

Implementation of Clinical Governance in Hospitals: Challenges and the Keys for Success

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Abstract- There is a number of models and strategies for improving the quality of care such as total quality management, continuous quality improvement and clinical governance. The policy of clinical governance is part of the governments overall strategy for monitoring, assuring and improving in the national health services organization. Clinical governance has been introduced as a bridge between managerial and clinical approaches to quality. For successful implementing of clinical governance, it is necessary to pay attention to firm foundations of the structure, including equipment, staffing arrangement, supporting specialties, and staff training. Therefore, as clinical governance improves safety and quality in health care services, the current situation in hospitals should be evaluated before any intervention while barriers and blocks on structure and process should be determined to select a method for changing them. Considering these points could guarantee success in implementation of clinical governance; otherwise there would be a little chance to achieve the desired results despite consumption of plenty of time and huge paper works.

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Introduction

New institutions, mechanisms, processes and strategies to assure and improve the quality of care, play an important role in healthcare policy internationally nowadays (1-2,3). A number of models and strategies have been used for improving the quality of care such as total quality management, continuous quality improvement and clinical governance (4-5).

The policy of clinical governance is part of the governments overall strategy for monitoring, assuring and improving in the national health services (NHS) organization (6-8). It is defined as: "a framework 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" (2). Clinical governance has been introduced as a bridge between managerial and clinical approaches to quality (9).

The model of clinical governance comprises 7 pillars, including clinical effectiveness, clinical audit, risk management, patient and public involvement, use of information, staff management, education and training; while its 5 essential cornerstones include system awareness, leadership, ownership, teamwork and communication (4,10).

For successful implementing of clinical governance, it is necessary to pay attention to firm foundations of the structure, including equipment, staffing arrangement, supporting specialties, and staff training (11-13), as well as the process, including clinical guidelines, policies and procedures provide the standards for the process (11,12,14).

During recent years, a few countries have started to use quality strategies of clinical governance in their health systems. In this regard, Iran has emphasized clinical governance as the accepted framework to improve the quality of hospital care since November 2009 (4). Subsequently, hospitals are targeted to

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implement clinical governance in accordance with the Ministry of Health and Medical Education (MOHME) model. However, evidence showed that there are fundamental infrastructures incomplete implementations of clinical governance in these hospitals.

Herein, we present a review on clinical governance and essential requirement for its implementation in the context of hospitals.

Fundamental requirements in clinical governance

Quality poses one of the greatest challenges in health services and implementation of plans to develop the quality of services is essential (3). One of the plans that support the delivery of quality is clinical governance (13-15).

It is necessary to pay attention to important requirement for developing and reinforcing of clinical governance. Several studies emphasized on improving quality attitudes between staff and organization learning and successful implementation dimensions of clinical governance (1-2,6). Campbell *et al.*, stated that having no blame attitudes in most of senior managers in health care and making no fear sense in many of services providers leads to goal achievement of clinical governance (1). Research result showed that changing in the roles of managers and practitioners can increase managers' responsibility and accountabilities and commitment and has led to improve quality and safety in the Australian health services (14). On the other hand, willingness and interest from all staff can lead to achieve clinical governance objectives (11).

Halligan *et al.*, showed that effective leadership, planning for quality, effective use of data and information for policy decisions, trained staff and effective workforce, being patient-centered, evaluation of services to achieve better performance regularly and measurement of achieved success from implementation of clinical governance are key features in hospitals to successful implementation of clinical governance (3). Patients' survey shows their satisfaction of aspects of services and creates data for managers to improve quality plans in the hospital (11).

There are only few studies that concentrated on changing in structure, process and attitudes (culture) as influential factors in clinical governance implementation in hospitals (4,12). Dedicated enough resources (money, materials, and manpower), spent time for research, audit and benchmarking, managerial support and continuous supervision are fundamental infrastructure to make quality in health services (4,10,11,16-17).

Campbell *et al.*, suggested that multi-level strategies

for change instead of individual components can lead to a change in organizational culture (6). For example, if we make a team based learning, audit, research and clinical effectiveness and the use of quality indicators together, we can implement quality plan effectively (17).

Other items in clinical governance are clear in the role of clinical governance leads, and determining their responsibilities. Because of ambiguity of responsibilities, transformational leadership and long-term uncertainty creates a sense of powerlessness among leaders and makes barriers to clinical governance implementations (6).

Clinical governance improves safety and quality in health care services (14-15). For the success in implementation of clinical governance, the current situation in hospitals should be evaluated before any intervention while barriers and blocks on structure and process should be determined to select a method for changing them (11).

In according to essential requirements in successful clinical governance and different research, it is necessary to plan and implement as a team and create better relationships between managers and staff. Results showed that creating sense of ownership, use of educative methods, use of organizational strategies to increase no blame culture, improvement of partnership between staff, information sharing, use of procedures and clinical guidelines can be effective in better implementation of clinical governance (16-17,18)

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