1.0 Purpose

Create integrated governance systems that maintain and improve the reliability and quality of patient care, as well as improve patient outcomes

2.0 Scope

All patients referred for endoscopy procedures.

3.0 References

National Safety and Quality Health Service Standards Accreditation Workbook (2017)

National Safety and Quality Health Service Standards Guide for Day Procedure Services (2017)

Improving health services through consumer participation: A resource guide for organisations (Aus)

South Australian - Health Care (Miscellaneous) Amendment Act 2016

4.0 Definitions

Australian Open Disclosure Framework: endorsed by health ministers in 2013, it provides a framework for health service organisations and clinicians to communicate openly with patients when health care does not go to plan.

business decision-making: decision-making regarding service planning and management for a health service organisation. It covers the purchase of building finishes, equipment and plant; program maintenance; workforce training for safe handling of equipment and plant; and all issues for which business decisions are taken that might affect the safety and wellbeing of patients, visitors and the workforce.

clinical governance: an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.

clinical leaders: clinicians with management or leadership roles in a health service organisation who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

clinician: a healthcare provider, trained as a health professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians,

scientists and other clinicians who provide health care, and students who provide health care under supervision.

contemporaneously (documenting information): recording of information in the healthcare record as soon as possible after the event that is being documented.

credentialing: the formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.

governance: the set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including patients and consumers). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In the NSQHS Standards, governance includes both corporate and clinical governance.

governing body: a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a health service organisation.

healthcare record: includes a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

health service organisation: a separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

incident (clinical): an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss.

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances. Jurisdictional requirements encompass a number of types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.

local community: the people living in a defined geographic region or from a specific group who receive services from a health service organisation.

mandatory: required by law or mandate in regulation, policy or other directive; compulsory.

multidisciplinary team: a team including clinicians from a multiple disciplines who work together to deliver comprehensive care that deals with as many of the patient's health and other needs as possible. The team may operate under one organisational umbrella or may be from several organisations brought together as a unique team. As a patient's condition changes, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient.55 Multidisciplinary care includes interdisciplinary care. (A discipline is a branch of knowledge within the health system.)

My Health Record (formerly known as a personally controlled electronic health record): the secure online summary of a consumer's health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency). Clinicians are able to share health clinical documents to a consumer's My Health Record, according to the consumer's access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies.

national patient identifier: a unique 16-digit number that is used to identify individuals who receive, or may receive, health care in the Australian healthcare system. Also known as an Individual Healthcare Identifier (IHI).

national provider identifier: a unique 16-digit number that is used to identify individual clinicians or organisations that deliver health care in the Australian healthcare setting. For individuals, it is also known as a Healthcare Provider Identifier – Individual (HPI-I); for organisations, it is also known as a Healthcare Provider Identifier – Organisation (HPI-O).

near miss: an incident or potential incident that was averted and did not cause harm, but had the potential to do so.

open disclosure: an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.

organisation-wide: intended for use throughout the health service organisation.

orientation: a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance

point of care: the time and location of an interaction between a patient and a clinician for the purpose of delivering care.

policy: a set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete a task or a set of tasks.

quality improvement: the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.63 Quality improvement activities may be undertaken in sequence, intermittently or continually.

regularly: occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the NSQHS Standards (2nd ed.), the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

responsibility and accountability for care: accountability includes the obligation to report and be answerable for consequences. Responsibility is the acknowledgement that a person has to take action that is appropriate to a patient's care needs and the health service organisation.

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences

risk management: the design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.

safety culture: a commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.

scope of clinical practice: the extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.

service context: the particular context in which care is delivered. Health service delivery occurs in many different ways, and the service context will depend on the organisation's function, size and organisation of care regarding service delivery mode, location and workforce.

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.

standard national terminologies: a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Healthcare providers around the world use specialised vocabulary to describe diseases, operations, clinical procedures, findings, treatments and medicines. In Australia, terminologies include SNOMED CT-AU and Australian Medicines Terminology.72 Standard national terminologies are also referred to as clinical terminologies.

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated objective. A system:

- Brings together risk management, governance and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.

training: the development of knowledge and skills

workforce: all people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation.

5.0 Management's Commitment

Safety and Quality is considered in all decisions by the Director and management.

There is a WGEC Aims and Objectives document that outlines the mission statement, organisational structure and scope of procedures performed which supports the WGH Vision.

There is an organisation chart with supporting position descriptions, Orientation Checklists, training records and supported by Performance Appraisals and ongoing education and training plan for all members of the workforce that clearly document responsibilities and accountabilities for the safety and quality of clinical care. Note that Agency personnel are not utilised.

A structured performance development system for clinicians and managers that incorporates a regular review of their engagement in safety and quality activities, including peer review and audit, supervision of the junior workforce, and goal-setting for future activities.

The Director and Director of Nursing are committed to ongoing safety and quality training and has a training matrix which outlines education sessions held internally as well as externally.

The Proceduralists fulfil all their CPD commitments with the GESA. Those who perform colonoscopies are either certified or working towards certification/recertification.

In accordance with the Australian Commission on Safety and Quality in Health Care, Colonoscopy Clinical Care Standard, West Gippsland Endoscopy Centre have implemented a system to monitor the Clinical Indicators below and provide this data to the Proceduralists as personal feedback.

- Caecal Intubation
- Adenoma Detection Rate
- Sessile Serated Polyp Detection Rate
- Inadequate Bowel Preparation

In addition to the above indicators, WGEC will also monitor individual Proceduralist's Perforation rate.

WGEC will also provide all Proceduralists with a copy of the Australian Commission on Safety and Quality in Health Care, Colonoscopy Clinical Care Standard, September 2018.

The Anaesthetists have all obtained certification through either the Joint Consultative Committee on Anaesthesia (JCCA) or The Australian and New Zealand College of Anaesthetists (ANZCA). Their compliance with safety and quality is monitored via the internal audit system as well as by exception via the incident reporting system and clinical indicators.

The majority of our Anaesthetists work for West Gippsland Hospital, - 5 out of 7. WGH head of Anaesthesia, Dr Bill Fraser has invited the two Doctors who do not work for WGH to join in the WGH Morbidity & Mortality Meeting to discuss WGEC anaesthetic issues.

Agreed clinical pathways for nurse led discharge (Modified PADS scoring system). In addition, clinical judgment from experts in their fields are used (eg. Specialists VMOs, experienced nurses). A Clinical pathway has been developed, using best practice guidelines including (but not limited to) ANZCA Professional Documents, GESA, ACORN standards, AS/NZS 4187 and ADSNA guidelines).

Preadmission process occurs at the consulting phase and is outlined in the Clinical Pathway. Informed financial and procedure consent is obtained and documented.

Rights and Responsibilities information (based on the National Charter of Healthcare Rights) is provided to patients at consultation.

The clinical record is paper based during the admission and scanned into the electronic patient management system.

There are Customer Feedback forms and Patient Experience Surveys available for patients to provide feedback, including complaints. Complaints are tracked via the IIIR system and followed up by the Director.

A formal open disclosure policy with supporting checklist has been developed.

Monitoring and reviewing performance

The Quality and Safety Committee is responsible for clinical governance and identifying and managing risk within the organisation. It is also responsible for reviewing reports and monitoring the organisation's safety and quality performance. They will regularly review the following:

- A selection of measures covering safety, clinical effectiveness, patient experience, access, and efficiency and appropriateness of care
- Trends in complaints from patients and the workforce, and action taken to resolve complaints
- Trends in reported adverse events, incidents and near misses, and actions taken
- Workforce surveys to monitor the organisational culture
- Risk ratings
- Compliance with best-practice pathways

- Comparisons with peer organisations, and state and territory or national performance data.
- Variation in Clinical practice
- Colonoscopy indicators

It will also be responsible for credentialing and scope of clinical practice for Visiting Medical Officers (VMOs) by:

- ensuring the identity of the applicant has been verified
- verifying that the practitioner has current, appropriate qualifications
- ensuring that the practitioner's knowledge and skills meet the requirements and capabilities of the health service
- ensuring that there are no personal, legal, or professional impediments to the practitioner undertaking the role
- formally reviewing previously credentialed practitioners at least every three years
- ensuring all VMO's are certified with WGH

Further information is available in the WGEC Committee Reporting Policy.

Risk Management

There is a Risk Register developed which covers all areas of the standards.

This will be reviewed at least on an annual basis to ensure that the controls in place are appropriate and effective.

As Incident, Issues and Improvement Requests are raised, the Risk Register will be reviewed to see if the incident was anticipated and if controls need to be reviewed.

Incident management systems and Open Disclosure

There is an Incident, Issue and Improvement Request (III R system) which includes a form that is used to collect (by exception) a range of data (by exception) that can be reported and reviewed and actioned by the appropriate personnel and committees. This includes:

- Patient and Staff complaints
- Incidents to patients, staff, visitors and contractors
- Actual and potential hazard/risk
- Clinical indicators including Clinical Variation
- NSQHSS data (including Falls, Pressure injuries, Hospital acquired infections)
- Equipment problems
- Adverse Drug reactions
- Suggestion for improvements
- Audit findings (non-conformances)
- Request for Professional Development

In addition, there is an Open Disclosure policy with supporting checklist which is based on the principles of Open Disclosure as defined by the Australian Open Disclosure Framework. Note that this would be led by the relevant proceduralist.

Feedback and complaints management

Patients are able to complain formally or informally about any aspect of their care at WGEC without adverse outcome. All complaints are logged via the Issues, Incidents and Improvement Request (III R) system. (refer III R System policy).

Feedback is obtained by a number of ways including (but not limited to)

- Patient Experience Surveys
- Patient feedback for patient publications
- Consumer Interviews
- Informal discussions with the staff/clinicians
- Emails/letters
- Phone calls

Diversity and high-risk groups

WGEC is committed to identify the groups of patients using the health service who have an increased risk of harm and will implement strategies to proactively manage these risks. This involves:

- Analysing relevant data to identify the key risks faced by different demographic groups
- Conducting a risk assessment for groups of patients, procedures or locations of treatments that are known to be high risk

Risk Assessments are conducted to identify if there are specific risks associated with particular types of patients and are committed to monitor the health outcomes for at-risk patient groups and the actions taken to manage the risks.

All patients are to be given the opportunity to state if they identify as Aboriginal, Torres Strait Islander or both on admission to the centre. No staff member can assume who is Aboriginal or Torres Strait Islander by their appearance alone.

WGEC staff will be provided with education and resources on the specific cultural needs of Aboriginal and Torres Strait Islander people to improve care management and planning.

Clinical performance and effectiveness

Management are committed to ensure that the care they support continuous improvement, and to identify and manage clinicians whose performance does not meet appropriate standards. Credentialing, clinical audit, performance review, education and training, compliance with acceptable clinical guidelines, and evaluating variation in practice can all assist in the provision of safe, high-quality services.

There is formal recruitment process to confirm and assess a clinician's (employed or contracted personnel) qualifications, experience, professional standing and other relevant professional attributes. These include recruitment processes, registration checks, peer review, oversight and supervision, and competency assessment (where appropriate). For some clinicians,

There is also a credentialing process for VMOs which is a formal process that meets the requirements of this standard. Ongoing monitoring occurs via the performance appraisal process, peer review, training and development program (driven by the training needs analysis process), internal audit system and by exception via the III R system.

Safe environment for the delivery of care

WGEC is licensed with DHHS, Victoria and meets all applicable legislation, building codes, and workplace health and safety issues.

Document Control and Record Management (both paper based and electronic) is in place.

Compliance with this is monitored via the Internal Audit system and III R by exception.

Supporting documents and records

- Policies and Procedures
- Risk Register
- III R System (register and forms)
- Internal Audit Schedule
- Internal Audit reports
- Training Records
- VMO files
- Medical records
- Safety and Quality meeting minutes