

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Providers in the community setting on the requirements to proactively manage clinical risks through the development of a Clinical Governance Framework. It aims to ensure that there are systems in place within service organisations to maintain and improve reliability, Client safety and quality service support.
- Clients can have complex technical care needs, multiple co-morbidities and primary diagnoses impacting on all aspects of daily life and their wellbeing. This also includes Clients who are taking medications with significant potential adverse effects.
- Providers ensure staff are Identifying and managing potential clinical risks by assessing, monitoring and implementing strategies which will help to reduce the impact of high prevalent known associated risk.
- Define the concept of clinical governance and of clinical risk management.
- Outline the basic elements of clinical governance.
- Establish an organisational framework and define the responsibilities of various committees and organisational entities for the numerous elements of clinical governance.

DESIRED OUTCOME

- Effective clinical governance and operational management systems are in place for Clients to access support relevant (proportionate) to the size, scope and complexity of supports delivered by the service provider.
- Support needs are met by the Provider using adequate systems, processes, structures, resources, procedures and reporting system.
- Self-Performance Measurement Indicators are in place for their evaluation of the support needs of Clients based on each individual goals and assessed dignity of risk.
Service Providers are informed, guided and assisted in making decisions about the support needs of each Client.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, customer or person receiving the care or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a Registered Nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

Clinical governance is defined as a systematic and integrated approach by which the overall care management system involves the full range of health professionals with expertise in the care of our clients. The system ensures all staff share clinical responsibility and accountability for the quality of care, continuously improving quality and safety, minimising risks, and fostering an environment of excellence in care for clients. Effective clinical governance at all levels of the care management system is essential to ensure continuous improvement in the safety and quality of holistic care. Sound clinical governance makes certain that there is accountability and creates a professional culture able to embrace reporting and support improvement. Clients, staff and key stakeholders play an integral part in identifying safety and quality issues and the solutions that must be implemented.

Governance: the act of taking responsibility for the overall direction and accountability of the provider organisation, including the planning, purpose and goals of the supports provided, the development of policy and the achievement of required standards

Complex Support Needs - Individuals with complex support needs are those:

- experiencing (or are at risk of experiencing) multiple and interrelated conditions or factors which contribute to an intensity of support need such as multiple disabilities, dual diagnosis (i.e. mental health and disability), significant medical conditions or significant deteriorating health conditions.
- experiencing (or are at risk of experiencing) one or more factors that impact on the complexity of their support needs or the ability of their natural supports to meet their needs. Examples include the provision of complex physical supports such as continence and enteral feeding management and complex behavioural management.
- that challenge the service system's capacity to respond to their support needs because of its structure, organisation or resourcing.

Dignity of risk - is the principle of allowing an individual the dignity afforded by risk-taking, with subsequent enhancement of personal growth and quality of life (Araujo & Glanzner, 2021; Ibrahim & Davis, 2013; Millar, 1998; Mukherjee, 2015; Nay, 2002; Parsons, 2008; Somerville, 2014; Wolpert, 1980; Woolford et al., 2020). Dignity of Risk is the right to choose to take some risk in life.

Duty of care - is a legal and moral responsibility to keep clients safe from harm whilst they are using a service.

Safeguarding framework - refer to specific measures that aim to minimise the risk of harm to a person, protect their right to be safe and empower them to have choice and control over their lives. The safeguarding framework fosters a risk enablement culture, where people are empowered to make everyday choices just like everybody else.

Regulated Restrictive Practice is one that involves seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.

Risk - the possibility that harm (death, injury or illness) might occur when exposed to a hazard.

Risk assessment - is the gathering of information and analysis of the potential outcomes of identified behaviours. It involves identifying specific risk factors of relevance to an individual, and the context in which they may occur.

Clinical Risk Assessment – the primary purpose of a clinical risk assessment is to:

- Identify risk and what is impacting on risk
- Identify the level / type and urgency of safeguarding to a client and their support system
- Inform a plan for support

Clinical Risk Management is part of the broader organisational risk management system which integrates the management of organisational, financial, environmental health and safety, asset and client and staff safety risks. Minimising clinical risk and improving safety of care requires a systems approach occurring within a framework of a just and learning culture. Clinical risk management strategies should ensure:

- Clinical incidents are identified and reported
- Clinical incidents are investigated appropriate to their level of severity and underlying systems issues and root causes are identified
- Risks are pro-actively identified, assessed, reported and responded to in a timely manner
- Legislation is complied with
- Policies and protocols are reviewed and managed
- Organisational culture supports open communication and a systems and just approach to learning from incidents.

GUIDELINE

The Quality and Clinical Governance Framework

- **Partnerships with Clients** - Client participation occurs at multiple levels of Provider through activities such as facility meetings, community consultation and partnerships, and surveys. It is our goal to increasingly introduce clients on governance and management committees and within service planning and improvement initiatives. Provider uses client complaints, compliments, surveys and Freedom of Information requests to inform service improvements.
- **Improving Clinical Effectiveness and Continuous Quality Improvement.** - Clinical effectiveness is ensuring the right care is provided to the right client who is informed and involved in their care at the right time by the right staff with the right skills in the right way. Provider is introducing a multifaceted approach to improving care, clinical effectiveness and continuous quality improvement. The introduction of new technology is an important risk issue and will be dealt with through the Provider Senior Management meeting. Agreement for the Safe Introduction of New Interventions into Clinical Practice will be reached through the Clinical Governance and Risk Steering Committee.
- **Effective Workforce incorporating Learning and Development/ Credentialing** - A critical aspect of clinical governance at Provider is the recruitment, training, supervision, performance assessment and management of clinical and care staff. In relation to all staff, processes are in place to ensure that they have the necessary licenses, registration and skills to perform the work that is in keeping with the requirement of the position that they have been appointed to. All Registered Nurses produce evidence of their annual Renewal of Registration and ongoing relevant professional to their Manager. Nurses may be accredited to undertake specialist tasks. Provider provides all employees with access to education that is relevant to their work needs and encourages them to participate effectively in the education that is offered. All employees are expected to have an Annual Performance Review.

Clinical Governance consists of components which include:



Clinical risks within the community setting are those determined by the organisation in relation to complex physical or high needs personal supports, complex behavioural supports and other areas of risk in direct service provision.

A few key areas of clinical risk include:

- Minimising and eliminating the risk of restraint means any practice, device or action that interferes with a client's ability to make a decision or restricts a client's free movement.
- Managing, monitoring and documenting dignity of risk.
- Practicing open disclosure which means organisation-wide systems to support communication with clients about incidents that have caused harm. Open disclosure usually includes an apology and explaining the facts of what happened.
- Antimicrobial Stewardship which involves the preventing, managing and controlling infections and antimicrobial resistance.

How the governing body and governance structures are organised will depend on the organisation's setting, size and the nature of care and services being provided. Service risks that are identified should be regularly reviewed to ensure that strategies are in place to either reduce or remove the risks with an acceptable timeframe. The organisation is expected to use information from their risk systems to improve performance quality, support and services delivery to their Clients.

Clinical risk is managed by:

- Identifying and assessing Clients with known risks associated with presenting diagnosis and cluster of co-morbidities and implementing management strategies;
- Management of potential adverse effects or contraindications associated with medication, high care needs and dignity of risk by monitoring and communicating effectively with the whole team;
- Documenting a schedule for review, change date and follow up appointments / transfers to hospital and other settings for Clients. This must be documented in the progress notes and relevant care plan to ensure continuity of care and include description of plan, next appointment and recommendations.
- Education for staff in use of equipment and complex procedures.

Elements Of Clinical Risk Management Program

The framework has key principles that need to be adhered to ensure its success. These include:

- Focus on the client experience throughout the continuum of care;
- Priorities and strategic direction are communicated clearly to support quality and safety systems;
- Planning and resource allocation supports achievement of goals;
- Strong clinical leadership and ownership;
- Organisational culture supports client safety and quality improvement initiatives and is supported through committee structures, systems and processes;
- Compliance with legislative and departmental policy requirements, including accreditation;
- Rigorous measurement of performance and progress, including reporting and review;
- Continuous improvement of quality and safety;
- Clearly defined roles and responsibilities are understood; and
- Care teams are directly responsible and accountable for the safety and quality of care they provide.

Domains of Clinical Governance

In the overall framework, there are many domains that drive the overall framework. These domains support, influence and sustain a conceptual framework for strategies to enhance the delivery of clinical care and ensure its effectiveness and adaptability long term (Australian Commission on Safety and Quality in Health Care, 2017; Australian Government, 2019a, 2019b; Duke, 2015; Gauld & Horsburgh, 2015; Gottwald & Lansdown, 2014; Houghton, 2012; Kwedza et al., 2020; McSherry & Pearce, 2011; Price et al., 2020; Victorian Government, 2009).

The key support and sustainability domains include:

- Clinical effectiveness/Performance and evaluation;
- Effective workforce (including staff development and management);
- Strategic planning, leadership and support;
- Client and support decision makers values; and
- Clinical risk mitigation/Quality systems for care and service effectiveness.

Each domain is encompassed by 3 key links that underpin the overall effectiveness and determination of the framework:

- Communication and advocacy;
- Accountability and responsibility; and
- Performance measurements.

These linkages provide the fundamentals of the overall framework, in being able to demonstrate to all clients, stakeholders, board and management the requirements for compliance and successful attainment of our overall vision.

The Provider undertakes the function of ensuring the relevant credentialing, re-credentialing, and defining scope of practice, and appointment/ reappointment.

Managers ensure that for all staff processes are in place to ensure that they have the necessary licenses, registration and skills to perform the work that is in keeping with the requirement of the position that they have been appointed to.

The Provider provides all employees with access to education that is relevant to their work needs and encourages them to participate effectively in the education that is offered.

All employees are expected to have an Annual Performance Review.

Equipment and environment needs to be considered where appropriate.

Risk controls are evaluated and ongoing monitoring implemented to determine their effectiveness.

Communication and consultation must be considered at all stages of the risk management process.

Clinical Governance framework supports a Clinical Governance Committee comprising of a representation of key stakeholders which oversees the Provider's quality and clinical governance program and reports to the Governing Body.

Recommended Performance Measures

- Clients are involved in care and decision making;
- Care is planned, delivered and evaluated in a comprehensive, timely and client focused manner;
- Care is prioritised and agreed in consultation with the client, support decision makers and key stakeholders to reflect the needs, choices and goals of the client;
- Care is delivered by competent and capable staff;
- Clinicians are empowered to improve clinical care delivery, and service and processes are streamlined and efficient;
- Quality improvement activities are planned, prioritized and have sustainability strategies in place;
- Performance of clinical care processes and outcomes are measured; and
- Clinical performance measures are used to improve overall performance, and quality improvement exercises are reviewed externally.

Care Planning and Assessment

Ensure the Clients receive appropriate clinical care in accordance with their individualised assessed needs and preferences. Our Clients' specialised nursing care needs are identified and met by appropriately qualified and competent health professionals.

Clinical care will be assessed and reviewed based on individualised needs and the plan of care for individual Clients will be updated accordingly. Every Client has the opportunity to be involved in their planning of care to ensure care provided is in accordance with their individual preference.

Service Providers should ensure the following principles are observed:

- All staff involved in service delivery are to have a clear understanding of the Client's condition and develop a comprehensive assessment and support plan tailored to the specific needs and preferences of the Client
- Adequate provision of resources to meet Clients' needs and that there is a transparent communication and consultation with all parties involved in the support of the Client
- That there is adequate monitoring and oversight of the workplace with progress documentation and reporting
- Consideration of support worker allocation matching process, including recruitment, matching skills, personality and cultural preferences
- Staff training that is also tailored to the Client requirements, provided by a skilled professional designated by the service provider
- Ongoing staff competency assessed by designated person with appropriate skills and experience
- Emergency planning for potential adverse events
- Effective incident, adverse events and complaints management system

To provide effective Clinical Governance and to best manage risk, a planned, proactive, systematic and ongoing evidence-based approach is to be implemented by Service Provider proportional to the services they provide. It requires an organisation to be:

- Accountable for continuously improving the quality of supports and service delivery
- Safeguarding and assuring high standards
- Creating a Culture that is transparent and where everyone assumes responsibility and accountability for establishing and maintaining an environment where quality and optimal outcomes for Clients can be achieved

The Clinical Governance Framework for an organisation should be proportional to its size and complexity which will guide the scope of regular reporting of trend data or clinical risk indicators. Clinical risk indicators can be viewed as the mechanism by which service providers can reliably.

RESOURCE DOCUMENTS

- Australian Community Industry Standards (ACIS)
- NDIS Practice Standards
- External ACIA Guidelines 002 – Care and Service Provision in the Community
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