



palliAGED Aged Care Standards Insight

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Governance and care at the end of life

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Clinical organisational governance addresses the establishment of corporate systems and processes such as human resources or financial management that deliver the current activity and future directions of an organisation. Through its governance structure, an organisation establishes and monitors systems, policies, and frameworks to ensure the viability and the quality of an organisation's activities.

In comparison, clinical governance covers the approaches used to maintain and improve the quality of patient care within a clinical care setting such as a hospital. Scally and Donaldson in an early paper dealing with the concept of clinical governance described it as “a system through which NHS organisations 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”. [1]

Australian approaches

Clinical governance has become broadly used in many health settings although the evidence base for the effectiveness of different strategies and approaches to clinical governance is still emerging. [2] Braithwaite and Travaglia undertook an early analysis of clinical governance policies and initiatives in Australia reporting on a broad array of strategies that have been used to improve clinical accountability within hospitals. Among the strategies identified were clinical governance structures, building culture and accountability, advocating for safety and quality, education and credentialing, data and monitoring systems, and complaints and feedback requirements. [3] A Victorian study of hospital boards reported that

they were involved in a wide array of clinical governance activities but knowledge deficits were evident and that training on quality related issues would be beneficial. [4]

In 2017, the Australian Commission on Safety and Quality in Health Care (ACSQHC) published a National Clinical Governance Framework. The framework noted that clinical governance is an integrated component of corporate governance of health service organisations and highlighted that everyone from clinicians to Hospital Board members is accountable to the patients and to the community for the delivery of safe and quality healthcare. The framework described five components built around governance, leadership, and culture; systems; clinical performance; a safe environment for care; and partnering with consumers. The Framework was also embedded in NSQHS Standards, however, the strategies to drive safe, inclusive, and quality care rested with the local health service. [5]

Considering end of life

The ACSQHC had also developed a National Consensus Statement looking at the Essential elements for safe high-quality end-of-life care. This describes the key clinical and organisational requirements for delivering excellent end of life care in the hospital setting. Five of the elements describe processes of care while five address organisational prerequisites. [6]

End of life is also a core area with aged care. An AIHW study found that 80% of older people who died in 2012–14 had used an aged care program before their death. While some of these may have died in hospital, the majority of the care preceding their death is likely to have occurred while with an aged care service. [7]

Given an ageing population, and given Australians are dying older and often while involved with an aged care service, governance arrangements within aged care will need to address end of life. As there are a range of care and accommodation options available for older people who are unable to continue living independently in their own homes, a range of organisational governance and clinical governance systems supporting care at the end of life may need to be established.

Aged care governance

Governance has always been part of the responsibilities of aged care providers but the Aged Care Quality Standards specifically detail these obligations and responsibilities in Standard 8: Organisational Governance. This standard articulates the significant role of governance in delivering safe and high quality care. Governance is seen as a mechanism by which consumer directed care is enabled by placing the consumer at the centre of planning, delivery, evaluation, and quality improvements. Importantly, organisational governance is not just seen as a board responsibility but as a network of relational obligations between aged care consumers, the workforce providing care and services, and the formal governance structures.

Clinical governance specifically addresses responsibilities and processes to support safe, quality clinical care and good clinical outcomes for each aged care consumer. This means there is a need to be able to look at systems that address care for people with dementia or progressive chronic care conditions, as well as those with specific palliative care needs or those approaching the end of their life. Within this philosophy, clinical governance needs to also support the workforce and visiting practitioners to provide safe, quality clinical care as part of a comprehensive based on the needs, goals, and preferences of consumers. [8]

At the end of life, clinical governance in aged care will need to ensure that there is good communication and interaction between and within healthcare and aged care teams which may include health care providers from other services and organisations. There will also need to be meaningful engagement with the older person, their family, and any nominated decision makers to ensure that the person's wishes and preferences

for care are clearly understood and respected. Clinical governance processes will need to enable excellence in physical and psychosocial symptom management as well as the management of family related distress, grief, and loss.

Clinical governance will also need to recognise the impacts on staff of providing care to those who are dying and to create a culture that encourages communication and self-care. Finally, information and assessment systems will need to be established that support reflection on care provision and support continuously improving care for older people who are coming to the end of their lives.

References

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