The Main Components of Clinical Governance and Their Impacts on Patients’ Satisfaction Admitted to Shiraz Kowsar Heart Hospital

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INTRODUCTION

In different countries various methods and tools have been used to improve the quality of health care [8]. Among these methods, clinical governance introduced in 1998 for the first time as a strategy presented by the state in NHS Britain and to improve the quality of clinical care [3].

Clinical governance is a framework in which organizations providing clinical services are responsible for continuous improvement of quality and protects high standards services creating an environment in which excellence of clinical services are flourishing [8].

Clinical governance simultaneously focuses on responsibility for maintaining the level of current care and also on improving the quality of further care. It is also a concept which integrates past methods and tools for assessment and improvement of care quality [7]. Clinical governance, in fact, is a comprehensive and unified strategy that has introduced continuous improvement of quality in Britain National Health Care as a systematic model [2].

The important subject is the necessity of improving patient’s efficiency, effectiveness and immunity [8]. Therefore, responsibility of health service centers must be increased to reduce dissimilarity of presented services to patients. Also medical errors are considered as an important principle in clinical governance to remove inadequate, weak and ineffective care. In other part, healthcare organizations are very complicated and their structure, processes and management have a great importance for improving clinical care. Clinical services governance recognizes these complexities and makes effort to obviate some of these issues and problems through creating an integrated and comprehensive strategy and continuous movement toward improvement of quality [2].

satisfaction as one of health aspects is an important factor in improvement of their health status and also health system is responsible for people need and ensuring their health, the purpose of present study is to determine patients’ satisfaction with components of clinical governance provided in Shiraz Kowsar Heart Hospital [7].

Keywords: Clinical Governance, Satisfaction, Kowsar Heart Hospital, Shiraz

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The main components of clinical governance:
Risk management:
Risk management involves consideration of the following components: health and safety, reduction of clinical risk, monitoring complaints, updated policies and executive methods, reporting systems about undesirable events.

Definitions:
Jeopardy- any real or potential situation that can cause harm, disease or death of a person, damaged or demolition or loss of an organization’s equipments and assets.
Risk- the probability of jeopardy or bad consequences, the probability of being subjected to damage.
Intensity- the expected result based on degree of harm, damage to properties or other harmful cases that can be occurred.
Probability- the probability of occurring an event.

Definition of risk management in health field:
Performing clinical and administrative activities to identify, assess, and reduce the risk of harm to patients, staff and visitors and the risk of losing the organization itself.

Level of risk:
- Minor: no action is required.
- Tolerable: no further control is required
- Moderate: the risk reduction measures should be implemented
- Significant: the activity should not be started until the risk is reduced
- Intolerable: activity should not be started until the risk is reduced and if the risk reduction is not possible the activity is not performed completely

Risk management approach:
- "reactive" and "proactive" approaches
- learning from the things that have been performed incorrectly (reactive)
- avoiding potential risks that may affect the services that health centers provide (proactive)

Use of information:
The use of information technology and its comprehensive management, creating and providing information for patients and communicating with future plans on this concept are being considered.
The purpose of using information management in clinical governance of health system includes:
- Improvement of access to determined clinical indicators
- Agreement on determined clinical performance indicators of any specialist
- Creating a database and a publishing program
- Coordination with the principles of data protection
- Improvement of internal communications

Clinical Effectiveness:
Clinical effectiveness is to use the best knowledge derived from research clinical experience and patient preferences for achieving desired procedures and outcomes of patients care.

It is possible to achieve clinical effectiveness through a series of quality improvement activities mentioned bellow:
- Scientific and up to date evidences, clinical solutions, guidelines, and scientific standards for determining and providing the best healthcare and treatment
- Quality improvement tools (such as clinical audit cycle, rapid quality improvement cycle, etc.)
- Evaluation of documentation, etc to determine the cost of care and services effectiveness

Patient and public involvement:
In this section issues considered such as providing advice for patients and managing communicational services, considering patient as a partner and involving him/her in treatment and creating an adaptable and participating culture. According to this component, hospital must monitor views of patients through the complaints and compliments to effectively increase loyalty, patients’ satisfaction and also improvement of services quality.
Clinical Audit:
Clinical audit is a way that doctors, nurses and other healthcare professionals can measure the quality of the care they offer. It allows them to compare their performance against a standard to see how they are doing and identify opportunities for improvement.

Other duties and activities of this component is to introduce activities and superior units in the organization. However, clinical audit should be realistic with examining resources needed. Indeed, clinical audit examines various aspects of current practice, including diagnosis, treatment, care and use of resources and compares them with standards and identifying and removing discrepancies and shortcomings and proceeds in compliance with the best possible practice. These standards that define quantifiable aspects of patient care should always be evidence based.

Clinical audit scopes:
- Structure: total resources that enable the system to provide services or healthcare.
- Process: the process is providing healthcare services and its methods.
- Result: final effect of performed activities on health and life quality of services receivers.

Staff Management:
Staffing and staff management is vital to organization ability to provide high-quality care. This component acts in grounds such as shaping policies, updated executive methods and work contracts, monitoring staff performance, their development and training. Staff management considers issues to place the most important resource of providing clinical services (staff) in line with purposes of clinical governance services. Surely, it is not possible to achieve “quality” and “responsibility” purposes in clinical services without exerting adequate management.

Education and Training:
It is vital that staff caring for patients have the knowledge and skills they need to do a good job. It is for that reason that they are given opportunities to update their skills to keep up with the latest developments as well as learn new skills. Continuous training based on staff professional needs is one of the important principles of clinical governance that can be performed through interview and questionnaire and also using each job needs.

According what mentioned above, clinical governance can be effective in cases such as considering complaints, patients’ satisfaction, revival process, medicinal errors, analyzing the root of events, death analysis, assessing the reason of discharge with personal tendency.

Fig.1: Main components of Clinical Governance (adopted from:www.neca.co.uk).

Research Methodology:
This is a descriptive study in which discussed patients' satisfaction of nursing and medical services provided for them. In this study, statistical population consists all patients discharged from Shiraz Kowsar Heart Hospital.
The present study has been carried out on patients hospitalized for at least 24 hours. Considering all patients discharged from Shiraz Kowsar Heart Hospitals as the target population, sample size was estimated at 234 people.

The sampling methods used in this study included simple random sampling and stratified sampling. In a pilot study the sample size determined as 158 individuals with 95% level of confidence and 0.05 maximum error. Data collected using interview and questionnaire. The questionnaire used was a researcher made questionnaire to evaluate the components of clinical governance in Shiraz Kowsar Heart Hospital. Collected data analyzed by SPSS and descriptive statistical and chi-squared tests.

Results:

In association with demographic characteristics, research findings indicate that the majority of selected patients (41.8%) were in the age group 40-59 years old and the majority (59.2%) were female and (43.7%) were illiterate, or had an elementary school education. The majority of patients (62%) had no previous history of hospitalization and (59.3%) were married

56% of patients at the time of hospitalization had stated their health status as bad and 30% as not too bad and 14% as very bad. In general, 69.4% of patients were satisfied with the length of hospitalization and treatment at the hospital.

In connection with the satisfaction of patients with component of clinical governance, the results show that the highest percentage of high satisfaction 88.5% is related to the interaction between patient and society. The percentage of satisfaction of other clinical components were respectively, 75, 55, 53, 45, 48, and 43 percent.

Of those who had been admitted to the hospital more than once were asked: "If the hospital’s quality had any changes compared to previous times?", 45% stated much better and 34% better and 21% no change.

To determine the relationship between gender and satisfaction with performed clinical governance components, the results showed that significantly men were more satisfied with nursing and medical care than women and patients’ satisfaction level changes based on gender (p<0.001).

The findings also indicated that increasing age satisfaction increased, so the age group above 50 years were completely satisfied and there was a significant relationship between age and satisfaction with the implementation of clinical governance components.

In relation to their education level and satisfaction with the quality of clinical governance components, findings showed that increasing the level of education, satisfaction reduced (in illiterate group 59% were highly satisfied, 29% were less satisfied and 12% were neutral while in undergraduate and higher group 25% were highly satisfied and 75% were less satisfaction). And there was a significant relationship between education level and satisfaction.

Discussion:

The most frequency percent of response of completely dissatisfied is related to (the information given by the doctor about the disease). Physicians may play a lesser role in their training and avoid conveying adequate information about treatment and disease to their patients. It should be noted that the basic principle needed in provision of medical care is that it is patient’s right to be informed about their treatment. People are less concerned about physicians’ technical merit. What concerns them is that physicians may not understand their patients as human beings or do not help them correctly. In fact, patients want to receive medical care from a physician who listens to their speech and considers their special problems and not a physician who recommends and prescribes medical care to them as a formula or instruction [6].

Physician and patient interaction can impact on the patient improvement and as a result may increase patient’s satisfaction. In addition, reasonable and acceptable relationship between a patient and physician plays an important role in the diagnosis and treatment of his/her disease (Starey). Therefore, due to the importance of physician’s consideration, necessary measurements should be adopted to improve the communication between physician and patient which is regarded as the basis of patient treatment.

The results showed that older men were more satisfied because males are more modest and mature at a later age. The results also showed that there was a significant relationship between previous hospitalization and satisfaction. According to the researcher, patients who are admitted to a health care center, it may take a while to find expectations and demands because most of expectations shaped due to previous experiences. It seems that people who had a history of previous hospitalization, adjusting their expectations, could have been more satisfied with the recognition which have gained of the healthcare center. In contrast, those who have not had previous hospitalization at the center, perhaps have referred to the health center with many ideals and expectations.
REFERENCES

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