

VOLUME: D

Management of Drug Dependence Treatment Services



VOLUME D

SETTING DIRECTION & PLANNING

Vision, mission and
values

Policy and strategy

Business &
financial planning

OPERATIONAL MANAGEMENT

Leadership,
teamwork &
organizational
change

Workforce

Services,
partnership &
recovery

GOVERNANCE & EVALUATION

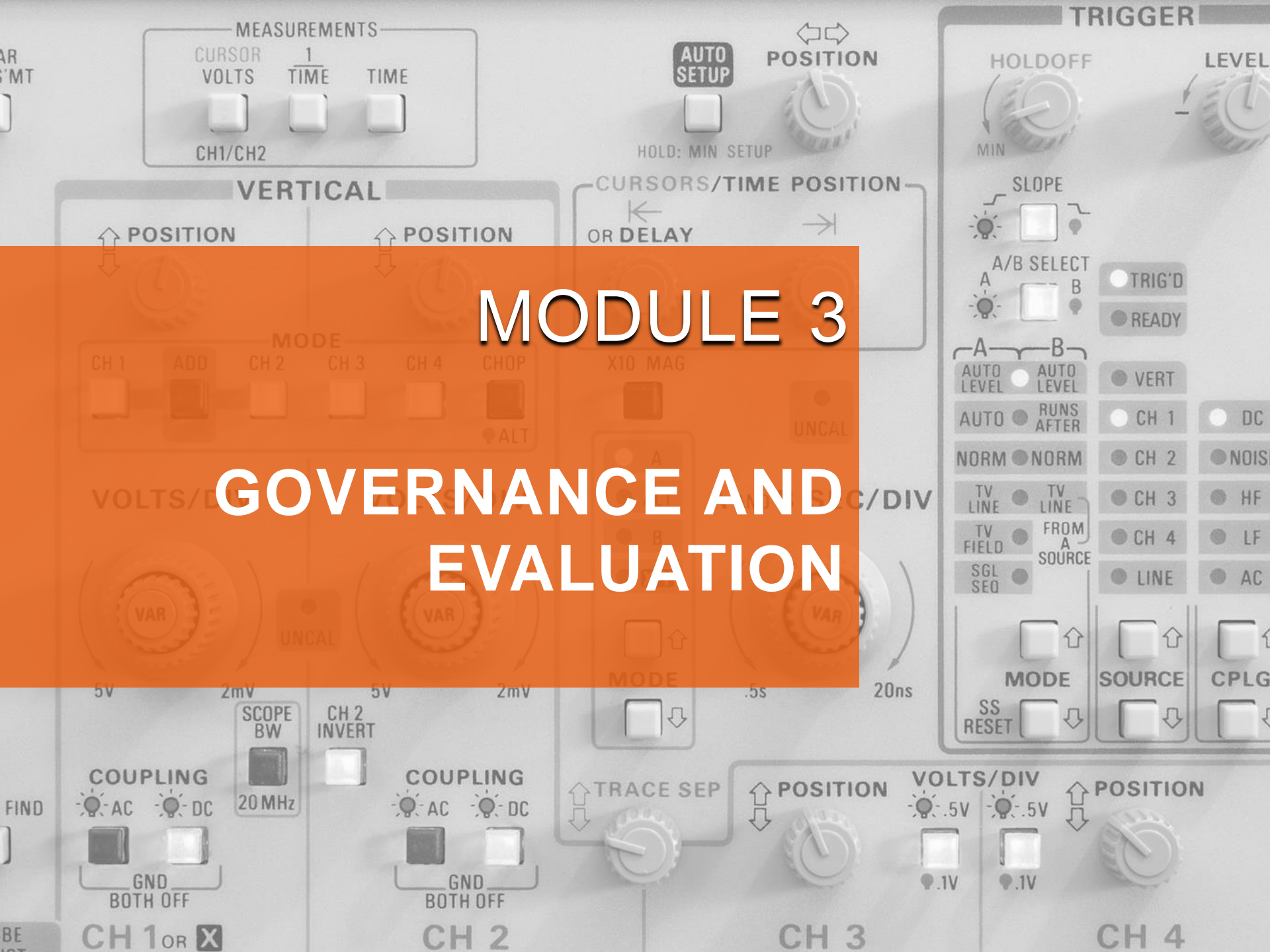
Clinical & quality
governance

Programme
evaluation for
quality
improvement

Advocacy

MODULE 3

GOVERNANCE AND EVALUATION



GOVERNANCE AND EVALUATION



**Clinical & quality
governance**



**Programme
evaluation for
quality
improvement**



Advocacy

Pre-assessment



Icebreaker





Workshop 1

CLINICAL AND QUALITY GOVERNANCE

Training objectives

At the end of this workshop you will be able to:

- ▶ Define what clinical governance and what are its main components
- ▶ Identify the strengths and weaknesses of implementing clinical governance in their respective places of work
- ▶ Describe the role of the clinical audit



Training objectives

At the end of this workshop you will be able to:

- ▶ Discuss the importance of performance improvement in service delivery NIATx
- ▶ Demonstrate the ability to plan a PDSA cycle
- ▶ Identify at least two areas in their place of work where quality & clinical governance can improve patients care



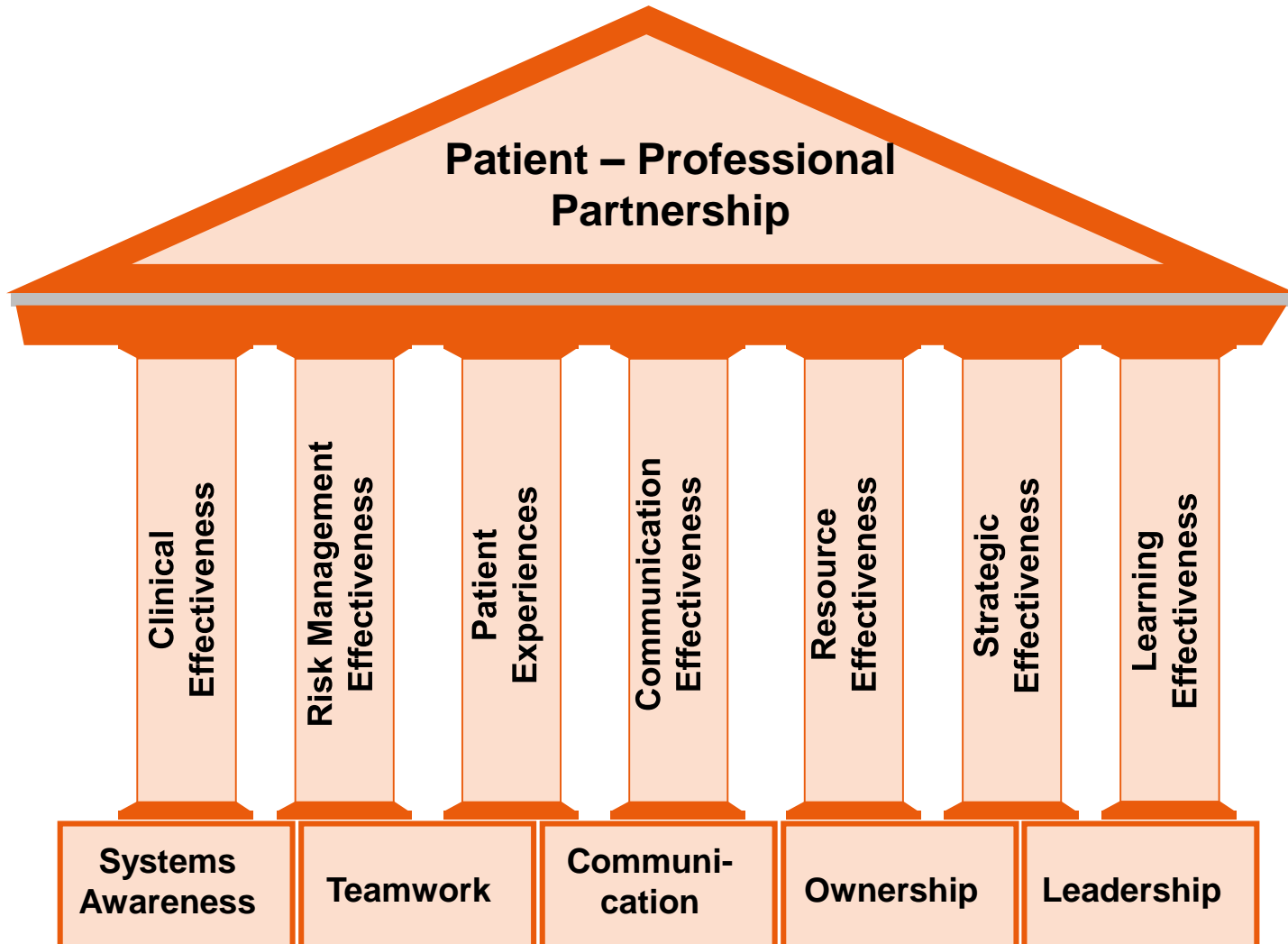
Definition of clinical governance

Clinical governance is a system of steps and procedures to ensure that patients receive the highest possible quality of care.

It is:

- ▶ A patient centred approach
- ▶ An accountability for quality
- ▶ Ensuring high standards and safety

7 Pillars of clinical governance



Components of clinical governance

WORKFORCE	<ul style="list-style-type: none">• Staff appraisal and supervision• Training and development investment plan
TREATMENT	<ul style="list-style-type: none">• Evidence-based clinical practice• Treatment protocols• Risk management policies• Planned clinical audit cycle
IT SYSTEM	<ul style="list-style-type: none">• Data collection and information analysis system• Dissemination and cascade of communication internal and external to the organization• System on feedback mechanism
QUALITY & PERFORMANCE	<ul style="list-style-type: none">• Standards measures• Target setting and monitoring
USERS/CARERS INVOLVEMENT	<ul style="list-style-type: none">• At every level in their care and management including workforce
SERVICE DESIGN	<ul style="list-style-type: none">• Accessible, receptive and effective

Definition of quality

Quality in health services aims to provide individuals and patient populations desired health outcomes. The care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making.

Pelleter & Beaudin, 2008



Quality: key terms



- ▶ Patient experience
- ▶ Effectiveness
- ▶ Efficiency
- ▶ Timeliness
- ▶ Safety
- ▶ Equity
- ▶ Sustainability

Let's practice!



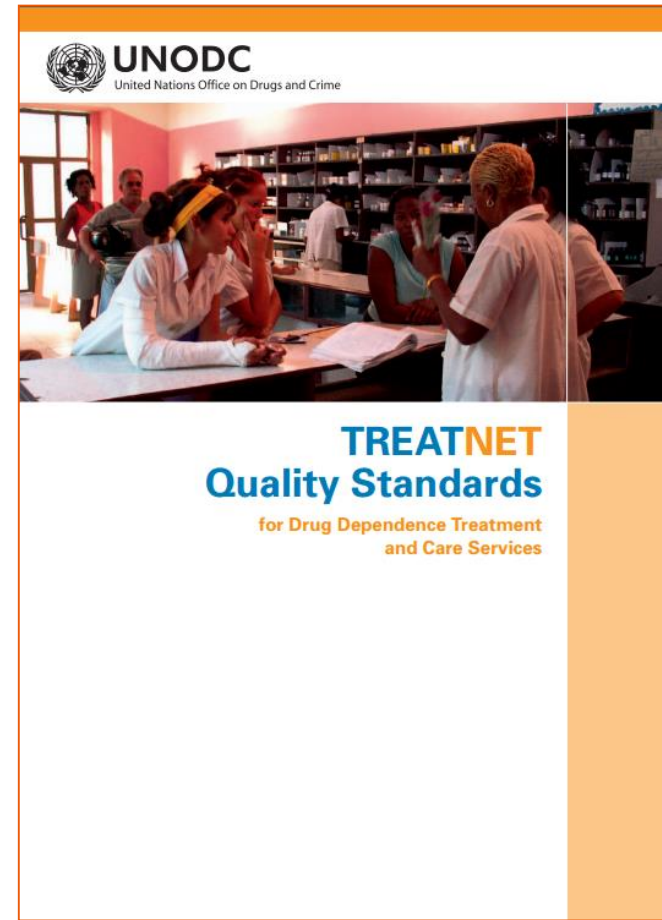
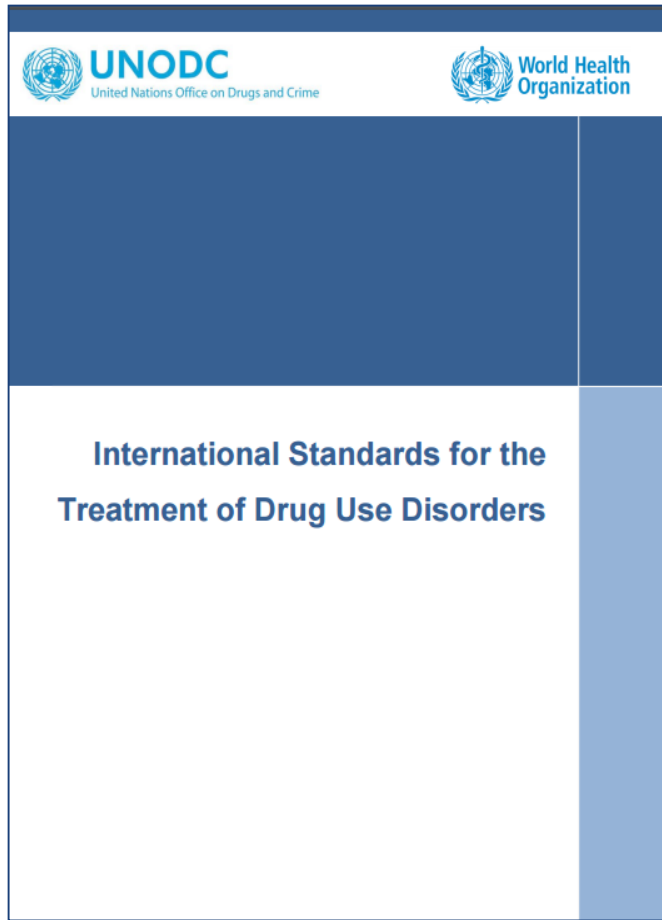
Scenario:

You work in a drug treatment service where a Quality & Clinical Governance System has not been established yet. As Managers, Clinicians and Information Support workers, etc. you need to set up a Quality and Clinical Governance Structure for your drug treatment centre.

Tasks:

- ▶ Identify resources
- ▶ Using a diagram, illustrate the structure of the monitoring and governance group and the reporting/communication flow/mechanisms
- ▶ Give three examples of what data would be collected for defined clinical OR performance areas within the clinical governance framework.

Quality STANDARDS



Summary of clinical governance

- ▶ Clinical governance is about **quality** and how it can be achieved and guaranteed in service provision
- ▶ For clinical governance to flourish, a culture of excellent leadership, “no blame” and an ethos where **staff are valued** and supported is required
- ▶ It is about “**system awareness**,” i.e. looking at the whole process of service delivery and the relationships between these to ensure clinical safety



**Clinical
supervision**

Definition of clinical supervision

- ▶ It is the provision of **support and guidance** from a more experienced professional (supervisor)
- ▶ It is characterized by regular, systematic and detailed **exploration**
- ▶ It can also involve **two practitioners** of equal seniority and breadth of experience

Aims of clinical supervision

- ▶ Improved clinical practice
- ▶ Enhanced supervisee capacity to meet professional standards (e.g., ethical, best practice)
- ▶ Provision of support and encouragement to supervisee/s
- ▶ Attainment of standards of the employing organization



Benefits of clinical supervision

- ▶ Availability of support for supervisees, and a forum to discuss clinical issues
- ▶ Maintenance of clinical skills and quality practice
- ▶ Promotion of standardized performance of core skills
- ▶ Improved complex clinical skills
- ▶ Increased job satisfaction and self confidence
- ▶ Improved communication amongst workers
- ▶ Improved worker retention

Clinical supervision: protocols and procedures

- ▶ Confidentiality
- ▶ Professional boundary setting and conduct
- ▶ Supervisors should not force the adoption of a theoretical orientation
- ▶ Dispute resolution protocols should be clearly defined



Clinical supervision: supervisor

In a regular clinical supervision session, the supervisor should:

- ▶ Build a solid working relationship with the supervisee
- ▶ Assess the supervisee's clinical skills
- ▶ Ensure regular supervision sessions
- ▶ Mutually agree on learning goals with supervisee



Clinical Audit

Introduction to clinical audit

- ▶ Clinical Audit is a quality process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria...
- ▶ Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery

The National Institute for Clinical Excellence, UK

Why undertake clinical audit?



- ▶ To ensure the best possible care for patients is provided
- ▶ To ensure clinical practice is evidence-based
- ▶ Audit is an integral part of Clinical Governance
- ▶ To assist with the implementation of national initiatives
- ▶ To improve working between multi-disciplinary groups

Characteristics of clinical audit

- ▶ Should be patient focused
- ▶ Should have a direct impact on patient care
- ▶ Assists to improve patients' experience of services
- ▶ Can highlight an area of concern
- ▶ Should be based on evidence based practice
- ▶ Helps to ensure an efficient use of resources

What can be audited?

▶ **Structure**

The resources and personnel available, e.g. skill mix of staff, patient access to see GP

▶ **Process**

Amount and type of activities of clinical care, e.g. annual review for diabetes

▶ **Outcome**

Result of an intervention, e.g. pain relief, patient satisfaction

Stages in completing the audit

Step 1: Select a topic

Step 2: Define your criteria and then set your standard

Step 3: Identify how you are going to collect the information or data to measure against your criteria & standard

Step 4: Data collection sheet/questionnaire

Step 5: Analyse the results

Step 6: Make recommendations

Step 7: Implement change

Step 8: Re-audit – to ensure change in practice has been implemented

Audit report

What to include:

1. Title page
2. Contents page
3. Executive summary
4. Background/rationale
5. Aims and objectives
6. Standards/guidelines/
evidence base
7. Sample
8. Data source
9. Audit type
10. Methodology
11. Caveat
12. Findings
13. Observations
14. Presentation/discussion
15. Recommendations
16. Learning Points
17. References

Let's practice!



How would you design the audit?

You are the manager of a drug treatment centre. After recent death of a patient, you went through the patient's case records and noted that the care/ treatment plan was last documented 8 months ago. You decide to undertake a clinical audit to ascertain, whether updated treatment plans have been recorded for other patients.



NIATx
The Network for the Improvement of
Addiction Treatment

- ▶ NIATx works with addiction treatment providers to make more efficient use of their capacity and shares strategies for improving treatment access and retention
- ▶ NIATx is a US partnership consisting of the Robert Wood Johnson program, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, and a number of independent addiction treatment organizations

Four key aims



- ▶ Reduce the waiting time between a client's first request for service and the first treatment session
- ▶ Reduce client no-shows
- ▶ Increase addiction treatment centers' admissions
- ▶ Increase the treatment retention rate

Process improvement

- ▶ Organizations exist to serve customers
- ▶ To change an organization to better serve customers, it should solve problems that will improve processes



What really matters for successful organizational change?

- ▶ Define the problem
- ▶ Generate solutions
- ▶ Implement solutions
- ▶ Evaluate solutions
- ▶ Repeat the four steps above until the problem is solved

What keeps organizations from improving?

To answer the question, NIATx turned to the evidence accumulated by studies that have examined 80 different factors across 640 companies in 13 different industries to isolate those factors that distinguish successful organizations from less successful ones

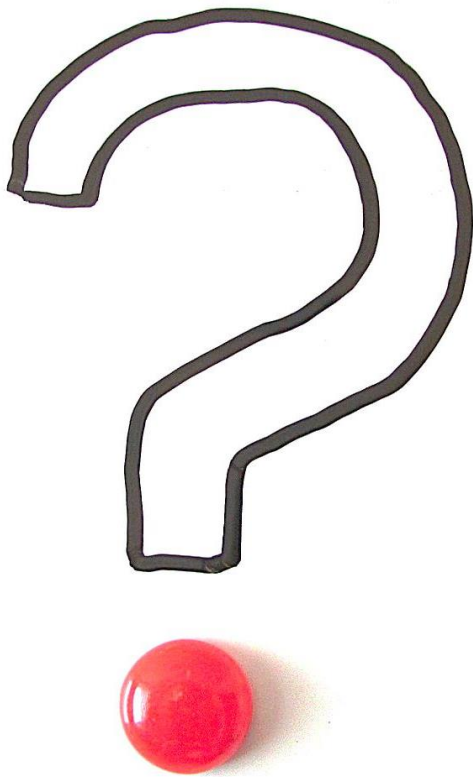
Gustafson and Hundt, 1995

Only five factors matter

These five principles make the difference between successful and unsuccessful organizational changes:

- ▶ Understand and involve the customer
- ▶ Fix key problems (that let the CEO sleep)
- ▶ Pick a powerful change leader
- ▶ Get ideas from outside the organization/field
- ▶ Use rapid-cycle testing

A model for improvement

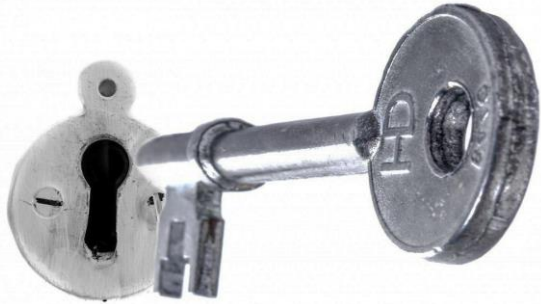


If these five principles are what really matter when making innovative changes in organizations, how can they be integrated into a problem-solving process for improving organizations?

Walk through

- ▶ Each agency participating in NIATx began by conducting a “walk-through”: an exercise where staff members experience the treatment processes just as a patient does
- ▶ By viewing treatment through the eyes of a patient, the organizations were able to identify and categorize the barriers to treatment that their clients face

Fix key problems



Getting the commitment from the director or another Executive Sponsor is key. Work with them to identify problems to address.

Model for improvement

The four stages of the PDSA cycle:

Plan -

the change to be tested or implemented

Do -

carry out the test or change

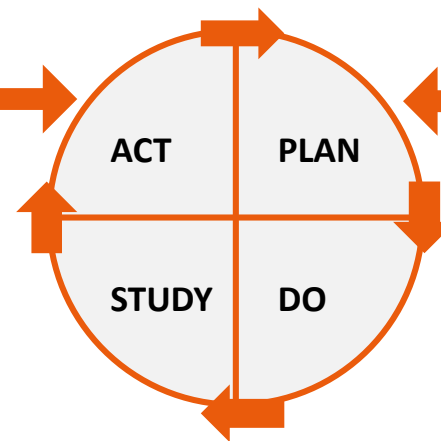
Study -

analyze data before and after the change and reflect on what was learned

Act -

plan the next change cycle or full implementation

1. What are we trying to accomplish?
2. How will we know that a change is as improvement?
3. What changes can we test that will result in an improvement?



Let's think!



The Improvement Cafe

Think how to improve ways of handling reservations? Get ideas from outside the field, for example:

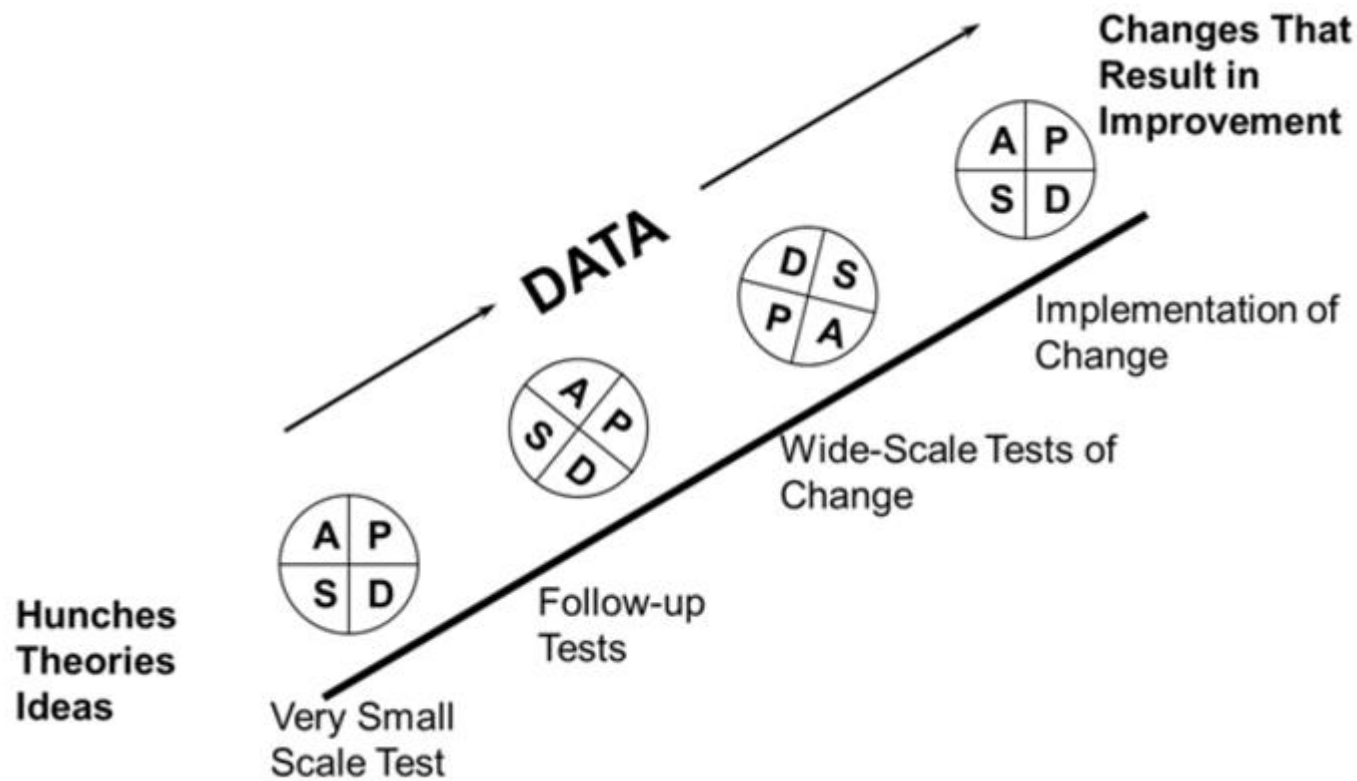
- ▶ Balance reservations with walk-ins
- ▶ Always have a live person answering the phone
- ▶ ...

Use rapid-cycle testing

- ▶ The PDSA cycle should be used to test components of a large change
- ▶ Do not use one cycle to attempt to accomplish everything
- ▶ The use of multiple cycles for sequential testing and implementation reduces the risk as the change process progresses from hunches, theories, and ideas to actual changes that result in improvement
- ▶ Keep in mind that not every idea will result in improvement
- ▶ It is also helpful to plan the next three or four cycles ahead
Consider the progression of multiple cycles you think you will follow

Rapid Cycle Testing

Repeated use of cycle



Implement and sustain changes

- ▶ Implementing a change means incorporating it into the day-to-day activities of the process
- ▶ While the research on sustainability is not as clear as the research on change, we can view sustainability as an innovative change in and of itself, and can apply the five key principles to sustaining a change


Sustain change

- ▶ Always involve the client
- ▶ Select important potential or latent problems to monitor so they don't wake the director
- ▶ Pick a powerful sustain leader (who may or may not be the same person as the change leader)
- ▶ Get ideas from outside the organization to see how others sustain their changes
- ▶ Use rapid-cycle testing for all changes made specifically to sustain the improvement changes

Take-home messages

- 
- ▶ Good governance is crucial for quality service delivery
 - ▶ Main pillars of good governance are: clinical, risk management, patient experiences, communication, resources, strategic and learning effectiveness
 - ▶ Clinical supervision is an important element of improving clinical effectiveness and hence clinical governance

Take-home messages

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- ▶ Clinical audit addresses problems and challenges in clinical governance
 - ▶ Understanding that the success of a treatment service is directly reflected from our service users
 - ▶ NIATx is a tried and tested management tool to improve processes and outcomes and works across cultures

Questions



Wrap-up



- ▶ What are the seven pillars of clinical governance?
- ▶ What is the main role of supervision?
- ▶ What are some characteristics of clinical audit?
- ▶ What are the Five Key Principles of Change identified by NIAT/x?

Thank you for your time!

End of workshop 1

Treat  net