

OPTIGOV: a new method to assess Clinical Governance.

The experience of eight Hospitals in the Piedmont Region, Northern Italy

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BRIEF OUTLINE OF CONTEXT

This paper summarizes the results of the implementation – in three Teaching Hospitals and five General Hospitals of the Piedmont Region – of Clinical Governance Scorecard Methodology (CGSM), developed in Rome, by the Department of Public Health of the Catholic University of the Sacred Heart in collaboration with the Eurogroup Consulting Alliance.

BRIEF OUTLINE OF PROBLEMS for

Aim of the project was to evaluate the Clinical Governance (CG) implementation degree within a group of selected Hospitals and to pursue a continuous health care quality improvement and higher safety levels, by promoting a “proactive” clinical risk management.

ASSESSMENT OF PROBLEM AND ANALYSIS OF ITS CAUSES

Quantification of problems and assessment of causes were performed through a diagnostic review, carried out between October 2007 and June 2008, by applying CGSM (described in previous papers). Our staff, composed by medical experts and management analysts, performed the diagnostic review, by evaluating CG prerequisites and areas (table 1). CG implementation level assessment, weaknesses and strengths accurate analysis, risk areas identification represented the solutions needed to make improvements within the analysed Hospitals by developing operational plans aimed to change.

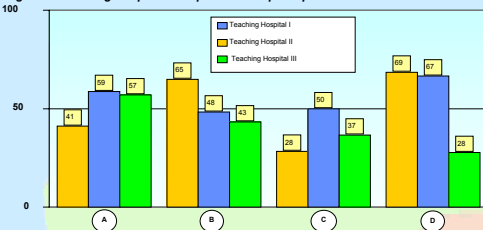
Table 1: CGSM analysis areas

STRUCTURAL AND FUNCTIONAL PREREQUISITES AREAS	N° QUESTIONS
A – Resources and Services Management	18
B – Culture to Learn	9
C – Research and Development	10
D – Information Technology	10
CLINICAL GOVERNANCE AREAS	
1 – EBM	18
2 – Accountability	9
3 – Clinical Audit	22
4 – Measurement of Clinical Performances	13
5 – Evaluation and Improvement of Clinical Activities	10
6 – HFA	21
7 – Quality Systems	14
8 – Risk Management	15
9 – Information, Citizen's/Patient's Involvement	17
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STRATEGY FOR CHANGE

352 interviews (67 board level and 285 other staff interviews) were realized, involving 59 departments. CG prerequisites and areas were analysed and CG maturity level within the eight Hospitals was established, by assigning global and partial scores, referred respectively to the whole organisations and to the single areas and units.

Figure 2: Teaching Hospitals comparison: CG prerequisites scores

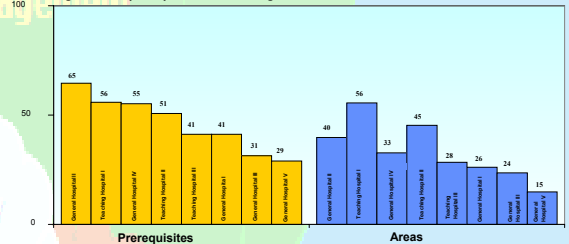


Intra- and inter-organisations comparisons were made (figures 1-3). Eight operational plans were elaborated, supplying suggestions and indications to the Hospital management in order to undertake improvement actions. Proposed changes were implemented by the development of operational plans. Both CGSM staff and Hospital board were involved in the implementation process. Results of analysis and plans for change were disseminated by eight reports explaining future priorities and interventions.

MEASUREMENT OF IMPROVEMENT

Effects of planned changes will be measured after completion of still in progress improvement actions. Services and health care processes quality improvement will be monitored by further diagnostic reviews, which results will be compared with each previous organisation state.

Figure 1: GC prerequisites and areas global scores



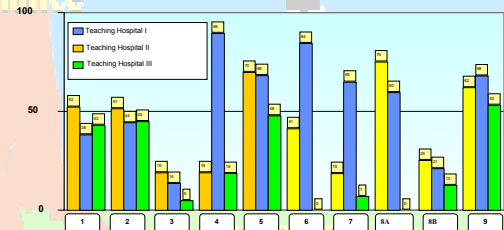
EFFECTS OF CHANGES

Trigger of improvement interventions represented the main observed effect of OPTIGOV methodology implementation. Higher quality and safety levels and consequent patient care improvement are the expected effects of changes. The main difficulty encountered was represented by promoting “culture of change” among both management and other staff.

LESSONS LEARNT

This work showed an easier adoption and spreading of adequate CG tools in less complex organisations, although carried out through less evolved tools. Consequent lesson is that the role of the Department, organisational structure able to produce and transfer governance, must be strengthened.

Figure 3: Teaching Hospitals comparison: CG areas scores



MESSAGE FOR OTHERS

The experience evidenced the potential of OPTIGOV to produce a realistic representation of the organisation state, individualize criticisms and transferable best practices, and be pragmatic by supplying tangible plans for change. The authors can conclude that CGSM may represent a helpful tool – also applicable in other countries – in order to trigger changes and pursue quality and excellence in health care.

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