



**Working Together**



**Quality Improvement Lead (QIL) Program**

**Certificate in Clinical Governance**

to build **Better Health Leaders** for **Better Health Outcomes**

**Associate Professor Bernie Harrison**  
**Director ACHS Improvement Academy**

**Ms Beverley Sutton**  
**CEO Australian Institute of Clinical Governance**



Australasian Institute of  
Clinical Governance

# **Clinical Governance and Quality Improvement: A training partnership**



# The global impact of clinical governance

We know that internationally:

- Length of hospital stay is inversely correlated with good Clinical Governance Quotient.<sup>1</sup> Hospital Acquired Complications increases the average length of hospital stay from 4.7 to 18.8 days (16.2 in private settings)<sup>2</sup>
- \$2 billion saved over 5 years (to 2016) through supply chain and treatment efficiencies<sup>3</sup>
- Patient Safety First (nation-wide UK initiative) resulted in<sup>4</sup>:
  - Complete compliance in the implementation of the Surgical Safety Checklists (100% compared to usual 50%)
  - Reduced cardiac arrest calls
  - Improved use of Rapid Response Teams (preventing further patient deterioration)
  - Increased compliance with ventilation care
  - Increased compliance with pre-operation antibiotic administration

<sup>1</sup> Specchia *et al.* *BMC Health Services Research* (2015) 15:142 DOI 10.1186/s12913-015-0795-2

<sup>2</sup> Australia's Hospitals at a Glance, Australian Institute of Health and Welfare (Jul 22 update), accessed 21 Nov 2022

<sup>3</sup> Intermountain Healthcare, *Reducing Costs by Improving Quality*, accessed 21 Nov 2022

<sup>4</sup> Patient Safety first (2008 – 2010), *The Campaign Review*, March 2011

# The Current Landscape (In Australia)

Despite national standards and accreditation processes, patient safety and quality care lapses continue to plague our health system. In fact, almost every significant safety failure in recent decades happened in a hospital that passed its accreditation with flying colours<sup>1</sup>.

1 in 9 patients in Australian hospitals suffers a complication. 1 in 4 if the patient stays overnight<sup>1</sup>.

Patient complications are costing \$4 billion a year for public hospitals and more than \$1 billion a year for private hospitals<sup>1</sup>

Variation in care continues to exist.

**Globally, the light is shining on clinical governance.**



1. Duckett, S., Jorm, C., Moran, G., and Parsonage, H. (2018). Safer care saves money: How to improve patient care and save public money at the same time. Grattan Institute

# Who is responsible?



## Boards and/or Governing Body

**Set the culture** and expectation for safe and quality care with the Executive using the Clinical Governance (CG) framework as the vehicle.

## Executives

**Empower change** and operationalise the CG framework by enabling people and systems. They foster the desired culture and mindset. The Executive lead, support, monitor and improve.

## Managers

**Create the environment for change.** They support, organise and develop staff to create safe and quality care with the use of guidance tool such as standards and systems.

## Frontline clinicians and care staff

**Enact the change.** They create the point of care experience through their behaviour and skills and by monitoring and improving the care experience.

## Non-clinical/care workforce

**Support** frontline clinicians and care staff to create a quality experience.

# Who are we?



### Timeline Highlights

<b>Before 1920</b> The influence of HEAL	<b>The Beginning - 20 February 1920</b> Establishment of the Melbourne Committee for Postgraduate Work	<b>1920s</b> Last iterations of the Melbourne Committee of Postgraduate Work	<b>1930s</b> Adoption of a formal Constitution and Rules
<b>1940s</b> The influence of WW2	<b>1950s and 1960s</b> Introduction of an Annual Subscription	<b>1970s</b> Running the Computer Waiting Service	<b>1980s</b> Introduction of Courses for MSc and Commonwealth of an Academic Guidelines Committee
<b>1990s</b> Establishment of the Therapeutic Guidelines Ltd (TGL) and the Postgraduate Medical Council of Victoria (PMCV)	<b>2000s</b> First in Medical Country Education Programs	<b>Early 2010s</b> The Birth of the Australasian Institute of Clinical Governance (AICG)	<b>Towards 2020</b> The incorporation of the Australasian Institute of Clinical Governance (AICG)





# The AICG

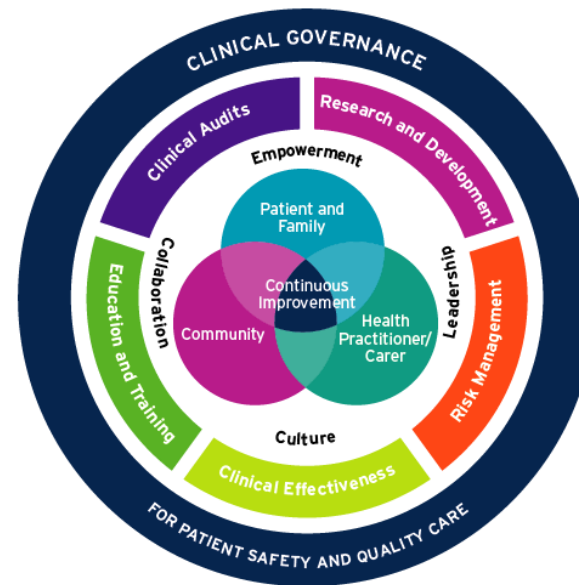
## Vision

Safe and quality care through excellence in clinical governance.

## Purpose

By empowering healthcare providers through clinical governance education, we improve safety and quality of patient and consumer care.

## AICG Clinical Governance Competency Framework



# What do we do?

Courses in Clinical Governance competencies for the Board and Executive, for frontline professionals, middle to senior managers. We are developing a course for service providers. Our flagship course is our Certificate in Clinical Governance.



**AICG**  
Australasian Institute of  
Clinical Governance

**Certificate in  
Clinical Governance  
for Patient Safety  
and Quality Care**

[aicg.edu.au](http://aicg.edu.au)

**AICG**  
Australasian Institute of  
Clinical Governance

**ONLINE & FACE-TO-FACE  
APPLIED CLINICAL  
GOVERNANCE**

**YOU CAN STUDY CLINICAL GOVERNANCE THROUGH OUR ONLINE COURSE AND / OR THROUGH OUR INTERACTIVE WORKSHOP.**

All healthcare practitioners need to understand the importance of their role in clinical governance.

Clinical governance is a system by which all staff (clinical and non-clinical) in the healthcare industry share responsibility for patient safety and quality care.

Healthcare organisations can improve the quality of their care by focusing on developing clinical governance skills at an individual health professional level.

As a working health professional you can benefit from studying clinical governance at the Australasian Institute of Clinical Governance (AICG) through:

- Exploring the role of patient safety and quality care in healthcare
- An introduction to clinical governance and the necessary skills to ensure you maximise patient safety and quality care
- Examining credentialing and professional development in clinical governance
- Learning how to apply tools and techniques

**TESTIMONIAL**

**“**I've never really understood the term 'clinical governance'. I now realise that it is imperative that my colleagues and I apply it to our practice to ensure better patient safety and quality care.  
**”**

**AICG**  
Australasian Institute of  
Clinical Governance

**ONLINE & FACE-TO-FACE  
BUILDING CULTURE  
AND COLLABORATION**

**YOU CAN STUDY CULTURE & COLLABORATION THROUGH OUR ONLINE COURSE AND / OR THROUGH OUR INTERACTIVE WORKSHOP.**

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Through the online course and workshop, participants will explore, practice and apply relevant skills across a range of topics, including:

- Unconscious bias
- Communication in various cultural contexts, including non-verbal cues
- The impact of organisational culture on patient safety and quality of care

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**AICG**  
Australasian Institute of  
Clinical Governance

**ONLINE & FACE-TO-FACE  
ADVANCED LEADERSHIP  
IN HEALTHCARE**

**YOU CAN EXPLORE LEADERSHIP THROUGH OUR ONLINE COURSE AND / OR THROUGH OUR INTERACTIVE WORKSHOP.**

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allow you to:

- Identify your leadership potential in the healthcare setting
- Develop confidence in your leadership as a health professional
- Apply today's advanced leadership models/thinking

leadership course I have done because of its specificity to network with like-minded individuals from different organisations to discuss about making change in the workplace.



# AICG Membership

## Articles and blogs

Exclusive access to all AICG articles and blogs written by clinical governance experts

## Post nominal

AICG Members will be able to proudly display their AICGM post-nominal.

## Monthly webinars

Members have free access to our monthly webinars, where experts present on a particular topic relating to clinical governance. A database of past event recordings is also available exclusively to members.

## Community of practice

Everyone wants to feel like they are part of a community, and the AICG membership does just that. Members are invited to join this social group to engage in discussion with like-minded peers and share success stories.

## Course discounts

Members are eligible to receive a discount on the Certificate in Clinical Governance.

## Event discounts

AICG members receive generous discounts on AICG annual events and conferences.



# AICG resources



**AICG**  
Australasian Institute of  
Clinical Governance

**FOUR CLINICAL GOVERNANCE  
RABBIT HOLES TO AVOID  
LEARNING FROM HEALTHCARE  
TO ACCELERATE AGED CARE  
CLINICAL GOVERNANCE  
EFFECTIVENESS.**

## OVERVIEW

All human service sectors experience turning points. The 1990s was a decade of revelation about poor healthcare quality, identified and reported in major studies of adverse events and public inquiries across the world. The initial shock waves evolved into a care safety revolution, supported by the introduction of clinical governance. A quarter of a century later, the outcomes of the Aged Care Quality and Safety Royal Commission are having a similar impact in aged care, with a stream of legislation and innovations challenging aged care providers to re-set their approach to creating and maintaining quality care.

The financial cost of suboptimal care to consumers and organisations is significant (ACSQHC, 2019.) Ineffective clinical governance processes also waste time, energy and resources. Expectations are growing that aged care will develop more sophisticated, whole-of-organisation approaches to improving point of care quality. The



Stepping over, rather than into, each of these rabbit holes will help aged care to reduce clinical governance evolution time and increase positive point of care impact.

four key clinical governance implementation 'rabbit holes' derived from the healthcare experience:

1. Activity without purpose
2. Process before people
3. Prioritising passivity
4. Confusing fads with foundations.

These are not the only clinical governance traps to avoid, but are useful to be aware of, because:

- most health services have fallen into these traps on their implementation path at some stage
- they align with the literature on clinical governance failures and fault lines
- they are avoidable; aged care provider organisations have it within their power to bridge these clinical governance chasms because they are not government policy or funding dependent, but require boards and executives to cultivate the right mindset, knowledge





**Thank you**

**[aicg.edu.au](http://aicg.edu.au)**



# QUALITY IMPROVEMENT



**ACHSQIL**

THE **SCIENCE** OF **PROCESS MANAGEMENT** IN HEALTHCARE

Associate Professor Bernie Academy  
Director ACHS Improvement Academy

# Public courses

For seven years, the Improvement Academy has been a leader in offering healthcare education and training.

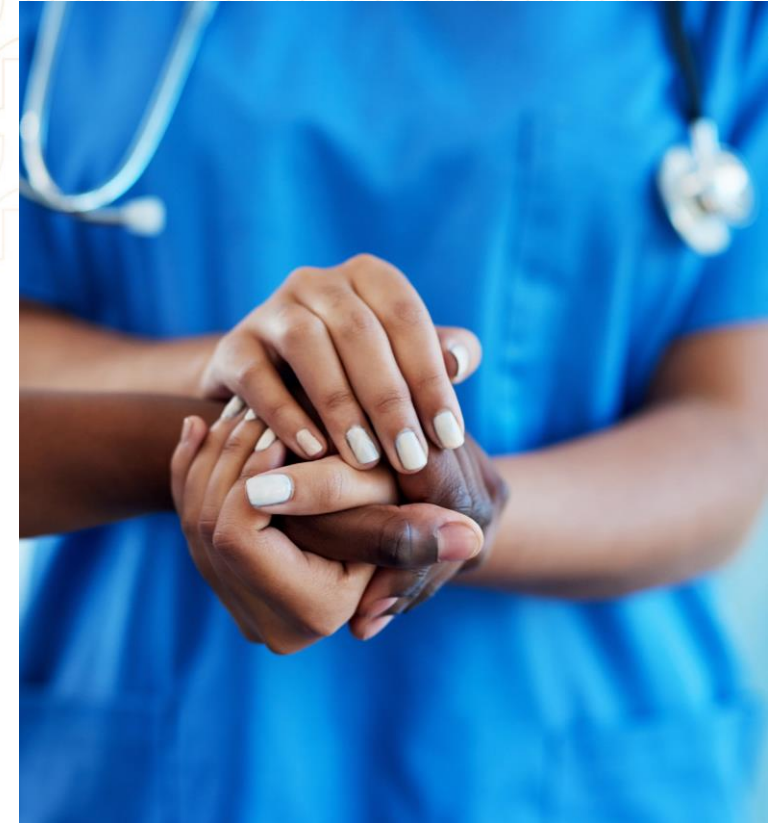


# Governance of Health Systems

**Compliance**  
Accreditation

**Benchmark**  
Clinical  
Indicators

**Improvement**  
Training QI  
Science





# Are you an agent of change?

- If not you?
  - Who?
- 
- If not now?
  - When?



# Virtual Quality Improvement Lead (QIL) Training Program

VIRTUAL INTERACTIVE TRAINING



**Virtual Quality Improvement Lead (QIL) Training Program**

# Program Objectives and Content

*Overall continuously improve quality and safety of healthcare for the patients we serve*



**At the end of this course you will have developed skills and understanding in:**

- International and Australian best practice in quality and safety
- Quality improvement science
- Quality improvement tools
- Microsystem change and Plan do study Act (PDSA)
- Human Factor, Reliability science and Failure Modes and Effects Analysis (FMEA)
- Measurement for improvement, statistical process control charts
- Patient/consumer engagement
- Change management, spread, and sustainability
- Leadership of Improvement teams/high performing teams
- Leadership and high-level governance responsibilities for Quality and Safety



## Module 1

8 Feb 2024  
12PM - 3PM

QI Science - Introduction

9 Feb 2024  
12PM - 3PM

QI Tools +  
Project Presentation

## Module 2

22 Feb 2024  
12PM - 3PM

Human Factors + FMEA  
QI Tools Practice

23 Feb 2024  
12PM - 3PM

PDSA and  
Microsystem Change

## Module 3

7 March 2024  
12PM - 3PM

Leadership and  
Leading Change

8 March 2024  
12PM - 3PM

Measurement for Improvement:  
Run charts, SPC

## Module 4

21 March 2024  
12PM - 3PM

Partnering with Consumers

22 March 2024  
12PM - 3PM

Clinical Governance -  
Putting it all together

# Project Phase



- Coaching in a QI Project
- Access to eLearning NSQHS
- 52 CPD points
- Post nominals **ACHSQIL**



# How much better can we be?



## Quality Improvement Lead Program: Project Summaries 2021-2023

This booklet includes an array of projects from participants of the ACHS Quality Improvement Lead (QIL) Training Program, conducted between 2021 and 2023. The ACHS Improvement Academy commends this summary of projects and encourages you to share widely across the healthcare system.

# Virtual QIL Graduation Cohort 3 Class of September 2022 – June 2023

## 18 Project Presentations





## What the participants are saying

1. The QIL program strengths are in the practical application of the theories and science of improvement. I am really enjoying this program and would recommend it to quality leads and clinicians alike. Denise Fitzpatrick Regional Clinical Governance coordinator
2. The polls and activities throughout the days. The interactions with other participants 4-5 people was the perfect amount, allowed us time to all speak/ discuss with everyone in the group.
3. The virtual platform was excellent, I felt like it was (nearly) equal to an in-person experience with the added bonus of not wasting precious time travelling - I probably wouldn't have done the course if it was in person in a city location as I'm from country Victoria & have a young family. I love the option of completing this course virtually, well done ACHC IA Team
4. The content, I am enjoying the learning. It is well presented, and I am very much looking forward to using the information in the workplace







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A photograph of a person's hands typing on a laptop keyboard. The person is wearing a light blue long-sleeved shirt. The laptop is silver. The background is slightly blurred, showing an office environment.

Welcome Back!

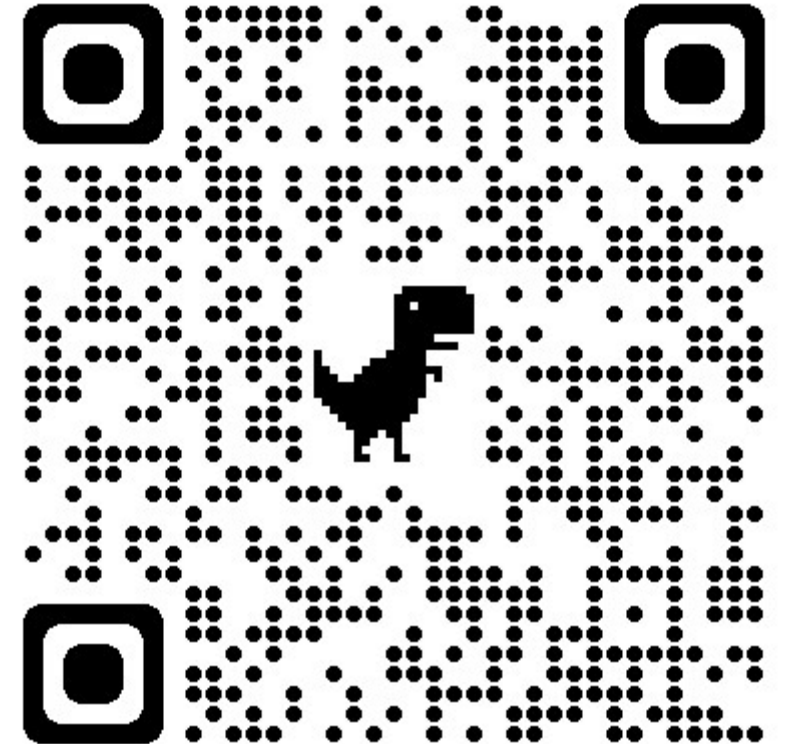
# How to Register

## How to Register:

Our QIL Program is hosted on our IA e-Learning platform, this is where you register, connect with colleagues and access all your course materials. Follow these three simple steps to sign up and start accomplishing your learning goals.

1. Simply create a new account on the e-learning platform [here](#)
2. Explore our flagship course QIL Course and register [here](#)
3. Once registered, join the community, commit to success and earn CPD points

If you have any enquiries about the platform and course or how to book please contact us at [improvementacademy@achs.org.au](mailto:improvementacademy@achs.org.au)



**\$3,150.00**

Registration (ACHS Member)

Register

**\$3,500.00**

Registration (ACHS Non-Member)

Register

**6 x \$583.33**

6 x Monthly Payments

Register





FREE INFORMATION SESSION

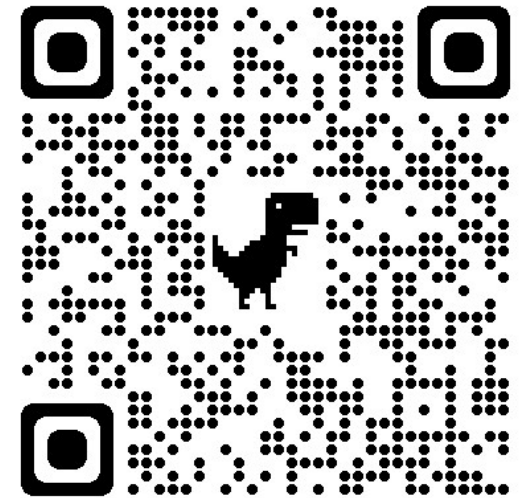


# Free Information Session: Quality Improvement Lead (QIL) Training Program

 Price: Free

 Online

 06 Nov 2023, 12PM - 12:30PM (AEDT)



**“Sometimes it falls upon a generation  
to be great, you can be that generation”  
— Nelson Mandela**



**Any Questions?**

**Please post in the  
chat box**







**THE AUSTRALIAN COUNCIL  
ON HEALTHCARE STANDARDS**

5 Macarthur St Ultimo  
NSW, Sydney 2007

**T** (02) 9281 9955

**F** (02) 9211 9633

[achs.org.au](http://achs.org.au)

Email:

[improvementacademy@achs.org.au](mailto:improvementacademy@achs.org.au)

Or visit

[www.achs.org.au/improvement-academy](http://www.achs.org.au/improvement-academy)