



Anam Cara House Geelong

Clinical Governance Framework

January 2024- January 2027

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1. Introduction

Clinical Governance is an integrated set of leadership behaviours, policies, procedures, roles, responsibilities, monitoring and improvement mechanisms that are implemented to support safe, best practice clinical care and outcomes for each consumer. Clinical Governance is an integrated component of Corporate Governance.

The Anam Cara House Geelong Clinical Governance Framework/Quality and Safety Plan (CGF) sets out the key structures, systems and processes that enable organization-wide accountability for the delivery of high-quality care. It ensures that everyone- from clinicians to managers and members of the Board- is accountable to the ACHG guests and their carers for assuring the delivery of safe, effective, integrated palliative care programs that are continuously improving.

The intended audience are the staff and volunteers of ACHG.

Organisational context

ACHG is a community funded, independent, non-denominational organization that provides support to people with chronic and life-limiting illness (our guests), their carers and families. ACHG provides care to our guests via the Living Well day hospice program, palliative respite care, community outreach and end of life care.

ACHG Vision

Holistic person-centred Hospice and End of Life Care

Mission

To provide community hospice services that care, respect and support our guests, including at the end of their lives.

Values

Compassion

Accountability

Respect

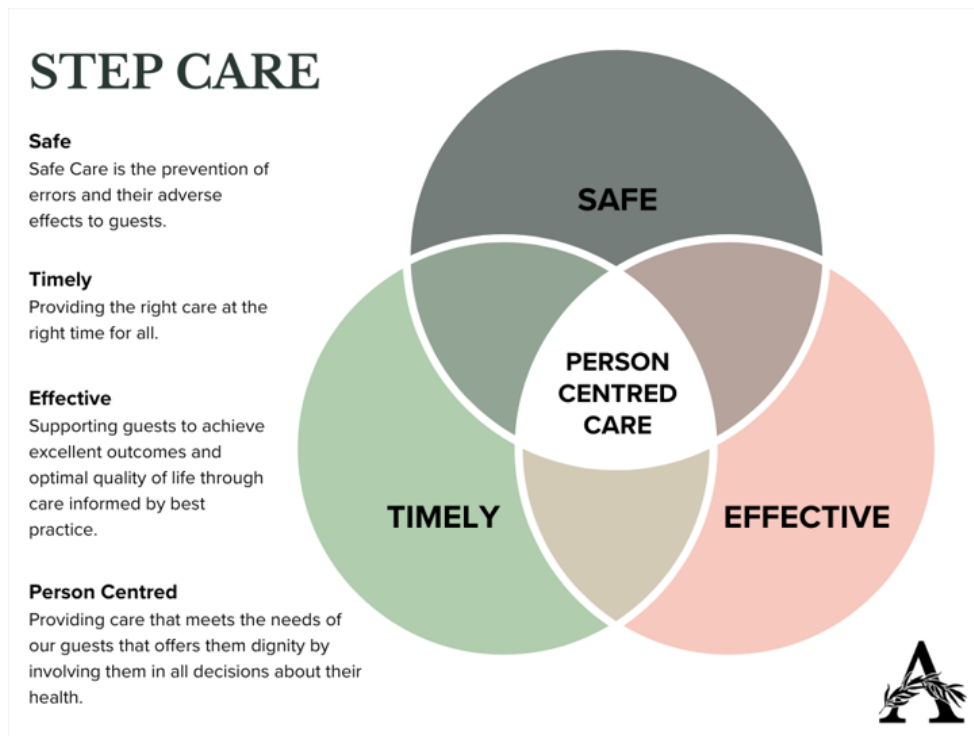
Excellence

Dignity

ACHG is committed to delivering excellence in care to our guests and we are committed to the safety, health and wellbeing of our guests and their carers.

2. Domains of Clinical Governance/Quality and Safety

The ACHG Clinical Governance Framework describes our quality and safety pillars. The quality and safety STEPs are:-



Safe

Safe Care is the prevention of errors and the adverse effects to guests

Timely

Providing the right care at the right time for all guests

Effective

Supporting guests to achieve excellent outcomes and optimal quality of life through care informed by best practice.

Person Centred

Providing care that meets the needs of our guests that offers them dignity by involving them in all decisions about their health.

2.1 Accreditation/certification/verification via external audit

ACHG is committed and achieving and maintaining accreditation/certification/verification against relevant and required standards.

Current status

National Safety and Quality Standards (NSQHS) Accreditation Valid to 01/08/2026

National Palliative Care Standards 5th Edition- self assessment completed

2.2 Internal audit

The ACHG Audit Schedule outlines the audit frequency, due date, reporting and outcome. Audit schedule compliance is overseen by the Quality and Risk Manager and reported to the Safe Care Committee. ACHG conducts structure, process and outcome audits. Frequency is determined according to risk and result. Audits with a result of less than 95% are re-done at an appropriate interval after the implementation of remedial actions.

2.3 Indicators

Palliative Care Outcomes Collaboration (PCOC)- utilizing assessment tools.

ACHS is a member of The Australian Council on Healthcare Standards. The peer benchmarking Clinical Indicator Program is available to submit data in the 2nd Half of 2024

2.4 Incident monitoring

All near misses and incidents are reported through the appropriate channels and in a timely manner. All near misses and incidents are investigated and reported to the appropriate committees for review and trend analysis. Once investigated and analysed the trends are reported to the appropriate committee for further action.

Clinical incidents or near misses are related to direct guest care, examples include but are not limited to the following: -

- medication errors
- falls
- skin tears
- decubitus ulcers
- misidentification
- documentation
- drug reactions
- allergic reactions
- unexpected deterioration
- Unplanned transfer

Opportunity For Improvement (OFI, CORP 046) forms may be generated when issues are identified through the above processes and continued until completion or resolution of issues.

Quality Improvement Action Item Plans (CORP 122) are utilised when appropriate.

2.5 Prevent adverse outcomes

The ACHG Risk Register records all existing risks, controls in place and rates risks for likelihood and consequence. The Risk Register is reviewed via the Clinical Governance Quality and Risk Committee and Finance and Risk Committee according to required frequency or review per risk.

2.6 Best practice policy and procedure

The ACHG Management team drives the ongoing development and review of policy, procedure, forms and terms of reference. The review process requires rigorous critique of documented processes, incorporating ways to improve documentation and to ensure processes remain appropriate and correct. Frequency of review is guided by the Policy and Procedure Review Schedule or more often as required due to changes in legislation or regulations, changes in funding or funding guidelines and requirements, identified improvement opportunities, management decisions, adverse event reports, audits and reviews.

2.7 Staff and volunteer competence

Recruitment, induction and credentialling processes ensure adequately qualified, and experienced staff.

Employed staff and volunteer staff are required to complete mandatory education and training as described in Professional Development, Education and Training- CORP 050 and the

Monitoring of completion rates occurs via the audit program and the Performance Appraisal Process

2.8 Continuous improvement

Variation to ACHG's policies and procedures is informed through data monitoring. Quality and safety data is collected and analysed to identify trends and improvement opportunities.

2.9 Consumer participation

ACHG systems and processes are designed to support our guests and their carers. ACHG involves guests in the design of their care and provides information on quality and safety outcomes. ACHG guests and their families and carers are invited to provide feedback on their experience of service via

- direct feedback to staff and volunteers
- Carers Support Assessment Tool
- Patient and Carer Experience Surveys

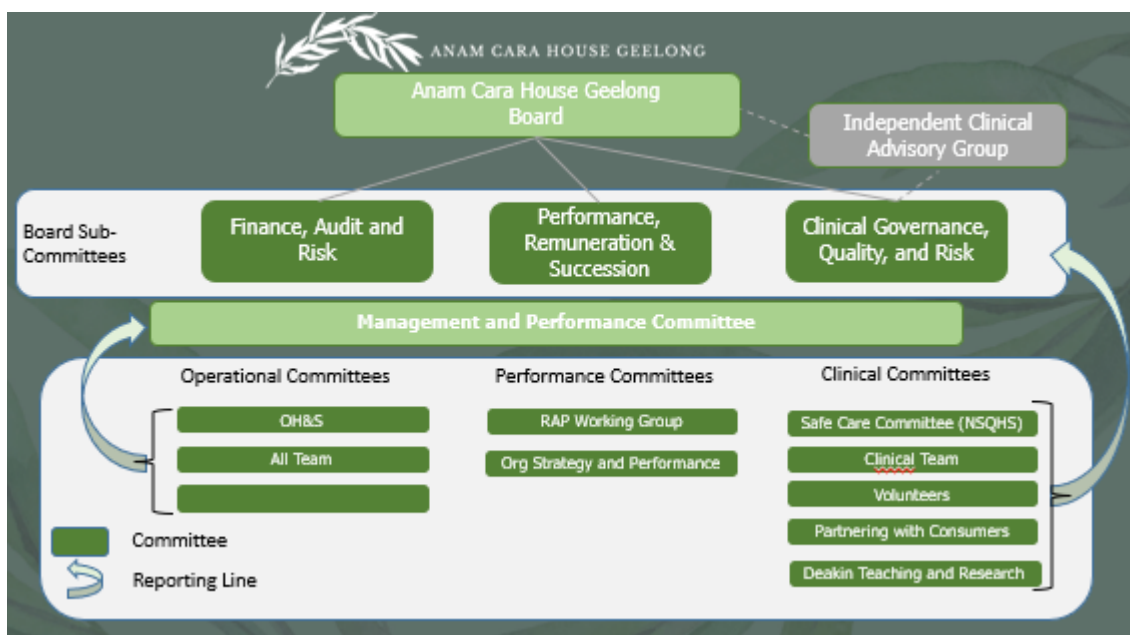
Concerns from guests, staff, volunteers, or other stakeholders are guided by the Complaints Management CORP 048

3. Roles and responsibilities

Roles and responsibilities for employed staff and volunteers are detailed via position descriptions.

Clinical governance roles and responsibilities for The Board are described Board Role description (CORP 005).

ACHG Organisational Structure and Reporting Chart



4. Plan review date: September 2026

5. Ratification of this plan is via the Clinical Governance Quality and Risk Committee and the ACHG Board