, and how these are supported
- processes for improving systems through addressing errors and problems in clinical care without blame or negative consequence unless a negligent act has occurred
- expectations and processes for consumer and community participation
- how areas of risk are prioritised, monitored and minimised; professional, statutory and external standards are met and processes for ensuring that key areas of care and service delivery are monitored and improved
- clear communication and reporting lines and responsibilities
- the importance of both individuals and clinical teams in healthcare delivery, and how their skills and competence will be monitored and developed
- a straightforward project development and improvement methodology, based on a feedback loop, where data and information collected are analysed, acted upon, the results of action reviewed for effectiveness and all parties concerned kept informed of progress

- clear priorities for a mix of short-term and long-term projects, incorporating evaluation processes, to generate both early wins and long-term sustained change, including projects to enhance organizational support for the program as well as improvements in each dimension of quality
- plans to celebrate successes and openly acknowledge failures as both are inevitable in the complex healthcare environment, and should be examined to glean lessons learned.

An effective change management methodology that considers both the people and process aspects of change is critical to success and should be built into the plan. CEOs and managers can greatly assist project progress by recognising and acknowledging that even the best planned change is likely to be chaotic, and rarely linear. If senior managers understand this, engage in short term planning and review, and can flexibly respond to changes in long term plans, staff are more likely to participate in ongoing transition.^{25,26}

Clarifying roles

Clinical governance program planning involves ensuring that responsibility and accountability at all levels of the organisation is clearly delineated at individual, team and committee levels, and processes for supporting and equipping staff to assume their clinical governance roles are described. Responsibility for staff participation cannot lie with the quality manager and other associated personnel. The quality manager can and should assist with encouraging staff involvement as a technical expert, for example, ensuring staff are trained and equipped to participate, setting up appropriate monitoring and reporting systems and providing guidance with planning, executing and evaluating activities. But the responsibility for staff participation in ensuring safe and high quality care requires the commitment and development of formal and informal leaders throughout the organisation.¹

Planning for innovation

Achieving significant change in the safety and quality of care and services requires specific planning and involvement of organisational improvement leaders, both formal and informal, and innovators who have the vision and the capacity to redesign systems beyond incremental change. The organisation's basic clinical governance plan should ensure as a minimum that work is monitored and managed to be done right the first time and to identify and minimize errors. Transformational improvement will necessitate entirely new ways of carrying out the work, however, with such redesign requiring fundamental shifts in thinking and a multifaceted approach to change if significant, sustainable improvements are to be achieved. This is about doing different things, rather than continuous improvement, which is often doing the same thing differently. Opportunities to innovate seldom occur naturally in the busy healthcare environment, and those who wish to pursue this will need to be targeted and supported in this work.

CEOs can encourage transformational improvement by specifically planning to invest in skills development and support for organisational innovators to focus on major systems redesign to effect significant improvement in high-cost, high-risk or high volume areas.^{27,28} Innovation requires identifying and challenging the assumptions, or simple rules, underpinning current processes; researching how similar processes are run in other organisations and industries; rethinking what results are required from a process, who should carry it out, and where and when it needs to be performed; and what information is required by those involved to better run the process.

CEOs can foster a culture of creativity to encourage transformational change by ensuring that the innovators in the organisation are identified and resourced to undertake this work and that:

- they are clear about the organisation's purpose and their role in challenging how it may be better realised
- there is strong clinical leadership involved
- they are equipped with the specialist technical skills required to re-engineer processes and effect change
- they work on processes that are clearly limiting the quality of the care provided to patients
- patients and their carers are involved where appropriate
- they have access to organisational and supervisory encouragement and the authority to decide how their work should be carried out
- any innovation is implemented based on sound change management principles, and the recognition that such change is rarely linear, can often be chaotic and takes time to mainstream.^{2,12,36}

Equipping staff with skills to participate in clinical governance

Staff will require access to skills training appropriate to their role to fulfill their clinical governance responsibilities and to actively engage in improvement. Staff resistance to participation in improvement activities can often stem from fear of not having adequate skills and knowledge, although this may not always be the obvious reason. Training can overcome this aspect of resistance, and a critical mass of staff with these skills may increase the likelihood that the clinical governance program will be mainstreamed. Training should cover the basics of quality improvement for all staff and advanced training given depending on levels of involvement in the quality program. It should also be provided 'just-in-time' at the commencement of projects, and at key milestones, to ensure that those involved have the necessary skills to effectively participate.

Specific training to equip leaders, managers and staff, depending on their role, will include^{24,30}

- Managing change
- Quality improvement tools and techniques
- Understanding of the profile and needs of consumers
- Leadership in health care
- Team building and motivation
- Working in single and multidisciplinary teams
- Meeting skills
- Professional/technical knowledge of best practice
- Negotiation and conflict management
- Communication and delegation
- Project planning and management
- Health care processes and systems
- Human factors
- Process re-engineering.

The usefulness of training will depend to a large extent on the way in which it is organized and delivered. Keys to training success in healthcare include:

- ensure that the content of training is relevant to the service and use many real practical examples with which the personnel can identify
- training should be given at times which are suitable for staff and spread out in short sessions over weeks rather than in concentrated blocks
- use a variety of learning methods including visits to other organisations, outside speakers; learning in quality project teams, presentation of quality projects case presentations and mentorship
- showing that quality methods are about applying scientific methods and principles to learn about and improve the organisation's care
- timing training to coincide with opportunities for staff to work on quality projects so that they can apply what they have learned
- doing mass training only if there is good reason to believe it will pay off as it has been found that training concentrated on certain target groups for specific purposes is more effective.⁵

Equipping teams

Care delivery, change and improvement are increasingly team-based, and specific training will be required to best equip multidisciplinary teams to achieve positive gains. Teamwork is a complex phenomenon and team members need a range of organisational, individual and procedural skills and support to function successfully.^{31,32,33,34} Developing effective team communication, in particular, is vital to teams working effectively to provide safe and high quality care. These 'soft' skills are not always valued in healthcare, but CEOs who understand and support this development area can make a significant impact on the way health care is delivered in their organization. Health professional teams have been found to collaborate most effectively when a number of elements are in place³⁵:

- The work of the team appeals to the self interest of the members
- Influential and high level endorsement and support
- Recognition of different values and skills within the team
- Team members are involved in team development processes
- Effective leadership which bridges the gap between management and staff
- Training in communication and team processes
- Appropriate infrastructure and resources
- Opportunities to reflect and evaluate.

Conclusion

Organisations with the best health care outcomes are governed with an unwavering commitment to improve safety and quality. Their Boards, Chief Executives and executive managers focus on developing a positive work culture. They build effective communications and reliable systems to ensure the right things are done in the right way at the right time to the right people, by the right people. They make sustainable changes and improvements and achieve better outcomes for patients with less cost. They create an environment wherein innovation can transform systems. These things do not happen by chance. They are developed through collaborative planning, effective delegation, clear communication and reporting lines and systems, and walking the talk – enacting espoused behaviours. These actions are underpinned by professional and organisational values to cultivate staff commitment. Organisations that work in this way and display these characteristics cannot exist without CEO and executive awareness of their clinical governance leadership roles and responsibilities, and their willingness to fulfil them.



Appendix A

Appendix A

Examples of leadership activities
for each dimension of quality

Organisational Element

a) Governance,
leadership and culture

Dimension of Quality

Safety

- Boards accepts ultimate accountability and responsibility for the safety and quality of services and care and ensure they are fully informed regarding performance in relation to key areas of risk, patient feedback, service delivery, patient outcomes and staff competence.
- Boards and Executives delegate accountability for safety at all levels of the organisation. This involves creating and supporting opportunities for safety and quality leadership development and participation at all levels of the organisation via provision of succession planning, education, resources, backfilling and incentive systems.
- Boards create a culture where open disclosure, reporting and learning from errors and adverse events and clear accountability for and participation in safety improvement are embedded and rewarded.
- Boards and Executives support this culture by resourcing and encouraging root cause analyses, systems review, implementation of best practice and appropriate education and training.
- Boards and Executives encourage care and service delivery that is patient-focused, and provide an environment where consumers and the community participate equally with health services in safety improvement.
- Boards and Executives ensure there is a committee, data collection and reporting structure that facilitates discussion of, and a planned approach to, safety, including resolution of safety and quality problems, and review and improvement of performance.
- Executive and Senior Managers ensure that there is a mechanism in place where standards, policies and procedures for safety are regularly reviewed and updated.

Organisational Element

a) Governance,
Leadership and Culture

Dimension of Quality

Effectiveness

- Sustained improvement in the quality of health care requires a commitment to health care based on sound scientific principles and evidence, and the effective delivery and communication of that care.
- Boards and Executives ensure processes are in place for drawing on the literature and other sources of research and standards to develop guidelines, pathways, policies and protocols based on sound evidence.
- Responsibility and accountability for identification, implementation, review, evaluation and communication of evidence-based care should include involvement of clinicians and opinion leaders to ensure effective local adaptation.
- Boards and Executive staff create a culture of recognition and reward for effectiveness of care, treatment and communication, for individual and team-delivered care.

Organisational Element

a) Governance, leadership and culture

Dimension of Quality

Appropriateness

- Boards and Executives have a responsibility to ensure that their health services provide appropriate care.
- This requires mechanisms that promote and embed evidence-based practice that involves, and is tailored to, individual patients and is delivered in a timely and correct manner.
- Boards and Executives should delegate accountability for ensuring appropriate care to senior clinicians within an appropriate committee structure.
- Boards should receive regular reports on appropriateness issues such as overuse, underuse and misuse of care, including utilisation rates for high volume, high cost and high complaint areas.
- Overuse should be addressed to reduce undue risk related to interventions and associated waste. Measures of underuse will require evidence to demonstrate when a particular intervention should be used, and practice measured against this to ensure all eligible patients are receiving the maximum health benefit.

Organisational Element

a) Governance, Leadership and Culture

Dimension of Quality

Acceptability

- Acceptability is the degree to which a service meets or exceeds the expectations of informed consumers.
- Acceptability is key to patient centred care. Boards and Executives should develop a clear vision of what this means for the health service, in conjunction with clinical and non-clinical staff, and consumers, and put in place structures and processes for achieving this.
- These may include seeking information from Community Advisory Committees and/or other community and consumer groups regarding acceptability issues; for example, reviewing complaints and satisfaction feedback to identify problems and working with consumers to develop new processes for improving acceptability.
- Mechanisms should also be put in place for the collection and application of real-time individual consumer feedback.
- Boards and Executives should regularly review and reward practitioners and teams demonstrating high levels of acceptability in their care, and provide education and support to assist all staff to address acceptability in their day-to-day activities.
- Acceptability can form a key part of health service staff performance review and can include feedback from patients and peers.
- The Community Advisory Committee, or other consumer focused committee or group may be empowered to take the lead on acceptability of care with Board and Executive Support.

Organisational Element

Dimension of Quality

a) Governance,
leadership and culture

Access

- Access refers to the extent to which a population or individual can obtain health services. This may include when it is appropriate to seek health care and the ability to geographically, physically and economically seek out appropriate care.
- Boards have a responsibility to understand the population they serve and to make sound resource allocation decisions regarding how best to serve that population.
- Boards should create and foster a culture where resources are utilised to provide maximum access to the community served.
- This includes empowering Executives and Managers to put in place policies and procedures that streamline patient flow and associated decision-making, address population, geographic and physical access, and review utilisation and throughput data.

Organisational Element

Dimension of Quality

a) Governance,
Leadership and Culture

Efficiency

- Efficiency is an economic concept that implies that choices in health care delivery and treatments should be made to derive the maximum total benefit from available resources.
- Setting resource allocation priorities based on economic efficiency requires consideration by Boards, Executives and Clinicians of the relative costs and benefits (or outcomes) of alternative health care interventions. The two relevant aspects of economic efficiency to be considered are technical and allocative efficiency.
- Technical efficiency is about providing the highest quality services for the lowest cost. This does not provide sufficient information to decide whether or not a particular treatment or service should be undertaken in the first place, or whether one type of treatment is preferable to another.
- Allocative efficiency addresses how to achieve the optimal mix of health care treatments and services to maximise total benefits (outcomes) from available resources. Two aspects of allocative efficiency are relevant to Boards, Executives and clinical leaders: first, choosing between disease states (eg. should more vascular or orthopaedic surgery be undertaken?) and choosing alternatives within disease states (eg. between prevention initiatives and treatment of lung cancer).
- Boards and Executives should resource, train and empower clinician, general, finance and IT managers to effectively collaborate in efficiency-related data-collection and decisions.



Appendix B

Checklist for assessing health service
clinical governance leadership

Appendix B

Appendix B

Checklist for assessing health service clinical governance leadership

The Chief Executive and leaders throughout the organisation:	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element
actively support and assist the Board in the clinical governance role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensures clinician and staff buy-in to help develop and implement safety and quality initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
focus strongly on reducing preventable errors by improving, reporting, systems and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilities and properly trained and credentialed staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure changes and improvements are sustained beyond the short-term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
assign sufficient personnel and resources to support the organisation's safety and quality initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
establishes a non-punitive environment, apportioning blame only in exceptional and appropriate circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure staff, consumers and other stakeholders are informed about and actively involved in the organisation's safety and quality issues and initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
encourage and reward safety and quality improvements and innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure the organisational values and structures support staff to make improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
support the implementation of an improvement plan and methodology relevant to the organisational structure and culture, based on best available evidence, innovation and systems improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
openly, willingly and regularly report relevant safety and quality issues and improvements to stakeholders, including action taken to address problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
respond to and share lessons learned with the wider health care community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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