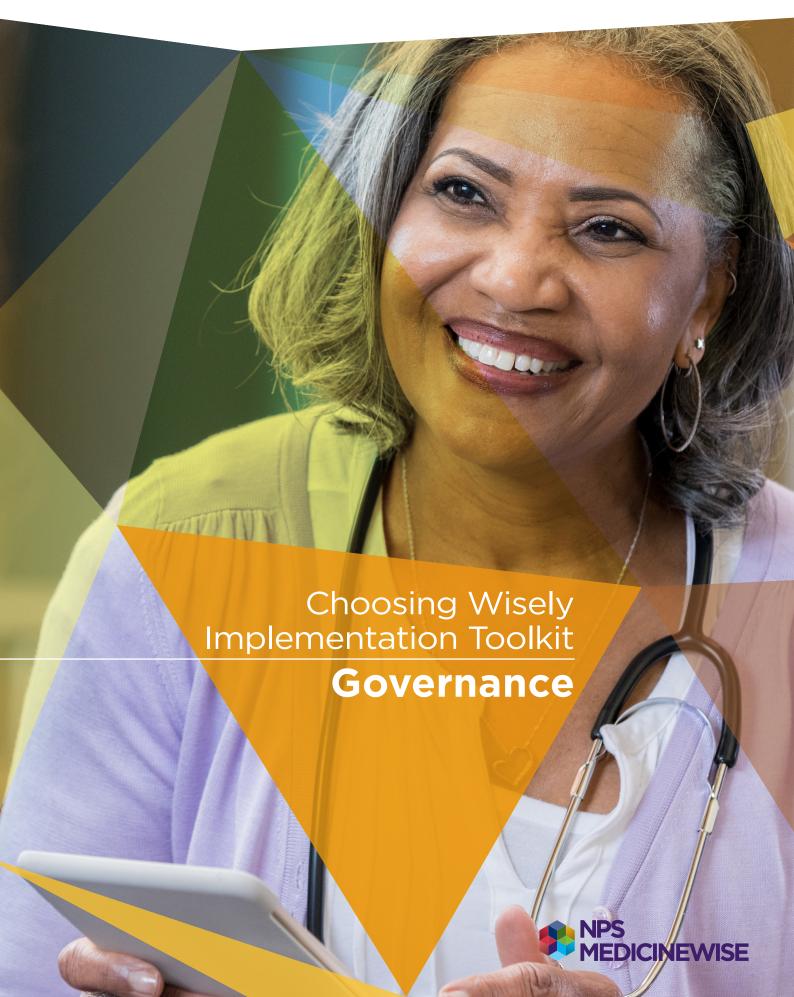


BETTER CARE VICTORIA

An initiative of NPS MedicineWise







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GOVERNANCE

St Vincent's Hospital Melbourne - What they did

One of the first things implemented by the St Vincent's Hospital Melbourne Choosing Wisely Collaborative Project was adopting the hospital's existing governance structure for large improvement projects requiring executive sponsorship.

Clare Hammer, continuous improvement coach at St Vincent's Hospital Melbourne, says they knew decisions needed to be made from the start about who needed to be involved and what their responsibilities were to avoid pitfalls and maximise success.

Two key governance structures set up for the project, whose aims included reducing unnecessary tests such as routine chest x-rays and clinical monitoring of 'ward-ready' patients in the department of critical care medicine (DCCM), were the project working group and steering committee.

The project working group, "which included clinicians and managers working at the coalface, met regularly to discuss the finer details of the project and make the decisions that would affect frontline staff," says Ms Hammer.

"Meeting frequently helped to foster collaboration between the members of the group, which has been important for achieving successful outcomes," she says.

Executive huddles

A more informal approach was adopted by the project's steering committee, which included the project working group, general managers and executive, compared to a traditional steering committee at St Vincent's Hospital Melbourne.

"The aim of being more informal was to encourage greater collaboration, similar to the project working group, and enable participants to feel comfortable to ask questions and make contributions to the project," says Ms Hammer.

"This model also supported the clinicians to own and lead the changes they were working on," she says.

As a result, the steering committee monthly meetings were called 'executive huddles', with everyone attending standing gathered around the project board displayed in the intensive care unit (ICU) handover room.

"The invitation list was broad, and not only management, to ensure greater engagement across the hospital. Anyone with an interest in the project was invited and/or encouraged to attend, including those affected by the changes upstream and downstream," says Ms Hammer.

"For example, we invited the emergency department director, as one of the potential benefits of reducing the number of routine chest x-rays ordered by the DCCM would be to give them greater access to the mobile radiographer in the morning between 5 and 7," she says.

What is governance?

Governance is a means of providing project oversight in line with the existing organisational governance models. It involves relationships, responsibilities and processes that come together to ensure a project is monitored and undertaken within an established structure.

In simple terms, this means 'Who does what'.

'Who' includes:1

- executive/management
- workforce clinical, medical records administration, data analysts and more
- patients and consumers.

'What' involves the:

relationships and interactions between the individual people and groups participating in your project, who each have a specific set of responsibilities.

Governance may sound overwhelming or over-engineered. But being clear about who will do what at various levels and points of your project means the right hand will know what the left hand is doing.

Why is governance important?

Good governance ensures you involve the right people at the right time to make your project as successful as possible.

Once the right people have been identified, it ensures that everyone involved is clear about 'who does what' to avoid negative impacts and ensure positive impacts.

Negative impacts include: miscommunication, doubling up on work, conflict between project members, and poor design and implementation of interventions - and ultimately, less than optimal success for your project and, in the worst-case scenario, greater harm to your patients.

Positive impacts are based around achieving key principles including:²

- transparency
 - The roles and responsibilities of each person or group involved in the project are clearly defined, agreed to and documented.
 - Decisions are documented, and minutes and reports of decisions are circulated among team members and stakeholders involved in delivery.

- accountability
 - There is a shared understanding of where the overall responsibility lies, with defined reporting and review arrangements.
- efficiency
 - Processes are designed with efficiency in mind processes that require duplication of effort are minimised and there is a focus on achieving results.
- responsiveness
 - Arrangements facilitate fast and proactive management and escalation of issues, risks and disputes to the right person or body for resolution.
 - Arrangements are reviewed regularly and can be adapted as the project moves through the three stages: set up, deliver and sustain.
- leadership
 - Executives, managers and leads agree on a clear outcome for the project and demonstrate a shared commitment to the governance arrangements.

When to establish governance?



- Establishing a governance structure for your project begins at the start of the set up stage.
- Governance arrangements then continue during the remainder of the set up stage, and throughout the deliver and sustain stages.

What to do

Set up

The good news is you usually don't have to re-invent the wheel for your project.

It's expected that there are already existing governance requirements for quality improvement in your health service. But if there aren't, governance is a straightforward process that can be managed using the content in this toolkit.

Your governing body ensures that there is a level of hierarchy for:

- e authority for decision making
- responsibility for the delivery of the project
- e risk mitigation.

It is critical to identify the right stakeholders for effective project governance. The choice of positions/roles will depend on the requirements of your project (i.e not every project needs the same positions/roles). The following sections are examples of who can be involved in the governance of your project.

Individuals

The following are positions/roles and their responsibilities that may be used for Choosing Wisely projects.

Individual positions / roles	Responsibilities
Project officer / lead / manager / coordinator	Person from the quality improvement unit or employed especially for the project. Responsible for delivering the project on time, within budget and to quality, together with the Clinical / Medical Lead, and ensuring risk is managed and issues are resolved.
Clinical / Medical lead	Person, usually a doctor, nurse or allied health professional who is a subject matter expert. Responsible for delivering the project in line with clinical practice standards in conjunction with the Project officer / lead / manager / coordinator. Responsible for providing feedback on proposed solutions in areas of expertise to support the Project officer in delivering project outcomes.
Champion/s	Person, usually a doctor, nurse or allied health professional who is important to engage so that they can promote and explain the project and set a positive example for colleagues to successfully deliver the project and sustain changes that have been achieved. There can be more than one champion for a project.
Owner	Usually the manager of the Clinical / Medical lead such as Nurse unit manager (NUM) or Clinical team leader. Responsible for providing strategic input, supporting Clinical / Medical lead and the Clinical team.

Individual positions / roles	Responsibilities
Sponsor	Usually one management level up from the Owner.
	Key link between the executive and project to ensure support and advocacy, as well as alignment with organisational priorities.
	Responsible for primary organisational accountability for ensuring that the project is signed off and delivered.
Consumer/patient representative	Responsible for providing valuable perspectives for health services to consider when delivering care or changing how care is delivered.
	Helps the health service to incorporate consumer and community input into operations and planning.
	Helps test feedback on processes that can help improve clinical care quality.
	Responsible for providing a lived-experience of the health services to help drive quality of care.

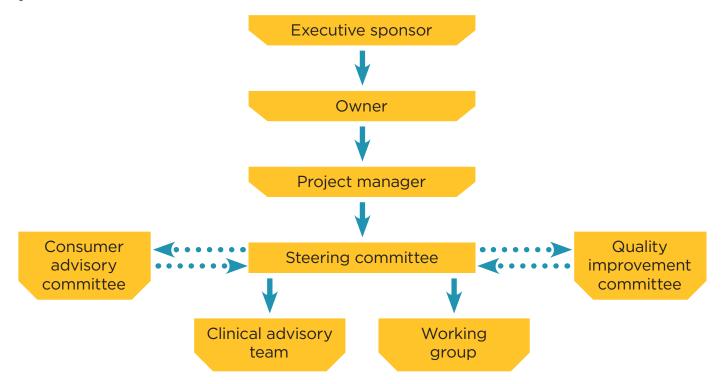
Groups

The following are groups and their members, and their responsibilities that may be used for Choosing Wisely projects.

Groups	Members	Responsibilities
Project working group / team	Owner Clinical / Medical lead Project officer / lead / manager / coordinator	Manages day to day tasks and decisions. Develops and ensures implementation of project interventions and activities. Develops and ensures implementation of project evaluation. Identifies and escalates risk to the Steering committee.
Clinical / advisory team	Hospital unit(s) representatives Quality improvement representative Consumer/patient representative Subject matter expert	Has responsibility for delivering / embedding the project outcome. Provides clinical governance for the implementation of the project. Highlights and monitors clinical risks. Develops methods and materials for interventions and activities. Delivers project on time and in scope. Monitors project evaluation. Plans and develops further Choosing Wisely projects.

Groups	Members	Responsibilities
Team	All staff with an involvement in or connection to the project including: > clinical > support > consumer/patient.	Provides different points of view into the problem and the solutions beyond the project working group. Provides specialist input as required.
Steering committee Quality improvement committee	Executive representative (eg Sponsor) Sponsor Divisional/ specialty unit representative (eg ambulatory care/surgical unit) Clinical group representative (eg nurse practitioner) Medical administration representative Quality improvement representative Consumer/patient representative Executive representative Divisional/ specialty unit representative (eg ambulatory care/surgical unit)	Provides overall project governance and monitoring during set up and delivery stages. Makes decisions and provides accountability for those decisions. Identifies barriers and enablers. Delivers of project on time and in scope. Manages relationship between the hospital/health service. Plans and develops further Choosing Wisely projects. Provides overall project governance and monitoring during sustain stage, as part of remit to oversee key areas including quality improvement, safety and timely care.
Clinical group (eg nurse pra Medical adm representativ Quality impra representativ	Clinical group representative (eg nurse practitioner) Medical administration representative Quality improvement representative Consumer/patient representative	
Consumer advisory committee	Consumer representatives Hospital representative Project representative	Enables extensive consumer input, feedback and communication across the health services and project committees. Helps health services to appropriately incorporate feedback from patients and communities into projects. Helps to identify future Choosing Wisely initiatives for implementation.

The diagram below is an example of a potential governance structure you can use within your health service.





Planning for governance sustainability

Keep in mind that people in positions/roles and groups may leave your health service. So it may be prudent during the set up stage to build in redundancy. For example, having multiple representatives for a designated position/role (eg two pharmacists) sit on the steering committee in case of staff turnover or if someone misses a meeting.

Deliver

The positions/roles and groups established at the start of the set up stage usually stay consistent through to the end of the deliver stage.

However, at the same time, the members of the groups may change to more appropriately suit the project's needs during the deliver stage. For example, data experts in the hospital may be required during the set up stage to establish infrastructure, however may no longer be needed during the deliver stage.

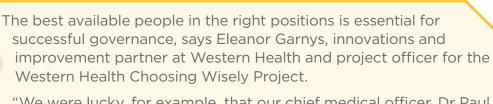
Sustain

For sustaining the objectives of your project's specific clinical problem, some positions/ roles may not need to continue on, such as a project officer. However, others such as the clinical lead may have an ongoing responsibility to monitor any positive outcomes of your project and help ensure they aren't reversed. A group, such as your project's steering committee, may also still be needed to continue governance.

To sustain the Choosing Wisely initiative in general after your project's funding has run out and enable your health service to address additional clinical problems, some positions/roles and groups will need to continue on, such as the sponsor and steering committee. These roles are important as they have responsibility and ownership of the initiative at your organisation.

Options to support sustainability can be to integrate the work into an existing committee in your health service, such as committees sitting under the quality improvement unit. This group will need to be responsible for ongoing oversight on what happens with any positive outcomes achieved and making proposals for additional work to tackle a clinical problem. Also, lessons learned about governance from your Choosing Wisely project, may be passed on and utilised by subsequent projects.

Western Health - What they did



"We were lucky, for example, that our chief medical officer, Dr Paul Eleftheriou, who had previous experience with another Choosing Wisely project at Austin Health, could be appointed as chair of our steering committee and also executive sponsor," she says.

"Dr Eleftheriou understood many of the barriers and challenges, and how to help overcome them during the project. Our aim was to improve medical imaging requesting information and justification across all hospital units and thus support Choosing Wisely Australia recommendations. Dr Eleftheriou helped the steering committee members develop useful advice that was provided to the project's clinical working group."

Certainly while it's recommended for Choosing Wisely projects to follow their health service's existing governance requirements, there can be times when a project will need to make decisions on its own about positions, structures and responsibilities.

"One major decision we're facing is whether the steering committee will continue oversight during the sustain stage or should our health service Right Care Committee, a domain committee supporting best care at Western Health should take on the further advancement of Choosing Wisely at Western Health," says Ms Garnys.

"The core aim of the Right Care Committee is to ensure the provision of appropriate, equitable and effective care for each person. This overarching philosophy of right care aligns with the ideology of the Choosing Wisely movement," she says.

"Our decision will most likely depend on how successful the outcomes are after we complete our evaluation. If the outcomes are less successful, we may need the steering committee to continue to provide its expertise, while a more successful outcome may allow the Right Care Committee to take its place."

Tools and Resources

Templates

- <u>Better Care Victoria Organisational Readiness Assessment Template</u> You can use this template to assess whether your health service is ready to implement Choosing Wisely initiatives, particularly section 2. Policy and Process, for governance
- Steering committee terms of reference Developed by Austin Health.

Example

Steering committee and Clinical working group Developed by Western Health

Further information

Governance for Safety and Quality in Health Service Organisations Standard 1 – Australian Commission on Safety and Quality in Healthcare (ACSQHC)

<u>General practice management toolkit; Clinical governance - Module 12 -</u> Royal Australian College of General Practitioners (RACGP)

References

- 1. Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC, 2017. https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Model-Clinical-Governance-Framework.pdf (accessed 18 January 2019).
- Department of the Prime Minister and Cabinet. 2 Governance. Cabinet Implementation Unit Toolkit. Canberra: Australian Government, 2013. https://www.pmc.gov.au/sites/default/files/files/pmc/implementation-toolkit-2-governance.pdf (accessed 18 January 2019).

Level 7/418A Elizabeth Street Surry Hills NSW 2010 PO Box 1147 Strawberry Hills NSW 2012 20 8217 8700 2 02 9211 7578 info@nps.org.au



