**XVI Congress of International Federation of Health Records Organizations**

**"Better Information for Better Health" – The way forward to a safe, responsive and integrated healthcare.**

**Abstract**: *Clinical Governance as a practical framework to promote disease management through data and information enhancement*.

Introduction and context

Almost a year ago, our organization started a work pathway to introduce new tools for better governance of healthcare activities, adopting a methodology, so called "Optigov" (an acronyms of *Optimizing Clinical Governance*), that was applied to evaluate how clinical governance tools were introduced and/or structurally used in our healthcare units. The result of this first application were collected in an analytical report, which also included an improvement plan.

In fact, three factors were underlined by the CRS' consultants that conduced the Optigov' application: firstly, the partial lack of clinical audit processes managed or proposed by the physicians; secondly, the absence of structured and articulated outcome data, that is, in fact, the first support that clinicians need to perform adequate review processes; the last – but not least – emerging theme was the inadequate use of shared clinical pathway, that often brings to more or less relevant differences in the way diseases are managed by healthcare units.

Application of evidence based principles, clinical audit and clinical performance measurement appeared to need an improvement program regarding 1) clinical governance tools and methodologies, 2) cultural change, 3) implementation of information technology systems. Without these elements, it seemed that improvement of physicians rule for a safe, responsive and integrated healthcare was hardly to achieve. Therefore, we went forward and started a first experimentation with the Surgery Department.

Methodology

The project for the implementation of clinical governance tool was intended to develop tools and methodologies to support clinicians in the governance and evaluation of their healthcare activities. Through a steering committee, a workgroup was created to actively participate and coordinate the single activities. Our approach was so articulated: 1) recognition and selection of the diseases / clinical pathways; 2) identification of actors and description of their rule; 3) map of organization protocols and other useful documentation; 4) focus on risk management areas and tools; 5)

evaluation of information technology systems for the measurement of performance (clinical) indicators; 6) clinical audit; 7) Improvement Plan definition and validation of the clinical pathway.

The first ambit was associated to the need of introduce a common way of representing clinical pathways; five groups were formed (one for each clinical specialty), and for each we organized a focus group to start defining the clinical pathway for the chosen pathology. This activity was related to the need of developing clinical pathway description tools, focusing of critical point of the pathway, and finally to focus on clinical performance indicators (process and outcome).

Main results

The results of this application can be attributed to two different categories. On one hand, we have the consolidation of two methodological guidelines, that provide methodological support for the description of clinical pathway and for the organization of clinical audits. These guidelines are strictly connected to professional training, as they use the regional training platform ECM credits.

On the other hand, we developed simple but useful tools that support operational activities. In particular, we focus on the definition of a intranet portal, which is intended to share all scientific and organizational information about clinical pathways and diseases that are threaten in our hospital. The web site will also be used to publish data about process and outcome indicators, that have to be progressively measured.

Discussion

Data availability in public health organization is constantly increasing, especially in advanced Regions as Lombardy is. Nevertheless, our experimentation shows how difficult it can be to finalize these data into structured information that support clinicians healthcare activities and its improvement; relevant clinical governance tools, such as clinical audit or risk management, can't be effectively rolled up without an adequate informative system, that has to include performance data, but also structured information about clinical praxis, scientific references, available capabilities. Introducing clinical governance principles and tools is somehow related not only to a more defined rule of healthcare Departments (that, e.g., need to be more autonomous managing and organizing resources), but also to a partial rethinking of internal information and communication systems, that are mainly oriented to support top management decisions, rather than clinical decisions.

In order to give an example related to our experimentation, clinical audit is rarely practiced in our (as in mostly Italian organization), and reasons have to be researched not only in cultural aspects, or in a generally speaking lack of time: structured clinical audit, with sufficiently patients' record collection, isn't practiced because outcome measurement isn't adequately supported by digital system, and by this way time (which is an extremely rare resource in healthcare organizations) is would be wasted collecting data, and no more available for appraisal and improvement activities.

Another example concerns clinical praxis and disease management. Field analysis was needed to develop the methodological guidelines showed differences between healthcare units, often

operating in different structure of our hospital. This was true also regarding organization procedures, e.g. application of surgery check lists. If this aspect becomes relevant (differences are not known or eluded), clinical governance suffers and data collection becomes even unnecessary. This is why we decided to start the implementation of an intranet portal, and in the future we consider that most of the web-based tool, such as blogs forums or scientific newsletters) must be introduced to support hospital-community sharing of know-how.

Finally, consider that this approach of using and valorizing information (patients' records collection, elaboration of administrative data for clinical pursues, web 2.0 tools for hospital employees) opens the way to a more complete and interactive way to communicate with our patients, giving them free or for payment information.