

<b>KEILOR PRIVATE</b>		
<b>MANUAL</b>	ORGANISATIONAL	
<b>SECTION:</b>	CORPORATE	
<b>TITLE:</b>	CLINICAL GOVERNANCE FRAMEWORK	
<b>Policy Number:</b> OM-CO-0033	<b>Version Number:</b> 3	
<b>Effective Date:</b> November 2024	<b>Date of next Review:</b> Nov 2027	

### Aim

The purpose of this policy is to ensure the provision of safe and high quality health care for patients, consumers, staff and Visiting Medical Officers by establishing clear and effective clinical and corporate governance frameworks at Keilor Private.

### Scope

This policy is relevant to all staff employed by Gastro West Pty Ltd, our contractors and visiting medical officers.

### Definitions

**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 the Directors, are 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 (Australian Commission on Safety and Quality in Healthcare [ACSQHC], 2021).

**Corporate governance:** encompasses the establishment of systems and processes that shape, enable and oversee management of an organisation. It is the activity undertaken by a governing body (MAC, CEO, and Leadership team) to formulate strategy, set policy, delegate responsibility, oversee management, and ensuring that appropriate risk management and accountability arrangements are in place throughout the organisation (ACSQHC, 2017).

**Clinical Governance Framework:** provides the components and necessary structure to enable an organisation to develop and implement their own governance systems, considering local needs, values and the context in which services are provided. It is based on the National Safety and Quality Health Service Standards (2021), in particular Clinical Governance and Partnering with Consumers Standards (ACSQHC, 2017).

### Background – the ‘National Model Clinical Governance Framework’

Good clinical governance provides confidence to the community and everyone who works in a health service organisation that systems are in place to support the delivery of safe, high-quality health care. Within a well-governed healthcare organisation, everyone, including frontline clinicians, managers and the governing body, is accountable for their contribution to the safety and quality of care delivered to patients (ACSQHC, 2017).

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These roles are as follows:

1. **Patients and consumers** participate as partners to the extent that they choose. These partnerships can be in their own care, and in organisational design and governance.
2. **Clinicians** work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care. Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the Clinical Governance Framework.
3. **Managers** (including clinical managers) advise and inform the governing body and operate the organisation within the strategic and policy parameters endorsed by the governing body. They are primarily responsible for ensuring that the systems that support the delivery of care are well designed and perform well.
4. **The governing body** is ultimately responsible for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement

In addition to these roles, state and territory departments of health, professional bodies, and Australian or International standards, provide centralised and coordinated oversight of the performance of health service organisations, and create a common set of safety metrics that report meaningful safety and quality outcomes. Implementation of an organisation’s clinical governance system involves contributions by individuals and teams at all levels of the organisation.

The Clinical Governance Framework has five components:

1. Governance, leadership and culture;
2. Patient safety and quality improvement systems;
3. Clinical performance and effectiveness;
4. Safe environment for the delivery of care; and
5. Partnering with consumers.



Source: ACSQHC, 2017

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## 1. Governance, leadership and culture

Keilor Private is committed to delivering safe, high quality care by working in partnership with our patients, consumers, staff and key stakeholders to ensure a positive experience for all. This is achieved in part through governance structures, clinical leadership, and fostering a culture that encourages feedback and continual change. Some aspects of clinical governance, leadership and culture include, but not limited to:

- Clear reporting lines, accountability, and feedback mechanisms (see appendix 1 and 2).
- Clinical and corporate governance overseen by MAB, CEO and DON.
- Medical and nursing input on clinical practices as evidenced by endorsed policies and procedures by the Medical Advisory Committee.
- Administrative input on systems, paperwork and admin tasks and responsibilities.
- Clinical and corporate leadership as demonstrated by membership within the Quality Committee.
- KP seeks staff, VMO, and consumer input through team meetings and/or reporting structures.
- A focus on safe patient-centred care through maintaining contemporary practices, policies and procedures in line with industry regulators, research, and feedback systems.
- Incident reporting system that supports identification, notification and investigation of all clinical incidents, risks and near misses.
- Credentialing processes that incorporate registration checks and scope of practice review.
- Clinical and corporate governance planners to regularly audit key performance indicators, variance from same, and reporting lines to governing bodies to enact change and drive quality improvements.

In all levels of clinical and corporate governance, consideration of the patient and consumer are integral to everything Keilor Private plans for and how we provide care. This includes consideration of Aboriginal and Torres Strait Islander people, and aligns with our Policy on Diversity, Inclusivity, Equality and Antidiscrimination (OM-CO-0040)

## 2. Patient safety and quality improvement systems

At Keilor Private, safety and quality systems are integrated within governance processes to actively manage and improve the safety and quality of health care for patients, consumers, staff, and VMOs. This includes, but not limited to:

- Up to date policies and procedures that reflect contemporary practices.
- Use of clinical documentation, practices, and guidelines that align with the ACSQHC National Standards, Gastroenterological Society of Australia (GESA), Gastroenterological Nurses College of Australia (GENCA), Australian and New Zealand College of Anaesthetists (ANZCA), Safer Care Victoria, Departments of Health (Victoria and Federal), National Privacy Principles and Information Privacy Principles, and any other relevant body that has an impact on patient care, safety, and quality.
- Consultation and commissioning with external contractors to audit compliance against industry standards such as QPS Benchmarking, Steam Consulting, Vibe ICT, Service Industry Advisory Group (SIAG), Day Hospitals Australia (DHA), and Global Mark who assess Keilor Private against the Commissions' standards for accreditation purposes.

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- A complaints officer (CEO) is available to patients. KP offers multiple feedback pathways so that compliments and complaints can be received, investigated, improves systems, and provides feedback to all concerned on changes and/or improvements.
- A culture of encouraging staff, VMOs, patients, and consumers to submit incidents, risks, and/or near misses which are reviewed by the clinical leadership team, Quality Committee, and MAB. This includes fostering an evolving environment to learn from error and continuously improve the quality and safety of our care.
- Use of open disclosure framework and transparent partnerships with consumers to support safe, high quality healthcare.
- Quality Committee and Medical Advisory Board that review clinical and corporate indicators of performance, incidents, maintenance tasks, occupational health and safety matters, and other quality indicators.
- Transparency of information through the availability of key performance indicators assessed quarterly in the QPS audits and reporting system.
- Active partnerships with patients, consumers, and medical practitioners in the community. This includes but not limited to verbal discussion with the patient about their illness and procedure outcome, as well as documented reports which are shared with their medical specialist.

### 3. Clinical performance and effectiveness

At Keilor Private, we ensure that our workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients. This is demonstrated through:

- Comprehensive Credentialing processes that are overseen by the MAB.
- Building workforce capability through contribution to work practices to foster quality care, including competency based education and training for all staff.
- Clinical leadership
- Evidence based care
- Variation in clinical practice and health outcomes. A focus on patient-centred care
- Transparency and accountability
- Collaboration and partnerships
- Evidence-based decision-making
- Effective risk management and mitigation strategies
- Accountability
- Clinical and incident data is regularly reviewed to identify and manage risk, monitor safety, and compliance to clinical best practices.

### 4. Safe environment for the delivery of care

At Keilor Private, we promote an environment of safe and high-quality health care for patients through the coordination and involvement in planning and development of health service activities that meet Keilor Private’s mission of being leaders in digestive health and

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are committed to delivering outstanding patient care from consultation through to surgery and recovery. This is demonstrated, but not limited to:

- Multiple pathways for patients and consumers to provide feedback about their experience of the environment; this includes regular patient experience surveys benchmarked by QPS.
- Frequent clinical audits as specified by clinical governance planners, QPS audit tools, and/or external consultants that engage with KP.
- A structured quality improvement system of continual introspection, planning, evidence gathering, and enacting. This is done through the lens of clinical and corporate governance whereby accountability and leadership are both internally and externally focussed, with patients, consumers, staff and VMOs all considered in how we implement and execute strategy and policies.
- Providing nursing staff with education and continuing professional development opportunities to ensure contemporary, safe, high quality healthcare practices.
- An incident reporting system that supports all users of Keilor Private to report to management and the MAB of any situation that needs corrective and preventative maintenance.
- Regularly updated risk register that tracks known or potential threats to KP patients, staff, consumers, VMOs and the organisation.
- Communication channels supported by the organisation and meeting structures whereby engagement with clinicians, administrative staff, patients, consumer representative, and/or any individual is supported to improve Keilor Private’s patient care and safety.
- Appropriate allocation of resources to ensure that the environment supports safe, high quality care.

## 5. Partnering with consumers

At Keilor Private, our systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation. This includes but not limited to:

- Providing patients with choices of healthcare provider, options of costs, charter of health care rights, privacy policy, and / or any other relevant policy the patient may ask to assist in providing high quality, safe healthcare.
- A suite of admission policies that detail what safe care looks like at Keilor Private; from preadmission, exclusion criteria, admission and discharge policies, and more.
- Actively involve patients in their healthcare planning and goals of care through consultation and participation with staff and clinicians.
- Providing consumers with opportunities to have input on aspects of our service.
- Provision of high quality, easy to understand information that considers a patients or consumers health literacy and how their care is provided by KP in and around our procedures, how to prepare for them, and how to escalate care at any time.
- Multiple ways for patients and consumers to provide feedback and/or complaints about their care and overall experience at Keilor Private through use of written forms, email, phone, web site, and in person discussion.

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- Review of patient experience surveys and/or feedback forms to formulate improvements to healthcare and Keilor Privates’ environment.
- Distribution of patient and consumer feedback to staff and VMOs so that they can understand how their care impacts outcomes.

**Roles and responsibilities**

To meet patient, consumer, staff, VMO and external contractor requirements, various individuals and governance structures are in place at Keilor Private to ensure safe, high quality care. As seen in appendix 2, “Committee/meeting and reporting Structure”, the following individuals have various role and responsibilities as key members of Keilor Private. For more information about committee function, frequency of meetings, and so forth, see policy “(OM-CO-0014) Terms of Reference”.

**Directors**

Dr Simon Zanati  
 Dr Geeta Srivatsa  
 Dr Dileep Mangira  
 Dr Tim Papaluca  
 Dr Julien Schulberg

**Anaesthetic Representative**

Dr Janette Wright

**Timeframe for review**

Every year from approval date or when evaluation indicates that significant non-compliance exists.

**Supporting documents/Documents of interest**

OM–CO-0003 By Laws  
 OM-CO-0022 Credentialing of Nurses  
 OM-CO-0002 Code of Conduct  
 OM-CO-0004 Duty Statements  
 OM-CO-0029 Scope of Practice for new service procedure, technology  
 OM-CO-0027 Partnering with consumers  
 OM-CO-0028 Consumer Interview Process  
 OM-CO-0040 Diversity, Inclusivity, Equality and Antidiscrimination

Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021. Available:

[https://www.safetyandquality.gov.au/sites/default/files/2021-05/national\\_safety\\_and\\_quality\\_health\\_service\\_nsqhs\\_standards\\_second\\_edition\\_-\\_updated\\_may\\_2021.pdf](https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf)

Clinical Governance for Doctors – ACSQHC fact sheet. Available:

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/clinical-governance-doctors>

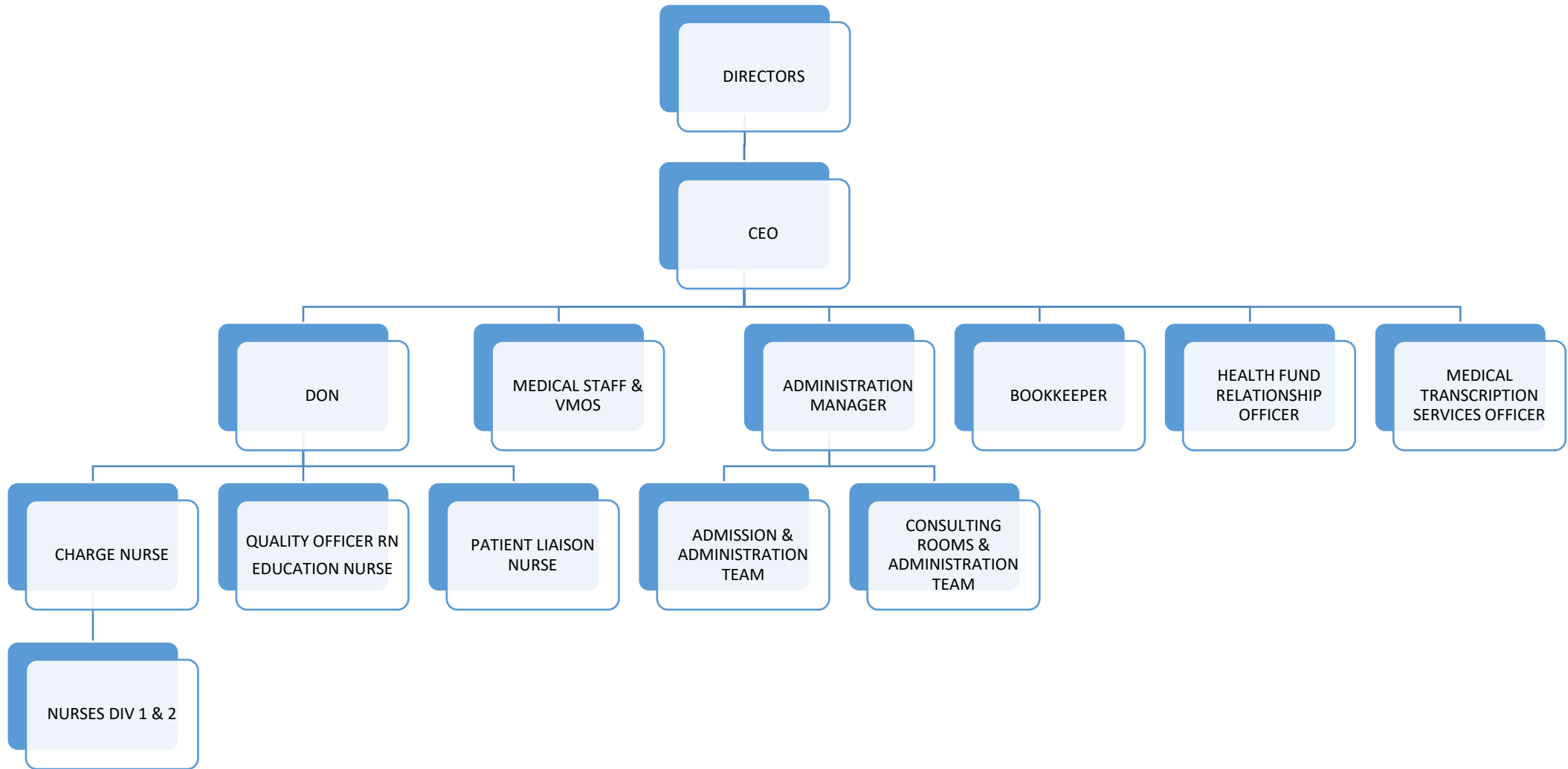
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Clinical Governance for manager and clinician managers - ACSQHC fact sheet. Available:  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/clinical-governance-managers-and-clinician-managers>

Clinical Governance for Nurses and Midwives - ACSQHC fact sheet. Available:  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/clinical-governance-nurses-and-midwives>

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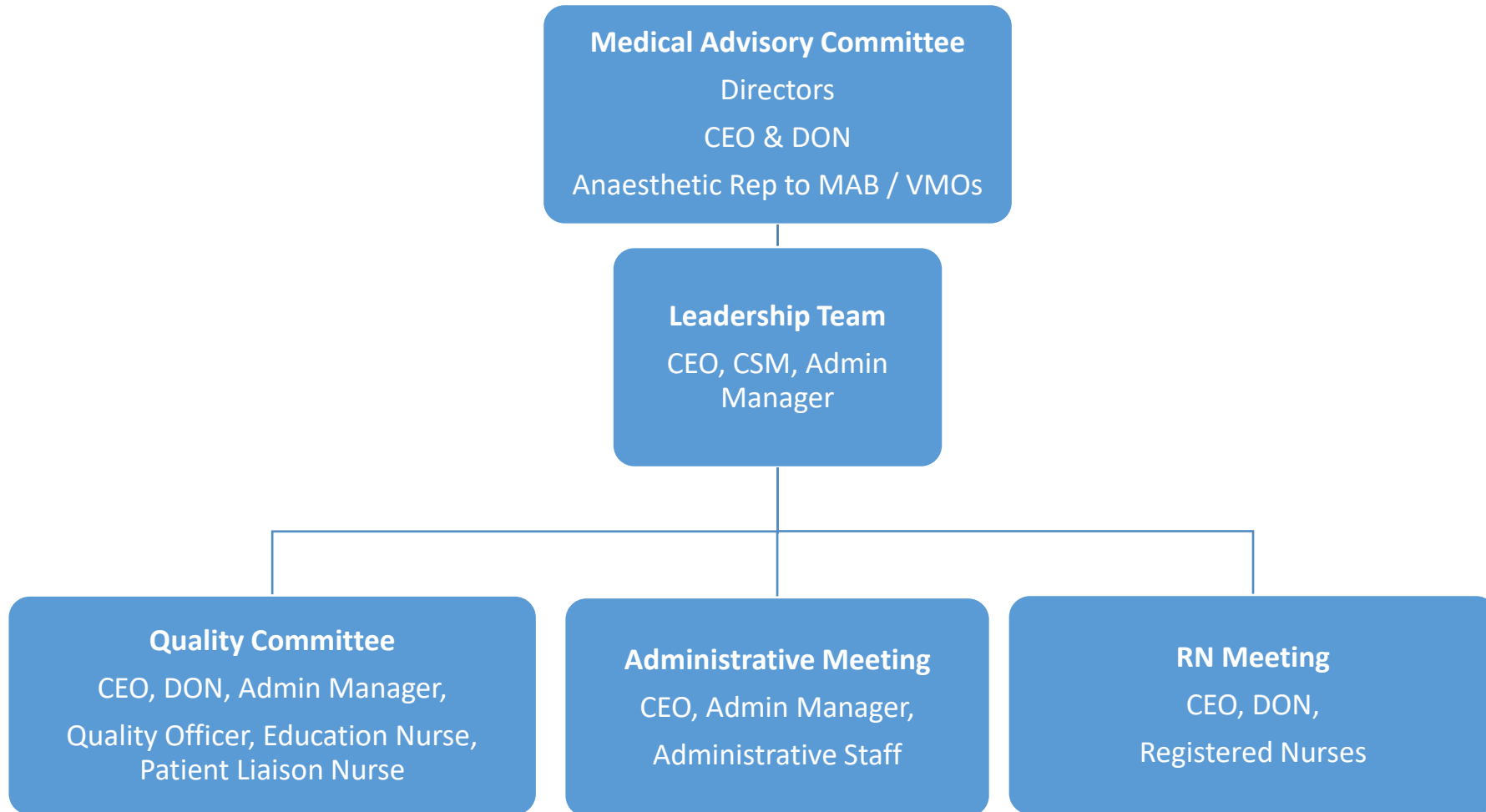
## Appendix 1: Organisation Structure



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## Appendix 2: Committee and reporting Structure



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