



Clinical governance in aged care

Fact sheet 3:

Core elements of clinical governance

This is part of a series of fact sheets about clinical governance in aged care that aim to help aged care providers meet their responsibilities for ensuring the quality and safety of clinical care.

This fact sheet is for members of governing bodies, executives and managers of residential, home care and flexible care services; as well as those Commonwealth Home Support Program services that deliver clinical care.¹

It describes the six core elements of clinical governance where action is needed.



Why do you need to read this fact sheet?

This fact sheet builds on *Fact sheet 1: Introduction to clinical governance* and provides more detail about each of the six elements of clinical governance. It describes what each element looks like in practice, why it is important, and what can be done to achieve it. This will help you understand what needs to occur in your service to establish and maintain effective clinical governance arrangements. Together with the results of self-assessment of your service, you can use the information in this fact sheet to identify actions and areas of focus for your clinical governance framework.

Clinical governance is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each consumer.

The **purpose** of clinical governance is to support the workforce and visiting practitioners in your service to provide safe, quality clinical care as part of an holistic approach to aged care that is based on the needs, goals and preferences of consumers.

A **clinical governance framework** describes the organisational approach for ensuring the quality and safety of clinical care.

Clinical care is health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing.

- 1 Clinical governance should be included in the broader corporate governance arrangements of providers of residential care, home care, short-term restorative care, transition care, as well as Multi-Purpose Service Program services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program services. Commonwealth Home Support Program services that deliver clinical care should also include clinical governance in their corporate governance arrangements. Commonwealth Home Support Program services that do not deliver clinical care do not need to have a clinical governance framework.

Core elements of clinical governance

The variety of different settings and models in aged care means that there is no single best practice approach to clinical governance. However, across all types of aged care services there are core elements of effective clinical governance. When establishing and reviewing the clinical governance arrangements in your service, there are six areas where systematic action should be taken:

- A.** Leadership and culture
- B.** Consumer partnerships
- C.** Organisational systems
- D.** Monitoring and reporting
- E.** Effective workforce
- F.** Communication and relationships.

These elements are interdependent, and effective clinical governance requires a focus across all of them. Following is a description of what each element looks like in practice, why it is important and steps that can be taken to achieve it.

A. Leadership and culture

What does it look like?

Leaders, including your governing body², actively pursue a culture that aims to ensure safe, quality clinical care for each consumer in your service. Leaders build a culture that supports and promotes consistent clinical quality and safety and integrates clinical governance into corporate governance. Your governing body is accountable for clinical quality and safety performance, sets the strategic direction for clinical quality and safety, understands the risks associated with the quality and safety of clinical care, monitors performance, and drives improvement. The governing body, managers and health practitioners lead action on clinical governance to promote and improve clinical quality and safety. Leaders foster a culture of openness, partnership, learning and continuous improvement.

Why is it important?

A strong organisational culture that supports the workforce to deliver their best is needed to ensure the delivery of consistently safe, quality clinical care. Leaders set the tone for the way your service operates and are crucial to establishing an organisational culture that is committed to clinical quality and safety.

² The governing body is the individual or group of people with overall responsibility and ultimate accountability for the organisation. This includes responsibility for the strategic and operational decisions that affect the quality and safety of care and services.

How could you achieve it?

- Have a clear vision and goal for the clinical quality and safety you want your consumers to experience that is continuously communicated by the governing body, senior executive and other leaders throughout the service, included in strategic, policy and corporate governance documents, and acted on by the workforce³
- Have an ongoing focus on creating and maintaining an organisational culture in your service that supports and encourages the workforce to deliver consistently safe, quality clinical care, and that is based on principles of openness, partnership, learning and continuous improvement
- Identify roles, responsibilities and accountabilities for clinical quality and safety throughout your service
- Have appropriate governance structures, including committee and reporting structures to effectively monitor and improve clinical quality and safety
- Ensure the governing body, senior executive and other leaders regularly review clinical quality and safety performance and take action for improvement

Clinical quality and safety

To ensure the provision of safe, quality clinical care everyone needs to understand what quality and safety of clinical care looks like, and the quality and safety goals of consumers in your service.

There are core elements of clinical quality and safety that are important for consumers of all aged care services. In establishing or reviewing your clinical governance arrangements to support the provision of safe and quality clinical care, you should consider whether clinical care:

- Is **personal** and provided with kindness and compassion, responding to the holistic needs of the consumer and aiming to improve their wellbeing and quality of life
- Is smoothly **coordinated** when care is provided by the workforce, visiting practitioners, and external providers (where relevant)
- Is **effective**, providing the right care to meet each consumer's desired clinical outcomes
- Keeps consumers **safe** from preventable harm such as infections, oversedation or pressure injuries.

³ In this fact sheet the term 'workforce' applies to all personnel who are employed or contracted by an aged care service. This includes health practitioners, staff who provide personal care, and staff who have an indirect role in providing care to consumers.

B. Consumer partnerships

What does it look like?

The needs, goals and preferences of consumers guide the delivery of clinical care. There is a culture of partnership, where consumers are encouraged and supported to express their wishes and make decisions about their clinical care. There are processes to ensure informed consent occurs, and that ensure supported and substitute decision making occur when needed. The way that clinical care is provided encompasses an understanding of the concept of dignity of risk, and the need to balance this with the duty of care your service has for individual consumers. There are processes to ensure that the needs of consumers who do not have family or other representatives are recognised and acted on. There is a co-design approach where consumers can be involved in planning, decision making and reviewing of clinical quality and safety for your service. Clinical governance is built on a foundation of partnership.

Why is it important?

Effective partnerships with aged care consumers, their families, carers and other representatives are essential for ensuring clinical quality and safety and achieving good clinical outcomes and wellbeing. Encouraging and supporting consumers to be partners in planning and decision making enables the workforce to better understand an individual consumer's specific needs, goals and preferences, provide better clinical care and leads to better outcomes. Consumers provide an important perspective about the way your service operates, and their feedback, both positive and critical, is a valuable resource that can be used to improve the service for everyone.

How could you achieve it?

- Have an organisational culture and policies and procedures that ensure that the individual needs, goals and preferences of consumers are identified, communicated, recorded and used to guide clinical care
- Have an organisational culture that supports clear, open and respectful communication and partnership between consumers and the workforce at all levels of your service
- Provide information to consumers and their representatives to inform their decision making and support safe, quality clinical care
- Have processes in place that ensure informed consent occurs
- Invite and support consumers to provide feedback on their experiences of clinical care, review this information and use it for improvement
- Provide consumers with the opportunity, and support them to fully participate in organisational processes for planning, monitoring and improving the delivery of clinical care across your service
- Promote and respect the rights of consumers described in the Charter of Aged Care Rights, as well as the consumer outcomes in the Aged Care Quality Standards

C. Organisational systems

What does it look like?

There are policies, processes and systems to actively manage, guide and improve clinical quality and safety in line with best practice that are embedded in your broader corporate governance arrangements. Risks are identified and managed proactively. Incidents are recorded and acted on. There are policies and procedures that cover clinical risk areas (such as infection control), clinical practice (such as assessment, diagnosis, planning, treatment and review), and processes that support the effective delivery and continuity of clinical care (such as record keeping). These policies and procedures are based on evidence and best practice, are reviewed and updated as needed, and ensure that your service meets its legislative and compliance requirements. The workforce is aware of and understands the policies, procedures and systems, and uses them to provide safe and quality clinical care.

Why is it important?

To embed clinical governance within your service and support the workforce to consistently deliver safe, quality clinical care, you need to take a structured and systematic approach to understanding and addressing the risks associated with clinical quality and safety. Ensuring the quality and safety of clinical care, and good outcomes for consumers requires a multifocal approach based on best practice that encompasses actions across a range of areas, and by a range of people within your service. Policies, procedures and systems are the mechanisms that set out requirements and expectations for action for the many processes that contribute to clinical quality and safety, and address the risks that exist for your consumers and your service.

How could you achieve it?

- Take a planned, proactive, systematic and ongoing evidence-based approach to clinical quality and safety for consumers and the workforce
- Understand risks associated with the provision of clinical care for your consumers and your service, best practice for addressing these risks, the requirements of standards and legislation, and ensure that these are reflected in your policies and procedures
- Have organisational systems that proactively identify and manage risks to clinical quality and safety
- Have an incident management system in place that has the capacity to include incidents and near misses associated with clinical care, supports review of these incidents and contributes to continuous improvement
- Communicate and promote your policies, procedures and systems so that the workforce understand and use them to provide safe, quality care

D. Monitoring and reporting

What does it look like?

The quality and safety of clinical care is monitored using a range of data sources. Information is collected from consumers about their experiences. Record keeping supports the delivery of clinical care and enables internal audits and reviews of clinical care processes and clinical outcomes. Information from complaints and incidents is consolidated. There are processes to ensure rapid monitoring and review of clinical quality and safety for high-risk issues. Executives and managers review information about clinical quality and safety performance as part of a continuous quality improvement approach. There is a program of regular reporting about clinical quality and safety performance to the governing body to enable it to fulfil its functions. Information about clinical and safety performance is also provided to consumers and the workforce. The service participates in the National Aged Care Mandatory Quality Indicator Program, and uses information from it for improvement. Other opportunities for improvement are identified and acted on, and where possible, performance is compared with peers.

Why is it important?

Providing consistently safe, quality care requires ongoing review of clinical quality and safety performance. Ongoing monitoring and review processes help to understand outcomes and experiences of consumers, the effectiveness of approaches for delivering clinical care, identify areas of risk and support continuous improvement.

How could you achieve it?

- Identify the measures your service will use to assess clinical quality and safety performance, encompassing the experience of consumers, clinical outcomes and processes of clinical practice
- Establish methods for, and undertake ongoing collection and collation of, data about clinical quality and safety
- Have a program of regular and routine reporting of clinical quality and safety information to the governing body, the workforce and consumers
- Have a process that enables a rapid review of clinical quality and safety issues for high-risk issues
- Regularly review clinical quality and safety information to identify trends, emerging issues or risks, areas of excellence, opportunities for improvement, and the impact of improvement actions

E. Effective workforce

What does it look like?

There is a workforce strategy that supports the provision of safe, quality clinical care. All members of the workforce and visiting practitioners understand their roles and responsibilities for clinical quality and safety and work within an environment that supports them to provide safe, quality clinical care. Employed and contracted health practitioners are appropriately qualified and sufficiently skilled to deliver safe and quality clinical care. The workforce use best practice evidence to support clinical quality and safety. The provision of clinical care is typically part of an holistic approach to the delivery of all care to optimise the wellbeing of consumers. Some components of clinical care can be delegated to personal care staff; when this occurs, they are trained and supervised by health practitioners, or work under their direction. There are agreements between the service and visiting practitioners, and these practitioners are appropriately qualified and provide care that meets professional and other standards. The workforce is actively involved in planning, implementing and monitoring improvements to clinical care. Mandatory reporting requirements are complied with when there are concerns about the professional conduct of a health practitioner.

Why is it important?

Your workforce, and where relevant, visiting practitioners, are fundamental to the provision of safe, quality clinical care. Health practitioners have professional responsibilities to deliver clinical care that meets relevant professional standards, and all members of the workforce and visiting practitioners need to be supported by your service so they can fulfil their responsibilities to provide safe, quality clinical care.

How could you achieve it?

- Take a strategic approach to the planning, recruitment, training and ongoing development of the workforce that supports it to provide safe, quality clinical care
- Ensure that employed and contracted health practitioners have appropriate qualifications and experience to provide clinical care in your service
- Check the registration status of employed, contracted and visiting health practitioners using the Australian Health Practitioner Regulation Agency Register of Practitioners
- Support the workforce to provide safe and quality clinical care by basing care processes on best practice evidence when it is available
- Have a performance management system that includes the provision of clinical care where relevant
- Work with visiting health practitioners to develop agreements and protocols about the provision of clinical care in your service, including communication processes
- Have systems to ensure clinical quality and safety and support appropriate supervision or direction by health practitioners when personal care staff provide clinical care under delegation

F. Communication and relationships

What does it look like?

There is good communication about clinical quality and safety within your service. Open disclosure processes are used to communicate with consumers and their representatives when things go wrong. The workforce is supported and encouraged to raise concerns about quality and safety. Information about the clinical needs, goals and preferences of consumers is recorded, updated regularly, and easily accessible by the workforce and visiting practitioners. There are policies and procedures that support effective communication with visiting practitioners, including standing orders for individual consumers, and protocols for contact after hours and in emergency situations. The service is aware of and has effective relationships with external health providers, including hospitals, ambulance services, pharmacies, general practitioners, dentists, medical and nursing specialists and allied health professionals. There are reliable processes for communicating about the clinical situation of consumers when they are transferred to other services or healthcare providers, including when there are emerging risks and changing care needs.

Why is it important?

Poor communication is one of the main contributors to poor clinical outcomes and harm for consumers. Many people in your service have a role in ensuring that consumers receive safe, quality clinical care, and there are risks to consumers if information about clinical needs and plans is not easily available and communicated when required. Your service is one part of a broader network of aged care and health services from which your consumers can receive clinical care. Better outcomes for consumers are associated with clinical care that is coordinated and continuous across different healthcare providers. Good communication mechanisms and effective relationships are needed to reduce the risk of harm for your consumers when their care is transferred to and from external providers.

How could you achieve it?

- Have good record keeping systems to support clinical quality and safety
- Work with visiting health practitioners to develop protocols and agreements to support clinical quality and safety when they provide care, including in areas such as documentation and communication with the workforce, consumers and their representatives
- Have an open disclosure process in place that is used to communicate with consumers and their representatives when things go wrong
- Use structured processes and templates to communicate when consumers are transferred to or from external healthcare providers
- Be aware of the external health practitioners and healthcare organisations from which consumers regularly receive care, and where appropriate establish formal relationships with them.



Actions you can take after reading this fact sheet

- Use self-assessment tools to understand the clinical governance arrangements and the key clinical risk areas in your service
- Ensure that your service takes systematic action in each of the core elements of clinical governance

Resources

Clinical governance fact sheets

- Fact sheet 1: Introduction to clinical governance

Clinical governance framework toolkit

- Developing a clinical governance framework
- Self-assessment tool: Aged care service and consumers
- Self-assessment tool: Clinical governance arrangements
- Clinical governance framework guide

Other resources

- Guidance and resources for providers to support the new Aged Care Quality Standards: agedcarequality.gov.au/providers/standards
- Charter of Aged Care Rights: agedcare.health.gov.au/quality/single-charter-of-aged-care-rights
- Governance Institute of Australia, Adding value to governance in aged care: governanceinstitute.com.au/resources/free-guide-adding-value-to-governance-in-aged-care/
- Open disclosure resources: agedcarequality.gov.au/resources/open-disclosure
- National Aged Care Mandatory Quality Indicator Program: agedcare.health.gov.au/ensuring-quality/quality-indicators/about-the-national-aged-care-quality-indicator-programme
- Australian Health Practitioner Regulation Agency Register of Practitioners: ahpra.gov.au/Registration/Registers-of-Practitioners.aspx



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