

IMPROVING QUALITY THROUGH CLINICAL GOVERNANCE IN PRIMARY HEALTH CARE

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POLICY CONTEXT

Ensuring health care that is safe and of high quality is as much a priority for the primary care sector as it is for hospitals. The National Health and Hospital Reform Commission has made a number of recommendations which foreground the need for accountable services that have overarching quality improvement systems. However, attempts to integrate quality assurance and improvement programs into the everyday work of the Australian primary care sector must contend with the diversity of service types, the lack of systematised communication within and between these service types, and variation of managerial structures. This review explores clinical governance, a systematic and integrated approach to ensuring services are accountable for delivering quality services. Clinical governance as a policy framework was part of the National Health Service reforms of the early 1990s, but similar initiatives have also been developed in the US and Europe. The applicability of these initiatives to the diverse Australian primary care sector has not previously been studied.

KEY FINDINGS

- The seven 'strategic areas' that can be used to support clinical governance are: ensuring clinical competence, clinical audit, patient involvement, education and training, risk management, use of information, and staff management.
- Managerial accountability models highlighted monitoring and reporting, and staff management. Professional accountability models highlighted clinical leadership and ownership over quality initiatives. Community accountability models (exemplified in the Aboriginal community controlled service sector) highlighted patient engagement.
- The evidence supports building on professional accountability models through peer networks and local clinical leadership, and grafting a managerial accountability orientation onto it. Performance indicators should be locally relevant, allow discretion in how they are met, and not overburden the service with reporting requirements; whilst remaining capable of meaningful national or international comparison.
- External support for clinical governance is needed at the regional/intermediate level, through the Divisions of General Practice and/or state funded regional organisations.
- Drivers for clinical governance include: clinical governance standards set by accrediting bodies, specifications for routine medical software, innovative funding mechanisms for the organisation to engage in clinical governance, explicit development of networks of peers across state and federal funded sectors, and computer applications which facilitate comparison of clinical standards.
- IT applications standards support clinical governance are urgently needed in Australia.

For more details, please go to the [full report](#)

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