



Background Information:

Clinical Governance Improvement

WHAT IS CLINICAL GOVERNANCE?

Clinical governance (CG) is defined by the [Health Standards Organization](#) as all of the mechanisms used to set and hold accountability for clinical decisions. In practice it includes all of the processes and structures that enable shared decision-making across disciplines and departments in support of person-centred care. This includes things such as clinical policy, standards, innovation and clinical service plans. It also includes the processes for monitoring performance and auditing.

WHAT ARE WE TRYING TO ACHIEVE?

Ultimately this work is about how we define and improve quality and health outcomes. One of the ways this occurs is through effective structures that enable people from different disciplines and communities to come together in well defined processes with the information and supports they need. The current system is not working, and needs more than “tweaks” to support staff and medical staff to provide the best possible quality of care. The goal is not perfection, but a commitment to continuous improvement.

Where we are now...

- A complex structure of 200+ committees with unclear mandates, reporting relationships and escalation pathways
- An inconsistent and diffused approach to the management of quality with variably aligned operational structures
- Unclear oversight for clinical governance with disjointed planning across programs/services
- A siloed, service-level approach to clinical services planning with inconsistent decision-making and prioritization of patient/client/resident needs
- Variable processes for performance improvement and audit, typically driven by external targets rather than internal metrics
- Inconsistent engagement of clinical disciplines and the person/family/community voice

Where we want to be...

- A simple, intuitive structure with clear accountabilities, standard approaches to decision making and effective use of people’s time
- A service-level approach to quality and operations with distinct structures for each, consisting of unique membership, regional representation and regular bi-directional communication
- A system-level structure to provide oversight for all services, key clinical governance functions and cross-continuum planning
- Clinical services planning that is driven by population needs, health equity and improved health outcomes
- A comprehensive strategy for performance improvement, including audit, enabled by regular planning and reporting to ELT and the Board of Directors
- A standardized approach and expectation for meaningful engagement decision making with the inclusion of the person/family/community voice and interdisciplinary voice at all stages

WHY ARE WE MAKING THESE CHANGES NOW?

We have heard from direct care providers and leaders across Island Health that the current clinical governance (CG) model is difficult to navigate, does not involve the right individuals in the right decisions, and lacks clear accountability in the development and implementation of change initiatives. During our COVID response we learned how much we could accomplish when we had strong decision making structures. This led to an international review of leading practices in clinical governance, and internal engagement with many of our existing committees to design a path forward.



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The Journey So Far

- 2021 Staff and medical staff share their frustrations with decision-making around things like policy and best practice
- 2022 Review decision-making structures and processes

Engagement with staff, medical staff & patient partners

Review global best practice
- 15 improvement recommendations are approved
- 2023 Detailed design of new governance model
- April** Recruit members for regional committees & transition from previous structures
- Design local quality and operations committees
- Begin a Clinical Services Plan
- 2024-25 Optimization & Sustainment

HOW ARE CHANGES BEING PRIORITIZED?

In 2022 Island Health approved 15 recommendations to improve our clinical governance. They focus on areas like shared decision-making and accountability, leadership, continuous improvement and being people-centred. Six recommendations were prioritized:

- Implement an evidence-based clinical governance model
- Reconfigure current structures
- Establish a standardized approach to integrating patient and community voices into decision-making
- Adopt an organization-wide decision-making framework
- Establish an Island Health-wide structure that is accountable for the oversight of cross-continuum and system-level functions
- Develop a new clinical services plan

Recommendations were informed by input from Island Health Staff, Medical Staff, patient partners, organizational strategic priorities and examples of best practice

**Find details about all recommendations on the Island Health Intranet*

CAN POINT-OF-CARE STAFF & PATIENTS BE INVOLVED?

Yes – point-of-care staff and patients are in the best position to know where the opportunities are to improve quality. From mid-April to mid-May point-of-care staff, along with clinical leaders, medical staff leaders and patient partners will be invited to participate in new committees that will be part of C.A.R.E. Networks – regional structures that will be responsible for defining, monitoring and enabling quality of care for 13 large service categories, including: Critical Care; Diagnostic Imaging; Emergency; Home and Community Care; Laboratory Medicine; Long-term Care; Medicine; Mental Health and Substance Use; Pediatrics; Perinatal; Newborn and Women’s Health; Primary Care, Rehabilitative / Restorative Care and Surgery. Starting soon watch your email and the Intranet for more information about the Expression of Interest process for new committee members.

HOW DO LEADERS SUPPORT THEIR STAFF TO PARTICIPATE?

Leaders will play an important role in ensuring that new C.A.R.E. Network committees, and other future governance tables, are multi-disciplinary and reflect our diverse communities. Discuss this opportunity in your team meetings, share the Clinical Governance website, and express in your own words what this opportunity could mean for your team or your peers. More information about the Expression of Interest, including membership criteria and the selection process, will be shared online and via email before April 19. See the [clinical governance website](#) for more information.