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## **A Critical Review of The Role of Clinical Governance in Health Care and its Potential Application in Indonesia**

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### **Abstract:**

*In modern society, people's behaviour towards any service tends to be concerned about the quality of goods or services as consumers. The NHS has developed programs to support the implementation of clinical governance based on five strategies: system awareness, teamwork, communication, ownership, and leadership. All are built on seven pillars: clinical effectiveness, risk management effectiveness, patient experience, communication effectiveness, resources effectiveness, strategic effectiveness and learning effectiveness. This system can bridge the gap between professional aspects and management aspects, while other quality system tend to focus on management aspects. Clinical governance is applicable to health care organizations around the world including Indonesia since clinical governance is a framework for clinicians and management to collaborate to provide better quality of health care. In Indonesia, clinical governance is a new concept, even though some health care organizations have implemented quality management through ISO 9000 accreditation and patients safety standard based on Joint Commission International (JCI), the International standard for Hospital accreditation. Therefore, the Indonesia Ministry of Health may want to learn from the UK about the implementation of the pillars and strategies of clinical governance, although Indonesia may have some limited resources (financial and human) to implement clinical governance.*

**Keywords:** *Clinical governance, health care, Indonesia*

### **1. Introduction**

In modern society, people's behaviour towards any service tends to be concerned about the quality of goods or services as consumers. In the health care has had to pay attention as patients and families have become more familiar with health services quality (Graham 1990; Schmele 1996).

In response to this situation, health organizations have attempted to implement quality management strategies such as total quality management, quality assurance, and continuous quality management. These strategies tend to focus on the management aspects while in health care organizations, professional aspects play an important role in determining the quality of health care. For this reason, the National Health Service (NHS) established. The system has been named clinical governance.

Clinical governance is applicable to health care organizations since clinical governance is a framework for clinicians and management to collaborate to provide better quality of health care. Clinical governance principles attempt to build patient-professional relationships.

Clinical governance has application possibilities to health care organizations around the world, including Indonesia. The following sections will review its definition, implementation and the outcomes of clinical governance, and its potential implications in Indonesia.

### **2. Literature Review**

#### *2.1. The Definitions of Clinical Governance*

Clinical governance is a strategy for improving health care performance (Nicholls, Cullen & Halligan 2000; Scally & Donaldson 1998). For the purposes of this paper, the definition used by the British National Health Service (NHS) have been very proactive in Clinical governance development globally for the past decade. Scally and Donaldson (1998,p61) defined clinical governance as "a system through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". Following on Scally and Donaldson' perspective, Wright and Hill's (2003) stated that clinical governance is a cultural process to provide

health services which are sustainable, accountable, patient-focused, and quality- assured health care. Therefore, clinical governance is a system which intends to achieve better quality of health care through continuous quality improvement.

The definition of clinical governance could be understood in a way that it is a systems thinking strategy which involves a cultural change process to implement continuous quality improvement which is not only concerned with management aspects, but also clinical care. Furthermore, since this paper intends to examine the development of clinical governance for Indonesia, the following section will examine the definition of clinical governance in Indonesia.

Indonesia has implemented a comprehensive system to improve the quality of services which is called a Clinical Performance Development and Management system (CPMD). Aditama (2004) wrote in the bulletin of an Indonesia health department that clinical governance refers to a system which intend to improve health care services. Clinical governance involves three aspects: organizational development, professional development and patient development. Dwiprahasto (2001) stated that clinical governance being a modern concept to improve health care and refers to the NHS definition. Therefore, Indonesia's definition and implementation of clinical governance is likely to be similar to the NHS.

## 2.2. The Implementation and Outcomes of Clinical Governance in The UK

Clinical governance in the UK is presented as a system of pillars and strategies, with the pillars supporting the strategies to build clinical governance. Furthermore, there are seven pillars of clinical governance: clinical effectiveness, risk management effectiveness, patient experience, communication effectiveness, resource effectiveness, strategic effectiveness and learning effectiveness. These pillars are supported by five key strategies of clinical governance: system awareness, team work, communication, ownership and leadership. This is depicted at the diagram below

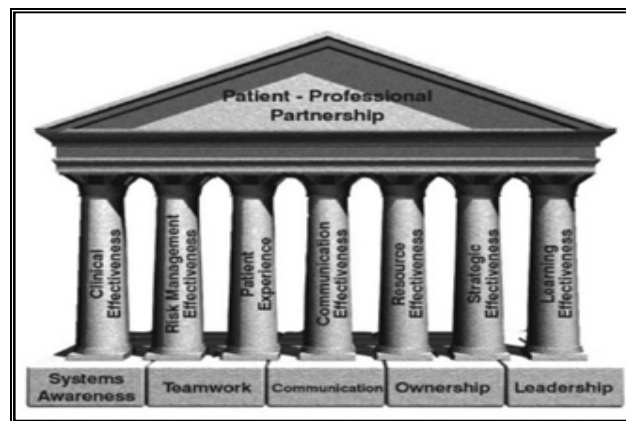


Figure.2. The temple diagram  
Source : (Nicholls, Cullen & Halligan 2000)

An analysis of the strategies and pillars of clinical governance, and the implementation of these strategies and pillars in the NHS and a perspective of a description of Indonesian conditions with respect to these pillars and strategies will be further identified.

### 2.2.1. Pillars of Clinical Governanc

#### 2.2.1.1. Clinical Effectiveness

The NHS defined clinical effectiveness as the clinical intervention which leads to the best impact on people's health within resources (McClare 1997). Therefore, clinical effectiveness involves three aspects: obtaining evidence, implementing treatment based on the evidence, and evaluating the change of practice. With respect to obtaining evidence, health providers may use evidence based practice, such as current research, patient preference and clinical experience. The clinical effectiveness program consists of six components. The components are research and development, cost-effectiveness, education, audit, clinical guidelines, and clinical outcomes (NHS 2001). The systems awareness strategy has to be supported by the team work strategy since the systems awareness can lead staff to work collaboratively. In other words, they have to develop team work amongst the subsystems.

#### 2.2.1.2. Risk Management effectiveness

The goal of clinical governance is congruent with the goal of risk management, which refers to effective, efficient health care and patient safety. Risk management is a process which attempts to identify faults or potential faults due to human error. Hospitals require risk management to reduce inefficiency, to improve cost effectiveness, and to consider patient safety.

Traditionally risk management in health has been related to financial loss, Kraman and Hamm (1999) stated that financial loss due to medical practice, injury, and accidents in hospital can be prevented by risk management. In addition to financial loss due to human error, the reputation of a hospital may be affected. Human error could be minimized through effective management of risks. Hence, a manager should be able to apply risk management principles and strategies to prevent financial and other loss (Joy

1993; Kuhn & Youngberg 2002). In addition, Schemele (1996)' points out that risk management may be able to protect financial assets, protect humans and reputation, prevent patients, visitors and staff from injuries, and improve quality of health care.

Risk management is a process and consists of the following: identify potential risk, review monitoring system, analyze risk, monitor laws and codes concerned with patient safety, eliminate risk, and evaluate result of risk management (Schemele 1996).

To gain an understanding how risk management can result in better quality of health care, which is the goal of clinical governance, people should understand the steps of risk management: risk identify, risk analysis and risk reduction. Risk management may support the goal of clinical governance because risk management may reduce the medical errors made by human errors. As a result, the health services may have better quality and consider patient safety as well as meeting the expectations of patients.

To implement risk management, the NHS of Scotland established standards for clinical governance and risk management in 2005. These standards focus on safety, effectiveness and patient focused care. This may imply that organization members need to be able to identify and report on risk and provide services which are safe, efficient, and effective.

Indonesia does not have a strategy to implement risk management nationally. However, risk management has been an issue in health organizations. Currently, there is an Institute of Clinical Risk Management which educates people regarding clinical risk management. In addition, there are many seminars and workshop which are conducted to introduce the importance of risk management. (IMRK 2006). In addition, the Indonesia health department developed a program which is concerned with patient safety which is to be part of risk management through implementation national accreditation system for Hospital. This system applies patients safety standard based on Joint Commission International(JCI), the International standard for Hospital accreditation

#### 2.2.1.3. Patient experience

The clinical governance framework which is developed for continuous quality improvement put the patient experience as a pillar to enhance the partnership between professions and patients to improve quality of care. Patients may define quality as meeting their requirements, and their expectations. Regarding health care, Schemele's(1996) stated the quality of health care should involve three types of quality: clinical quality, patient driven quality and economic or finance driven quality.

Patients may use their experience to determine health services which are appropriate to their needs and requirements and to assess the quality of health services. Weingart et al. (2006) also stated that patient experience is a tool to measure quality of health care since patient experience is a source of information to improve the quality of health services. Patients may give feedback of services based on their experience (DepartmentHealth 1999).

Another aspect which causes obstacles is lack of staff awareness o involve patients in health services which can be sharing decision making regarding their condition, developing planning and changing the process of admission, the staff is unlikely to provide enough information to patients about care and treatment. ; professionals still do not explain clearly about side effects of treatment, The hospitals tend to develop their own method regarding patients admission(Swain 2003) .

Compare to Indonesia, patient experience issues are seen as part of the change to improve quality of health services. Given the explanation of patients' experience, it revealed that communication is a key strategy to involve patients experience to achieve the goal of clinical governance

#### 2.2.1.4. Communication Effectiveness

Communication is a process of sharing understanding between people. It can be verbal or non verbal communication (Rakich et.al cited in (M. Shortell & Kaluzny 1988b). The key aspect of this definition is understanding, which is not necessarily expressed in words. Duld, Giffin and Palton (1988), who focus on interpersonal communication, state that communication is a process of involving people to exchange meaning, feelings, and facts. This definition aptly describes the communication process between nurses and patients. Generally though, communication is the process of the exchange information.

Given this definition, the role of a communication strategy in implementing clinical governance is that of a tool for exchanging information about clinical governance strategy and the pillars of clinical governance between health professionals and management and between health professionals and stakeholders in primary care, social services, and other agencies; and health professionals and patients as this concept involves quality care (J. Wright & Hill 2003).

These people may need certain approaches to be involved in a change process. Communication, then, is likely to be a key aspect to approaching a resistant group. Dunphy and Stace (1990 cited in (M.G. Harris & Associates 2006), categorize four types of change management: collaborative, consultative, directive, and coercive. These four types focus on communication aspects that manage change.

Although the importance of communication may be understood, communication among professionals and patients has some obstacles. The first barrier is that communication skills among medical professions (nurses and doctors) is unlikely to be adequate. The reason is that they are not usually taught about clinical communication skills in college, so their ability to define body knowledge and attitudes of patients is likely to be poor (Simpson et al. 1991). The second is that the type of information which should be delivered to the patients is uncertain.

In response to the importance of internal communication and external communication, the NHS has published a guideline to build effective communication among external organizations and internal organizations (NHS 2006). This book provides tips on how to develop good communication among member of the NHS and how to communicate effectively with external organizations, such as the media. Additionally, the NHS evaluates its doctors' communication skills. In terms of communication skills of medical professions, this is a new paradigm for Indonesia as well other developing countries.

This concept is the main concern to management aspect rather than professions aspect. The clinical governance put the ownership strategy to build gap between professions and management aspect in terms of resources allocation.

#### 2.2.1.5. Resources effectiveness

In terms of resources effectiveness, empowerment of staff may lead staff to have sense of ownership to the organization. Sense of ownership, in turn, may lead staff to be responsible for resources utilisation to achieve goals effectively. Therefore, the ownership strategy in clinical governance can develop a bridge between management sector which is concerned with resources effectiveness and professionals sector which is likely to be concerned with clinical effectiveness

#### 2.2.1.6. Strategic effectiveness

Strategic management is the process of “managing the pursuit of the organizational mission while managing the relationship of the organization to its environment”(Higgins 1985 quoted in M. Shortell & Kaluzny 1988b, p.464). Characteristics of strategic management focus on the external environment and involve long term organizational issues, and provide guidelines for the organization.

In relation to clinical governance, strategic management should be developed to achieve strategic effectiveness which focuses on the patient-professional partnership with respect to improving quality of care. Furthermore, strategic management should reflect a mission of the health organization which intends to pursue high quality patients-centred care. Strategic management should consider the process of cultural change, systems thinking, and continuous quality improvement. To develop strategic effectiveness, a leader should communicate strategies to all members of the organization; and motivate the members of organization to implement the strategy, such as how to develop relationships with patients, how to adapt to new technology, and how to improve knowledge and skills due to advanced technology.

#### 2.2.1.7. Learning Effectiveness

This learning process may involve in risk management, because risk management changes with advances in technology. The learning process will be lifelong to improve quality of care. The learning process can be informal or formal. They can attend workshops and seminars. In addition, they may do benchmarking to improve quality of care. The staff can also learn from their peers. Areas of learning include leadership skills, communication skills, management skills, and medical skills as they relate to clinical governance (J. Wright & Hill 2003). The importance of the learning process is that it provides an opportunity to obtain and implement new skills and knowledge. Therefore, learning effectiveness should get support from good leaders which will provide learning environment and motivate people to be involved in the learning process.

### 2.2.2. Five Key Strategies of Clinical Governance

#### 2.2.2.1. Systems Awareness

Systems awareness is important in the development of clinical governance because this awareness assists staff to take into account all aspects to improve the quality of health care. Furthermore, systems awareness may or will support the clinical effectiveness pillar because health providers need a way to produce clinical effectiveness. All components in hospital should be able to collaborate and coordinate to provide quality care .

#### 2.2.2.2. Team Work

A team is a group of people who collaborate to achieve the same goals. Successful of health care organizations rely on the success of team work. In addition, Fargason and Haddocks (1992, cited in Shortell and Kaluzny 1988) said that quality management may need good team performance.

In understanding of the importance of team work, the NHS developed team resources management and patient safety management. The NHS pointed out a number of aspects which should be considered to be a good team. The aspects are commitment among members, leadership, understanding the principles of team work, skill and knowledge, coordination and collaboration, and communication (Al-Assaf 1993; Boddington et al. 2006; M. Shortell & Kaluzny 1988b).

To improve the performance of the team, the NHS has tried to apply team building techniques, techniques of group decision making, briefing and debriefing strategies, situational awareness, and stress management. In contrast, the NHS developed some strategies to deal with troubled teams: diagnosis, intervention, embedding and disengagement (Boddington et al. 2006)

#### 2.2.2.3. Communication

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#### 2.2.2.4. Ownership

A sense of ownership can be developed by empowering staff to solve the problems of the organization. Empowerment is a process of involving people in the conduct of certain activities to reach a goal. This involvement can be sharing knowledge, skills, and responsibilities. This process tends to be interactive between a leader and members of group (Marquis 2000).

Therefore, empowerment can create a better environment for staff to be creative and innovative (Heather et al. 2007). This environment may result in better job satisfaction, which leads to high retention of staff and increased productivity.

Empowerment also refers to teamwork. Tebbitt (1993 cited in Marquis 2000), who pointed out seven difficulties in empowering staff in a organization are organizational beliefs about authority, control perceptions, needs and attitude, organizational inertia, personal interdepartmental barriers, employee number, mix and skills, unclear job descriptions, and managerial incompetence.

As a result, a good collaboration may lead to the empowerment of clinical members to develop decision making. Staff may be satisfied with their jobs and increase their productivity; then, the clinical team may be able to provide clinical care, which is concerned with clinical governance principles such as effectiveness and safety for patients.

#### 2.2.2.5. Leadership

Leadership is the process of influencing other people to achieve certain goal (Gardner 1990 cited in Marquis 2000). This process tends to be an art, which may be developed from experience and skills (De pree's, 1987 cited in Marquis 2000). Leaders and managers attempt to influence other people to reach certain goals; therefore, people use it interchangeably.

Given this definition, it seems that implementing clinical governance may need leadership skills to persuade people to follow the change, since clinical governance is a process of cultural transformation which involves the change of behavior, norms, values and attitudes to improve the quality of care. This process is unlikely to be straightforward. A leader is required to shape a new culture which is concerned with clinical governance. A leader may determine new vision, mission and strategies to encourage the members of the organization to adapt to the new culture.

The leader may define the role of team work. Leaders should be able to motivate effective teamwork. However, not all people may agree with this change. They may fear uncertainty and inconvenience with the new situation. To deal with this natural reticence towards change, leaders are required to develop good communication skills and provide motivation. S/he should have charisma, so people will follow the change (M.G. Harris & Associates 2006).

Clinical leaders should be able to collaborate and coordinate with management leaders to provide quality of care. Furthermore, the organization needs a leader who can collaborate with professional groups (Cullen, Nicholls & Halligan 2000). Collaboration and coordination can be effective if leaders are directed by a vision.

### **3. Conclusion**

A review of the implementation of clinical governance in the UK by the National Health System (NHS), the pioneers of clinical governance, reveals attempts to formulate a comprehensive system for improving the quality of health care. The NHS has developed programs to support the implementation of clinical governance based on five strategies: system awareness, teamwork, communication, ownership, and leadership. All are built on seven pillars: clinical effectiveness, risk management effectiveness, patient experience, communication effectiveness, resources effectiveness, strategic effectiveness and learning effectiveness.

In Indonesia, clinical governance is a new concept, even though some health care organizations have implemented quality management through ISO 9000 accreditation and patient satisfaction surveys. These aspects tend to focus on management aspects, while it is clear the Indonesian health care organizations require a comprehensive system which involves medical aspects as well as management aspects. Therefore, the Indonesia Ministry of Health may want to learn from the UK about the implementation of the pillars and strategies of clinical governance, although Indonesia may have some limited resources (financial and human) to implement clinical governance.

### **4. Recommendations for implementation of clinical governance across health care organizations in Indonesia**

The following recommendation may be able to improve health care quality in Indonesia :

- Establishing infrastructures and polices to implement clinical governance as a part of the health system.
- Developing a clinical governance system nationally to create an environment that is concerned with high quality of clinical care.

- Raising the awareness of the importance of quality health performance
- Implementing change management can encourage staff to be engaged in a cultural change process regarding quality of health care.
- Involving professional staff and management in a cultural change process which focuses on clinical governance.
- Bringing the implementation of continuous quality improvement in clinical aspects and increasing collaboration between professionals and management to implement this strategy.
- Raising systems' awareness among clinical staff as well as management staff to implement clinical governance. Systems thinking will facilitate staff to collaborate and coordinate to achieve the best performance of health care.
- Providing infrastructure and establishing policy which support the implementation of evidence-based practice medicine to achieve clinical effectiveness, such as establishing resources, encouraging staff, and providing opportunities to improve skills and knowledge.
- Improving leadership skills in the health care organization can lead organizations to implement the strategies and pillars of clinical governance.

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