



**BACKGROUND:**

New Mowasat Hospital (NMH) is a family owned private hospital in Kuwait that aims to improve the quality of healthcare services for its patients and community. We are here to inspire and create the space for people, teams, organizations and systems to make lasting improvements to health services. Working at every level of the healthcare system, we aim to develop the technical skills, leadership, capacity, knowledge, and the will for change that are essential for real and lasting improvement.

The active involvement of clinical staff is an essential component of quality improvement, yet systematic improvement initiatives in the NMH have not generally secured the full engagement of clinicians. In particular from the Clinical Heads for the ongoing Quality Improvement initiatives.

Although healthcare professionals are committed to providing high quality care for their patients within the constraints of the environment they work in, there still remains little evidence that they engage in systematic quality improvement initiatives.

NMH leadership wants to inspire and build the will, enthusiasm and commitment among clinical communities to acknowledge and adopt system-wide quality improvement methods to enhance the patient experience and the quality of clinical care. The evidence from this review suggests that this goal will need a collaborative dialogue with healthcare professionals to explore what this means for the established model of professionalism.

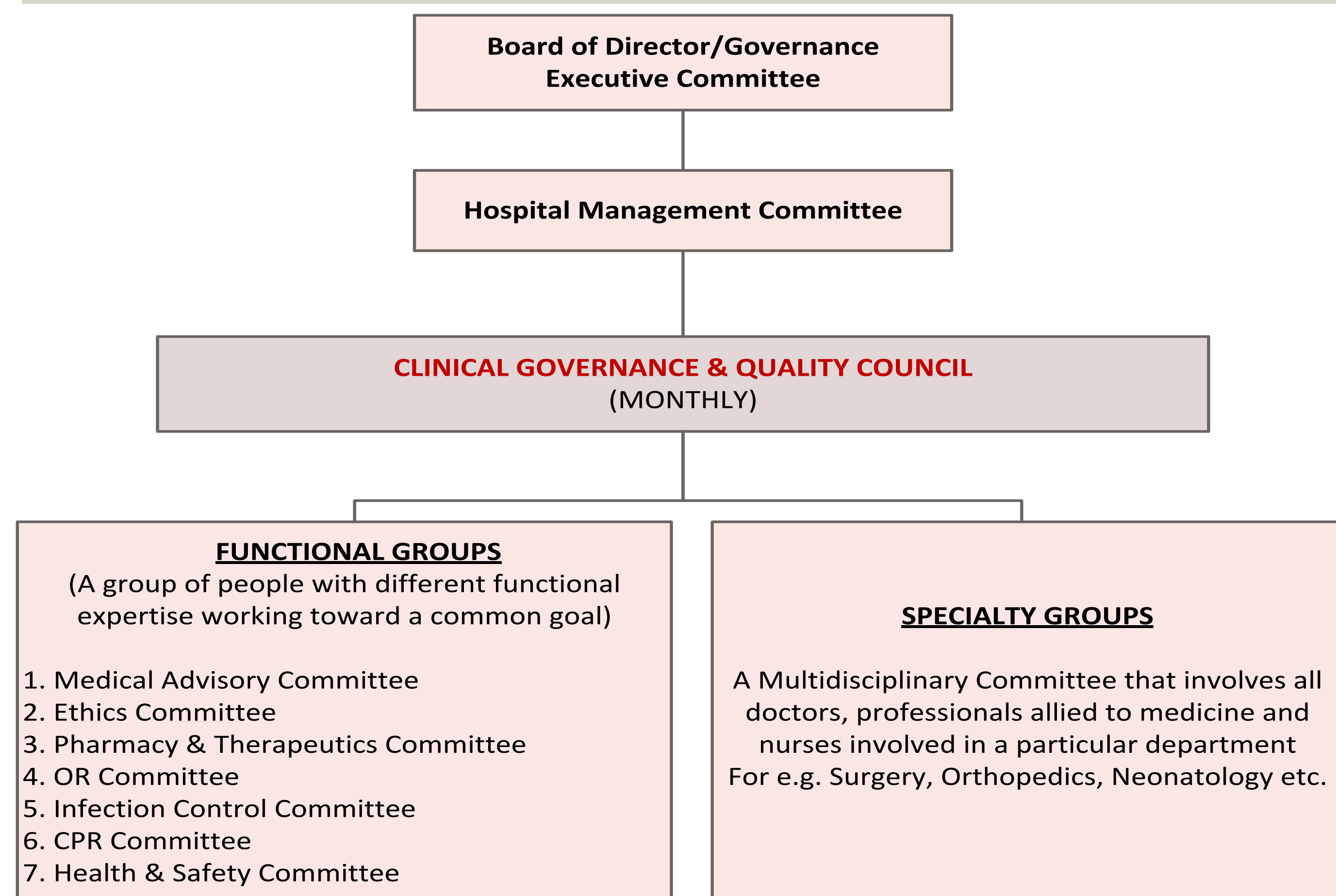
Having model of professionalism as focus NMH leadership initiated a model for Clinical Governance and Quality.

**What is Clinical Governance and Quality framework:**

Clinical governance is a systematic approach to maintaining and improving the quality of patient care within a health system. A framework through which organizations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This definition is intended to embody three key attributes:

1. Recognizably high standards of care,
  2. Transparent responsibility and accountability for those standards
  3. and a constant dynamic of improvement.
- . It places a stronger emphasis on accountability
  - . It recognizes the benefits of creating a different dynamic between patients and professionals
  - . It assumes a stronger sense of responsibility for how the wider health system works and for all dimensions of quality.
  - . It promotes a constant drive to improve what clinicians do and accepts change as a virtue rather than a threat.
  - . It commits to using a range of different approaches to develop and mobilize knowledge about how to improve care and build the formal evidence base underpinning improvement.
  - . Finally, it emphasizes the importance of clinicians working in multidisciplinary teams and across professional and organizational boundaries.
  - . It builds understanding of how clinicians engage in improvement and how clinicians can be best supported to improve the quality of care for patients.

**Clinical Governance and Quality Structure**



**Clinical Heads Involvement in implementing Clinical Governance Framework**

Clinical Governance is not just a set of rules and regulations set by the senior management. It encompasses every person involved in healthcare, be it a patient, director, manager, clinician or an administrator.

- It is expected from staff to:**
- . Attend the departmental Specialty Group Meeting
  - . Contribute to the discussion about Quality Indicators/Clinical outcomes
  - . Help develop Clinical Pathways
  - . Participate in CME events
  - . Review patient M&M cases and Adverse Occurrence Reports
  - . Analyze Patient Complaints and
  - . Do Clinical Audits
  - . Imbedded in Organizational DNA and Culture.

**Clinical Governance and Quality Framework**

Ensure quality is maintained through reviewing reports and compiled into a monthly **Quality Report** covering the following:

- . Hospital Activity
- . Key Performance Indicators
- . Infection rates
- . Patient Satisfaction & Complaints
- . Human Resources
- . Risk Management
- . Pathology, Radiology
- . Policies and Care Pathways
- . Clinical Audits
- . Specialty Groups Meeting

**Specialty Group (SG)**

Establish and monitor department specific standards of care with reference to following:

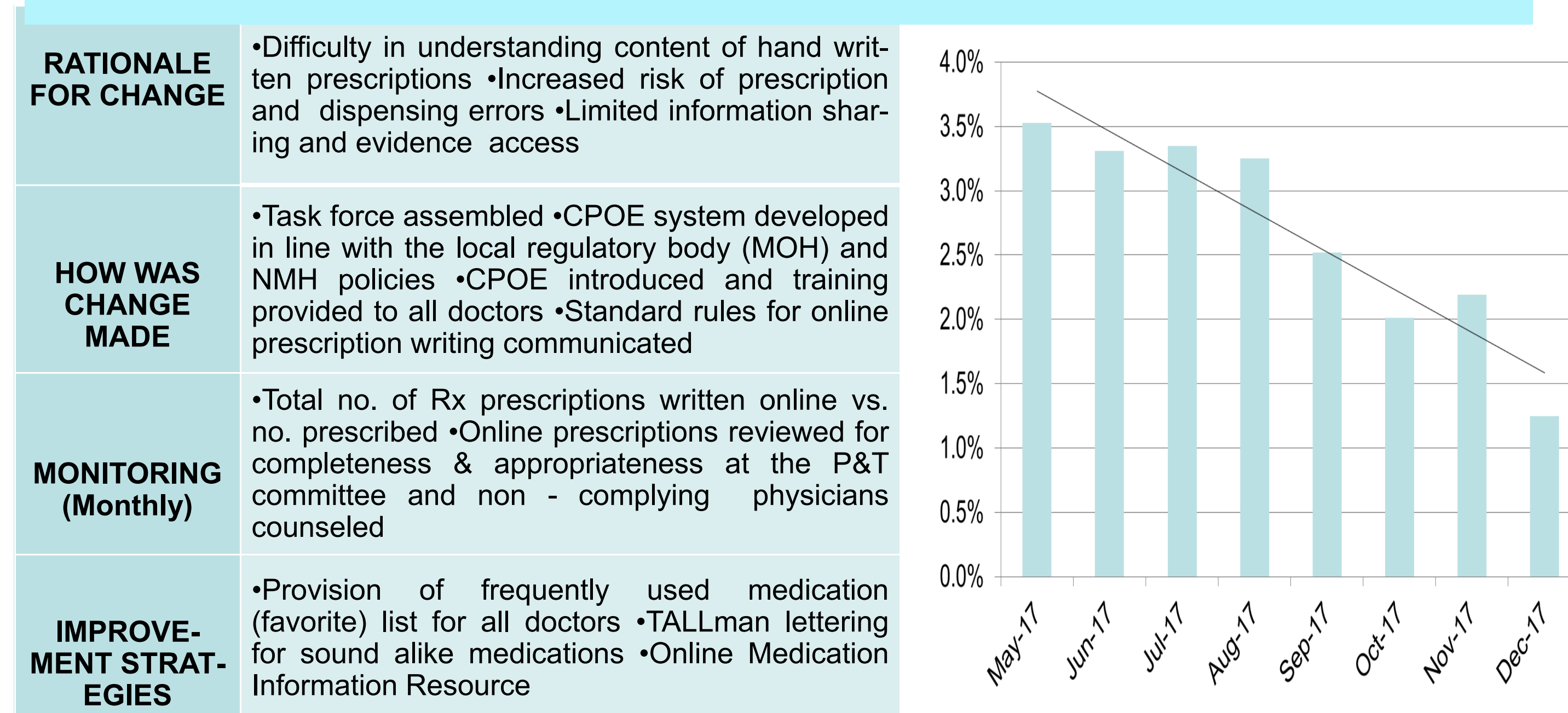
- . Department Activity
- . Quality Indicators/Clinical outcomes
- . Clinical Guidelines/Protocols/Care Pathways
- . Continuous Medical Education (CME)
- . Patient Satisfaction and Complaints.
- . Adverse Occurrence Reports (AOR)
- . Morbidity and Mortality (M&M)
- . Operational and Service Related Matters
- . Clinical Audits

Multidisciplinary Committee: All doctors, professionals allied to medicine and nurses involved in the department

**Example: Accountability Charter internal Medicine**

DOMAIN	MEASUREMENT	WEIGHT	BASELINE	TARGET	STRETCH TARGET	MEASUREMENT TOOL	DATA RP	ACTUAL	FINAL SCORE
FINANCIAL (30)	Operating revenue	80				Monthly accounts	FM		
	Net contribution (after direct variable costs)	20				Monthly accounts	FM		
		100							-
CUSTOMER SERVICES (10)	Patient Waiting Time (% patients seen within 25min of arrival)	80	90%	95%	99%	Waiting Times report	IT		
	Patient Recommendation	20	93%	96%	99.00%	Quarterly Patient Experience Report	PRO		
		100							
QUALITY AND PROCESS (45)	Standardized Integrated Care Pathways (ICP)/ Guidelines	50	6	8	10	Pathway Implemented	CD		
	Interdepartmental Meetings	15	6	10	14	Minutes of Meetings	CD		
	Medical record keeping (average)	10	1.5	1.0	0.2	incomplete medical records report	MR		
	Closure of AOR's/audit reports within 60d	5	85%	90%	95%	Quality Report	QSM		
	Laboratory and Radiology On-line	10	70%	80%	90%	Dept Performance Report	IT		
	CME Events	10	8	12	16		CD		
		100							-
LEARNING AND DEVELOPMENT (5)	Attending a health management event	100	1	2	3	Attendance certificates	CD		
		100							
		100							
								Total	80.00

**Example of Audits and Reviews: Prescription Errors (Outcome)**



**The challenge & Project Aim : 80% of NMH Clinical Heads will participate in the defined Clinical Governance framework**

- Action Taken:**
- . Physician Engagement by providing support
  - . Leadership and Development Training
  - . Monitor and Review
  - . Continuous Medical Appraisal
  - . Good Medical Practice (Performance Scorecard)
  - . Participation in Clinical Governance Structures (Meetings, CME, reflective Practice)
  - . Relations with Colleagues (Multisource feedback)
  - . Incentivize through Balanced Scorecard based Accountability Charter

**Summary of results:** 70% of NMH clinical heads participated in the defined clinical governance framework resulted in following:

- . 50% reduction in number of no show of patients for elective surgical procedures
- . 30% decrease in total cancelation for elective procedures
- . Reduction in prescription errors from 3.5% to 1.2%
- . Increased compliance towards clinical guidelines and pathways
- . Increased collaboration between teams

**We strive to achieve reputation for Excellence and Quality at NMH by "Exceeding Expectations"**

