

**HUNTER NEW ENGLAND
NSW HEALTH**

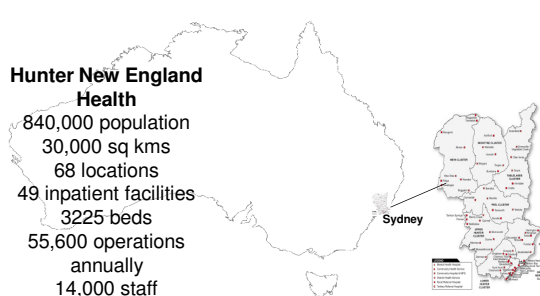
ISQuA 2009
Introducing Clinical Innovation:
An Organisational Approach to Clinical Governance
in Clinical Practice

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Hunter New England Health, Australia

Introducing Clinical Innovation:
An Organisational Approach to Clinical Governance in Clinical Practice

Hunter New England Health

- 840,000 population
- 30,000 sq kms
- 68 locations
- 49 inpatient facilities
- 3225 beds
- 55,600 operations annually
- 14,000 staff



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AIM

To implement a practical transferrable framework for safe introduction of new interventions and clinical innovations in health care, ensuring:

- Confidence that the right matters are referred
- Effective evaluation and follow-up
- Mechanisms for transition to routine clinical practice

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BACKGROUND

From early 2000s, health services across Australia introduced local policy frameworks for the introduction of new procedures/clinical innovations

NSW Health Policy Directive issued in January 2005.

Confused definitions and local governance arrangements, eg interface with Medical Appointments/Credentialing and Research Ethics

Reports of delays and poor turnaround times for assessment and approval

Evaluation and reporting requirements not specified

Mechanisms for transition from new interventional procedure to routine clinical practice not clear

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METHODOLOGY

- Review of previously introduced procedures
- Survey of previous applicants
- Benchmarking review - policies and procedures from peer hospitals nationally
- Review of health department policies and other literature

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RESULTS

The definition of "new procedure" was cited as important, to ensure that relevant procedures were evaluated using a policy framework

Clear delineation locally between new interventional procedures, drug committees and new product committees was considered important

Inherent complexity and governance arrangements addressed by integration - establishing a specific group for the purpose, with recommendations directly to the Chief Executive, and monitoring through the Health Care Quality Committee

Timeliness of turnaround of applications was raised, and a specific committee with capacity to meet quickly if needed was cited as an advantage.

Feedback mechanisms to the Chief Executive and monitoring of outcomes varied between health services.

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IMPLEMENTATION

Clear statement of objectives, definitions and criteria made
 Policy Compliance Procedure approved, procedures and applications forms redesigned, tested and implemented
 HNE Health Committee for New Interventional Procedures/Clinical Practice Innovations established
 Integrated governance with other key groups via systems and cross-membership – Medical Appointments/Research Ethics
 Specific evaluation and annual reporting, consistent with best evidence and practice – remaining in place until procedure becomes routine clinical practice

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** Medical and Dental Appointments Advisory Committee
 *** New Interventional Procedures and Clinical Innovations Committee
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IMPLEMENTATION

Criteria for Evaluation of Applications

- Clinical context
- Appropriateness of care
- Patient selection
- Scientific rationale
- Research or not
- Ethical practice
- Patient Information and Consent
- Credentialing and scope of practice
- Training and education
- Resource implications
- Audit
- Evaluation

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New Interventional Procedures and Clinical Practice Innovations

- Paediatric Cochlear Implantation
- Endoscopic Ultrasound with Biopsy
- Renal Denervation in Refractory Hypertension
- Pre-Hospital Thrombolysis in Acute Coronary Disease
- Insertion of Intrastronal Corneal Rings in Keratoconus
- Percutaneous Vertebroplasty
- Cardiac Circulatory Support in Percutaneous Cardiac Interventions

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Current Status and Future Directions

Framework accepted as appropriate and effective
 Fourteen applications considered up until September 2009
 Early initiation of clinicians/management discussions in submission preparation
 Expert Clinical Governance resources (in person and via intranet) to support applicants
 Reporting and evaluation in place
 Future directions....

- communication strategy directed to potential applicants to encourage early application submission
- Transition from innovation to routine clinical practice

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We have received some good feedback

Our procedures and documentation have been sought out by Queensland Health and a colleague NSW Area Health Service

There is good engagement of committee members – even with the volume of information and meetings held late in the day, debate is healthy and attendance good

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**Hunter New England Health Clinical Governance –
pursuing Quality, Safety and Excellence**

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Thank you...
any Questions?

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Clinical Governance – Pursuing Quality, Safety and Excellence

HNEH Clinical Governance - Directions for Quality and Patient Safety

- Quality and Patient Safety Governance Framework
 - Clinical Effectiveness, including clinical audit
 - Clinical Ethics
 - Clinical Risk Management
 - Collaborations and Partnerships
 - Engaging Patients, Consumers and the Community
- Executive Support Service including Complaints Management
- Introduction of New Procedures/Clinical Innovation
 - Patient Safety and Incident Management
- Policy Development and Management (and now Guidelines)
- Quality Improvement and Continuous Practice Improvement
 - Safety Alerts
 - Education and Training
 - Knowledge Management
 - Accreditation

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