



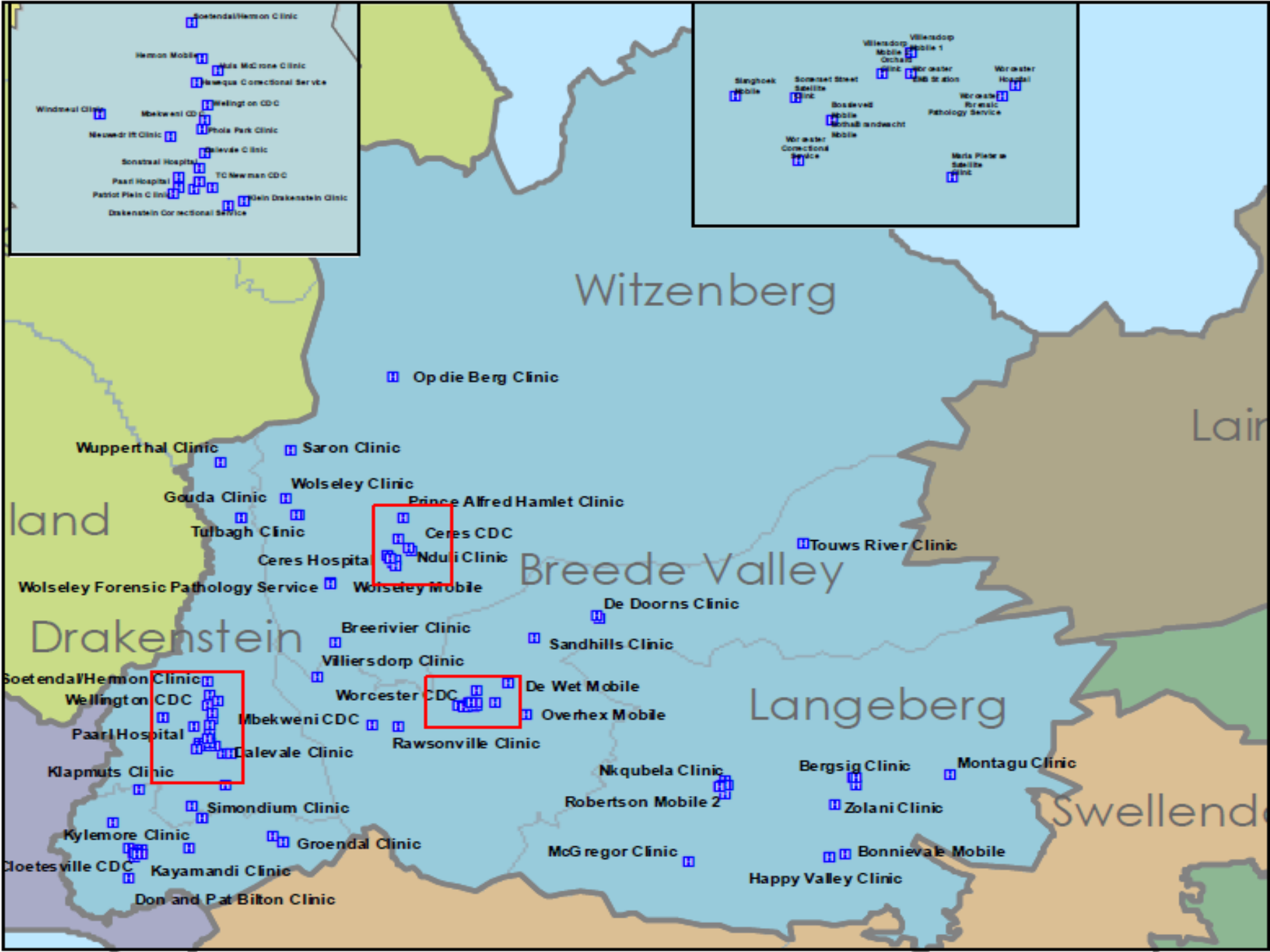
Clinical Governance Framework

The Cape Winelands DHS perspective

Dr Lizette Phillips 21 April 2015

Overview

- Background
- Our journey
- Lessons learnt
- Recommendations
- Acknowledgement



CWD Total population: 845 237 (Circular HO 28/2014)	Breedevalley 179 451	Langeberg 105 025	Witzenberg 125 042	Drakenstein 269 735	Stellenbosch 165 983
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Facility Type					
Clinic (incl CDC)	7	7	10	16	9
CDC	Worc CDC; incl MOU	0	Ceres CDC	Wellington TC Newman Mbekweni	Cloetesville
District Hospital	0	Robertson Montagu	Ceres	0	Stellenbosch
Specialised TB	Brewelskloof	0	0	Sonstraal	0
Regional Hosp	Worcester (Family Med)	0	0	Paarl	0
Family Physicians (1 at CWD office)	1 + 2(WH)	1	2	1	1



Surface area: 22 00km²

Leading causes of YLLs: Western Cape Districts 2009

Rank	Cape Metro	Cape Winelands	Central Karoo	Eden	Overberg	West Coast
1	HIV 13.1%	TB 11.3%	HIV 13.7%	TB 12.6%	TB 10.6%	TB 12.2%
2	Homicide 9.8%	HIV 11.0%	Road injuries 13.1%	HIV 9.3%	HIV 9.3%	HIV 8.9%
3	TB 9.6%	Homicide 6.6%	TB 10.9%	Homicide 6.7%	Homicide 8.2%	Road injuries 7.6%
4	Road injuries 5.6%	Road injuries 6.5%	COPD 6.5%	Ischaemic heart disease 5.9%	Road injuries 7.3%	Ischaemic heart disease 7.0%
5	Ischaemic heart disease 4.8%	Stroke 5.2%	Homicide 6.4%	Stroke 5.5%	Ischaemic heart disease 5.1%	Homicide 7.0%
6	Diabetes mellitus 4.4%	COPD 4.9%	Stroke 5.5%	COPD 4.8%	Stroke 4.7%	Stroke 5.9%
7	Stroke 3.8%	Ischaemic heart disease 4.5%	Ischaemic heart disease 4.1%	Pneumonia 4.7%	Pneumonia 4.4%	Diabetes mellitus 4.1%
8	Pneumonia 3.8%	Pneumonia 4.1%	Diarrhoea 3.0%	Road injuries 4.5%	Lung cancer 3.9%	COPD 3.9%
9	Lung cancer 3.0%	Lung cancer 3.7%	Lung cancer 2.8%	Lung cancer 4.1%	Suicide 3.5%	Lung cancer 3.7%
10	Hypertensive disease 2.7%	Diabetes mellitus 3.4%	Hypertensive diseases 2.6%	Diabetes mellitus 3.8%	COPD 3.1%	Pneumonia 3.5%

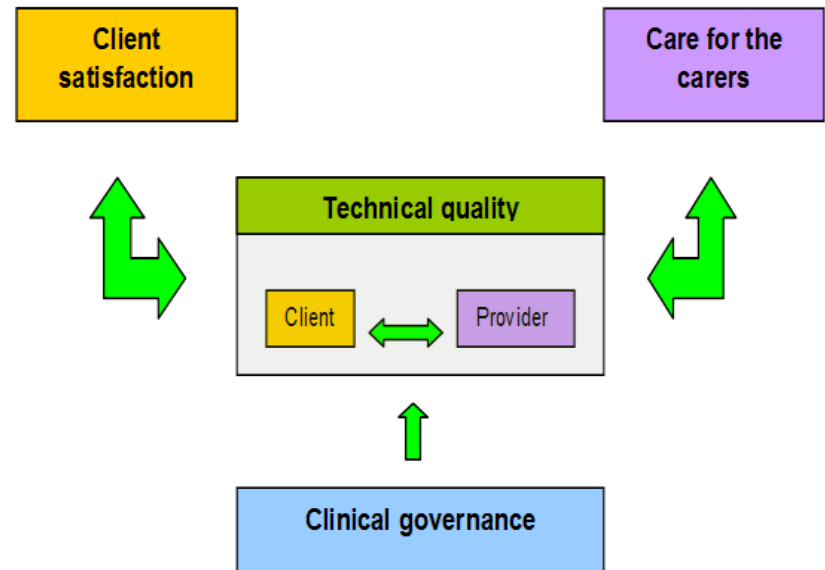
Source: Western Cape BOD reduction project

WCG:H March 2010; Clinical governance

is defined as: “a framework through which organizations are **accountable** for continuously **improving the quality of their services** and safeguarding high standards, through **creating an environment** in which **excellence in clinical care can flourish**”.

FOCUS AREAS =

1. Client satisfaction
2. Care for the carers
3. Technical quality
 - A. *Improve clinical practice*
 - B. *Improve patient clinical outcomes*



Clinical governance framework WCG:H 2010

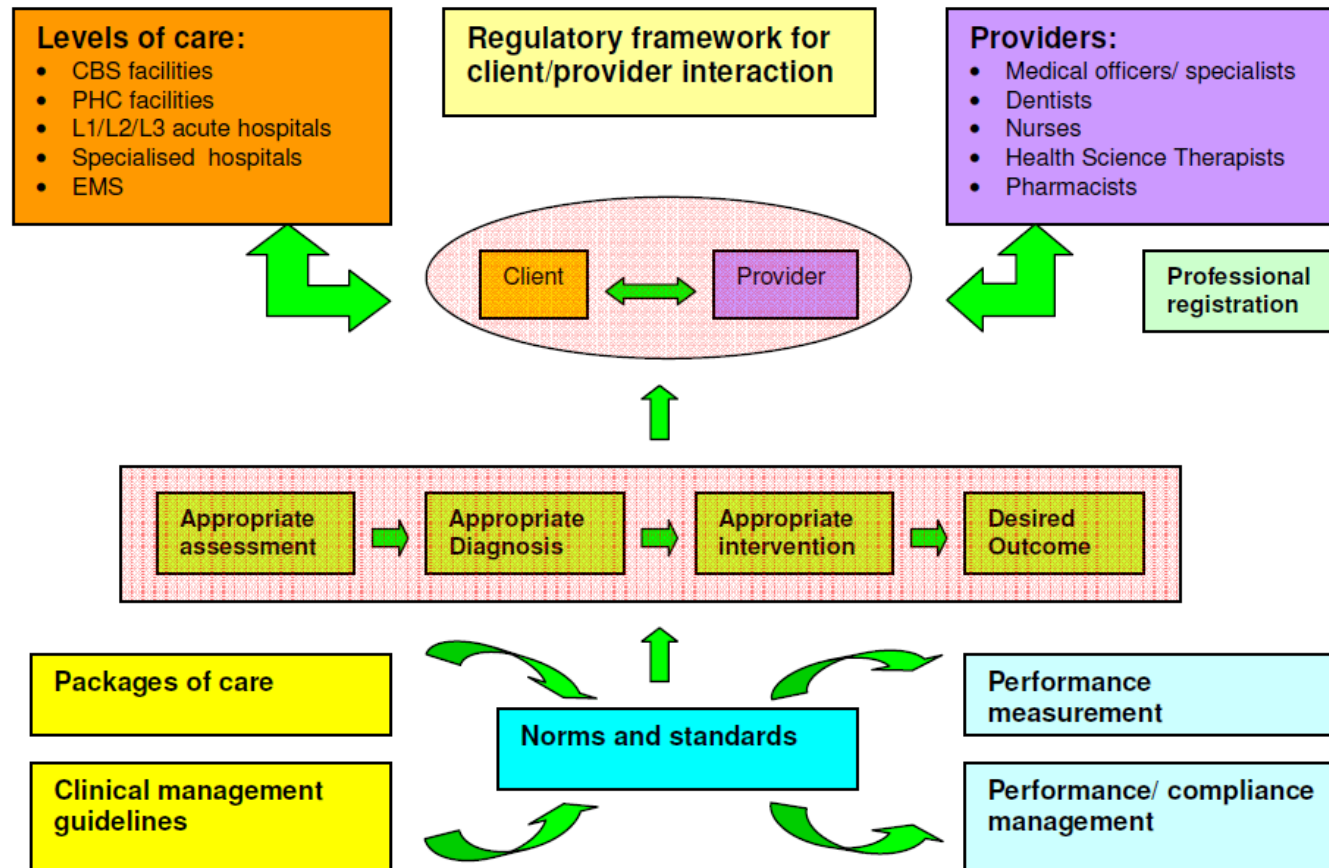


Figure 2: Clinical Governance Framework



**Western Cape
Government**

Health

Roles of Family Physician

Care-provider – Clinical care of ambulatory patients, patients with emergencies, in-patients; at district hospital and in primary care

Consultant – Clinical outreach and support to primary care clinics and health centres



Capacity-builder – Training health care staff during the course of clinical service

Supervisor – Training interns and students (registrars and undergraduates) during the course of clinical service

Manager – Clinical governance of the facility. Support of facility with specified management functions. Clinical administration.

Community leader – engages with the health needs of the community served

JOB DESCRIPTION OF FP IN WCG, 2013

1. Direct clinical service provision	Day-time and after hours clinical care (in line with PCE) of: <ul style="list-style-type: none"> • Patients with emergencies • In-patients • Ambulatory patients • Clinical Forensic clients Clinical outreach and support to PHC facilities
2. Clinical training	Training health care staff during the course of clinical service provision. Direct supervision of training undergraduate students and registrars during the course of clinical service.
3. Clinical Governance	Conduct clinical governance in collaboration with other staff.

Our journey

- Started off in CWD with workshop 22 November 2010
- FP per sub district

	2010	2011	2015 (Current)
District	1	1	1
Sub districts	2	5	6
Regional hospitals (WPH)	2	2	2

Our journey

- Strategic guidance and leadership to create an enabling environment for clinical governance
- Clarify roles and responsibilities of family physician
- Team approach
- FP part of DMT-mentoring and support to family physicians at sub district level

Our journey

Structures:

- Workshops on CG
- District CG meeting chaired by DM
- MDT meetings at sub district level
- Quarterly FP forum
- FPs part of Strategic Planning of district

Focus on clinical governance:

- Clarify FP institutional duties
- Limit meetings - only if relevant to CG
- Leader of clinical team
- Address BOD at sub district level
- Ensure competency based teams

Our journey

Clinical governance “ tools” available:

- Audits as part of QI
- M & M meetings
- Folder reviews
- Review of lab or drug expenditure & usage, as it impacts on clinical care
- Routine M & E meetings

Lessons learnt

- Essential to clarify roles and responsibilities
 - ❖ health care team
 - ❖ and management team
- Role differentiation with time
 - ❖ Balance: leader & member of the “care team”
 - ❖ Supported by others – “coaching project” from SURMEPI
- FP tend to be hospi-centric due to limited exposure to PHC, including CBS
 - ❖ Relates to findings Dr K Pasio research-least impact on COPC

Lessons learnt continue

- Informed strategy in Cape Winelands district to strengthen PHC platform with appointment of 2nd FP in Witzenberg February 2015
- FP important role as gate keeper and co-ordination of patient care between different levels of health system
- FP role in ensuring adequate competency and skills set of medical officers per sub district

Recommendations

- Whole health system approach
- Ongoing review of roles & responsibilities
 - changes with years of experience in the post*
- Mentoring by more senior Family Physicians –
 - start in 4th year of registrarship?*
- Coaching/leadership development/emotional intelligence

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