Structure and Mechanisms to support clinical governance and clinical engagement – Queensland Health

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Topics covered

– The environment
– A definition
– The British experience
– The USA experience
– An approach
– Queensland’s Health now and in the future
The environment:

Recent National reports:

• The Intergenerational Report No3
• The National Health and Hospital Reform Commission
• A National Health and Hospitals Network for Australia’s Future
The Charter of Budget Honesty Act 1998

- The Charter of Budget Honesty provides a framework for the conduct of Government fiscal policy. The purpose of the Charter is to improve fiscal policy outcomes. The Charter provides for this by requiring fiscal strategy to be based on principles of sound fiscal management and by facilitating public scrutiny of fiscal policy and performance.
The Intergenerational Report No 3

- Australian challenges; an ageing population, escalating pressures on the health system, and an environment vulnerable to climate change.
- Living standards change.
- Australia’s population will:
  - Grow at 1.2% PA over the next 40 years
  - 1.9 births per woman to continue.
  - 2.7 vs 5 people working to support population over 65 in 2050
  - Over 65 grow from 14 per cent in 2010 to 23 per cent by 2050
- GDP slows to 2.7% from 3.3% but from 1.9% to 1.5% per capita.
The National Health and Hospital Reform Commission

- On 28 July 2009, after 16 months of consultation, the National Health and Hospitals Reform Commission (‘NHHRC’) released its Final Report for A, which follows up on two earlier reports released in April and December 2008.

- Three major goals:
  - **Access and equity** issues affecting health outcomes now;
  - **Redesigning the** health system to respond to emerging challenges; and
  - **Long term sustainability** of a new health system.
A National Health and Hospitals Network for Australia's Future

Extraordinary opportunity

Principles

• Continuing universal access and free hospital system.
• Commonwealth guided and directed, state owned and locally managed.
• Three major areas:
  – Primary care reform
  – Funding reform
  – Structural reform
The context: commentary

Pennington

- “fundamental flaws as a basis for reform”
- “series of silos with separate control, regulatory processes and funding streams”
- “external numerical control of “casemix” numbers and budgets, and regulation based on waiting lists and waiting times in emergency services”
- “little attention to clinical governance”
- “aged care did not focus”
- “the prime role of … Canberra should be policy”
A definition

What is clinical engagement

• Clinical engagement is the term that describes the need for healthcare management professionals to get out and about and see the business from the perspective of clinicians: the physicians, nurses, and other front-line staff who are meeting with patients and making the decisions.

• It also describes the need of clinicians to know something about health management, finance and activity based funding.
The British experience

What is clinical engagement

• Britain learned this lesson a few years ago when a number of organizations within its National Health Service (NHS) experienced financial failure. The British Audit Commission looked into these failures and found a tendency for the medical leadership to be disengaged from core management processes.

• This disengagement, the Commission concluded, "appears to be a reliable indicator of impending financial trouble". It is, after all, clinicians who spend most of the NHS's money." The clinical engagement movement in Britain's was born.
The British Experience

Why do it

• Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care.

• Clinicians are the public face of the organisation. This gives them a wealth of knowledge about the strengths and weaknesses of the system.

• When the organisation proposes process or clinical change which is contrary to that expected by their professional bodies, it can cause conflict.
The British Experience

Why do it

• Engage a clinician who is a natural innovator at the start to help you plan and avoid pitfalls. These are the people most likely to lead change by evolution and can help to engage colleagues.

• Clinicians have been working within an area for some time gives them a natural authority.

• Involve clinicians from the outset. Their input can be invaluable when you are formulating a plan that is practical, sensible and do-able.
The USA experience

Understanding priorities of clinical staff (Press Gany 2007)

- **Response** of hospital administration.
- **Patient care** made easier.
- Administration **deals with changes**.
- **Confidence** in hospital administration.
- **Communication** with hospital administration.

![Graph showing satisfaction levels in various areas of hospital operations.](chart.png)
The USA experience

Communication

- Aligning with **strategic goals**
  - targets the organization’s five major strategic pillars—service, innovation, growth, people, and care

- **Technology-driven**
  - Blogs, screen savers, newsletters, intranet and blast email.

- **Leverage by cascading**
  - Development of talking points for consistency and forums.

- **Measuring success**
  - Analytic tools and employee surveys.
An approach

• Get to **know the clinicians**.
• **Listen** to their concerns.
• Engage **individually** where possible rather than as a group.
• Meet at a **convenient time**.
• Have a well **prepared** clear objectives.
• **Focus on quality** improvement rather than targets.
• **Communicate** regularly.
Queensland Health now and in the future

• Governance
  – Executive Committee
  – Policies and Standards

• Structures
  – Clinical Senate
  – Clinical Networks
  – Clinical Councils

• National Clinical Leadership Groups
  (as part of NHHR)

• The potential impact of Local Hospital Networks
Clinical Networks

Established in 2006 to assist in decision making about:

- Clinical services planning and implementation
- Clinical practice improvement and quality and safety
- Priority areas
- Policy and Protocols
- Planning and Performance targets for specific clinical areas
The following Statewide Clinical Networks are established:

- Anaesthesia and Perioperative Care Clinical Network
- Cardiac Clinical Network
- Child & Youth Health Clinical Network
- Dementia Clinical Network
- Diabetes Clinical Network
- Emergency Departments Clinical Network
- General Medicine Clinical Network
- Intensive Care Clinical Network
- Maternity & Neonatal Clinical Network
- Older Person’s Health Clinical Network
- Renal Clinical Network
- Respiratory Clinical Network
- Stroke Clinical Network
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