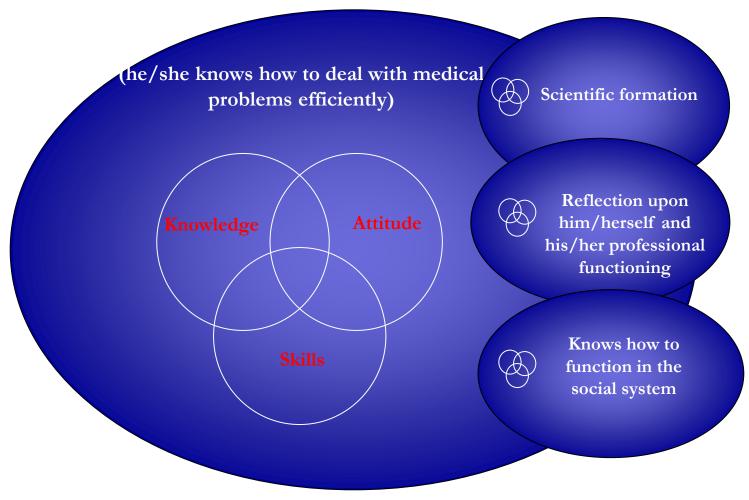
# Clinical Governance, Clinical risk management and audit in Obstetrics

A Public Health Approcah

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October 2024

#### Medical doctor



Competence: knowledge+attitude+skills

The Generic professional capabilities framework has three fundamental domains:

- professional values and behaviours
  - professional skills
  - professional knowledge.



Standard Competency based outcomes for (clinical MD degree graduates)

Standard Competency based outcomes for residents (clinical master degree graduates)

- Patient Care (practical and intellectual skills)
- Medical Knowledge (Knowledge/intellectual skills)
- Professionalism (General/ Attitudes)
- Systems-based Practice (General/ Attitudes)
- Practice-based Learning and Improvement (General/ Attitudes)
- Interpersonal and Communication Skills (General/ Attitudes)



#### The systems approach

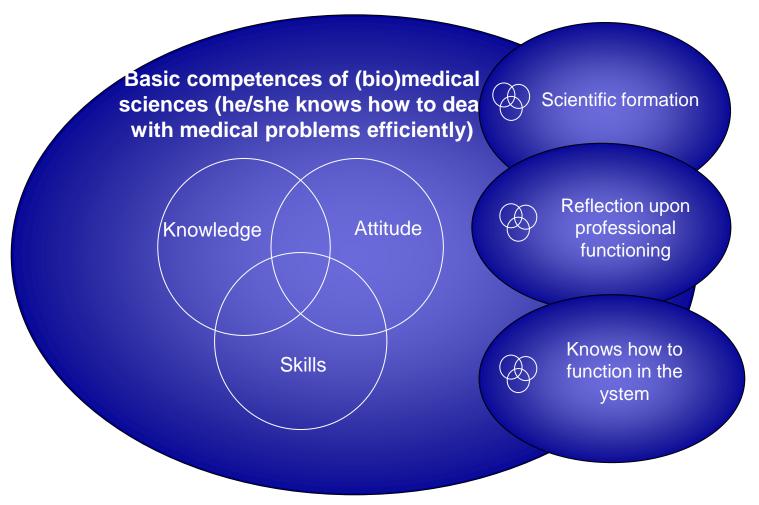
- ➤ Rather than individual approach
- ➤ To improve quality of patient care
- >System approach for:
  - reducing risk
  - assessing performance
  - training and education

#### Objectives of the talk

• Explain the new systems of :



#### **Basic medical doctor**



Competence: knowledge+attitude+skills

 Standard Competency based outcomes for residents

Patient Care (clinical and intellectual,..skills)

Medical Knowledge

(Knowledge/understanding)

Professionalism (General/ Attitudes)

- Standard Competency based
   outcomes for residents

   Systems-based Practice (General/ Attitudes)
- Practice-based Learning and Improvement
   (General/ Attitudes)
- Interpersonal and Communication Skills (
   (General/ Attitudes)

- 1. Which of the following is a key principle of clinical governance?
- a) Accountability
- b) Efficiency
- c) Autonomy
- d) Profitability
- e) Flexibility
- 2. What is the primary goal of clinical governance?
- a) Cost reduction
- b) Improved patient outcomes
- c) Increased revenue
- d) Streamlined administrative processes
- e) Enhanced employee satisfaction
- 3. Which of the following is an essential component of clinical governance?
- a) Financial management
- b) Marketing strategies
- c) Risk management
- d) Human resources planning
- e) Product development

- 4.In clinical governance, what does the term "clinical audit" refer to?
- a) Evaluating patient satisfaction rates
- b) Assessing financial performance
- c) Monitoring staff attendance
- d) Reviewing clinical practices and outcomes
- e) Analyzing marketing campaigns
- 5. Which of the following is an example of a clinical governance framework?
- a) Balanced scorecard
- b) Six Sigma
- c) SWOT analysis
- d) Kaizen
- e) Lean methodology
- 6. What is the role of clinical guidelines in clinical governance?
- a) To promote cost-cutting measures
- b) To standardize clinical practices
- c) To increase administrative efficiency
- d) To prioritize profitability
- e) To streamline marketing efforts

- 7. Which of the following is a strategy for ensuring patient safety in clinical governance?
- a) Reducing staff training programs
- b) Increasing patient wait times
- c) Enhancing communication channels
- d) Minimizing clinical documentation
- e) Ignoring patient feedback
- 8. What is the purpose of clinical risk management in clinical governance?
- a) To eliminate all risks in healthcare settings
- b) To transfer all risks to external parties
- c) To identify, assess, and mitigate risks
- d) To ignore risks and prioritize revenue generation
- e) To delay decision-making processes
- 9. Which of the following is an example of a clinical governance performance indicator?
- a) Profit margin
- b) Patient satisfaction score
- c) Employee turnover rate
- d) Advertising budget
- e) Sales revenue
- 10. How does clinical governance contribute to continuous quality improvement?
- a) By reducing staff training programs
- b) By prioritizing financial gains
- c) By ignoring patient feedback
- d) By promoting evidence-based practices
- e) By minimizing communication efforts

It is a system that insures

adequate standards of

healthcare provision

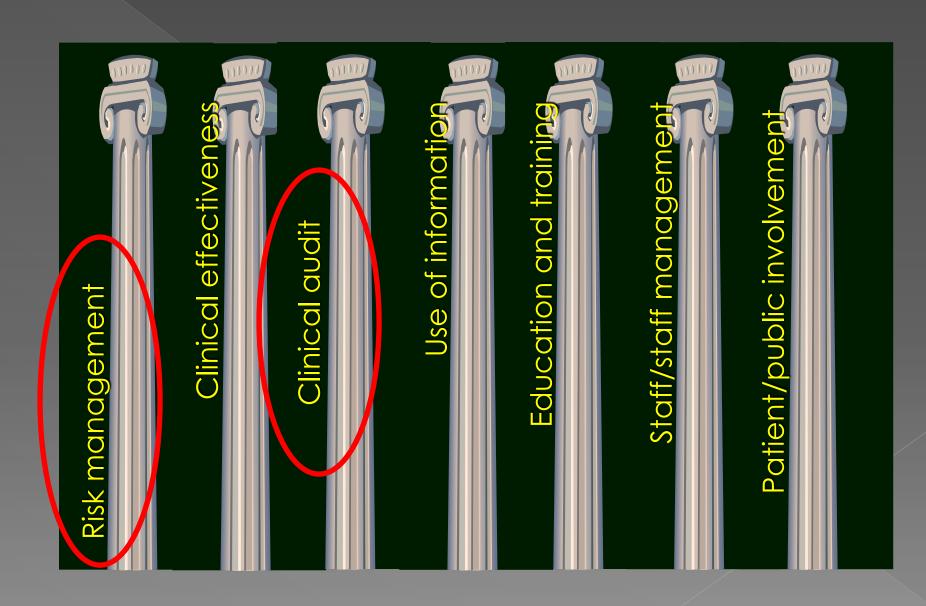
 A system of auditing and clinical risk management is required to apply the principle of clinical governance.

- Risk management.
- Clinical audit
- Evidence-based clinical practice.
- Implementation of clinical effectiveness evidence.

- Effective management of poorly performingn clinical colleagues.
- Development of clinical leadership skills.

Continuing education for all clinical staff

#### The 7 pillars of clinical governance



#### What is clinical risk management?

• Clinical risk management can be defined as

organisational systems or processes that aim to

improve the quality of health care and <u>create</u>

and maintain safe systems of care

#### What is clinical risk management?

- Early identification of adverse events or outcomes,
- Using staff reports, patients' complains or systematic screening of hospital records.
- followed by creation of a database to identify and analyze common patterns of substandard care and to develop a system of correction and accountability to prevent future incidence.

# Why clinical risk management is particularly important In obstetrics

- It is a high-risk speciality,
- the cost of mistakes is high, both financially and in human terms.
- Human error is inevitable.
- There is a need to understand the theory of human error
- Systems, rather than person-centred, approach to dealing with adverse events.

# What is clinical risk management? Risk management has many components,

- Organisational culture,
- Risk assessment,
- Training, induction, guidelines,
- Communication,
- Audit,
- learning from adverse incidents, claims and complaints.
- For the future, the aim should be to move from risk management to a safety culture.

# • Risk management addresses the various activities of an organisation

- by identifying the risks that exist,
- By assessing those risks for potential, frequency and severity,
- By eliminating those risks which can be eliminated.

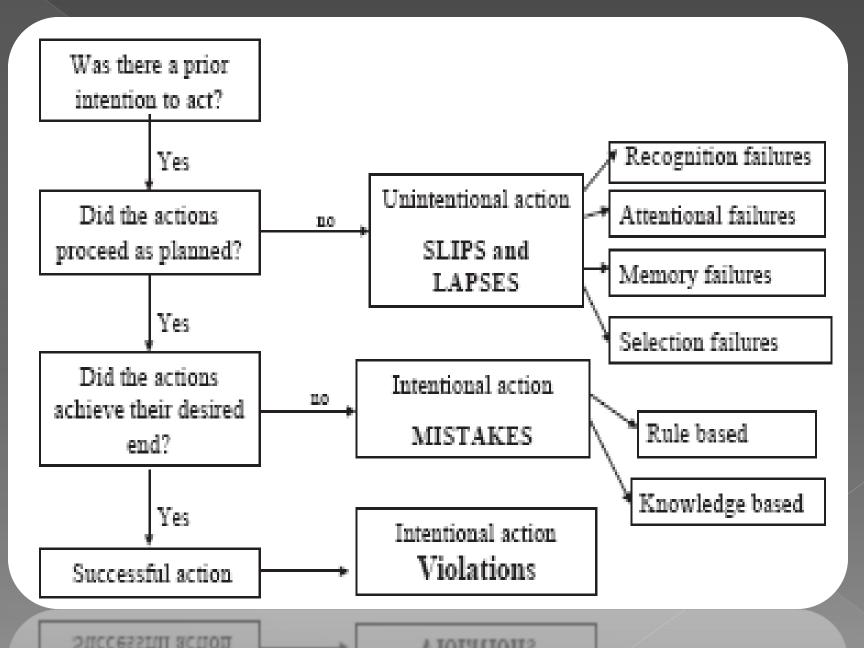
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#### Principles of risk management

- the uncertainty of clinical practice;
- the nature of clinical decisions;
- the benefits of hindsight;
- the frequency of activity;
- the error-producing conditions of our field
- the fact that people do not intend to commit errors;
- that accidents are rarely due to single errors but are the product of multiple factors;
- that the psychological precursors of error are the last and least manageable stages in the accident chain.

### Types of error



A TOTALLUITS

### The following factors contribute to adverse events

- Patient factors: Age, general health, complexity of the condition, language, social problems and personality.
- Task factors: Task design, availability of protocols, test results, etc.
- Individual factors: Training, physical and mental health, and awareness.

## The following factors contribute to adverse events

- Team factors: Verbal communication, supervision, seeking help and team structure.
- Work environment: Staffing levels, skill mix, shift patterns, equipment and administrative support.
- Organisational and managerial factors: Financial resources, policy standards, goals and the safety culture.

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### Risk assessment

- aims to identify risks before adverse events occur
- put into place procedures, barriers and other measures to reduce these risks.
- involves a systematic review of the unit.
- should be multidisciplinary, and identified risks are rated to enable prioritisation.

#### Risk assessment

- <u>personnel</u>: staffing levels, skill mix and training;
- state: a safe environment for staff and patients;
- <u>equipment</u>: CTG machines, infusion pumps, etc.;
- <u>practice</u>: policies and procedures

#### What is clinical risk management?

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#### Training, induction and competence

- Inexperience increases the risk of error four-fold,
- The generic requirements of all staff (Training matrices) are useful by identifying what training is essential for each level of staff.
- induction, assessment, appraisal and professional development process

#### Training, induction and competence

- CTGs:
- Resuscitation: Both adult and neonate.
- Drills:
- Equipment:
- Supervised practice
- Risk management:

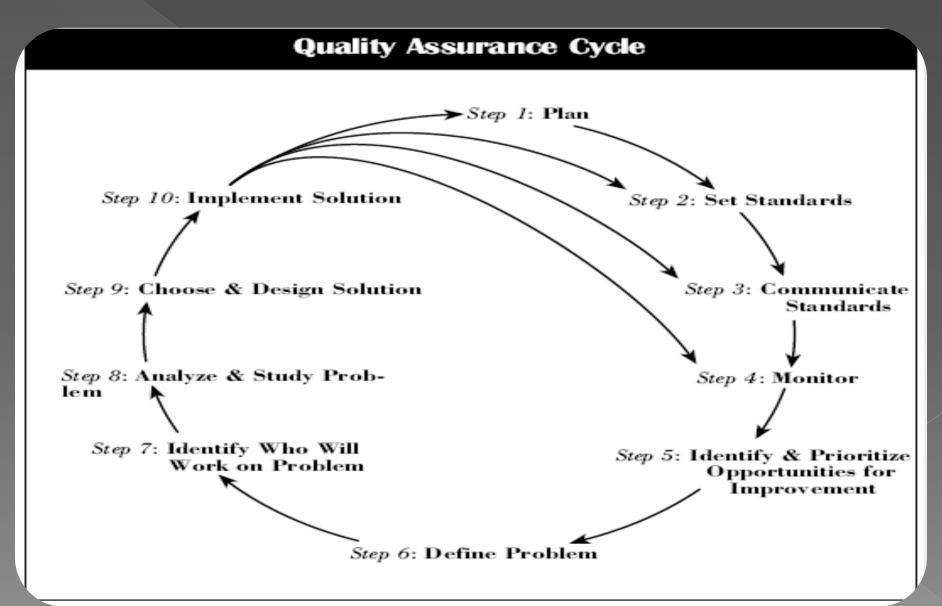
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### Standards and guidlines

## Which step in the QA cycle?



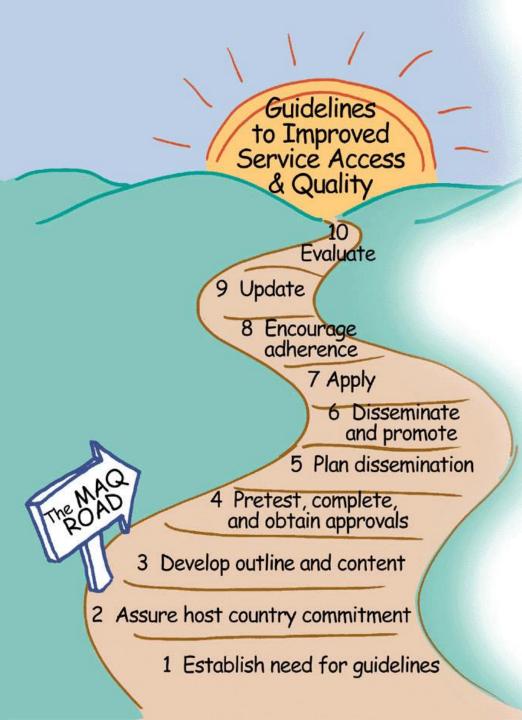
# A 'standard' is a statement of the quality that is expected.

# Types of standards

- Practice guidelines or clinical protocols.
- 2. Administrative procedures or standard operating procedures
- 3. Product specification
- 4. Performance standards

# Practice guidelines

Are sometimes called clinical protocols
 or practice parameters, define how
 clinical processes such as antenatal
 care are carried out.



# Steps in the Guidelines Process

# Guidelines

Guidelines are, however, helpful only if they are effectively implemented, so the evaluation of their effectiveness through audit and adverse event-reporting is important.

# Guidelines

 All guidelines <u>need reviewing</u> at suitable intervals to incorporate new evidence and issues identified through audit and adverse event-reporting.

#### What is clinical risk management?

#### Risk management has many components,

Organisational culture,

Risk assessment,

Training, induction, guidelines,

Communication,

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learning from adverse incidents, claims and complaints.

For the future, the aim should be to move from risk management to a safety culture.

## Communication

- Communication is a big issue in risk management.
- It is frequently a major factor in claims and complaints.

#### Communication

Patients' expectations are important

Patient information is another key area.

Consent

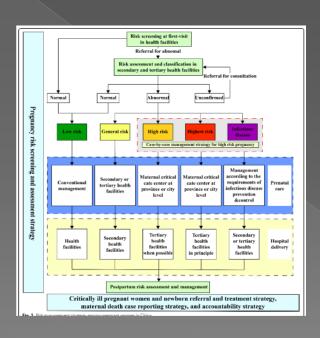
# Communication between professionals

- All the relevant professionals must be kept informed of the plan of care and any complications.
- Adequate discharge information is essential.
- Shifts
- documentation
- Checklists can be very useful to make sure that all the relevant information is handed over.

#### What is clinical risk management?

#### Risk management has many components,

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'To err is Human. To cover up is unforgivable. To fail to learn is inexcusable.'

- Incident reporting (how this takes place in their unit)
- not for the punishment

 On the delivery suite, e.g. such things as maternal death, massive haemorrhage, third-degree tears and

intrapartum stillbirth are included.

On the obstetric wards, wound infection, postnatal sepsis, thromboembolism, failure to act on abnormal serum screening results in antenatal clinics, miscarriage after invasive procedures

in the area of fetal medicine, and readmission of mother or baby and break down of perineum in the community.

- Claims and complaints are other areas where
- lessons can be learned.
- communication, delay, the cascade of events,
   CTGs, perinatal asphyxia, abuse of syntocinon,
   vaginal birth after caesarean section, shoulder
   dystocia, anal sphincter injury, consent, birth plans
   and the absence of midwives from the delivery

• Record-keeping is consistently highlighted as an issue when investigating and defending these events.

# Reducing risk

several improvements are necessary

- Focusing care
- Equipment -
- Staffing
- Consultants' role
- Junior doctors' training
- Junior doctors' work
- Midwives'work
- Staff communication
- Communication with patients

#### > Focusing care:

- Most litigation arises from events in labour
- Most unhappiness arises from postnatal care

#### • Equipment

- No obsolete monitors
- Fetal blood gas equipment available

#### Staffing –

Minimal use of agency and "bank" staff

Workload includes time to falk to patients

- Consultants' role
- Dedicated sessions in delivery suite

Sessions dedicated to training

- Junior doctors' training
- Introductory training at start of post

Regular protected teaching sessions

- Occasional "fire drill" exercises
- •
- Regular formal feedback on quality of train

- Junior doctors' work
- Guidelines on routine and emergency practice

Formal handovers between shifts

 Support from senior doctors and midwives

- Midwives'work
- Regular training sessions on fetal monitoring
- Clear definition of role vis a vis senior house officers

Sernior midwife has access to duty consultant

0

- Staff communication
- Regular delivery suite meetings

Teambuilding social occasions

- Communication with patients
- Regular feedback from patients' advocates
- consultant promptly notified of problems
- explanations are consultant's responsibility

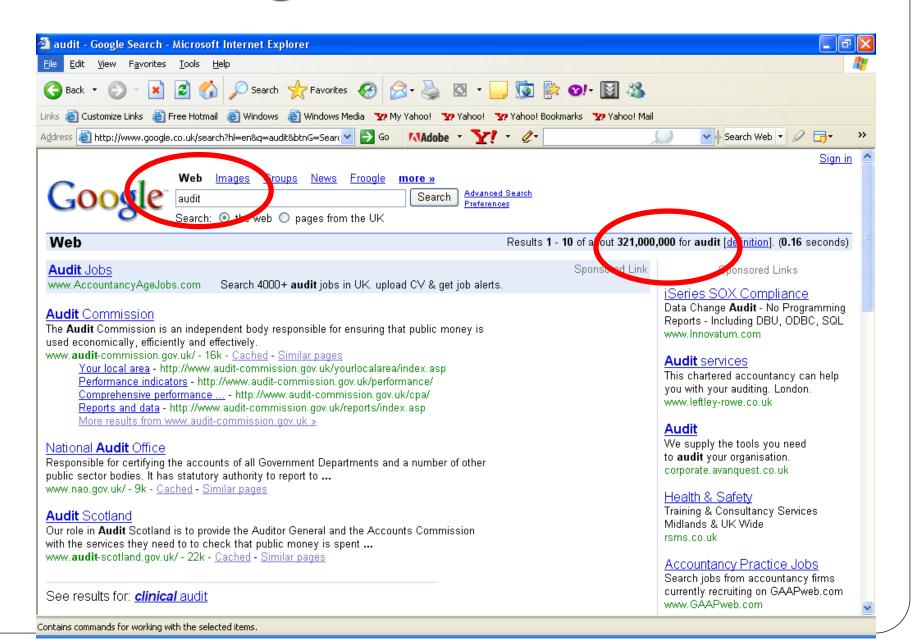
## Clinical Audit - Practical Guidance

#### **Definition**

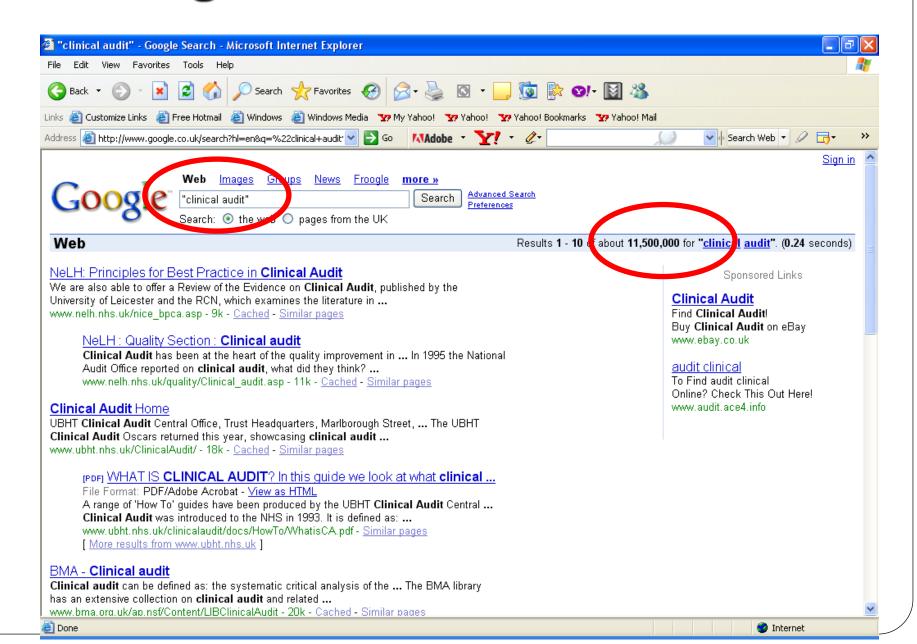
"A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change"

Principles for Best Practice in Clinical Audit (2002, NICE)

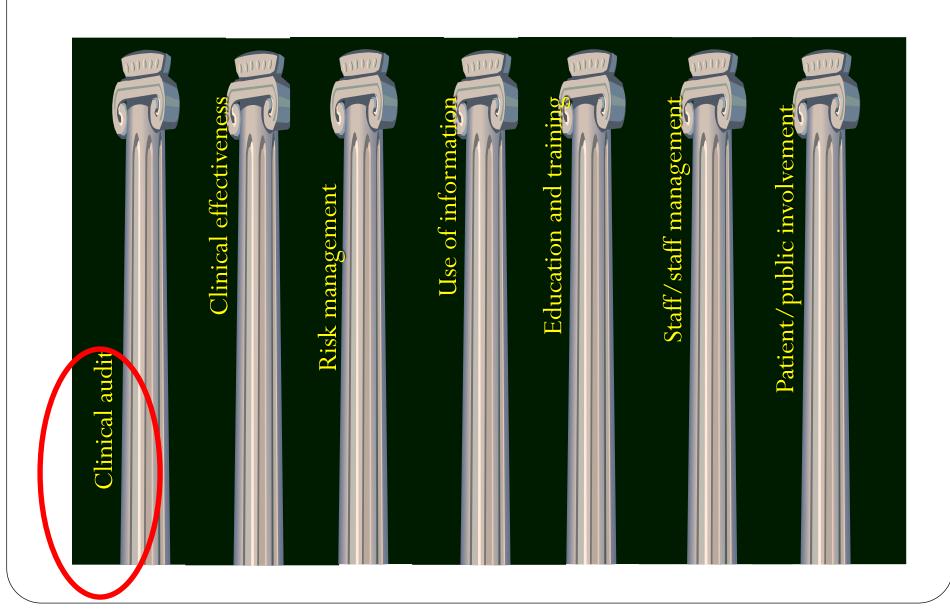
#### Google search on "Audit"



#### Google search on "Clinical Audit"



#### The 7 pillars of clinical governance



#### **Audit versus Research**

#### Research

- Tries to find out what you should be doing
- Seeks new knowledge
- Confirms validity of existing knowledge

#### Audit

- Tells you if what you are doing is what you should be doing
- Reviews current practice to stimulate change

### Types of clinical audits

- Standards based audits
  - To see if standards are met or are being improved
- Adverse / critical incident
  - Screening of such incidents
  - Monitoring of such incidents
- Peer review
  - Was the quality of care optimal. Case reviews and discussions (often multidisciplinary)
- Patient surveys
  - Patients point of view of the quality of service

# The audit cycle

Select or Re-select Topic

Evaluate Effects
Of Change

1

Implement Changes Define criteria
Set standards

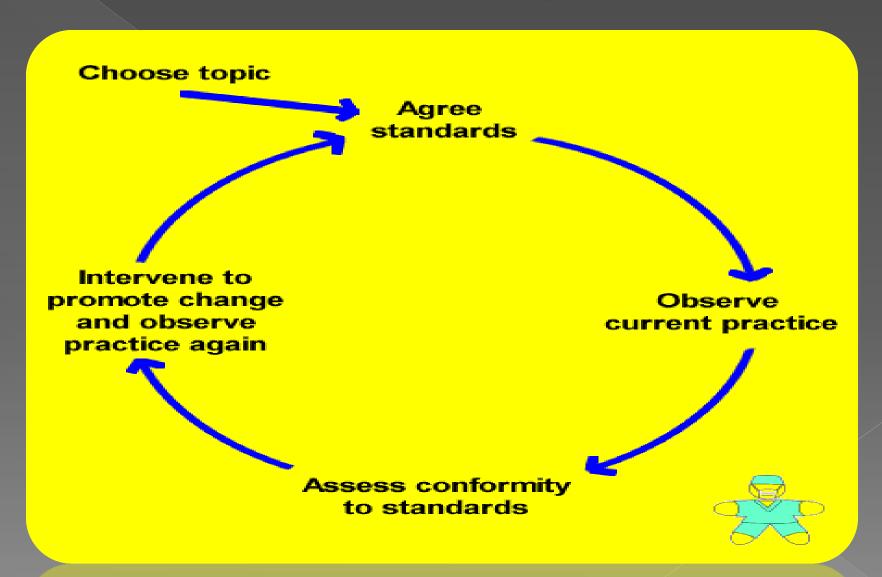


Plan Methodology

Collect & Analyze

Data

# The audit cycle



## Select (re-select) topic

- Relevant
- Potential benefit
  - To patient or to the organization
- Must have a known standard
- Own area of interest
- Areas you can influence

## Select (re-select) topic

- Local or more widespread
- Own speciality or multidisciplinary
- High risk
- High turnover
- High cost
- High use of resources

#### Define criteria and set standards

#### Criterion

- Evidence based (consider literature search)
- State exactly what should be happening
- Terms understandable by all

#### Be realistic

- Don't set absurd or unattainable standards
- Occasionally standards can be absolute (e.g. no patient should have the wrong operation performed)

## Plan methodology

- Plan methodology in detail
- Keep it simple
- Allow sufficient time
- Share ownership, involve others
- Get co-operation from those who might be effected
- Carry your colleagues with you

### Collect and analyze data

- Retrospective or prospective
- Manual / electronic
- Make data collection as easy as possible
- Do not collect unnecessary data
- Electronic devices may be helpful
- Can be tedious and time consuming
- Get help from the audit department

# Implement changes

- Change is never easy
- Often difficult to implement
- However a robust audit with good quality data helps in implementing change

# Repeat the cycle

Select or Re-select Topic

Evaluate Effects
Of Change

Define criteria
Set standards

+

Plan Methodology

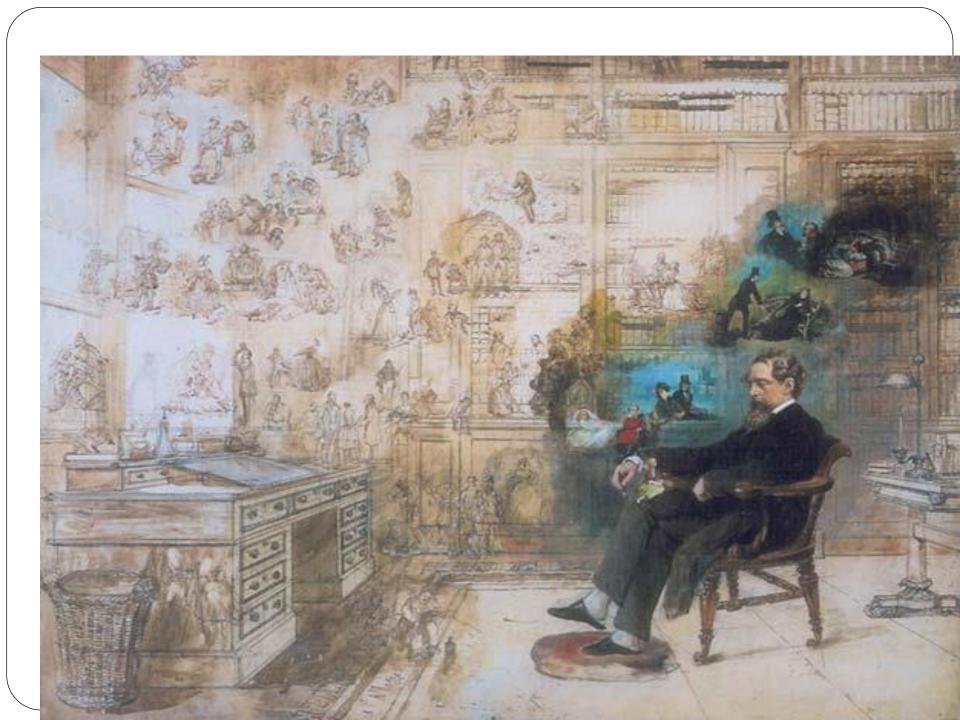
Implement Changes

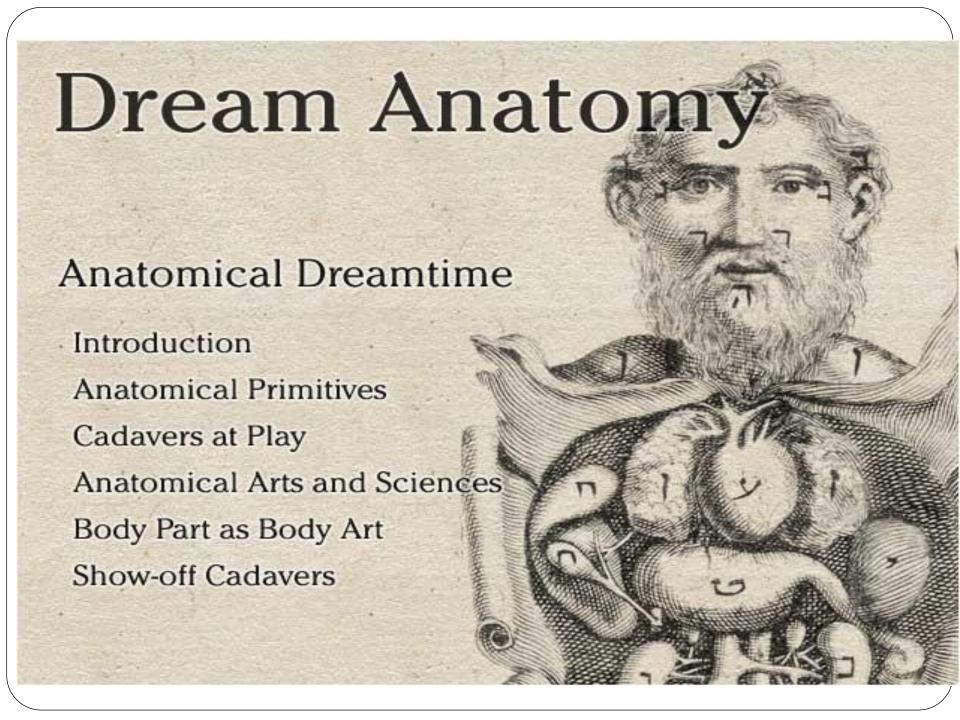
Collect & Analyze

Data

### In conclusion

- Clinical audit is
  - Desirable
  - Self satisfying
  - Encourages teamwork
  - Can be of benefit to
    - Individual undertaking the audit
    - The department
    - The institution
    - The patients





- 1. Which of the following is a key principle of clinical governance?
- a) Accountability
- b) Efficiency
- c) Autonomy
- d) Profitability
- e) Flexibility
- Answer: a) Accountability
- 2. What is the primary goal of clinical governance?
- a) Cost reduction
- b) Improved patient outcomes
- c) Increased revenue
- d) Streamlined administrative processes
- e) Enhanced employee satisfaction
- Answer: b) Improved patient outcomes
- 3. Which of the following is an essential component of clinical governance?
- a) Financial management
- b) Marketing strategies
- c) Risk management
- d) Human resources planning
- e) Product development
- Answer: c) Risk management

- 4.In clinical governance, what does the term "clinical audit" refer to?
- a) Evaluating patient satisfaction rates
- b) Assessing financial performance
- c) Monitoring staff attendance
- d) Reviewing clinical practices and outcomes
- e) Analyzing marketing campaigns
- Answer: d) Reviewing clinical practices and outcomes
- 5. Which of the following is an example of a clinical governance framework?
- a) Balanced scorecard
- b) Six Sigma
- c) SWOT analysis
- d) Kaizen
- e) Lean methodology
- Answer: a) Balanced scorecard
- 6. What is the role of clinical guidelines in clinical governance?
- a) To promote cost-cutting measures
- b) To standardize clinical practices
- c) To increase administrative efficiency
- d) To prioritize profitability
- e) To streamline marketing efforts
- Answer: b) To standardize clinical practices

- 7. Which of the following is a strategy for ensuring patient safety in clinical governance?
- a) Reducing staff training programs
- b) Increasing patient wait times
- c) Enhancing communication channels
- d) Minimizing clinical documentation
- e) Ignoring patient feedback
- Answer: c) Enhancing communication channels
- 8. What is the purpose of clinical risk management in clinical governance?
- a) To eliminate all risks in healthcare settings
- b) To transfer all risks to external parties
- c) To identify, assess, and mitigate risks
- d) To ignore risks and prioritize revenue generation
- e) To delay decision-making processes
- Answer: c) To identify, assess, and mitigate risks
- 9. Which of the following is an example of a clinical governance performance indicator?
- a) Profit margin
- b) Patient satisfaction score
- c) Employee turnover rate
- d) Advertising budget
- e) Sales revenue
- Answer: b) Patient satisfaction score
- 10. How does clinical governance contribute to continuous quality improvement?
- a) By reducing staff training programs
- b) By prioritizing financial gains
- c) By ignoring patient feedback
- d) By promoting evidence-based practices
- e) By minimizing communication efforts
- Answer: d) By promoting evidence-based practices

- What is the primary goal of clinical risk management?
  - a) Eliminating all risks in healthcare settings
  - b) Minimizing financial losses
  - c) Enhancing patient outcomes
  - d) Maximizing employee satisfaction
  - e) Expediting administrative processes
- Answer: c) Enhancing patient outcomes
- 2. Which of the following is an example of a proactive risk management strategy?
  - a) Incident reporting and analysis
  - b) Patient complaint resolution
  - c) Legal action response
  - d) Staff disciplinary measures
  - e) Clinical audit and review
- Answer: e) Clinical audit and review
- 3. What does the term "risk assessment" refer to in clinical risk management?
  - a) Evaluating patient satisfaction rates
  - b) Assessing financial performance
  - c) Identifying potential risks and their impact
  - d) Reviewing staff attendance records
  - e) Analyzing marketing campaigns
- Answer: c) Identifying potential risks and their impact

- 4. Which of the following is a strategy for mitigating clinical risks?
  - a) Ignoring patient feedback
  - b) Reducing staffing levels
  - c) Increasing patient wait times
  - d) Implementing safety protocols
  - e) Decreasing equipment maintenance

Answer: d) Implementing safety protocols

- 5. What is the purpose of incident reporting in clinical risk management?
  - a) To penalize healthcare professionals
  - b) To track and analyze adverse events
  - c) To blame patients for incidents
  - d) To increase administrative workload
  - e) To minimize transparency and accountability

Answer: b) To track and analyze adverse events

- 6. Which of the following is an example of a clinical risk management tool?
  - a) Financial statement analysis
  - b) Marketing campaign evaluation
  - c) Root cause analysis
  - d) Employee performance appraisal
  - e) Product pricing strategy

Answer: c) Root cause analysis

- 7. What is the role of staff training in clinical risk management?
  - a) To increase financial gains
  - b) To minimize patient interactions
  - c) To improve clinical outcomes
  - d) To ignore risk identification
  - e) To reduce legal liability

Answer: c) To improve clinical outcomes

- 8. How does clinical risk management contribute to patient safety?
  - a) By avoiding incident reporting
  - b) By focusing solely on financial performance
  - c) By implementing preventive measures
  - d) By disregarding safety protocols
  - e) By reducing staffing levels

Answer: c) By implementing preventive measures

- 9. Which of the following is an example of a clinical risk management outcome measure?
  - a) Profit margin
  - b) Patient satisfaction score
  - c) Employee turnover rate
  - d) Advertising budget
  - e) Number of adverse events

Answer: e) Number of adverse events

- 10. What is the purpose of a risk management committee in clinical risk management?
  - a) To delay decision-making processes
  - b) To transfer all risks to external parties
  - c) To identify, assess, and mitigate risks
  - d) To ignore risks and prioritize revenue generation
  - e) To eliminate all risks in healthcare settings

Answer: c) To identify, assess, and mitigate risks

- 1. What is the primary purpose of a clinical risk audit?
- a) To increase patient satisfaction
- b) To identify potential risks in healthcare settings
- c) To maximize financial revenue
- d) To streamline administrative processes
- e) To reduce staff workload

Answer: b) To identify potential risks in healthcare settings

- 2. Which of the following is a key step in conducting a clinical risk audit?
- a) Implementing new marketing strategies
- b) Reducing patient wait times
- c) Analyzing financial statements
- d) Reviewing clinical protocols and guidelines
- e) Ignoring patient feedback

Answer: d) Reviewing clinical protocols and guidelines

- 3. What is the role of data analysis in a clinical risk audit?
- a) To increase profitability
- b) To enhance staff morale
- c) To identify patterns and trends in adverse events
- d) To minimize patient interactions
- e) To reduce legal liability

Answer: c) To identify patterns and trends in adverse events

- 4. Which of the following is an example of a clinical risk audit tool?
- a) Employee performance evaluation
- b) Financial performance analysis
- c) Patient satisfaction survey
- d) Marketing campaign assessment
- e) Incident reporting system Answer: e) Incident reporting system
- 5. What is the goal of benchmarking in a clinical risk audit?
- a) To prioritize financial gains
- b) To compare performance against industry standards
- c) To ignore patient feedback
- d) To reduce transparency and accountability
- e) To minimize communication efforts

Answer: b) To compare performance against industry standards

- 6. How does a clinical risk audit contribute to quality improvement?
- a) By minimizing patient interactions
- b) By reducing staff training programs
- c) By promoting evidence-based practices
- d) By ignoring risk identification
- e) By decreasing equipment maintenance Answer: c) By promoting evidence-based practices
- 7. Which of the following is a potential outcome of a clinical risk audit?
- a) Increased staff turnover
- b) Decreased patient satisfaction
- c) Improved patient safety
- d) Higher financial losses
- e) Delayed decision-making processes Answer: c) Improved patient safety
- 8. What is the significance of stakeholder engagement in a clinical risk audit?
- a) To avoid incident reporting
- b) To disregard patient concerns
- c) To enhance transparency and accountability
- d) To penalize healthcare professionals
- e) To reduce legal liability

Answer: c) To enhance transparency and accountability

- 9. Which of the following is an example of a risk mitigation strategy identified during a clinical risk
- a) Reducing staffing levels
- b) Ignoring incident reporting
- c) Increasing patient wait times
- d) Implementing safety protocols
- e) Decreasing equipment maintenance Answer: d) Implementing safety protocols
- 10. How does a clinical risk audit support decision-making processes?
- a) By minimizing communication efforts
- b) By avoiding risk identification
- c) By prioritizing financial gains
- d) By providing data-driven insights
- e) By ignoring patient feedback

Answer: d) By providing data-driven insights

