

CLINICAL GOVERNANCE

Paul Zollinger-Read

September 2016



Why is it important?

Healthcare Incidents

Bupa 'did not act fairly' in investigation

By David Moore
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Care home bosses failed to properly investigate how an elderly woman ended up in hospital with bruising in the final days of her life.

The family of 92-year-old Joyce Hemmingway only got an apology from Bupa two years after her stay at the West Hadden Residential Nursing Home in Lethbridge, Wetherby.

The elderly Mrs Hemmingway, who was a popular member of the village and a mother of three, had been suffering from reduced mobility and was taken to the home's Aldehyde Unit for rehabilitation after a stay in hospital in December 2013.

Days later a fall was back in hospital, where doctors raised concerns about bruising found on her body.

She left hospital on December 16 and died four days later after her condition deteriorated.

It makes me so angry... It was the worst experience for my mother.

That Bupa's investigation into her mother's care was "inadequate".

The ombudsman's report said: "We find that Bupa did not act fairly when it investigated Mrs Hemmingway's complaint."

It did not establish the facts of the case and failed to consider important evidence from Mrs Hemmingway's family.

The family were told seeking compensation would lead to having in elderly people either send a slight knock. The ombudsman made no findings on what happened to Mrs Hemmingway at the home, and said it had not been possible to establish the cause of the injuries.

But the report said Bupa failed to interview relevant staff the home.



Ms Hemmingway just after admission

New study finds 45,000 deaths annually linked to lack of health coverage

Uninsured, working-age Americans have 40 percent higher death risk than privately insured counterparts

September 17, 2009
By David Cecere, Cambridge Health Alliance



Nearly 45,000 annual deaths are associated with lack of health insurance, according to a new study published online today by the *American Journal of Public Health*. That figure is about two and a half times higher than an estimate from the *Institute of Medicine* (IOM) in 2002.

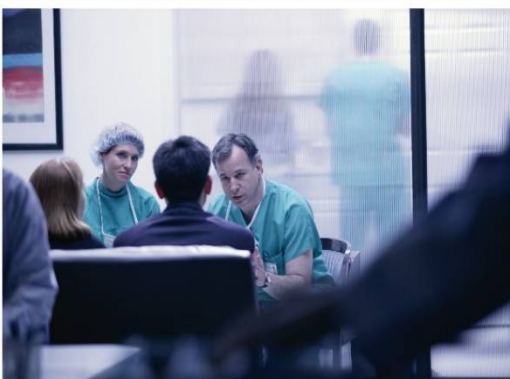
The study, conducted at *Harvard Medical School* and *Cambridge Health Alliance*, found that uninsured, working-age Americans have a 40 percent higher risk of death than their privately insured counterparts, up from a 25 percent excess death rate found in 1993.

"The uninsured have a higher risk of death when compared to the privately insured, even after taking into account socioeconomic, health behaviors, and baseline health," said lead author Andrew Wilner, M.D., who currently teaches at *Harvard Medical School*. "We doctors have many new and heart disease — but only medications."

Deaths by medical mistakes hit records

The way IT is designed remains part of the problem

By *Erin McCann* | July 18, 2014 | 05:58 AM



It's a chilling reality — one often overlooked in annual mortality statistics: Preventable medical errors persist as the No. 3 killer in the U.S. — third only to heart disease and cancer — claiming the lives of some 400,000 people each year. At a Senate hearing Thursday, patient safety officials put their best ideas forward on how to solve the crisis, with IT often at the center of discussions.

440,000 Deaths Annually from Preventable Hospital Mistakes

January 22, 2015, 10:30:00AM. By *The National Trial Lawyers*

A patient safety study estimates that more than 400,000 American deaths are associated with preventable medical errors in hospital settings.

One in four seniors leave the hospital carrying a superbug on their hands

Tuesday, March 29, 2016 by: *S. Johnson*
Tags: *superbugs, seniors, hand hygiene*



Bacchus Marsh hospital baby deaths soar to 12, while 43 alleged botched births probed

© April 14, 2016 8:07am
N. GILBERT SMITH/STUFF
Herald Sun



The Five Biggest Problems In Health Care Today



Leah Binder
CONTRIBUTOR

FULL BIO >

Opinions expressed by *Forbes* Contributors are their own.

I named this blog "Losing Patients" as a play on words. But in all seriousness, our health care system is *literally* losing "patients," killing more than 500 per day from errors, accidents and infections in hospitals alone, not to mention the mortality and suffering from millions of procedures that never needed to be done in the first place. At the same time, the employers and other purchasers paying for this care are losing "patience" with the slow pace of change in cleaning up the mess.



Medicare (Photo credit: 401(X) 2013)

Our history and heritage

We began operations in 1947 in the UK when 17 provident associations joined to form Bupa with the purpose of preventing, relieving and curing sickness and ill health of every kind.

Today, this lives on through our purpose of longer, healthier, happier lives.



Bupa around the world

- UK
- ANZ
- SLA
- IDM
- Bupa Global

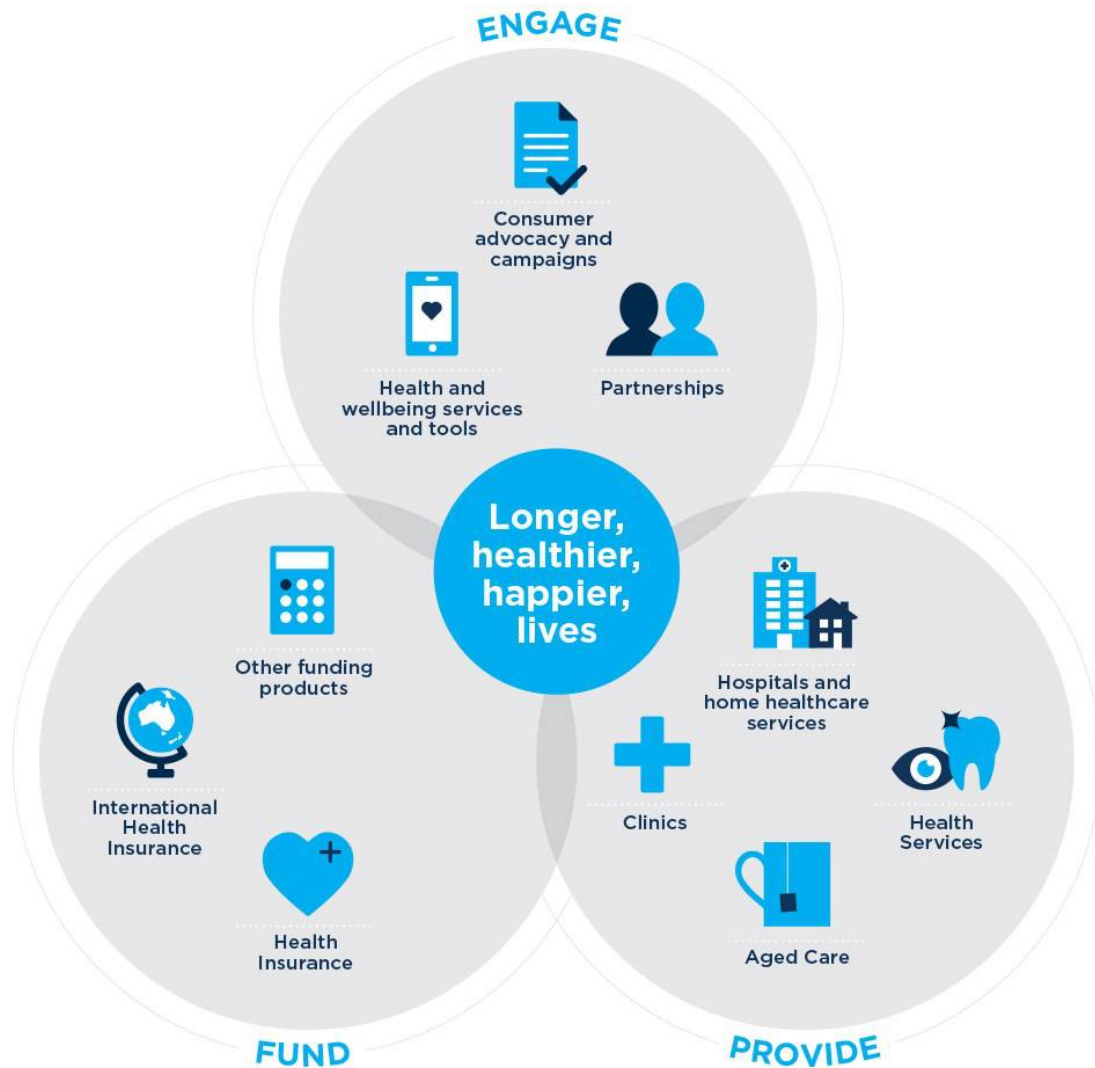
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|--------------|-------------------|---------------|-----------------|------------------|--------------|
| 1. Australia | 5. China | 9. Egypt | 13. Mexico | 17. Poland | 21. Thailand |
| 2. Bolivia | 6. Denmark | 10. Guatemala | 14. New Zealand | 18. Saudi Arabia | 22. UAE |
| 3. Brazil | 7. Dominican Rep. | 11. Hong Kong | 15. Panama | 19. Singapore | 23. UK |
| 4. Chile | 8. Ecuador | 12. India | 16. Peru | 20. Spain | 24. USA |

- 733** Dental centres
- 455** Care homes
- 320** Clinics
- 98** Retail centres
- 75** Corporate on-sites
- 37** Retirement villages
- 36** Optical centres
- 13** Hospitals



An international business

Using our global experience and diverse skills, we deliver quality, coordinated care to our customers, throughout their lives.



Our purpose

Longer, healthier, happier lives

Our values

Passionate

Caring

Open

Authentic

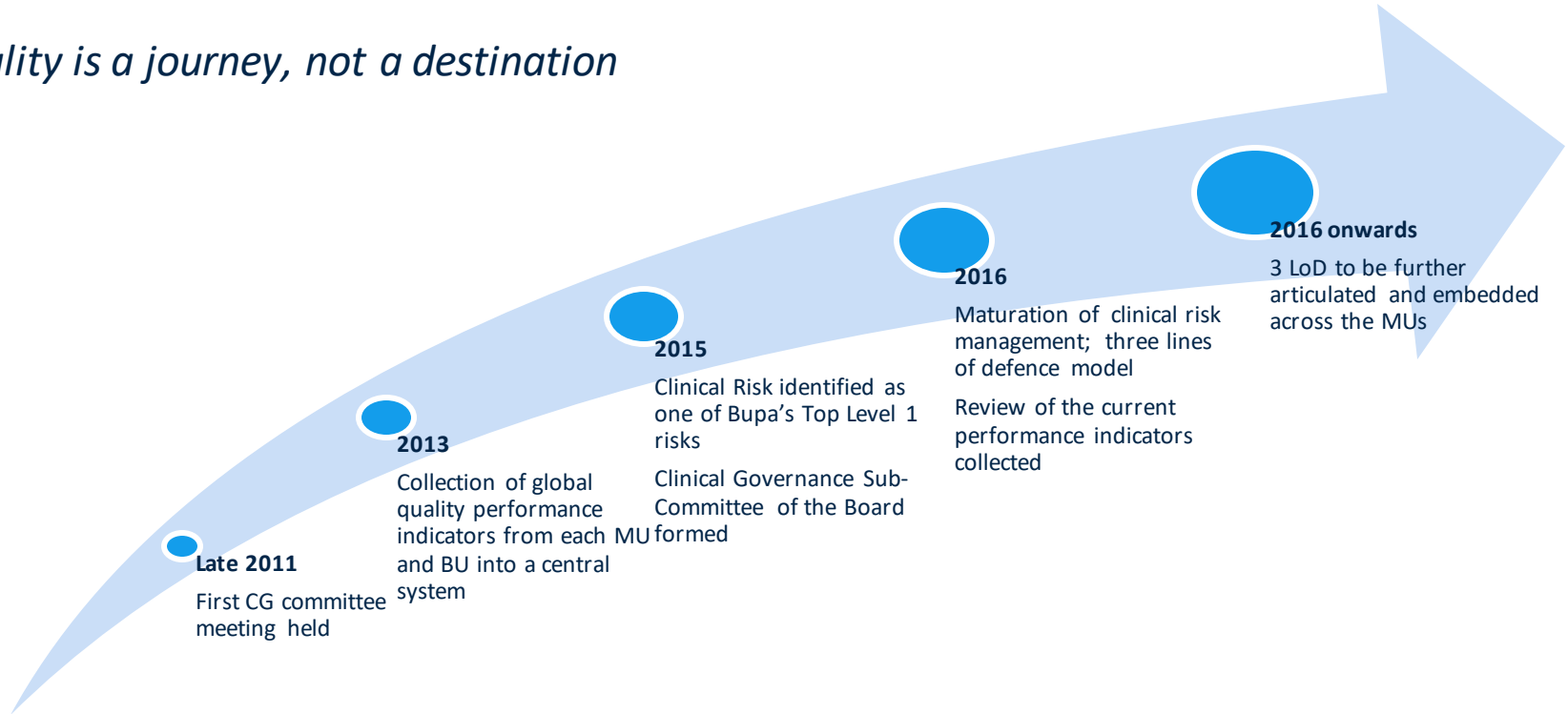
Accountable

Courageous

Extraordinary

The Bupa CG Journey – Key Milestones

Quality is a journey, not a destination

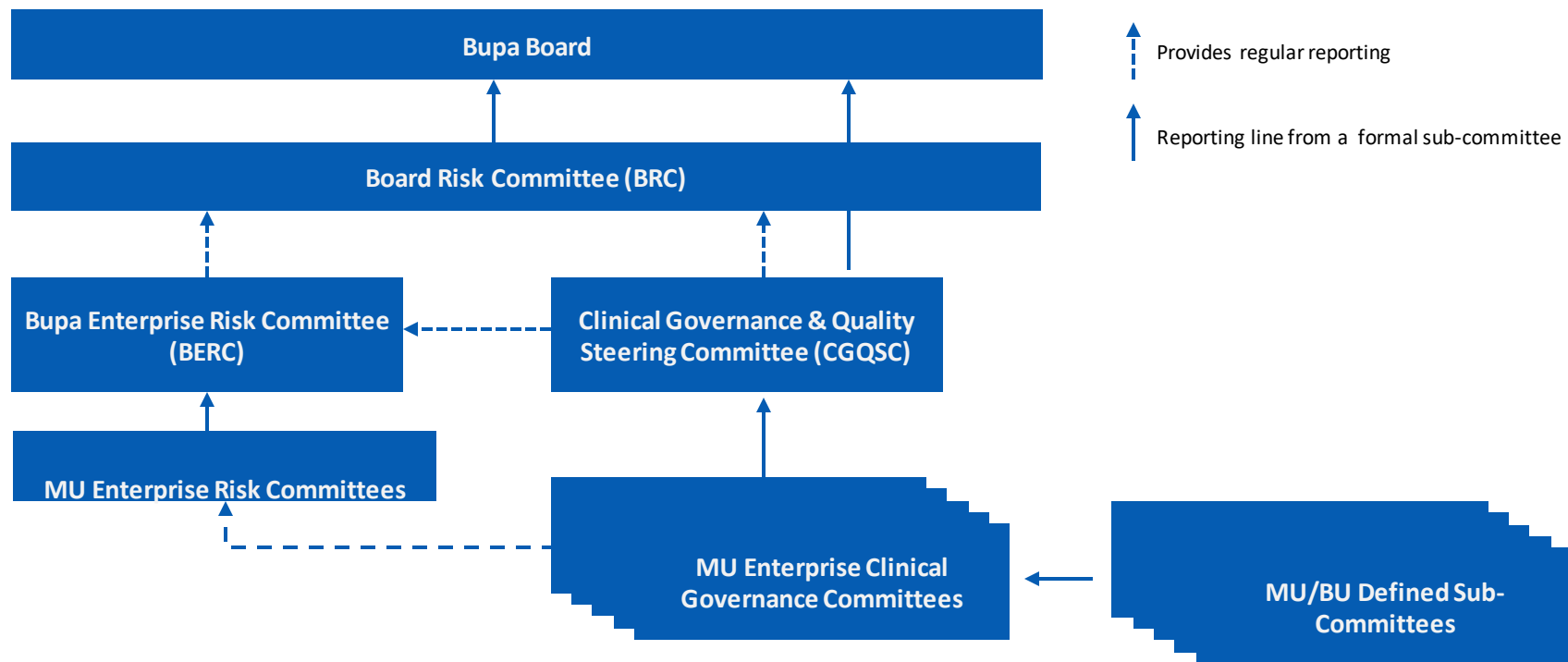


Clinical Governance

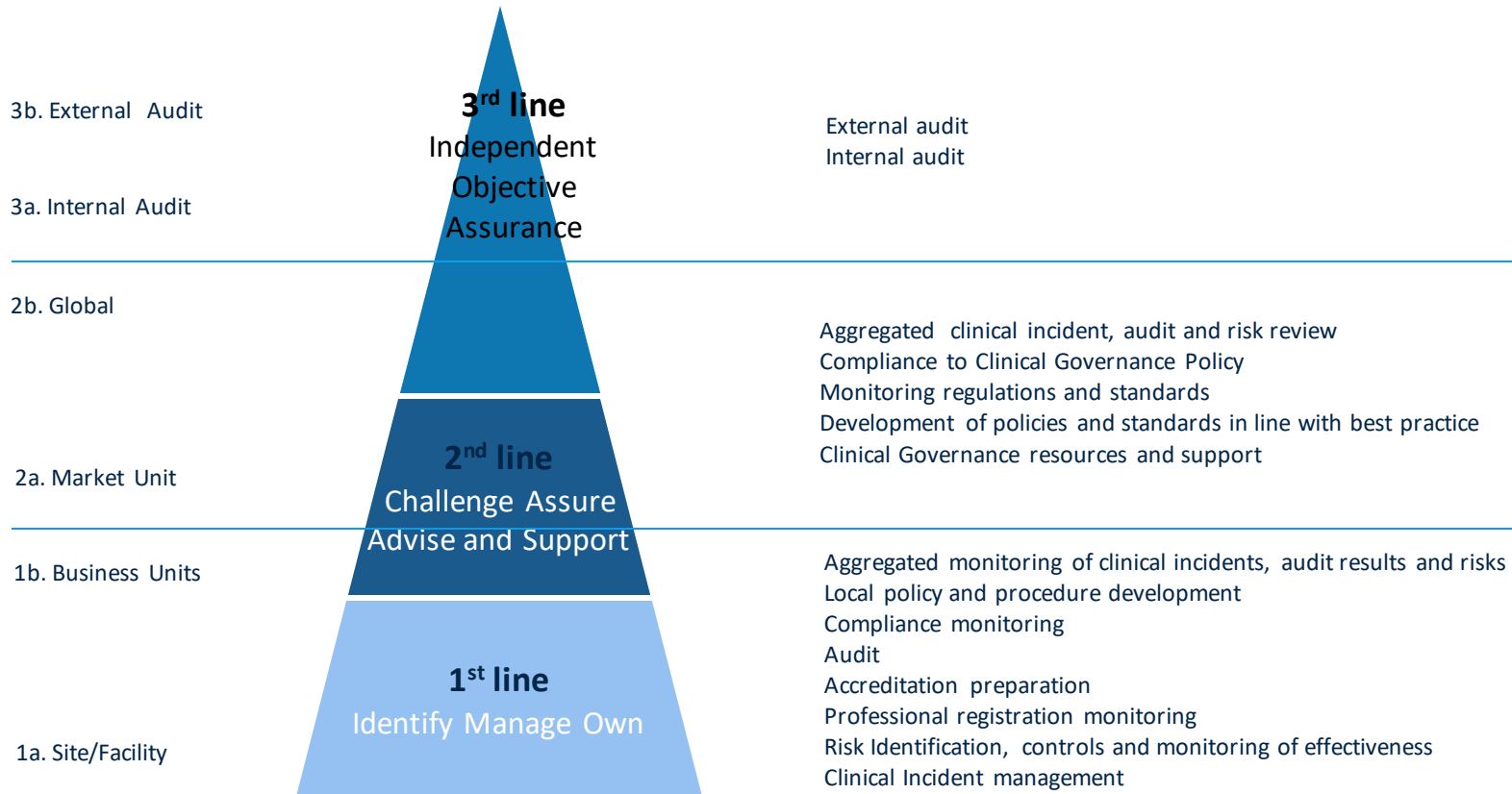
A framework of responsibility and accountability that continuously measures, monitors and improves the safety and quality of all clinical services and promotes optimal patient/customer health outcomes and clinical excellence.



Governance Structure



Clinical 3 Lines of Defence Model



Global Clinical Governance Priority Areas

Global
Quality Review
Program

Clinical
Effectiveness

Partnering
with
Customers

Professional
Development &
Leadership

Clinical Risk
Management

Passionate

Caring

Open

Authentic

Accountable

Courageous

Extraordinary

Global Function Medical

Key 2017 Outcomes:

- Evolution of clinical governance, and risk management systems, that shape and drive a culture of clinical quality improvement as measured by customer outcomes, experience and risk metrics.
- An engaged and connected global clinical community:
 - strengthening performance through sharing best practice and opportunities
 - differentiated by clinical skills, knowledge and behaviours

Customer Experience:

- **Delivery of global Aged Care standards and Person First outcomes**
- **Development and implementation of tools to enable customer preferences to be expressed and thus more fully met.**
- **Leadership and co-ordination of the transition to an outcomes focused organisation in the purchasing and provision of health and care.**

Employee Experience:

- **Clinical Academic Partnership driving bespoke development interventions and improvement collaboratives**
- **Development and implementation of a global nursing strategy to engage and energise Bupa's largest professional community**
- Design & delivery of an internally delivered development tool to drive commercial acumen in the clinical community
- Create a health & safety culture within the Businesses. Deliver of a methodology to reduce violent incidents and associated risk in our care homes.

Governance and Regulatory:

- Leadership and co-ordination of clinical governance systems and processes including Clinical Governance and Quality Steering Committee, Global Dental Network, Medical Advisory Council
- Co-creation and implementation of global clinical standards
- **Development of standards and policy to improve outcomes and reduce unwarranted variation**

What we Measure

Measures that align to our risks:

- Falls
- Pressure Ulcers
- Customer Feedback
- Incidents
- Critical incidents
- VTE assessments
- WHO checklist compliance
- Infection rates e.g. MRSA, C. Diff
- RCA investigation reports



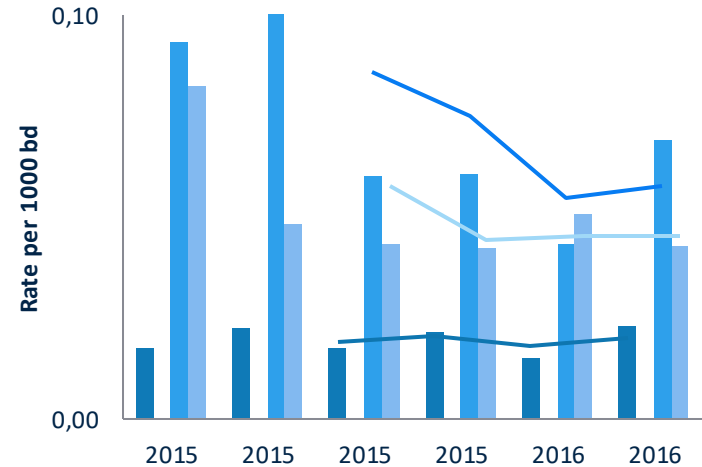
Measurement for Improvement

- Decide aim
- Choose measure
- Define measure
- Collect data
- Analyse
- Review and Repeat

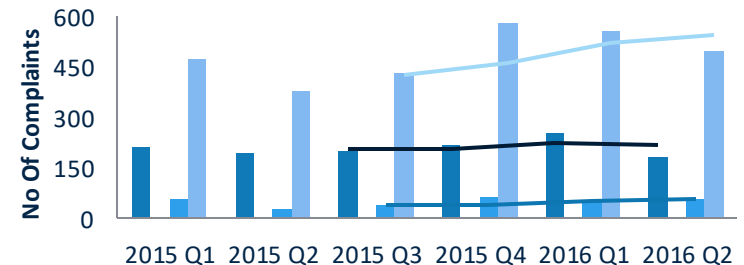
Considerations:

- How much time/ resource will it require to collect the data?
- How much value will the data add?
- Can we evidence improvements based on the insights from the data?
- What data do we need to collect for assurance?

G3 Pressure Ulcer Rates



Complaints



Key Clinical Risks and Issues

For our customers/ patients/ residents:

- Preventable harm
- Falls
- Pressure injuries
- Healthcare acquired infections
- Medication errors
- Effective & affordable treatment

Emerging risks:

- Antibiotic resistance

For clinical staff:

- Needle stick injuries
- Manual handling
- Slips/trips/falls

Key Clinical Opportunities and Strengths

For our customers/ patients/ residents:

- Clinical quality and safety standards
- Opportunity to leverage best practice across the world
- Learn from one another
- Global presence to help influence the healthcare sector

For clinical staff:

- International growth and development opportunities
- Network of clinicians

Key Challenges in Clinical Governance

- Clinician engagement - keeping engaged and providing a value proposition for working at Bupa
- Contextual differences - varying geographical, regulatory, cultural environments makes standardisation challenging
- Feedback collection and reporting. Complexities in coding feedback to perform thematic analysis
- Quality reporting for third party providers:
 - Collection of data - resource heavy
 - Actionable data - what can we do with it? Sanctioning does not promote quality improvements
 - Provider engagement - What's in it for me?

Health and Safety

- Safety culture assessment
- 90 day challenge
- Local teams leading
- Hold managers to account
- Safety ward rounds
- Discuss data
- Patient / staff stories

TO UNDERSTAND THE FULL IMPACT OF PATIENT SAFETY PROBLEMS, WE MUST LOOK AT BOTH MORTALITY AND MORBIDITY



1 in 10

patients develop a health care acquired condition (such as infection, pressure ulcer, fall, adverse drug event) during hospitalization.^(b)

BUT WE MUST LOOK BEYOND HOSPITALS TO THE FULL CARE CONTINUUM



Roughly 1 billion ambulatory visits occur in the US each year.^(c)



About 35 million hospital admissions occur annually.^(d)

AND TAKE A MORE GLOBAL APPROACH

