

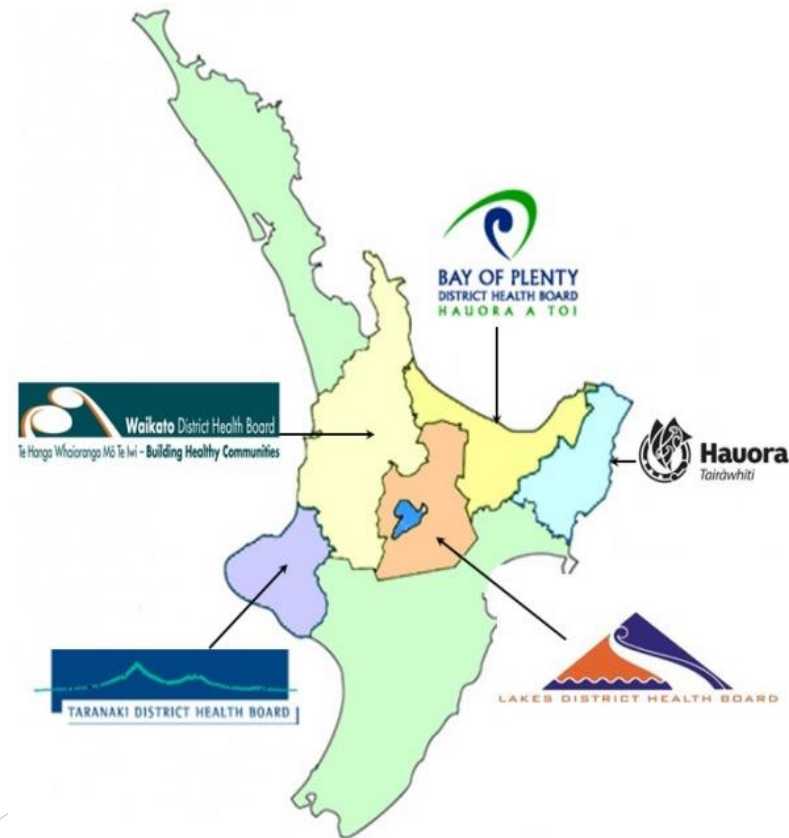
Optimising Clinical Quality Governance for Safe Care

International Forum on QUALITY & SAFETY in HEALTHCARE

Taipei, 2019

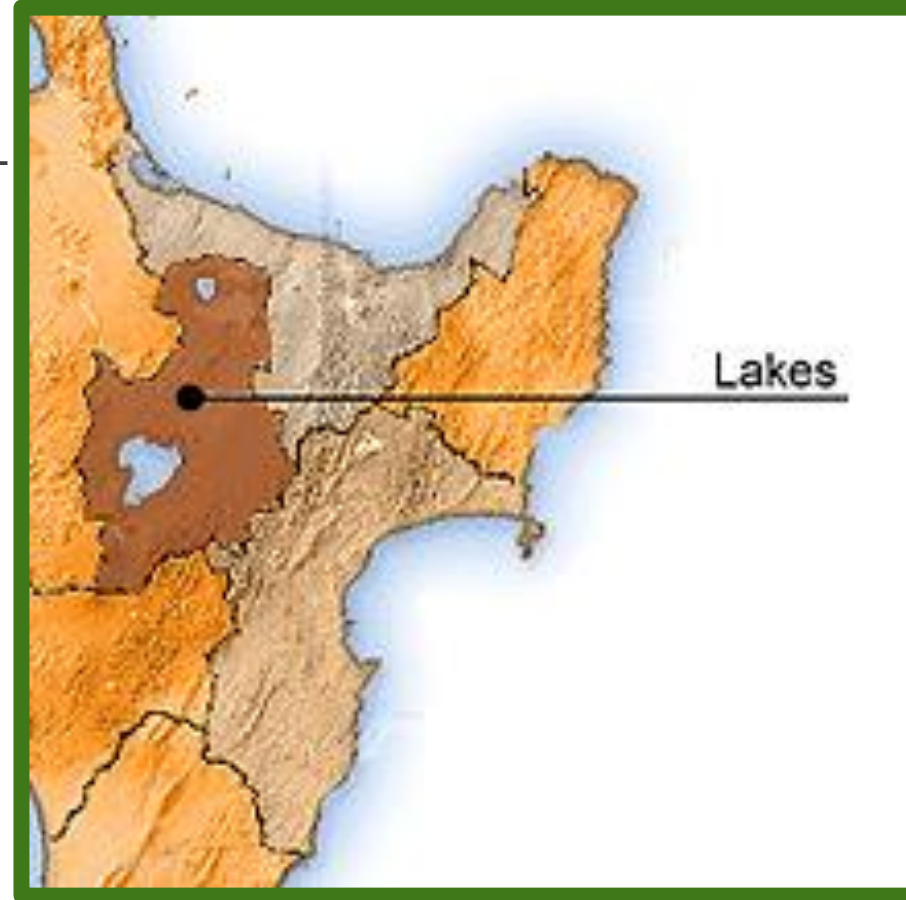
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NZ, our DHB and our people

- **New Zealand Population** - 4.79 million
- **European NZ** - 74%; **Maori** - 15%; **Asian** - 12%; **Pacific** 7.5%
- **Lakes DHB Population** - 110,400; **Eur.NZ** - 63%; **Maori** - 35%; **Pacific** 2.4%
- **Deprivation Quintile:** Lakes has a relatively high proportion of the most deprived section of the population with **37,000** living in **Quintile 5** areas and **Maori** represent **20,000** of this
- **More than 50%** of our **Maori** population are worse deprived
- **Inequity in health outcomes** is a very serious concern for the Lakes DHB and must be addressed for us to achieve our goal of **'Population Wellbeing'**
- To do this LDHB needed a well-lead & functional **Clinical Quality Governance Model!!**



The Beginning - effective Leadership to mitigate VUCA *

Uncertainty

Volatility

25%

30%

Complexity

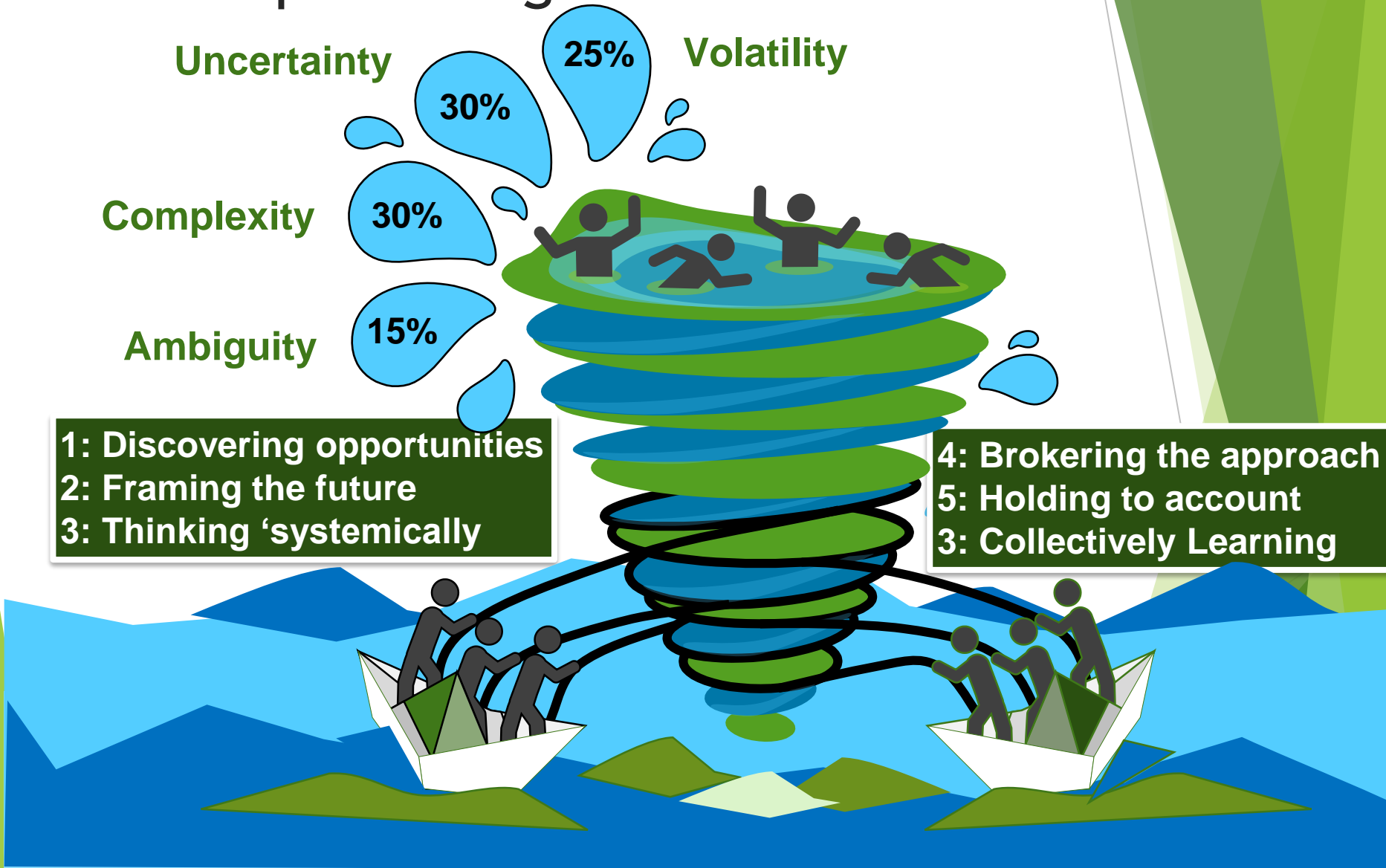
30%

Ambiguity

15%

- 1: Discovering opportunities
- 2: Framing the future
- 3: Thinking 'systemically

- 4: Brokering the approach
- 5: Holding to account
- 3: Collectively Learning

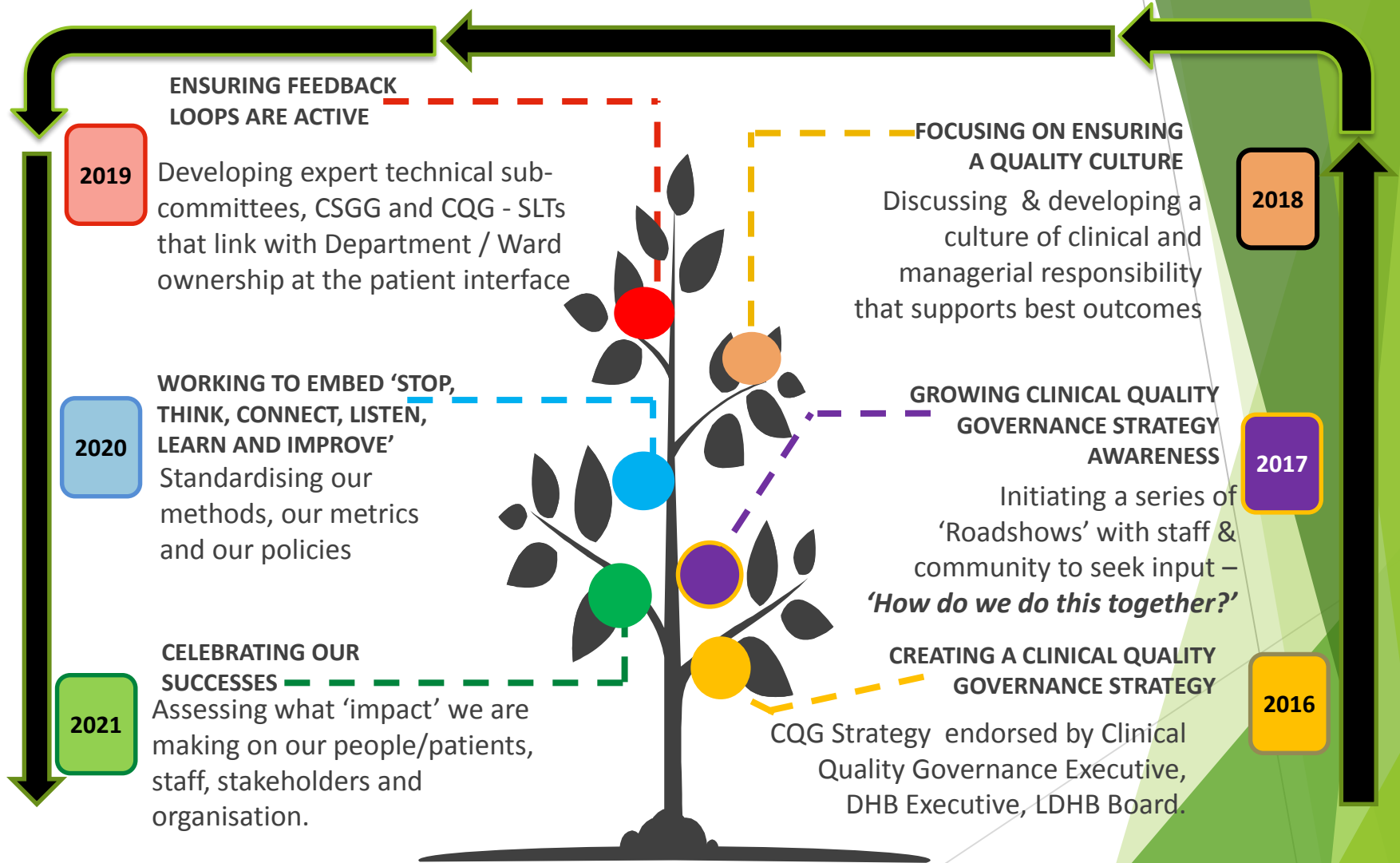


* VUCA first used by the US Army War College 1987

Clinical Quality Governance Principles

- ✓ managing through alignment & coaching at all levels
- ✓ strengthening cooperation through ‘connected’ networks
- ✓ clarity of roles, responsibilities & accountabilities
- ✓ clarity & consistency of standards
- ✓ culture of safety, openness & transparency
- ✓ good performance management of individuals & teams
- ✓ stewarding energetic & enthusiastic willingness to work within & across the system of care
- ✓ support for autonomy of decision-making at the patient-clinician interface
- ✓ support for ‘quality’, ‘innovation’ & change
- ✓ clear ‘line-of-sight’ patient/whanau safety from bedside to board-room

The LDHB Approach to Growing 'Clinical Quality Governance'



Origins of the Lakes DHB CQG Model 'Tipu Ake ki te Ora - Lifecycle'

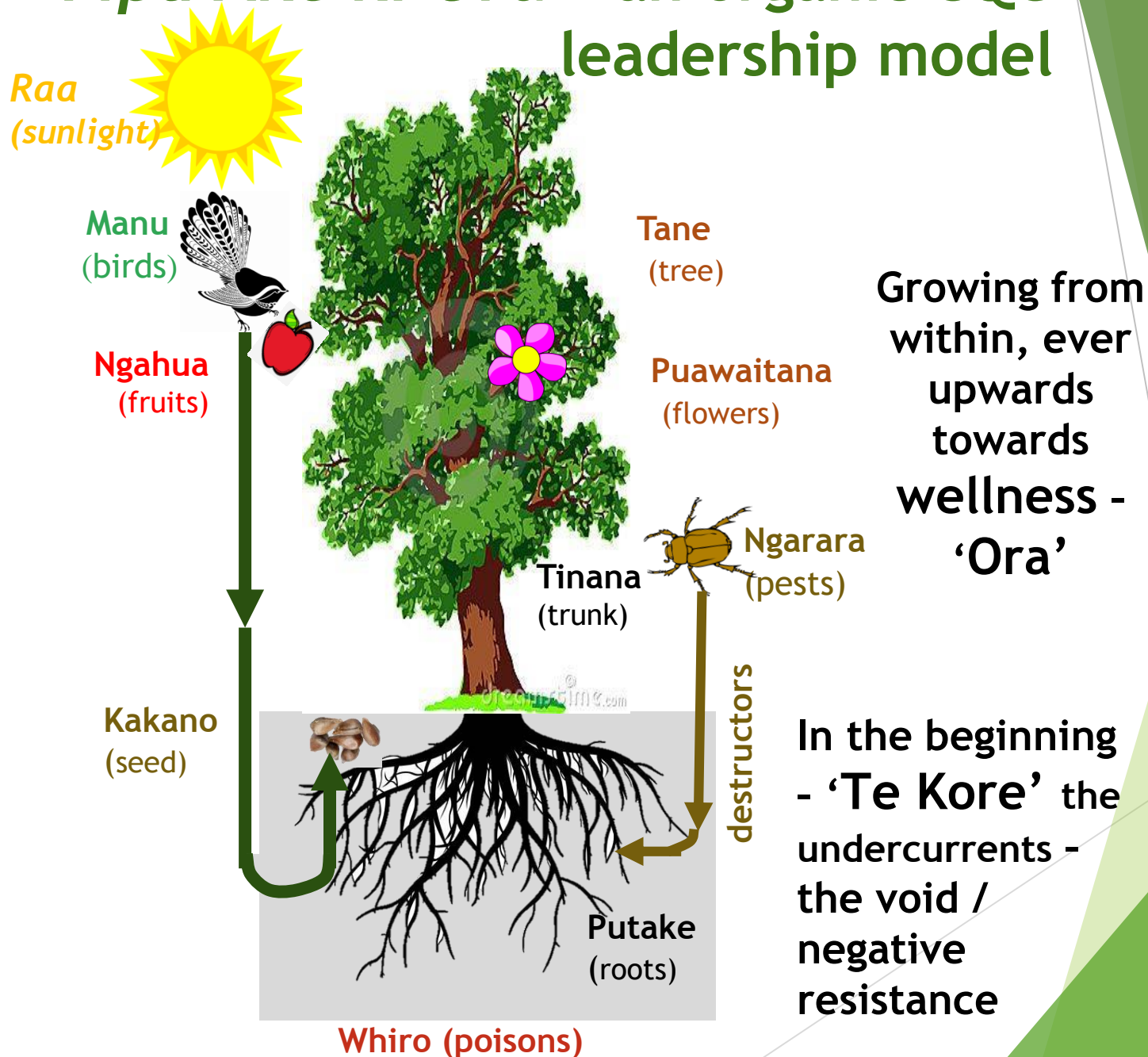
- **Te Whaiti** -- a small, mainly Maori community that lies between Whirinaki Forest Park & Murupara.
- **Strong values-base & beliefs from Toi** - The historical leader of the original people of Te Whaiti
- An **'organic lifecycle'** model
- Focuses on **time to sew the seeds (the ideas)** & let them germinate
- It is not linear, but **cyclic & focuses on behaviours**
- It acknowledges the **significance of the 'undercurrents'** - negative resistance that can be 'rechannelled' to strengthen the organisation



- It starts with **leadership, collective courage** that gathers the commitment to support growth by a common vision of ‘wellbeing’
- This ‘groundswell’ happens below ‘the surface’ - the rooting of ideas to build a ‘collective view’
- It supports team networks to share leadership & knowledge
- It enables ‘birds - entrepreneurs’ that cycle the ‘idea seeds’ back to the undercurrents to grow innovation & exploit opportunities
- Risk Management is key in avoiding the ‘destructive effects of pests’ that jeopardise upward growth allowing ‘poisons’ like aggression, apathy, anger, fear & disrespect— that stop the germination of ideas
- The antidote is ‘sunlight’- external energy - information & support from our networks that encourages & challenges us to progress to wellbeing



Tipu Ake ki Ora - an organic CQG leadership model

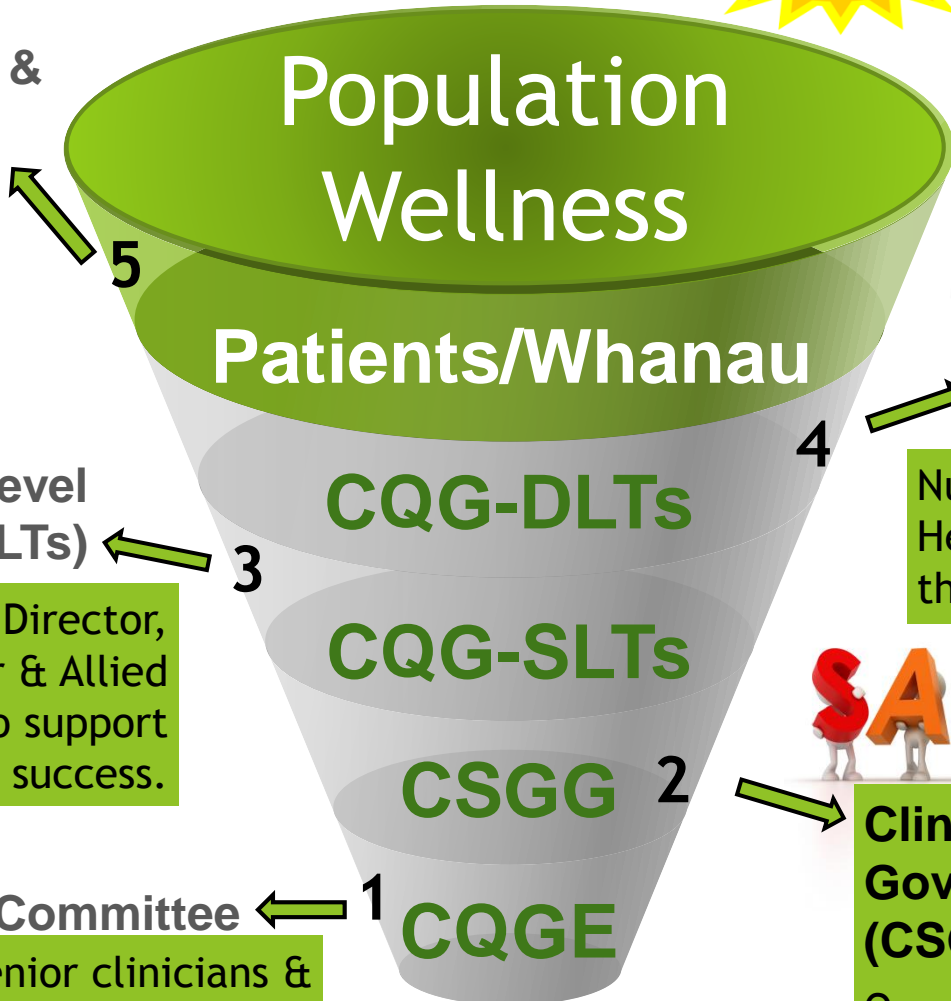


The Lakes DHB - Clinical Quality Governance (CQG) System



Patients & Whanau

People (Tangata) who experience the care LDHB funds provides & delivers.



Department Level Teams (DLTs)

Nurses, Doctors & Allied Health teams who oversee the care at the front-line



Service Level Teams (SLTs)

Managerial, Clinical Director, Nurse Director & Allied Health who support operational success.



Clinical Services Governance Group (CSGG)

Operations Executives who support, steward & monitor care excellence

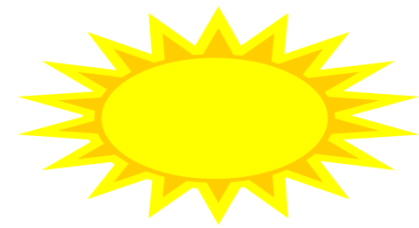


CQG-Executive Committee

Diverse group of senior clinicians & management who lead, mandate & provide strategic guidance

Executive & LDHB Board

Lakes DHB Clinical Quality Governance



Influencers – the Birds – those who progress ideas throughout

Focus on outcomes

PATIENTS/WHANAU
(improved health & wellbeing)

5. CLINICIANS
(critically connecting)
individualistic

4. DEPARTMENT Teams
(audit, review, delivery)
siloes

3. SERV. LEVEL Teams
(operational guidance)
rigid

2. CLIN. SERV. GOV. GRP.
(monitoring, resourcing)
command

1. CLIN.QUAL.GOV. EXEC.
(leadership, endorsement, support)
ego/credit

0. INACTION
Ideas grow (networks)
Poisons
(unengaged, reactionary, negative, apathetic)

Take action



reflect &

Apply Innovation values

listening

effective

Trust support

Vision

sharing

Courage

Share learning

Stewards
LDHB Executive & Board

individualistic

siloes

rigid

command

ego/credit

biased assumptions

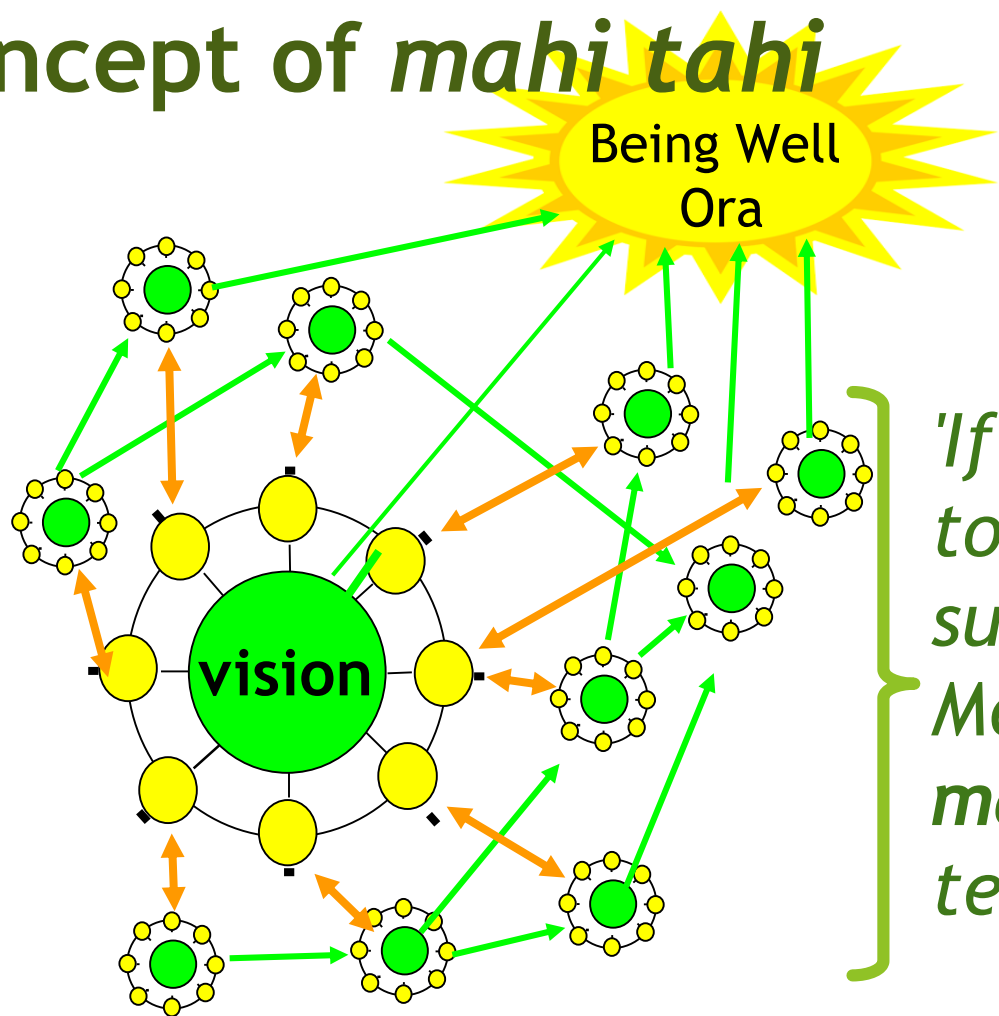
Pests - Detractors
- reactive, forced to recycle

Risk management

External Energy knowledge, learning

(unengaged, reactionary, negative, apathetic)

Incorporating the *Māori* concept of *mahi tahi*



*'If we work together we can succeed:
Mehemea ka mahi tahi taua tera ano e taea'*

CQG as Clinical-Managerial Networks:
Cooperating, interconnecting, influencing & *'cascading'*

Thank You for your attention -
Tena koe mo nga manaakitanga

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