

# Clinical governance in the practice of anaesthesia

HJ Moutlana 

Department of Anaesthesiology, School of Clinical Medicine, Faculty of Health Sciences, Charlotte Maxeke Johannesburg Academic Hospital, University of the Witwatersrand, South Africa  
Corresponding author, email: [hlamatsi@yahoo.com](mailto:hlamatsi@yahoo.com)

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Organisations assign responsibilities to job holders. Such responsibilities entail undertaking duties, making decisions and, ultimately, accounting for the outcomes related to the assigned duties. Accountability, in general, implies that one must explain or is held to account for something. Organisations further ensure that structures are in place to define the responsibilities for each area of work and for whom each manager is accountable. These hierarchies of responsibility can be termed “lines of accountability”.<sup>1</sup> In a healthcare environment, the notion of clinical governance has become an important means to ensure organisational accountability.<sup>1</sup> Clinical governance encompasses a framework or system through which healthcare organisations are accountable for the continuous quality improvement of the services they offer and always ensuring they deliver the highest quality of care.<sup>1,2</sup>

Clinical governance ensures that roles are recognised and that there are clear lines of responsibility and accountability for clinical services rendered. It outlines a comprehensive programme of quality improvement activities, clear policies for managing risks, and procedures to identify and manage poor performance among professionals.<sup>1</sup>

## Components of clinical governance

Clinical governance comprises various elements, such as clinical effectiveness, clinical audit, risk management, education and training, patient and public involvement, information, and staff management.<sup>3</sup>

### Clinical effectiveness

Clinical effectiveness encompasses a range of activities aimed at improving and ensuring the quality of care.<sup>4</sup> It involves “the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice.”<sup>4</sup> Clinical effectiveness aims to improve patients’ total experience of healthcare. It uses evidence to improve clinical practice and ensure effective service delivery.<sup>5</sup>

The best possible clinical outcomes for patients and their individual circumstances are ensured by adhering to evidence,

guidelines and standards to identify and implement best practice. Clinical effectiveness incorporates the use of guidelines, standards,<sup>2</sup> quality improvement tools such as clinical audits,<sup>4</sup> incident reporting, morbidity and mortality (M&M) meetings,<sup>2</sup> evaluation and rapid cycle improvements to review and improve treatment and healthcare services.<sup>4</sup> Quality improvement tools can be formulated after considering factors such as the following:<sup>4</sup>

- views of patients, service users and staff
- evidence gathered from incidents, near-misses and clinical risks
- outcomes from treatments or services
- identified areas of care that need further research
- information systems to assess current practice and provide evidence of improvement
- assessment of the cost-effectiveness of services

Guidelines assist practitioners in the management of patients where a variation in practice may affect patient outcomes.<sup>2</sup> International guidelines such as the National Institute for Health and Care Excellence (NICE)<sup>6</sup> as well as local guidelines such as the South African Society of Anaesthesiologists (SASA) practice guidelines<sup>7</sup> may assist anaesthetists in making decisions. For example, clinical effectiveness in anaesthetic practice would entail measures such as proper assessment of patients and the use of patient-specific anaesthetic techniques in keeping with available guidelines.

### Clinical audit

An audit determines if a particular aspect of healthcare is accomplishing a recognised standard of care. It informs organisations on whether or not the service that is provided is doing well and guides improvements. A clinical audit aims to improve quality of care and patient outcomes. As one of the pillars of clinical governance, audits allow organisations to continue to strive towards improving quality of care by identifying areas that are suboptimal. It allows organisations to implement measures to improve care and re-audit those measures to see if a beneficial change has occurred.<sup>8</sup>

Clinical audits comprise a cycle with the following steps:<sup>8</sup>

- identifying a problem
- defining standards
- collecting data
- analysing
- implementing change
- re-auditing

For example, an anaesthetic department might face the problem of patients waiting too long for emergency procedures. An audit process will begin by identifying the emergency theatre waiting period as a problem and defining the criteria of how long patients on the emergency list must wait for procedures. Data collection over a specified period (for example, a week) will then commence, recording how long patients actually wait. An analysis of the collected data in comparison to the set criteria or standards is performed. If the waiting periods are not in keeping with set standards, a change in the current management of the emergency theatre cases is implemented to help achieve the set standards. A re-audit is done to assess the improvement after implementing the change.

### **Risk management**

The main aim of risk management is to ensure that methods to safeguard patient care and systems and to reduce and manage risk, are put in place. Open and transparent problem reporting systems, free of blameworthiness, must be used. The goal of such systems must be to comprehend the issues, provide a platform for learning and sharing, and providing constructive actions to prevent recurrence of problems. Effective and efficient management of risk allow organisations to provide safe and effective care to patients.<sup>2</sup>

Incident reporting, M&M meetings and risk registers can be used to report incidents. Incident reporting can include well-defined incidents involving events that resulted in unintended or unexpected harm, loss or damage, as well as near-miss events where a turn of events would have led to harm, loss or damage.<sup>2</sup> Reporting can be done either physically (i.e. paper forms such as patient safety incident forms or critical incident reports) or electronically, depending on the institutional preference. M&M meetings must aim to identify events that led to adverse outcomes, allow for discussions and provide learning opportunities. These should ideally involve multiple disciplines, provide a non-critical environment where staff can safely share their experience of the adverse event. Morbidity should include patients who suffered major complications and mortality should include procedure-related deaths and those where significant incidents were identified.<sup>2</sup>

Risk registers involve a systematic record of risks to the organisation. The description and severity rating of the risk, as well as the impact and consequences of such risks are recorded.<sup>2</sup> In a healthcare organisation, many risks cannot be eliminated. Therefore, a decision on whether to accept, manage or possibly

avoid must be made.<sup>2</sup> For example, the risk of aspiration in a patient who is not starved, presenting for an emergency procedure must be understood, acknowledged and then measures must be taken to manage the risk, as one cannot avoid an emergency procedure.

Lessons learnt from past mistakes or accidents can be used to manage risks in the future. Therefore, the implementation of critical incident reporting mechanisms can assist with continuous recording of incidents and learning from these. Measures such as preoperative assessments and risk stratification of patients can assist in identifying and mitigating risks. Adherence to protocols or guidelines as required by the clinical effectiveness component described earlier can be used to reduce risks to patients.<sup>3</sup> For example, handwashing protocols can be used to reduce the risk of infection to patients. In anaesthetic practice, risk stratification with regard to patient-specific and surgical concerns, as well as addressing and optimising such concerns, form part of risk assessment. Proper counselling, explanation of risks to patients and obtaining informed consent is also an important part of this element. Theatre preparation tailored to address intraoperative concerns, as well as the use of checklists developed to mitigate intraoperative risks (for example, the World Health Organization's safety checklist), forms part of clinical governance applicable to anaesthetists.

### **Education and training**

In South Africa healthcare practitioners are required by the Health Professions Council of South Africa (HPCSA) to engage in consistent and lifelong learning through a process of continuous professional development (CPD). Through the CPD process healthcare practitioners can update and develop their knowledge, skills and ethical attitudes to ensure a competent practice.<sup>9</sup> Further education and training can be undertaken through various methods such as the following:<sup>3</sup>

- work appraisals with colleagues, assessing competency and areas requiring improvement
- attending courses and conferences to help further skills and update knowledge

Organisations can ensure compliance with this element of clinical governance by ensuring adequate supervision, teaching and training of junior staff members.

### **Patient and public involvement**

Clinical governance also provides for person-centred care, where patients and their relatives, where applicable, should be equal partners in planning, developing and assessing their care to ensure that it is aligned with their needs.<sup>2</sup> To ensure that the quality of the services offered by healthcare organisations are safe, effective and aligned to the needs of the population, patient safety and experience need to be considered.<sup>5</sup> Patient experience involves how a patient feels about the care they received at various stages of their care. These stages include before, during and after care is delivered. Quality teams should

aim to improve this experience for patients.<sup>5</sup> Methods through which patient and public involvement can be achieved include the following:<sup>3</sup>

- questionnaires and surveys to get patient feedback and record complaints
- having patient representatives on hospital boards, in order to understand their priorities
- establishing patient forums to discuss healthcare matters

Feedback from patients with regards to anaesthesia can be attained in the form of surveys constructed as quality improvement tools, clinical audits or research aimed at patient-reported outcomes. Information obtained from such activities can be used to improve quality service delivery.

### Information

This element of clinical governance ensures that patient information is stored appropriately, data are protected and confidentiality is maintained. The effective use and management of data must be ensured.<sup>3</sup> This component includes information used for research, academic activities, patient management and audits. In South Africa, the protection of information is provided for in the Protection of Personal Information (POPI) Act No. 4 of 2013.<sup>10</sup> Management of anaesthetic charts containing confidential patient information must be done in accordance with the POPI Act. Information used for research purposes, publications or congress presentations must also comply with the provisions of the POPI Act.

### Staff management

This element of clinical governance ensures that the correct staff are employed for the correct roles. Staff-related issues such as performance and wellness form part of this element. The employers need to provide good working conditions and appropriate management of staff.<sup>3</sup> Staff management in anaesthetic practice, particularly in the public sector, includes having adequate specialists to supervise junior anaesthetists and appropriate rostering of anaesthetists based on their capabilities.

### Conclusion

The provision of continuous quality improvement of healthcare services and the delivery of the highest quality of care requires a clear framework. Clinical governance, as outlined through its seven elements, provide organisations with such a framework. As in all other departments, the clinical governance framework can be applied to anaesthetic practice.

### Conflict of interest

The author declares no conflict of interest that would have influenced the writing of this article.

### ORCID

HJ Moutlana  <https://orcid.org/0000-0002-7944-5613>

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