

A new approach to clinical governance in Queensland

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Abstract

Clinical governance approaches in Queensland health were trenchantly criticised in 2005 by two external reviews. In designing the new approach to clinical governance it was recognised that clinical governance should not be seen as only being about traditional safety and quality policies. A range of levers and policy instruments have been used in Queensland health to effect a new approach to clinical governance.

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QUEENSLAND HEALTH IS AN INTEGRATED service delivery organisation which at the time of writing was organised into 37 Health Service Districts overseen by three Area Health Services. Queensland is a highly decentralised state, and services range from isolated nursing posts to major teaching hospitals. Queensland Health employs around 60 000 staff directly, and public health services are managed without independent boards of directors.

Following the eruption of a high profile scandal about safety of hospital care at Bundaberg Hospital,¹ Queensland Health was subjected to two external reviews which were highly critical of its approach to clinical governance and its culture.^{2,3} In response, the government announced a “health action plan”⁴ which committed to a substantial increase in funding and a culture change process within Queensland Health. In addition, a new Minister and Director General were appointed, followed by an almost entirely new Executive Management Team. I was appointed to head the

reform team of Queensland Health, with one of the major tasks being to establish a new clinical governance approach in Queensland.

This article describes the key elements of the new clinical governance approach. Importantly, the new approach is not simply a document, but is multi-faceted. Indeed, the Queensland Health clinical governance framework is described as a “web of policies, processes and accountabilities”,⁵ (p. 1) emphasising the interrelated and interacting nature of the various policies.

Methods

The first step in the new clinical governance framework was the development and release of a discussion paper⁵ which canvassed the new approach. Policies and implementation standards were developed based on the discussion paper, as modified by the consultation process. A number of key elements were identified to underpin the policies and processes:

- Line management responsibility for patient safety and quality
- Clinician and patient involvement
- A just and open approach to managing adverse events
- Responsibilities articulated for all levels of Queensland Health
- Measurement of outcomes and performance
- Transparency and accountability
- Emphasis on the need for Queensland Health to improve its performance in patient safety, quality and effectiveness.

These key elements were implemented through a range of different policy instruments, using a range of policy levers. The overall aim of the new approach is summarised as: “In a culture which supports improvement in patient safety and quality, to have the right person, doing the right job, with the right skills, working in high performance

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teams, supported by effective organisational systems". This aim has a number of key components, but it starts by emphasising the overall culture in which clinical services are situated. Queensland Health's culture was criticised in the external review, and culture change is a major focus of the reform effort. The aim also emphasises the importance of teams and organisational systems. Improvement in safety and quality is not an individual issue and is not conceptualised in Queensland as simply getting rid of a few bad apples.

Each of the key phrases in the aim is associated with policy initiatives which are discussed below.

In a culture which supports improvement in patient safety and quality ...

A new Patient Safety and Quality Board was established to guide the development of policies and processes relating to safety and quality. Consistent with the principle of line management responsibility, the Director General and the three Area General Managers are members of the board. The 12-member board includes six members appointed after consultation with external organisations, including two consumers. In contrast, the board it replaced had 18 members, 16 of whom were internal to Queensland Health.

Schein suggested that "the only thing of real importance that leaders do is to create and manage culture".⁶ (p. 11) Changing the way in which leaders work is thus a critical component of the Queensland Health culture-change strategy, and the United Kingdom National Health Service Leadership Qualities Framework was adopted as an organising framework for a leadership program.⁷ Queensland Health embarked on one of the largest leadership development programs in Australia: about 600 managers and clinical leaders throughout Queensland Health have participated in a series of 2.5-day residential workshops, designed to reinforce a new approach to leadership. These workshops were supplemented by 360-degree feedback processes, coaching and other support mechanisms. The second phase of

the leadership program incorporated 2-day non-residential workshops for 4500 managers and supervisors across Queensland Health. The role of leaders was further emphasised by changes to the position descriptions of District Managers to incorporate specific reference to accountability for patient safety and quality.

Culture change was reinforced through the development of a new code of conduct, which emphasised a just culture and openness in reporting mistakes, and a new Clinical Incident Management Policy which separated management of "blameworthy acts" (essentially intentionally unsafe acts) and all other acts, mistakes and slips.

Clinical engagement was fostered through the establishment of new clinical networks which were in turn supported by specific funds allocation for time release for the Chair and project support, and a \$9 million program to foster innovative projects proposed by the clinical networks. A "clinical practice improvement payment" is planned, designed to improve reporting and benchmarking processes of the clinical networks, and a new approach to funding district health services that focuses on enhancing clinical quality will be implemented from 2007.

Queensland Health's previous culture of secrecy is contrasted with new processes of transparency, including expanded reporting on the web (www.health.qld.gov.au/performance/default.asp). Transparency and openness are also emphasised in enhanced community engagement through establishment of Health Community Councils which, in contrast to the previous District Health Councils, have staff to support their functions. The Health Community Councils will have a key role in monitoring quality, safety and effectiveness of services provided by local health services. Consultation with the new Health Community Councils on particular issues has been mandated by Queensland Health. Health Community Councils will also have a role in overseeing consumer complaints, and a new consumer complaints process requires evaluation of consumer satisfaction with the complaint processes (www.health.qld.gov.au/complaints/review.asp).

The right person, doing the right job, with the right skills ...

The *sine qua non* for enhancing skills was to ensure that good staff were attracted and retained. New enterprise bargaining agreements contain substantial enhancements to staff pay and conditions. There has been about a 10% increase in the number of clinical staff (doctors, nurses and allied health) employed by Queensland Health.

New credentialling and privileges processes were implemented with closer oversight of district-level decisions through Area Clinical Governance Units and Area Credential and Privileges Committees. Performance appraisal has also been strengthened through reinforcing requirements for performance appraisal in the role of District Managers and through the introduction of 360 degree feedback.

Working in high-performance teams ...

The literature has demonstrated strong links between team performance, communication and safety. The reform process in Queensland Health has emphasised the importance of teamwork as part of the leadership programs. In addition, a culture/climate survey has been implemented across the organisation with about 25% of Queensland Health staff surveyed every 6 months. This survey includes questions about teamwork and team meetings relative to clinical provision. The 6-month cycle means that all of Queensland Health will be resurveyed every 2 years. Detailed reports are fed back to District Health Services, which are required to develop implementation plans to address issues identified in the culture surveys.

Supported by effective organisational systems

There have been major changes to organisational monitoring systems as part of the reform processes. These include enhancing the routine hospital discharge dataset to record timing of diagnosis (whether present at admission or arising

during the course of admission), which will allow better monitoring of complications of care. A new approach to presenting data, based on variable life adjusted display (a cusum-based technique), has been introduced to provide monthly feedback to hospitals about outcomes of care on 27 separate indicators (for example, in-hospital mortality for acute myocardial infarction, complications of care, caesarean section rates). The feedback tool involves tracking the outcomes of care for individual patients and, with a drill-down functionality, allows health services to identify cases which have contributed to poor performance. The reporting framework for the new monitoring system requires health services to report back on investigations that are triggered by these processes and specifies particular trigger points which require more detailed investigation involving higher levels of the organisation.

A new computerised information system has been implemented to facilitate reporting and learning from clinical incidents. More serious incidents are investigated using root cause analysis (RCA). RCA training has been widely implemented throughout Queensland Health, and the outcome from the root cause analysis is proposed to be protected legislatively.

Discussion/lessons learned

The new Queensland Health clinical governance approach is multifaceted, involving interventions that cut across a range of organisational domains. In addition to the changes implemented through safety and quality processes:

- human resources/industrial relations domains reinforce the change through performance appraisal process and a new code of conduct;
- funding policies are used to provide incentives for improved clinical reporting and benchmarking; and
- legislation reinforces the importance of attention to patient safety in the role of District Manager and through protection of root cause analyses.

In addition, the reforms have included new computerised information systems; new statistical

reporting tools, monitoring processes and associated feedback mechanisms; and new policies and procedures.

Culture change is complex. A range of policy domains need to be changed and aligned to impact effectively on an organisation as large as Queensland Health. These processes of change are necessarily slow, but once the new approaches are embedded they will hopefully become the *modus operandi* of the organisation and will themselves be reinforcing a new and different style of working together.

Competing interests

The author declares that he has no competing interests.

References

- 1 Van der Weyden MB. The Bundaberg Hospital scandal: the need for reform in Queensland and beyond. *Med J Aust* 2005; 183; 284-5.
- 2 Davies G. Queensland Public Hospitals Commission of Inquiry. Report. Queensland Government, 2005. Available at: www.qphci.qld.gov.au/final_report.htm (accessed Jan 2007).
- 3 Forster P. Queensland Health Systems Review. Final report. Queensland Government, 2005. Available at: www.health.qld.gov.au/health_sys_review/final/default.asp (accessed Jan 2007).
- 4 Queensland Government. Action Plan — building a better health service for Queensland. 2005. Available at: www.health.qld.gov.au/publications/corporate/actionplan.pdf (accessed Jan 2007).
- 5 Reform and Development Division, Queensland Health. A new framework for clinical governance in Queensland Health. Discussion paper. 2006. Available at: <http://www.health.qld.gov.au/clinicalgov> (accessed Jan 2007).
- 6 Schein EH. Organizational culture and leadership, 3rd edition. San Francisco: Jossey Bass, 2004.
- 7 NHS Institute for Innovation and Improvement. NHS Leadership Qualities Framework. 2006. Available at: <http://www.nhsleadershipqualities.nhs.uk/> (accessed Jan 2007).

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