

***CRANAplus Clinical Governance Guide:
right people in the right places
improving possibilities***

13th NRHA
Conference

advocate



Remote National Standards Project (2012-2013)

Impetus for the Project

- Well recognised – lack of a consistent standard of care across the remote sector
- Need to build upon NSQHS Standards – lack of contextual application to remote primary health care settings
- First step – articulate robust Clinical Governance and Quality Improvement Framework for the remote sector
- Remote National Standards Project (2012-2013) supported by Australian Government, Department of Health

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Outcome

- Definition of remote & isolated practice
- Production of a clinical governance guide
 - Remote and Isolated context specific
 - User friendly, easy to read
 - Freely available
 - Ongoing support for interested services



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Project's Methodology

- Established a **Remote National Standards Advisory Group**
- **Literature Review** – no standards specifically for remote sector
- **Environmental Scope** - Commission's Directive - Determining point – NSQHS Standards be reflective in the Guide
- **'Snap-shot' Survey** – much needed improvement in all areas – focus on workforce
- **Forums** – recognition of improvement in Clinical Governance
- **General consultations** with key professionals with grounded expertise within remote practice

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A1.3 Provide a definition of remoteness and isolated practice within a health context

Characteristics, Setting & Delivery

Remote Health practice in Australia is characterised by geographical, professional, and often social isolation of practitioners through:

- geography and terrain, limiting access and egress
- cultural and social isolation
- environmental and weather conditions resulting in isolation
- isolation due to long distances
- professional isolation from colleagues, peers, and supports
- isolation as a result of infrastructure, communications and resources.

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Definition remote & isolated practice (cont)

Remote Health is carried out in contextually different settings, including but not limited to:

government health services; community controlled health services; aboriginal medical services;

primary health care centres; multi-purpose centres;

private general practices; mining; and other industries like tourism; aeromedical, mobile and fly-in/fly-out services;

private, and non-government organisation health services.

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(cont)

Remote Health practice is delivered through:

- health service models catering for highly mobile populations
- predominantly Nurse-led models of care
- collaborative multidisciplinary approaches, in partnership with community and stakeholders
- an understanding of the community within its cultural context
- overlapping, and evolving advanced and extended roles of team members
- integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease and public health across the life span
- scopes of practice that are informed by the identified needs of, and engagement with the community.

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Adapted from Wakerman J: Defining Remote Health: *Australian Journal of Rural Health*, 210–214 : (2004) and Malone G, Cliffe C. Framework for



Remote Practice: CRANAplus (2012, Jan 4) This definition was the work undertaken by the Remote National Standards Advisory Group 2013.

Why do we need Clinical Governance?

The essence

....'is to ensure that more right things happen to patients by making it easy to do the right thing and less wrong things happen to patients less often by making it difficult to do the wrong thing'

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Australian Institute of Company Directors. (2011). The Board's role in clinical governance (p.1). Sydney

Our working definition of Clinical Governance

'the systems by which the governing body, managers and clinicians share responsibility and are held accountable for patient or client care, minimizing risks to consumers, and for continuously monitoring and improving the quality of clinical care'

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Australian Council on Healthcare Standards, (2004) ACHS News Vol. 12 1-2 ACHS Sydney

ACSQHC National Standards January 2013

- Standard 1: Governance For safety & quality in Health Service Organisations
- Standard 2 : Partnering with consumers

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Pillars



Workforce effectiveness	Clinical performance and evaluation	Clinical risk management	Consumer participation
<ul style="list-style-type: none">• Recruiting best healthcare professionals• Continuous professional development• Competency• Skills updating• Ethics• Code of Conduct• Occupational health and safety	<ul style="list-style-type: none">• Evidence-based practice• Clinical care pathways• Clinical outcomes• Clinical models of care• Cost effective care	<ul style="list-style-type: none">• Incident management system• Adverse events monitoring• Clinical investigation and root cause analysis• Audits• Continuous quality improvement• Accreditation	<ul style="list-style-type: none">• Consumer satisfaction• Consumer complaints• Consumer rights and confidentiality• Consent• Open disclosure• Consumer information

'Snap-Shot' Survey

Survey design

12 questions, designed around 5 criteria of Standard #1:

- Governance and quality improvement systems
- Clinical performance
- Performance and skill management
- Incident and complaints management
- Patients rights and engagement

Data analysis

- using Monkey Survey analysis tools

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'Snap-Shot' Survey - Findings

- 50 members responded across the jurisdictions
 - 52% respondents – employed Public Sector
 - 18% respondents – employed in Aboriginal Medical Services
 - 26% respondents – employed in Aboriginal Torres Strait Islander community settings.
- Recognised small sample size - non- response bias
- Survey results showed high level of dissatisfaction with safety and quality systems in their workplaces
- Recognised importance for consistency and much needed improvement in the standard of care in all areas.

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The resource

- Hard copy and on line
 - Content
- 4 key areas
- What does this mean?
 - What should be in place?
 - What is my responsibility as clinical service manager?
 - What is my responsibility as a clinician?

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Standard Criteria
Incident management and investigation system

1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing (including near misses), which all result in corrective action

The health services will have defined the key elements of the Incident Reporting and Management System in policy and procedures. It is important that this responsibility is clearly articulated and should include:

- Confidentiality of information.
- Identifying local manager(s) and/or committees with responsibility for managing and maintaining the system.
- Training the workforce in the use of the system, and supporting and encouraging the reporting of incidents and near misses.
- Allocating responsibility for communicating with the organisation's professional indemnity insurers, if the process is undertaken locally.
- Identifying responsibility for maintaining the system and its processes.

What does this mean?

- The health service will need to ensure that

What should be in place?

- A comprehensive incident management and

- A reporting mechanism for incidents must be in place. Such reports should be conveyed to the highest level of governance, e.g. CEO, Board.

- A Quality and Safety Manager responsible for reviewing all incidents, and referring them to the relevant parties.
- Feedback is provided at staff meetings and through newsletters, video conferencing, noticeboard, emails, or by other means.
- Incident reports regarding consumers are submitted to the governing body and to the funding body, as required.

What is my responsibility as a Service Manager?

- Ensure consumer and staff privacy and confidentiality is maintained at all times during the reporting of incidents, investigations, and data collection.
- Ensure all staff have training, as well as access to the incident management and investigation system.
- Ensure staff are provided with guidelines.

What is my responsibility as a Clinician?

- Maintain consumer and staff privacy and confidentiality at all times.
- Actively participate in training programs.
- Follow guidelines at all times, especially when dealing with significant incidents such as

Dissemination

- Distributed to remote health services nationally
- Follow up
 - After 3months
 - Phone interviews
- Workshop/presentations
 - Victoria Bush Nurses
 - AMSANT

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Feedback

- *When I first saw it thought it was bit OTT – now having read it closer – great for me – easy to use – succinct – great for a small unit*
- *Timely for us – we are about to go for accreditation – bridge the gap – frontline management – beds down our systems*
- *Really good – looking for anything that would help me to understand Clinical Governance*
- *User friendly – best thing out there – that I have seen*
- *The Guide is easy to read – great reference – you can pick up the document – know what it is all about – many health service don't have robust Clinical Governance – speaks to managers and clinicians about the sort of tools*
- *It is easy to use – referred to it when writing up a job description
– roles and responsibilities*

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Professional Standards of remote practice



Standard 1

Has appropriate registration and endorsements for practice and works in accordance with the Professional Standards for the Nurse/Midwife (NMBA).

Standard 2

Maintains own health, wellbeing and resilience within a professional, safe working environment.

Standard 3

Practices within a culturally respectful framework

Standard 4

Practices within a Comprehensive Primary Health Care model of service delivery

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Professional Standards cont



Standard 5

Works within care pathways, and develops networks of collaborative practice.

Standard 6

Has a level of clinical knowledge and skills to safely undertake the role.

Standard 7

Has a period of recent clinical practice in a remote and isolated location within the past 5 years.

Standard 8

Has an ongoing commitment to education relevant to practice in the remote environment.

Standard 9

Practices within a Safety and Quality Framework.

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Pathway to remote practice: a resource



Pathways to Remote Professional Practice

January 2015



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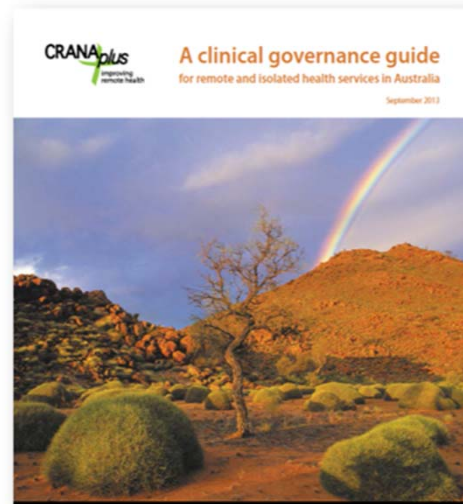
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A clinical governance guide for remote and isolated health services in Australia



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