



LeeJenn

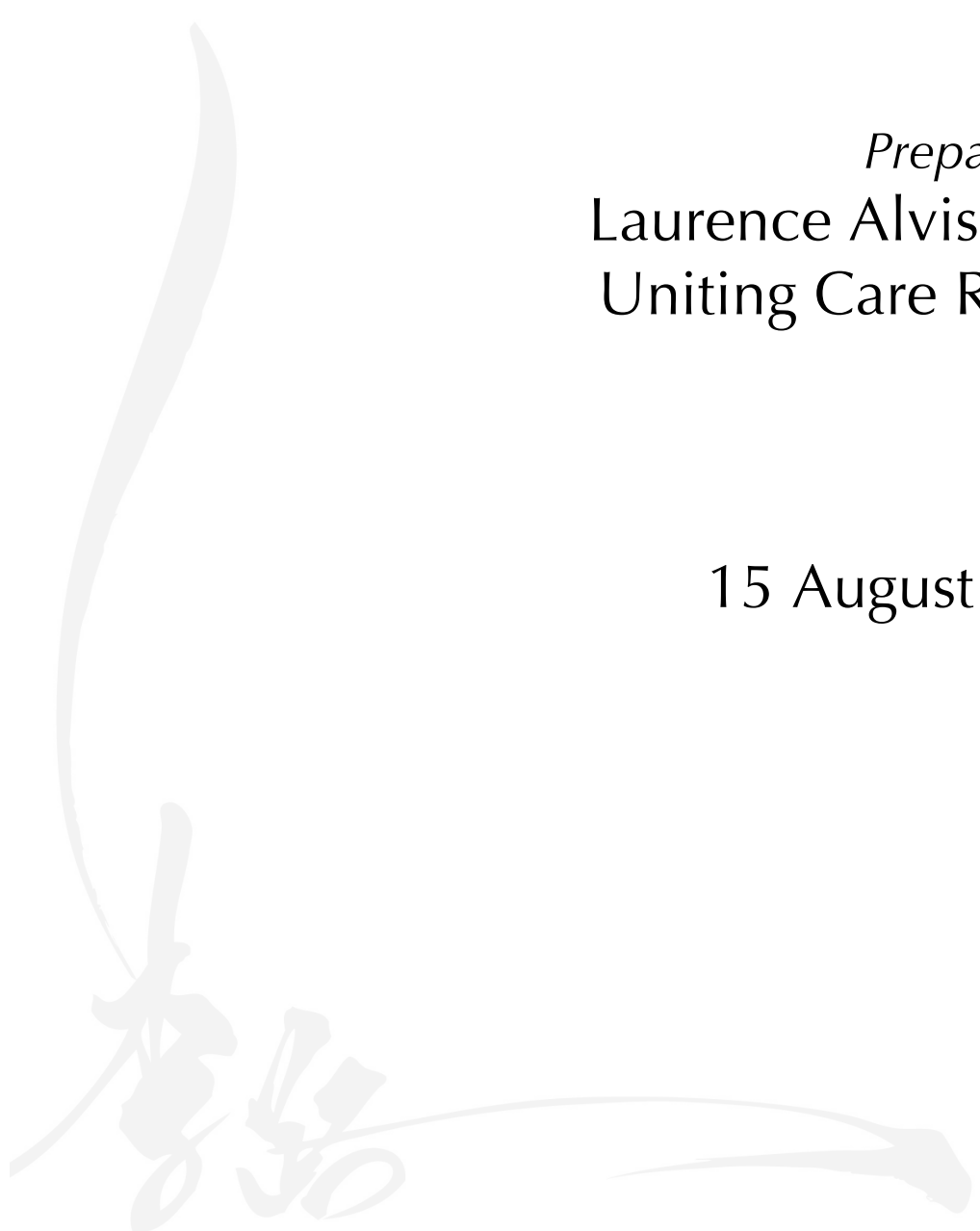
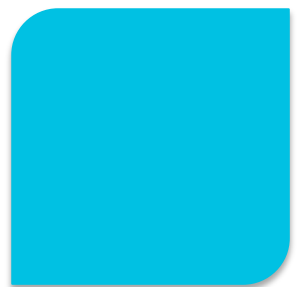
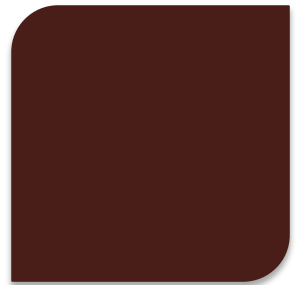
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Uniting Care ReGen Clinical Governance Audit Report

Prepared for
Laurence Alvis, CEO
Uniting Care ReGen

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Contents

Contents	2
About LeeJenn	3
Executive summary	4
<i>Background</i>	4
<i>Methodology</i>	4
<i>Key findings</i>	4
Background	5
<i>What is Clinical governance?</i>	5
<i>A clinical governance framework</i>	5
<i>About ReGen</i>	6
<i>Clinical governance at ReGen</i>	7
<i>The purpose of this review</i>	7
Review methods	8
Findings and recommendations	9



About LeeJenn

LeeJenn Health Consultants is part of The LeeJenn Group and is a specialist health consultancy focused on health service development through research and evaluation, training and workforce development, and translation of research to practice. Directors, A/Prof Nicole Lee and Linda Jenner, have worked in the drug treatment and mental health fields in clinical practice, research, training and management, and have a unique combination of skills that enables a balance of academic research knowledge, an understanding of the realities of frontline practice and an ability to make complex concepts accessible to a range of audiences.

The authors of this report were:

PAULA ROSS, BA, MPsych(Counseling), MAPS



Paula is a specialist counselling psychologist. She has extensive experience in clinical practice and training in the alcohol and other drug sector. She has a specialist interest in consumer issues and families and is on the advisory board of Family Drug Help and the Clinical governance Committee of the Bayside Medicare Local (South City Clinic).

NICOLE LEE, PhD (UQ), GradCertEd(Tertiary) (UQ), BSc(Hons) (UQ), BSc (UNSW), MAPS



Nicole is a practising psychologist, Associate Professor at the National Centre for Education and Training on Addiction and Adjunct Associate Professor at the National Drug Research Institute. She has worked in the alcohol and other drug and mental health fields for more than 25 years as clinician, trainer, researcher and manager. She is currently National President of the Australian Association for Cognitive and Behaviour Therapy (AACBT) and Deputy Editor of the Drug and Alcohol Review, and has previously served on the boards of the Australasian Professional Society on Alcohol and other Drugs (APSAD) and the Alcohol and other Drugs Council of Australia (ADCA).

Executive summary

Background

ReGen required a review of their clinical governance policies and processes to ensure that the organisation and board can have confidence in current processes. Key questions included:

1. Have minuted actions from the clinical governance meetings been sufficiently documented and followed up?
2. Are processes in place to continually review and improve clinical governance practices?
3. Are current auditing processes effective?
4. Are current reporting structures effective?
5. Does the current processes include an effective clinical risk management system?
6. Is there sufficient workforce development activities developed in response to incidents and changing trends and practices?
7. Are there processes in place to prevent reoccurrence of incidents?
8. Are consumer participation processes effective?
9. In addition, the domains of effectiveness, openness, and compliance were also examined.

Methodology

This review included:

- Examining a range of documents including minutes of clinical governance meetings, incident reports and other documentation
- Following the document trail
- Interview key staff responsible for clinical governance to identify potential gaps in process
- Attend a clinical governance meeting

Key findings

Overall ReGen's clinical governance processes are excellent. There were no urgent issues to attend to. Continued enhancements include:

- Clearly documenting the administration role on the Clinical Governance Committee
- A regular internal review of clinical governance practices
- Regular audits of consumer participation and workforce development initiatives
- Identification of the flow of documents and decisions made at the meetings
- Development of a communication mechanism to staff about the role of the Committee and how clinical activities and initiatives are related to clinical governance activities
- Identification of further mechanisms to assist consumers to understand their rights, to contribute to organisational decision making and to fine tune the complaints process
- Identification of further opportunities to improve outcome measurement

Background

What is Clinical governance?

Are we doing the right things?

Are we doing things right?

Degling et al 2004¹

Clinical governance is, at its core, a systematic and integrated process of being accountable for providing quality care to patients and is fundamental to continuous improvement in patient safety. Effective clinical governance is designed to ensure continuous improvement of client services and care, including a client centred approach to clinical operations; quality improvement processes that ensures that workers have the resources and supports they need to operate under a best practice framework; and a reduction of the risk from adverse events and a mechanism to address and learn from adverse events.

The ultimate purpose of clinical governance is to ensure that health service consumers receive the highest quality care possible. It typically covers the organisation's systems and processes for monitoring and improving services, including:

- Consumer involvement
- Risk management
- Clinical audit
- Clinical effectiveness processes
- Staffing and staff management processes
- Staff education, training and continuing personal and professional development

A clinical governance framework

The four key domains of the Victorian clinical governance policy framework are:

- Consumer participation
- Clinical effectiveness
- An effective workforce
- Risk management (including incident reporting and incident management)

The framework is based on the following principles:

- The focus is on the consumer experience throughout the continuum of care.
- Priorities and strategic direction are communicated clearly to support quality and safety systems.
- The following principles provide a basis for supporting excellence and good governance of

¹ Degeling P, Maxwell S, Iedema R, Hunter D. Making clinical governance work. *British Medical Journal*. 2004;329:6709-681.

clinical care:

- Planning and resource allocation supports achievement of goals.
- Strong clinical leadership and ownership.
- Organisational culture supports client safety and quality improvement initiatives and is supported through committee structures, systems and processes.
- Compliance with legislative and departmental policy requirements, including hospital accreditation.
- Rigorous measurement of performance and progress, including reporting and review.
- Continuous improvement of quality and safety.
- Clearly defined roles and responsibilities are understood by all participants in the system.

About ReGen

UnitingCare ReGen (ReGen) is the lead alcohol and other drug (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, with over 40 years experience delivering a comprehensive range of AOD services to the community. Its purpose is to promote health and reduce alcohol and other drug related harm and provide services consistent with the harm minimisation framework that has underpinned national and state drug strategies for more than 25 years.

The strategic plan (2014-2017) emphasises ReGen's commitment to:

Be Person centred

- Demonstrate that people are at the centre of all we do
- Deliver quality outcomes
- Provide accessible and flexible treatment and education services
- Work to reduce stigma and discrimination
- Recognise and respond to diversity

Be Innovative

- Utilise experience, evidence and knowledge to inform practice
- Develop new service models
- Respond early and flexibly to new challenges

Demonstrate Leadership

- Provide services that are highly regarded by people with AOD issues, their families and other stakeholders
- Be the preferred resource for government, media and other providers
- Influence the broader health and community sector in AOD matters
- Deliver evidence based, integrated and coordinated services
- Strengthen workforces of AOD and other sectors

Strengthen Collaboration

- Work with people with AOD issues, families and communities, to ensure they have a greater voice in our services and advocacy
- Engage with the community to identify and respond to community needs
- Partner with the wider community sector to improve client outcomes
- Seek and expand collaborative ventures

Build Capacity

- Be the service provider of choice
- Be an employer of choice
- Grow our services
- Ensure our sustainability

Clinical governance at ReGen

The clinical governance framework at ReGen, developed in 2013, specifies six domains that govern the activities and processes that contribute to the delivery of quality clinical practice. These domains “ensure quality outcomes and contribute to the development of an organisational culture that fosters continuous quality improvement”.

- Effectiveness
- Openness
- Participation
- Safety
- Workforce support and development
- Compliance

The clinical governance policy at ReGen was developed in 2013, reviewed in 2014 and set for next review in November 2015 and is the responsibility of the Director of Clinical Services. It’s purpose is to “to clearly articulate the processes, frameworks and mechanisms utilised at ReGen for governing clinical matters and providing both accountability for clinical outcomes and continual improvement in clinical care”.

The purpose of this review

ReGen required a review of their clinical governance policies and processes to ensure that the organisation and board can have confidence in current processes.

Key questions included:

10. Have minuted actions from the clinical governance meetings been sufficiently documented and followed up?
11. Are processes in place to continually review and improve clinical governance practices?
12. Are current auditing processes effective?
13. Are current reporting structures effective?
14. Does the current processes include an effective clinical risk management system?
15. Is there sufficient workforce development activities developed in response to incidents and changing trends and practices?
16. Are there processes in place to prevent reoccurrence of incidents?
17. Are consumer participation processes effective?

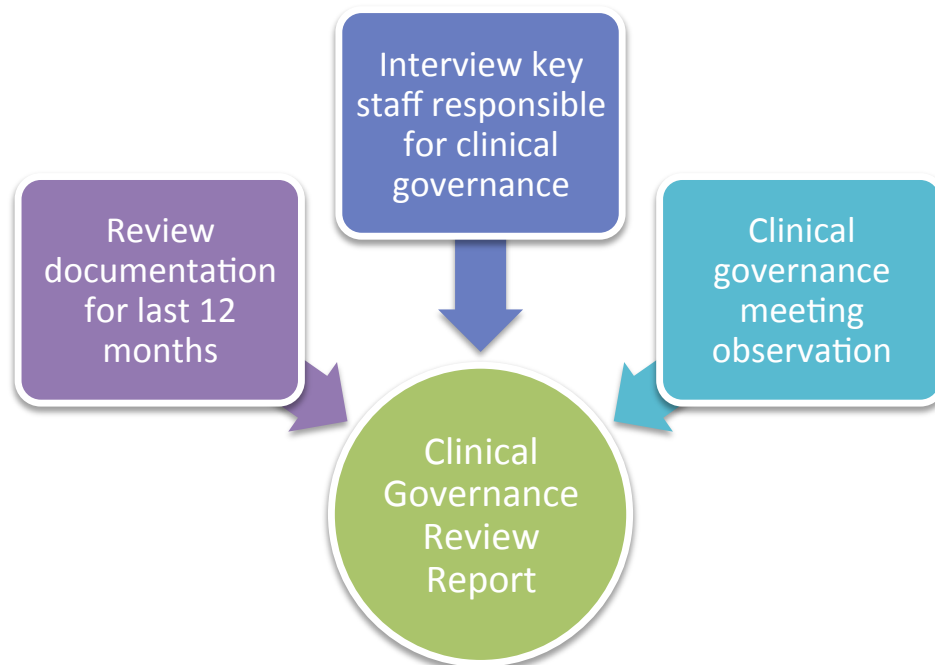
In addition, the domains of effectiveness, openness, and compliance were also examined.

Review methods

This review included:

- Examining a range of documents including minutes of clinical governance meetings, incident reports and other documentation to review whether effective processes and structures were in place
- Following the document trail to examine whether actions have been sufficiently enacted and followed up
- Interview key staff responsible for clinical governance to identify potential gaps in process
- Attend a clinical governance meeting

Figure 1: Overview of methods



Findings and recommendations

Documentation and follow-up of actions

- Minutes are detailed, specific and name actions, people responsible for those actions and timelines for actions to be completed or reviewed
- Actions are tracked in an easily accessible table and remain on it until resolved. Actions stay on the agenda of clinical governance meetings until they have been fully addressed.
- Actions are sometimes delayed when the organisation is very busy. For example, the recent sector reforms impacted on both the meeting schedule and actions
- Clinical governance meetings are action-oriented and focused, comprising significant expertise and knowledge and involving robust discussion and review.
- Actions are well documented and members notified of required actions
- The smooth running of the meetings and the follow-up of actions is heavily reliant on the involvement of Lisa Lamphier as administrative support

“The key is having Lisa involved, everyone is busy and this ensures that things can’t get dropped off”

Example: Naloxone prescribing

Chain of documents and actions noted in minutes:

1. COPE working group began to look at training staff to administer naloxone - February 2015
2. Email from unit manager to workforce development manager re: concerns about possible unauthorised prescribing issue - June 2015
3. Response from workforce development manager indicating that concern would be addressed at clinical governance meeting - June 2015
4. Minutes from June 2015 meeting indicate concern was placed on the agenda and discussed
5. Action from June 2015 meeting documented: to set up working group and get legal advice
6. July 2015 minutes document that working group and obtaining legal advice is in progress

Recommendation

The conduct, documentation and follow-up of meetings are areas of strength for ReGen’s clinical governance. The administrative role is crucial to the effectiveness of the committee and it should be clearly recorded in clinical governance documentation and included in the appropriate position description so a personnel changes do not result in important processes being lost.

Processes to review and improve clinical governance practices

- Regular consideration of clinical governance matters occurs at each clinical governance meeting
- A standing agenda means that key areas for clinical governance are routinely reviewed
- There do not appear to be regular processes in place to regularly review clinical governance processes or to review clinical governance literature or policy changes
- Although ReGen and their partner, Odyssey House Victoria, have together done some planning around clinical governance for the north-west catchment there is no formal mechanism linking this planning to ReGen's internal clinical governance process
- Consideration has been given to clinical governance succession planning as a number of senior staff move into the latter part of their careers, with additional staff identified and mentored into clinical governance roles

"If we think it might fit with clinical governance we will do it...might be things we do outside scope but don't think we miss things"

Recommendation

Regular internal review of clinical governance practices at ReGen should be scheduled, including:

- A regular schedule and time for review of clinical governance processes
- A regular review and update of current clinical governance literature
- Professional development for committee members

Effective clinical risk management systems

Clinical risk management is an area of concern for all AOD agencies as there is inherent risk associated with the client group. The Clinical Governance Committee maintains high levels of ownership and accountability of risk management and multi-dimensional processes in this area that contribute to an effective risk management system. These processes include:

- Annual file audit involving senior managers, managers and team leaders picks up practice issues and are tabled at clinical governance
- Regular tabling of incidents and complaints at clinical governance meetings
- Reviewing government guidelines eg safety screening for employees and their relationship with ReGen employee related policies and procedures (eg working with children, academic checking and referee checking) and their impact on organisational risk
- Incidents categorised according to a Victorian government template to enhance consistency of communication and understanding
- Critical incident forms and reports go to clinical governance. Patterns are identified and responded to and input is sought from a number of areas including clinical, health and safety, and human resources
- Major incidents are discussed at clinical governance and plans and recommendations are made to minimise future occurrences. These plans might involve workforce development activities, procedural and policy development or changes, development of or changes to clinical guidelines
- Opportunity for informal input at clinical governance.
- Regular reviewing of policy, procedures and clinical guidelines
- Minutes from clinical governance are directed to senior management team which contributes to overall management of risk in the organisation

Example: Client death 2014

1. The incident was investigated and management and board were briefed
2. A decision was made as a result of clinical governance to have an external Addiction Medicine Specialist to review the incident
3. Feedback was provided to the Clinical Governance Committee
4. Although there was no suggestion from the Coroner that ReGen contributed to the death, a number of changes were introduced to minimise future risks to clients

Recommendation

This is an area of strength for ReGen. No changes to current processes are required.

Workforce development activities

This is an area of strength for ReGen. Workforce development issues are regularly considered and documented at the Clinical Governance Committee meetings. The document review and staff reports indicate that a number of factors contribute to workforce development at ReGen. These include:

- Appraisal reports from staff
- Regular file audits, often identify components that might require new training for staff or customisation of existing training or emphasis on particular clinical elements
- Critical incidents have resulted in a workforce development response
- Information regarding trends relevant to the client group
- Information on ways to adapt practice eg to sector reforms

Example: Practice issues impacting on workforce development

1. A file audit identified weakness in case formulation and treatment planning as documented treatment plans need to be comprehensive and well supported as they are now sent to other agencies as a result of AOD sector reforms
2. ReGen developed training and provided workshops on good formulation and constructing robust treatment plans for staff
3. This was followed up by mentoring supervisors to re-enforce the new approach
4. Evaluation will occur informally with team leaders and formally in the next file audit

Recommendation

This is an area of strength for ReGen. No changes to current processes are required.

Processes to prevent reoccurrence of incidents

The prevention of re-occurrence of incidents at ReGen is supported by a number of different processes including:

- Review and monitoring of specific clients or incidents
- Review of procedures when incidents occur
- Mechanisms for all incidents to be reported to the Clinical Governance Committee
- Three monthly incident report to Senior Management Team (SMT)
- Outstanding issues are documented each Clinical Governance Committee meeting
- The business manager has input into risk management as part of their OHS role
- An external consultant reviews processes with the business manager, and this feeds back to clinical governance through the HR manager

Processes to prevent re-occurrence of incidents appear to have been strengthened in the last 12 months through improved documentation and follow-up.

Example: Incident management

1. January 2015 a category 2 incident occurred at Jessie Street
2. Reported to clinical governance meeting in quarterly report
3. Generated review of all procedures around incidents including review of the alarm system
4. Reviewed by OHS committee
5. Generated incident communication process briefing paper
6. Minuted action: To be discussed by SMT and if approved implemented by Manager of corporate support and senior HR officer
7. July 2015 meeting: incident communication process and procedure approved by clinical governance committee. Will be provided to SMT for final approval.

Recommendation

This is an area of strength for ReGen. ReGen should continue to review incidents within a systems framework.

Auditing processes

ReGen has designed an audit tool that encompasses a broad range of areas including assessment, documentation, forensic issues, AOD use, family inclusive practice, and responsiveness to Aboriginal clients. File audits are conducted annually by senior managers, and team leaders conduct smaller file audits of their teams on a regular basis. In addition, audits are reviewed by the ReGen Board's Audit Review Committee.

File audits are designed to:

- Provide an indicator of clinical operations for both staff and the board
- Contribute to an annual action plan with a workforce development focus
- Allow for monitoring of clinical practices that are of interest or are mandated
- Contribute to the formal accreditation process

The process of auditing has been reviewed by the Clinical Governance Committee and actions followed up including the establishment of a working group to identify issues and providing feedback the Clinical Governance Committee.

Auditing occurs on a number of levels at ReGen, including compliance auditing. Although this area is not necessarily raised at the Clinical Governance Committee, issues are referred to the committee as required. For example, when it was identified that records were not being adequately maintained.

A consumer participation audit was completed by the consumer participation facilitator utilising a health issues centre tool in 2013 but has not been repeated.

Recommendation

ReGen has well developed processes for file audits. There is scope to undertake similar proactive processes in areas that affect clinical governance, such as consumer participation and workforce development.

Reporting structures

There appears to be a regular cycle of review and transparent documentation both into and out of the Clinical Governance Committee.

There appears to be a strong reporting relationship between the Clinical Governance Committee and SMT. All clinical governance minutes go to SMT and questions and feedback from SMT are returned to the Clinical Governance Committee. The boundaries between the Clinical Governance Committee and SMT reporting may be unclear to staff.

The ReGen board is provided with regular reports from the Clinical Governance Committee in addition to verbal reports from the Clinical Services Director.

It was noted that the flow of documents is the responsibility of the administrative support person at the Clinical Governance Committee but there is no documentation that identifies the destinations of documents.

Staff are made aware of clinical governance processes as part of orientation and appear to be generally familiar with the domains of clinical governance and many of the activities that are generated by the Clinical Governance Committee, but do not have a clear sense of the specific role of the Clinical Governance Committee.



"I know that there is a committee, but I don't know much about it, they look at things like incident reports, client feedback and file audits and things like that"

Recommendation

Reporting structures seem to be generally clear and well documented. The Clinical Governance Committee could consider

- A table or sequencing sheet documenting the flow of documents and decisions made at the Clinical Governance Committee meetings (similar to that which accompanies board papers).
- An item added to the agenda to identify items that may need to go to other relevant committees such as SMT, Steering Committee, Catchment Managers Meeting, NW Metro Clinical Governance meeting
- Development of a communication mechanism from the Clinical Governance Committee to staff about the role of the Committee and how clinical activities and initiatives are related to clinical governance activities.

Consumer participation

There are a number of processes for ensuring consumer participation and that this area at ReGen has increasing sophistication. These include:

- Having the consumer participation facilitator as an a permanent part of clinical governance is one of the significant mechanisms for ensuring consumer participation
- Having consumer participation item as a standing item at clinical governance meetings
- Consumer feedback forms and significant complaints go to the Clinical Governance Committee
- Consumer working group meetings deal with issues and concerns and provide papers to the Clinical Governance Committee
- Issues from Consumer leadership group meeting are referred to the Clinical Governance Committee
- A number of consumer participation focused policies and procedures have been developed, including code of conduct for consumers, media policy for consumer consultants.

“The voice of the consumer is valued [at ReGen]”

The Clinical Governance Committee is currently exploring ways in which consumers can be involved in staff recruitment.

Example: Review of consumer participation

1. Minutes July 2015: Agreed it would be useful to document validity and purpose behind the consumer participation work to demonstrate how ReGen relies on consumer participation for the validity of its services
2. Action: 1 page snapshot report on where consumer participation was two years ago and where it is now will be developed
3. TimeLine: Due Aug 2015
4. Reporting: to be sent to SMT

Recommendation

The Clinical Governance Committee at ReGen is doing extremely well to embed consumer participation in its culture. Regular evaluation of consumer participation would further assist this process. Potential areas for continued enhancement include:

- Continued mechanisms to assist consumers to understand their rights as service users
- Continued mechanisms for consumers to able to contribute to organisational decision making
- Develop a culture of continued consumer feedback, rather than a ‘complaints process’, to ensure service users feel comfortable offering feedback

Effectiveness

There are some existing mechanisms for ensuring effectiveness of clinical practice including:

- Evaluations of specific programs (eg Catalyst, Torque, Withdrawal Step-up)
- Evaluations of education and training
- Identification of ineffectiveness from regular reviews creating initiatives to further improve effectiveness
- Improvements in monitoring and demonstrating effectiveness through improvements in understanding the client experience from client complaints and feedback, consumer participation initiatives and a recent snapshot survey

Example: Aggressive incidents response

An increase in aggressive incidents in the withdrawal unit were associated with an increase in the number of methamphetamine clients. A working group conducted a file audit that examined outcomes, such as length of stay. The Clinical Governance Committee examined incidents, trends and practices, and initiated and evaluated changes to processes that have resulted in more effective service delivery.

Recommendation

Outcome measures should be implemented routinely across the organisation. Planned future initiatives include implementation and evaluation of the AOD star and state government required outcome measures. There may be further opportunities to improve outcome measurement through

- Directly observing practice and providing feedback to practitioners
- Mechanisms for identifying and documenting the client journey through treatment
- Obtaining more snapshot surveys in more areas

Openness

Openness is an important clinical governance principle, but one that is difficult to document and measure.

Members of the Clinical Governance Committee consider the existence of the committee itself as an acknowledgement that not all processes are effective and that there is requirement to review practices in different ways, to try different things, and to encourage people to come up with new ideas.

There is an openness in the management of complaints and incidents, which are reported to the Clinical Governance Committee.

There appear to be clearer processes for reporting up to management and the Clinical Governance Committee, but fewer mechanisms for communication back to the organisation

Recommendation

The Clinical Governance Committee could consider ways in which the outcomes and functions of the Committee could be reported back to staff (eg a regular report could be presented at the staff meeting).

Compliance

The document review and staff interviews indicated no outstanding issues with compliance, including related to workforce development, legal and corporate compliance issues.

Recommendation

This is an area of strength for ReGen. No changes to current processes are required.