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Review Article

Clinical Leadership in Managing Healthcare Services - A Surgeon's View Point

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Abstract

Quality improvement methodologies and clinical governance support effective and efficient clinical leadership to deliver a safe patient centered healthcare. Effective clinical leaders and managers can bring the quality of care provided to patients to high standards and maximum safety. Sound clinical leadership is acquired from experiences in professional life and understanding leadership theories, and the ability to develop mutual respect relationship with the team. Coaching, mentoring and empowering the team is amongst the most crucial roles of successful clinical leaders, all of which are part of the science of 'clinical governance' and 'quality and safety'.

Keywords: Quality; Clinical Governance; Safety

Introduction

Worldwide, nowadays healthcare organizations are faced with complex challenges in order to deliver a cost effective and yet, safe and high quality services. Therefore, effective and affective clinical leaders are needed, who have the drive and motivation to face challenges and thrive for improvement. From the published literature over history and time, ineffective leadership by clinical leaders and managers led to collapse of healthcare organizations worldwide. Leaders must have their beliefs and values derived from the principals of governance such as, transparency, honesty and openness as well as paying attention to the rest of the pillars and methodologies of clinical governance.

Clinical governance is a framework which aids continuous and sustained improvement of quality of services and outcomes for both, staff and patients, and its adopted methodology varies between different healthcare organizations and different countries. In countries where healthcare is nationally led, the clinical governance policies are different to countries where the healthcare system is developed to local districts or privately driven. Therefore, different systems require different approaches to implementation of clinical governance methodologies. Understanding of the healthcare system in general and the organization's needs is necessary to develop an appropriate and suitable approach. It was apparent from the management and leadership literature, that once there is a clear understanding and appreciation to the organization's culture and needs, it is possible to apply changes including clinical governance methodologies in a cost-effective way and relatively shorter time scale, leading to noticeable improvement in quality of patient care.

Healthcare providers always aim to adopt an effective system for quality and safety, and this requires the development of appropriate strategies to suit the organization, as well as implementing them

across all levels whether clinical or administrative. The delivery of high quality patient care relies on the framework of clinical governance, and patient safety relies on high quality healthcare. This is a complex vicious cycle revolving around clinical governance, quality and safety, and clinical leadership. High quality of care is reflected by being patient centered and safe, effective and efficient, timely and cost effective. To develop and implement sound strategies for patient safety, several concepts must be considered, namely; high caliber and well skilled healthcare professionals and their leadership capacity, clear policies and importantly enough, participation of patients and their involvement in their healthcare.

This assignment will the discuss several fundamental points like the role of clinical leadership, purpose and rational of clinical governance, effectiveness of clinical governance frameworks and Impact of quality improvement methodologies.

Role of clinical leadership

Clinical leadership plays a major role in delivering high quality of services and patient care, in fact has several roles which can be identified, such as, the application of reflective and evidence based practice as a mean to improve the quality of care [3]. Like everything else in healthcare, different systems require different approaches, and with regards to leadership, low income countries and poor healthcare organizations have no means to invest in clinical leadership and hence not well established. However, high income countries invest resources and major efforts in developing clinical leadership. Clinical leadership can be defined in several ways according to the concept and field of healthcare. In general terms, it is a process of innovation and improvement in healthcare organizational processes in order to reach quality of care and safety outcomes [13]. The perception that clinical leadership applies mainly to clinicians and doctors is a misnomer, in an actual fact, it pertains to all healthcare professionals and is a responsibility of all healthcare staff without exclusion or disengagement of any specialty or field. Clinicians with leadership responsibilities can face conflicting double roles between clinical duties and managerial work, and sometimes this may be challenging to perform their best in both aspects. However, a clinical leader can also be the best to lead due to the experience in the non-medical but clinical aspects of the organization, and the sound ability to manage clinical staff leading to the effective and efficient delivery of services [10]. With the development and evolution of the Clinical Leadership Competency Framework, clinicians are trained to be more engaged in planning and transformation of services. This framework is based on the idea of 'shared leadership' which creates the sense of responsibility to all healthcare staff and not restricted to those with a leadership role [12].

The following are examples of clinical leadership roles:

- Risk assessment and patient safety with balancing against economic constrains.
- Identifying and analyzing ways for continuous improvement along with innovation and innovative approach in keeping with external changes i.e. economy, pandemics, etc.
- Seeking evidence and application of Evidence Based Practice for continuity of improvement and sound decision making.
- Assessing and measuring the impact of decisions made to facilitate correction if needed [12].

These roles resemble a system through which healthcare organizations ensure continuous improvements and safeguard a high quality of patient care. This concept has evolved as a framework named "Clinical Governance".

Purpose and rational of clinical governance

There are several different models for clinical governance, and with different healthcare systems and organizations, the model chosen must be appropriate and suitable. It is a cycle through a set of pillars and elements to ensure the improvement in standards, quality and safety in healthcare organizations, under the umbrella of clinical excellence. Therefore, clinical governance embraces quality assurance and improvement, and risk management [11]. Quality assurance ensures meeting the standards and leading to continuous improvement, whereas, quality improvement, ensures safe, effective and efficient system. Risk and incident assessment and management helps to identify problems and system failures, and correct them [4].

With the continuous financial challenges faced by healthcare, resource management and profit have become a major focus and sometimes even more important than patient care, and hence

healthcare professionals are required to be vigilant and careful not to fall into a moral or ethical dilemma. So, governance must not be limited to certain leader or power or even hierarchy [8]. There should be openness and consideration to ethics, to be able to make decisions with high moral values. The incorporation of ethics and governance is crucial to solve organizational problems and difficulties. This concept is referred to as 'Ethical Governance" as opposed to 'Health Governance" [4]. Governance and ethics is a multidisciplinary effort involving committees and joint decision making to achieve high quality. Another type of governance which is as important and equally aligned with clinical governance is 'Financial Governance', a concept which involves the ability of healthcare organizations to monitor and provide high quality healthcare. The main role in financial governance in healthcare is cost effectiveness which involves the wise use of resources along with effectiveness and efficiency of the organization [11].

It is apparent from this discussion that governance in healthcare is a complex issue and no one model can fit all healthcare organizations, therefore, it continues to evolve to fit in with, and integrate into each and different organization effectively. This is necessary for the bonding and trust building between the general public who are the end users of healthcare, and healthcare providers who are accountable for any shortfalls of quality and standards. From the point of view of healthcare staff such as doctors and nurses including students, clinical governance creates and promotes an educational and learning atmosphere so that healthcare professionals continuously improve their skills and expertise in their fields [4]. This promotes the delivery of high quality care to patients as well. So, all in all, the positive impacts of clinical governance are many and not only restricted to patient care but includes staff support and safe working environment [9].

Effectiveness and example/s of clinical governance frameworks/approaches

There are several recognized frameworks for clinical governance, and the choice of the framework varies depending on the needs and characteristics of the organization. Each framework has a number of components and elements. The application of the components all together simultaneously promotes quality of care delivered by the organization. Examples of frameworks and approaches published in the literature are: 'The Temple Model', 'Wheel and Matrix Framework', 'Three Lines of Assurance Model', and 'HSE Development Matrix'. Two frameworks will be discussed and compared, 'The Temple Model' and 'Three Lines of Assurance Model'.

The temple model

Clinic governance was introduced by the National Health Service of United Kingdom in the 1990s with the main aim of the delivery of a high quality of healthcare received by patients. It is defined as a framework of several elements and pillars through which healthcare organizations can provide a high standard of care to their patients. The NHS model of clinical governance initially started with seven pillars and has evolved and refined over the years to represent a 'Temple Model' [9]. The seven pillars are: Clinical effectiveness, Risk management effectiveness, Patient experience, Communication effectiveness, Resource effectiveness, Strategic effectiveness and Learning effectiveness. These seven pillars are roofed by Patient-Professional partnership, and every pillar stands on a base to make the 'Temple Model'. Clinical effectiveness pillar stands on System awareness base, Risk management and patient experience stand on the teamwork base, whereas, communication effectiveness pillar stands on the communication base. Resource effectiveness and strategic effectiveness pillars stand on the ownership base, and lastly, the learning effectiveness stands on the leadership base [4].

Figure 1: The Temple Framework' of Clinical Governance [18].

This model is intended to lead to high quality and standard of care, accountability and transparent responsibility of these standards, and continuous thrive for improvement. It needs positive organizations culture and strong clinical leadership, as well as the ability to reproduce good clinical practice and avoidance to failures in the standard and quality of care provided [11]. Challenges in the implementation of clinical governance include, poor leadership, weak management and inadequate organizational culture which is resistant to change. Poor knowledge and insufficient skills amongst the leaders and managers lead to system failure and eventually organizational failure [6].

Three lines of assurance model

This model is relatively new, started in 2013, and focuses on risk management and promotes the organization's ability to manage risk, by establishing a coordination between governance functions and roles to avoid duplication of the work and misjudgment. Theoretically, this model is a framework of different lines of defense which aims at reducing the gaps between the managerial hierarchy levels, aiming to avoid and minimize the chances for information failure and asymmetry [9]. It is apparent from the published literature that this model has been used and studied in several countries such as, Austria, Germany, and Switzerland, and was deemed effective for aiding different organizational hierarchy roles to work together in order to facilitate strong communication on risk management [2]. The three elements are: Management control, Risk control and Independent assurance, each line is represented by senior management personnel who act as primary governance bodies, they control and manage the processes and procedures of risk management. The three lines of defense are inter-related and must work together hand in hand simultaneously, lack of coordination between them leads to system failure [11]. An example of a structure for the three lines of defense model is shown in figure 2.

There are several challenges faced by this model, which lead to amendments and improvement of its elements. One of the most important challenges in implementing this model was to achieve effective communication and coordination between different governance functions. Few key changes were introduced

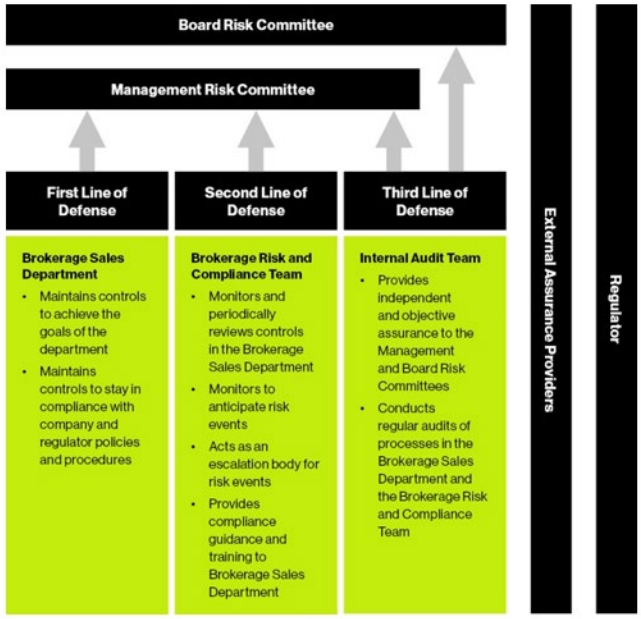

Figure 2: Three Lines of Defense for a Large Financial Institution's Brokerage Line of Business (Holland, 2021).

to this mode to overcome the shortcoming experienced by the organizations which implemented it, and an updated guidance was issued in 2020.

Changes in the updated guidance include, more emphasis on the clarity of responsibilities and roles, creation of a governing body, initiation of a system where the first and second lines blend with the organization's management for risk management, ensure smooth flow of communication across the governance body, internal audit and management. After implementing the updates, the three lines defense model assigns all responsibilities of governance to the governance body and describes governance in terms of accountability and assurance. Therefore, implementing this model reflects awareness into the organization's capability in risk management. The model is all about risk management, and enhancing the organization's approach to implement strong governance to optimize and maximize risk management capabilities [5].

In comparison between the models, the 'Temple Model' is all about quality, and the 'Three Lines Defense Model' is all about

risk management. The challenges faced by both models pretty much stand on similar grounds, poor leadership, inadequate organizational culture, resistance to change and ineffective communication [9]. The advantages and disadvantage of every model depends on the requirement of the organization in question. Knowledge, skills and experience in clinical governance is needed in order to achieve the set goals.

Overview and impact with example/s of quality improvement methodologies

Quality improvement in healthcare is a complex subject, and needs defining methods for quality improvement and a way to measure improvement. It is an art and a science combined, the art of identifying variations and the science of running the Plan-Do-Study-Act cycles. This way healthcare organizations can approach quality improvement and control effectively [17]. One of the main challenges is failure to understand that processes and procedures coexist with personalized care [8]. To help understand this concept, there are five principles to quality improvement: 1- Hands-on improvements tasks, 2- Defining quality, 3- Measure improvement not accountability, 4- Use quality improvement frameworks and PDSA cycles, 5- Learn from data variations [7].

- Hands-on Improvement tasks - educating clinicians about quality improvement is best done through hands-on tasks in real life application in the clinical setup.
- Defining Quality - patient centered care focused on efficiency and effectiveness. The institute of Medicine, defined quality as "Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status" [18].
- Measure for Improvement, Not Accountability - the measure of accountability is numerical, whereas improvement is a measure of performance.
- Use a Quality Improvement Framework and PDSA Cycles – there are several quality improvement frameworks, some of them examine currently existing processes, and others are used to develop new ones. Examples are; the Six Sigma DMAIC model and the DMADV model. DMAIC stands for define, measure, analyze, improve and control, whereas the DMADV stands for define, measure, analyze, design and verify.
- Learn from Variation in Data – understanding the cause of the variation is a key factor, there can be common caused and special causes.

Two methodologies will be discussed to help understand the principles of quality improvement; the PDSA cycle and the Six Domains of healthcare quality.

PDSA cycle: tests the validity of an intervention to ensure quality improvement. This is done by planning the objective, doing the plan, study and summarize the learning, and finally act upon the results and make the required changes. Once the is done, the cycle has to be repeated to assess the outcome of the changes made after the previous cycle [18].

Six Domains of healthcare quality: This is a framework for quality assessment and is made of six-elements; Safety: the concept of 'First Do No Harm'. Avoid risks and complications of intervention. Effectiveness: Apply evidence based medicine to use beneficial interventions and avoid using non-beneficial services. Patient-centered: respect patient choice and values. Timely: Good time management, shorten waiting time and avoid harmful delays to patients and healthcare providers. Efficient: Good resource management and avoid waste. Equitable: Care provided must be standardized and reproducible, avoid variation in quality due to different demographics [1].

In summary; 'Quality' of healthcare is a global concern to all healthcare stakeholders, from patients and their families to health professionals, administrators and policymakers. It must be reinforced that quality of care is measurable and can be enhanced and improved continuously, and healthcare providers and organizations are accountable to their patients and the society as a whole.

Conclusion

Clinical leadership, clinical governance, quality and safety are all interrelated in a vicious cycle with the end outcome goal of providing high quality patient care. The focus of quality and safety through clinical governance involves several processes and activities related to management and governance together leading to the promotion and development of clinical leadership and quality improvement methodologies. Mentoring and coaching

managers and clinicians to understand their leadership roles have shown positive impact on quality and safety standards, this has also reinforced the concept that quality and safety is everybody's concern. Every aspect of healthcare development should concentrate on the delivery of safe and compassionate care with high quality and standards, and achieve a good clinical outcome. Different healthcare systems in different countries may have a different governance styles and methodologies depending on the set up and the requirements. No one style fits all. With migration of healthcare manpower around the world, the knowledge of clinical governance, clinical leadership and quality and safety must be studied and understood by all healthcare professionals regardless of their specialties and disciplines.

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