CGP150

Clinical Governance Policy

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1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices adopted or adapted for use with other clinical policies, procedures and guidelines approved and/or published by NA and to comply with all relevant Laws and Regulations. National Ambulance is committed to fostering a culture of excellence and continuous improvement and has therefore developed capacity and capability to provide best standards for all stakeholders.

NA clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care.

This policy identifies the minimum elements required to achieve Clinical Governance excellence, and to ensure continuous clinical quality improvement. This policy is related to management components Leadership and Commitment and Continuous Improvement.

2. SCOPE

This policy covers all clinical activities that are necessary to ensure consistent and appropriate patient care. It also applies to all NA employees that this policy refers to.

3. DEFINITIONS

TERM	DEFINITION
Clinical governance	*"Clinical governance is a quality improvement framework and process that seeks to continuously improve patient care and outcomes through a systematic review of care against explicit criteria and the implementation of change. This is achieved by auditing against key performance indicators and measuring against international evidence based benchmarks. "*

4. ROLES AND RESPONSIBILITIES

CEO

The Chairman and Chief Executive Officer have the authority to enforce the necessary action to safeguard the patient, the employee and the organization

Medical Director

The Medical Director (MD) is responsible for development, implementation, monitoring and revision of this policy. The MD is responsible for ensuring that the NA Mission, Vision, Values and strategic objectives inform this policy and for compliance with any clinical legal and regulatory requirements. All aspects of Clinical Governance is under the direct accountability of the MD.

Chief Operations Officer

The Chief Operations Officer (COO) is responsible for ensuring that operational activities that relate to clinical governance are efficient and effective and for escalation of any clinical governance related issues.

Chief Administration Officer

The Chief Administrative officer (CAO) is responsible for oversight of the administrative support required to support clinical governance activities.

Clinical Governance & Audit Officer

The Clinical Governance and Audit Officer is responsible for ensuring the implementation of the Clinical Governance activities imbedded in Clinical Services and across the other departments in NA through correct policies and procedures to ensure quality and patient safety

Managers

Managers are responsible for following this policy and raising any issues to the designated senior management. They must also provide guidance for the staff they are responsible for when needed.

All National Ambulance Employees

All NA Employees must read, understand and adhere to this policy as well as understanding any related policies including those mentioned herein.

5. POLICY STATEMENT

This document supports the Clinical Services Framework for the continuing development of Clinical Governance and Quality. As Clinical Governance is embedded with the other services provided by Clinical Service, they are briefly mentioned here for completeness, but you are guided to individual policies on the matter. Clinical leadership should be provided to ensure clinical input into all strategies and managerial decision making processes. All dimensions of this policy have clear expectations of improving patient care; the following dimensions must be considered to demonstrate clinical quality and policies and standards must be developed, implemented and monitored:

5.1 QUALITY AND PATIENT SAFETY

PATIENT SAFETY

The first principle of clinical quality is that no further harm is done to the patient. This includes achieving the following:

- Clean and safe environment;
- Reducing avoidable harm such as drug errors or healthcare associated infections;
- Taking action to prevent recurrence of any patient safety related incidents
- Having Patients' Rights and Responsibilities Policy and Charter
- Having Patient and Customer feedback processes

QUALITY

Clinical resources include human resources, information, training, equipment and vehicles. Each aspect has KPI's associated with them so that it can be determined if they are functioning appropriately in order to improve patient care. Patient related information will be managed and confidential stored once it has been used to monitor and enhance clinical services

INFECTION CONTROL

The NA Infection Control Programme that includes policy, procedures, forms, training materials and information (e.g. hand hygiene posters) to provide clear and comprehensive direction to ensure infection control throughout sites, ambulances, and patient facing employees, patients and the public. There are KPI's attributed to the monitoring of infection as well as reports generated from LMS (Learning Management System on the uptake of infection control training; thus assisting with the development of any necessary improvement plans to ensure continuous improvement.

5.2 CLINICAL STANDARDS AND POLCIES

Appropriate Clinical Standards, Policies, Protocols, Guidelines and Procedures will be created, monitored for effectiveness and reviewed regularly to ensure they remain fit for purpose and lead to best patient outcomes. Regulation, international best practice and local requirements will drive the documents to deliver unified and high quality care

5.3 CLINICAL AUDIT

The Patient Clinical Record (PCRs) are the accountability of the MD to ensure patient confidentiality, Clinical audit will be undertaken regularly to deliver the organization with data to formulate clinical enhancements, mitigate risk and market excellence. Audits will be structured with clearly defined measures, standards and outcomes. Results of audits will be benchmarked against NA Corporate agreed KPI's endorsed by the MD. All audits themselves will be subject quality checks.

5.4 CLINICAL INCIDENTS AND RISK MANAGEMENT

All clinical incidents will be reviewed and detailed investigation completed within specified time scales. Staff will practice candour and work in an ethical manner. Outcomes from investigation will be actioned and any lessons learned will be integrated into the necessary policies and processes to make them more robust and to mitigate future risks.

There is active management of any clinical risks identified in the organization though use of a risk management framework. Any known circumstances that puts patients at risk of harm will be addressed and resolution sought

5.5 CLINICAL EFFECTIVENESS AND EXCELLENCE

As part of professional employment all healthcare staff are requirement to be effective in their duties and responsibilities by maintaining skills at a high standard and quality to deliver effective care which will be monitored via clinical audit and KPI's

Outcomes from projects, audits and research will be published where appropriate and used to drive forward other related matters to excellence also. Also Individual cases of excellence will be promoted to enhance patient /stakeholder confidence

5.6 REGULATION, LICENSING AND ACCREDITATION

Clinical services will endeavor to meet all requirements stipulated by the necessary bodies, both locally (DOH, MOH) and internationally (JCIA, ISO, WHO etc.)

5.7 EDUCATION

All clinicians will be effectively trained to be meet the require regulations (including CME), maintain their credentials and have appropriate competencies to ensure that they are 'Fit to Practice' in looking after the clinical needs of patients. The quality of the training will be assessed regularly and enhancements recommended

5.8 RESEARCH AND DEVELOPMENT

NA will participate in research projects with other partner organizations, institutes, and academic establishments and within its internal structure to foster learning and improvement of quality and safety of care provided

5.9 MEDICATION MANAGEMENT

All staff involved in the handling of medication from procurement, and the Pharmacist dispensing and administration will be appropriately licensed and/or trained. Processes will exist to ensure appropriate storage and supplies to meet patient need, and accurate administration according to approved Patient Care Protocol with detailed documentation so that patient safety is guaranteed. Additional medication safety processes will be stringently adhered to for high alert medication, narcotics and controlled drugs

5.10 OCCUPATIONAL HEALTH

All staff are required to be fit for employment and therefore are screened and monitored to ensure standards are met (includes non-clinical and clinical employees) Fit staff ensure that they are able provide quality and safe healthcare/support services to patients and stakeholder. NA Occupational Health programme facilitates staff to remain healthy and assist as required to deal with any health related issues that may arise

6. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
PPR/HCP/MRHI, HAAD Standard for Medical Record, Health Information Retention and Disposal, 2015	Department of Health, Abu Dhabi
	Department of Health, Abu Dhabi

HAAD/POCT/SD/0.9, HAAD Standard for Point of Care Testing in Healthcare Facilities in the Emirate of Abu Dhabi,2015	Department of Health, Abu Dhabi
PHP/POS/FACL/Pr/vo.9,HAAD Standard for Clinical Privileging Framework,2010	Department of Health, Abu Dhabi
PPR/HCP/P0030/08, Patient Rights and Responsibilities,2008	Department of Health, Abu Dhabi
Continuum of Care Standards	Department of Health, Abu Dhabi
PPR/HCP/P0002/07,Medical Waste Management in Health Care Facilities,2007	Department of Health, Abu Dhabi
PPR/HCP/P0010/07,Policy for Infection Control in the Health Care Facilities	

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Medical Director

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
1	28 October 2014	New document
2	7 January 2016	Document refigured to align with Clinical Services Framework
3	August 2017	Clinical Governance Manager Role

		Process for involvement and escalation of CMA and SMO PCR's Patient Confidentiality accountability
4	October 2019	• Due for review • Medical Director Terminology • DOH terminology • Clinical Governance & Audit Officer terminology • Update Medical Director Roles and responsibilities (delete the last sentence) • Delete Director and supervisors from the roles and responsibilities • Replace word "Clinical Guideline" with "Patient Care Protocol" • Replace "High Risk Medication" with "High Alert Medication" • Delete Appendix A

CEO Approval

Board Member Verification