Doctors on Riccarton

Helping you to better health

Clinical Governance Policy

Last updated

October 2022

P. 03 348 8989 F. 03 348 8618 183 Riccarton Road, Riccarton, Christchurch 8041
www.doctorsonriccarton.co.nz

Contents

DOR CLINICAL GOVERNANCE

Preamble

Clinical governance is a Practice wide approach to the continuous quality improvement of clinical services. It involves the systematic joining-up of all patient safety and quality improvement initiatives within the Practice.

Clinical governance requires representatives (e.g. clinical leaders, general practitioner, nurse practitioner, nurse, equity champion, allied health, and practice manager) from practice teams to be involved in contributing to the mission, goals and values of the Practice.

Doctors on Riccarton's Clinical Governance Team includes:

- Dr Colin Chin (GP, Clinical Director)
- Lynne Doubleday (Nurse Co-ordinator)
- Vivian Huang (Nurse Prescriber)
- Marina Chin (Practice Manager)

The following core elements must be present:

1. Patient engagement and participation
2. Clinical effectiveness
3. Quality improvement/patient safety
4. Engaged, effective workforce
5. Equitable outcomes.

Clinical governance organises the activity of improvement ensuring prioritisation, planning and completing quality improvement activities.

- **Patient Engagement and Participation**
  - Patient Experience Surveys
  - Patient Suggestion Box
  - Patient Complaints Procedure

- **Clinical Effectiveness:**
  - Oversight and approval of clinical policies
  - Oversight of infrastructure important to clinical services (e.g. existing and new technology, PMS, medical equipment)
  - Reducing variation in clinical practice (consistency of practice, use of health pathways)
  - Ensure classification lists in PMS are reviewed annually
  - Oversight of all clinical audit activities
  - Review of recall activities (immunisation, screening) to identify effectiveness in reaching eligible target populations
  - Approval and oversight of research

- **Quality improvement/patient safety:**
  - Learning from adverse events, trends, excellence and risk management (oversight of incident register, monitor actions, approve formal reports from serious event review, oversight of clinical risk register, make recommendations for improvements, share learnings)
  - Oversight of any Continuous Quality Improvement (CQI) activities (includes approval of new projects, review of progress and measures, and supporting processes/decisions)
  - Approval and oversight of progress and input into practice quality plans

- **Engaged, effective and culturally safe workforce:**
  - Processes for induction of clinical staff
  - Advice to ensure roles and responsibilities meet clinical needs (including new and advanced roles/changes to models of care
  - Training needs
  - Safe staffing: short term (e.g. leave) and planning for longer term practice needs

- **Equity champion**

  - While equity is a practice-wide responsibility, it is important to designate one practice member or a team of people to drive equity initiatives, or to consistently provide an equity perspective. Leadership is essential to closing health equity gaps. An equity champion could be in a leadership role or could be a clinician with a specific passion for ensuring equitable health outcomes for all patients. An equity champion is knowledgeable on and advocates for equity in health care.

CLINICAL GOVERNANCE ROLES AND RESPONSIBLITIES

Colin Chin	Overall clinical responsibility of Practice Ultimate clinical decision maker
Lynne Doubleday -	Health and Safety Officer Co-ordinates training of nursing staff Co-ordinates Quality Clinical Activities Equity Champion
Vivian Huang	Induction of new clinical staff IT specialist
Marina Chin	Ensuring clinical staff have necessary APCs, Indemnity Insurance and staff training Health and Safety Officer Complaints Officer Data Analysis/IT Specialist Patient Engagement

PATIENT POPULATION DEMOGRAPHICS

To enable effective clinical governance and informed decision-making, members of the clinical governance team must regularly (as a minimum, annually) review information to ensure their understanding of the practice's patient population and needs (e.g. population diversity, population demographics and prevalence of long-term conditions).

Patient demographics will be used to guide targets for clinical governance activities and plans

DOCUMENTED CLINICAL GOVERNANCE ACTIVITIES

Meetings

- **Meeting Agendas**
- **Meeting Minutes**
- **Discussions**
- **An Action Register**

Record of Meetings

Shall be stored in the Practice's Indici PMS – under Companies → Meetings (Clinical Governance) → Letters and Documents

Staff can add items to the Agenda by Adding a document entitled Meeting Agenda Date XX/XX/XX which will then form the basis of the next meeting's records.

Meeting notes will be documented by the minutes taker for each meeting

Staff will be notified by a task that a Clinical Governance meeting has been held and that the minutes of the meeting are available to view.

Standard Agenda Items

- Health
- Safety
- Wellness

Quality Activities will be based on long term conditions or health prevention activities

Data can be extracted from the following 2 ways:

1: GPVu Website

- CVD Risk Assessment
- Diabetes
- Smoking Cessation
- Poly Pharmacy
- Urgent and Hospital Care

2: Indici PMS Software – monthly recall reports

- Immunisations 8 months
- Immunisations 24 months
- Flu Vaccine over 65 years
- Flu Vaccine COPD
- Flu Vaccine Diabetes
- Smoking Brief Advice
- Cervical Smear within 3 years
- Diabetic Annual Review
- HbA1c ≥ 64mmol/mol

CLINICAL QUALITY PLAN

Each year, a Quality Activity will be chosen by the Clinical Governance Team to be the focus of the annual Clinical Governance Quality Plan. The Quality Activity chosen can be based on:

- Government initiatives
- Practice identified need

The practice ensures processes are in place to deliver the four core elements of clinical governance:

- patient engagement and participation
- clinical effectiveness
- quality improvement/patient safety
- an effective and engaged workforce.

Health equity will be a primary consideration of all clinical quality plans activities. Targets for Maori and Pacific peoples, and for all underserved patient groups (where it is possible to measure this) shall match targets for the rest of the patient population.