

A review summary: **Clinical governance in aged care**

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Prepared by Dr Raechel Damarell, Dr Bethany Wilton-Harding and Tania Marin. Knowledge and Implementation Hub, Aged Care Research and Industry Innovation Australia, Flinders University

Key Points

- We conducted a narrative review of the published and grey literature on the role and importance of clinical governance in aged care and factors that enable or hinder its implementation in this context.
- The review identified a limited number of relevant articles in the published literature (n=15) from a search of eight databases. Additional resources that helped answer the research questions were found from website searches.
- There is limited scholarly literature on clinical governance in aged care settings. Freely available online resources (all from Australia) were helpful in describing the role and importance of clinical governance.
- We identified little information on factors shown to enable or impede the implementation or effectiveness of clinical governance in the aged care context. Resources mostly focused on what optimal clinical governance might look like accompanied by recommendations for how it might be achieved.
- The findings of this review suggest there is a need for more research and debate around how to implement clinical governance in the aged care sector and the models or elements that might be considered 'best practice'.

Background

There is a clear need for Australian aged care organisations to strengthen their clinical governance structures and processes to improve the quality and safety of the care they provide. However, for clinical governance to become integrated into everyday care delivery inclusive of all levels and operations of an organisation, people must first understand why it is needed and how it benefits staff as well as those receiving care. Clinical governance is a multidimensional, abstract concept that might be easier to understand within settings where care's purpose is primarily clinical, such as hospitals and general practice. It may, therefore, be challenging for organisations to translate some of the more high-level principles (or 'elements') of clinical governance set out and described by the Aged Care Quality and Safety Commission into practicable processes and systems informed by a culture of continuous quality improvement. Organisations may be better equipped to develop and operationalise a clinical governance framework and report on its performance if they are aware of factors known to support or hinder its implementation.

The aims of this review

The purpose of the review was to identify and summarise current knowledge that answers the following questions:

1. What is the role and importance of clinical governance for aged care organisations?
2. What are the facilitators and barriers to implementing clinical governance in the aged care context?



Methods

To answer these questions, we conducted a narrative review of the published journal literature. We also included non-journal resources assessable via online website searches. Web searching focused on Australian sites, as well as resources from a selection of countries with aged care systems like that operating in Australia. These countries included: New Zealand, Canada, the United Kingdom, the Netherlands, Ireland, Denmark, Sweden, and Norway.

Search strategy

The database search strategy was developed and tested in Ovid Medline (see Table 1 below). This included a range of Medical Subject Headings (MeSH) and text words from article titles and abstracts that described three concepts:

- Governance
- Clinical care and the professional groups responsible for it (e.g., nurses, general practitioners, personal/direct care workers)
- Aged care settings.

When satisfied that the Medline search was optimal for review purposes, a librarian translated it for a further seven databases: CINAHL, Scopus, Business Source Complete, Informit (all subsets), Emerald Insight, ProQuest One Business, and ProQuest Health and Medical databases. Database searches were restricted to articles published in English between 2013-2023.

Web searches employed the Google Advanced option and Chrome's incognito browsing function. All items in the results set needed to include the phrase 'clinical governance' and at least one term describing 'aged care' (e.g., aged care, nursing home(s), long-term care, home care/homecare, social care, etc.).

Eligibility criteria

Articles or online sources of information were included if they:

- Described clinical governance in the aged care context
- Focused on clinical governance, either on its own or as a part of corporate governance
- Were published in English.

Journal articles were limited to those published between 2013 and April 2023 while web-based information was included if created from 2019 onwards. Web searches also used country codes to restrict results to countries with models of aged care service provision like Australia's.

We excluded studies that:

- Described clinical governance in non-aged care settings (e.g., primary or acute care)
- Reported on corporate governance, without reference to clinical care
- Discussed governance of the aged care sector at the country or jurisdiction level

- Focused on an individual aspect of clinical governance (e.g., leadership, organisational culture, microbial stewardship) without reference to clinical governance or a framework for enacting it.

Screening and data extraction

Database citations were saved to EndNote and then uploaded to the Covidence system where two reviewers independently checked them against the eligibility criteria. Reviewers discussed any disagreements until they reached a consensus. Resources found outside of databases were downloaded into a folder as PDFs or printed.

Data analysis

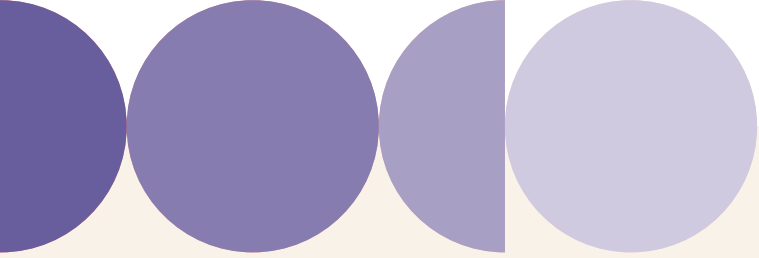
Included published articles were read in full by two reviewers working in parallel. All content relevant to the questions posed by this review was extracted into a data extraction template specifically designed for this task within the Covidence system. This captured information on the role of clinical governance, those responsible for it, factors to consider in its implementation, and evidence of factors that enable or hinder implementation success. Once information across studies had been collated in this way, the review team mapped the findings into predominant 'themes'. These themes should reflect the way aged care clinical governance is conceptualised within the literature and encompass the issues on which aged care commentators have focused to this point in time.

Results

All database searches were conducted on 22-23 March 2023. Together, they retrieved a total of 1,100 citations after duplicates were removed. Of these, 15 articles were judged relevant to this review. Most of the included articles were from Australia (n=11). Other countries represented were Ireland (n=2), England (n=1), and the Netherlands (n=1). These consisted of six peer-reviewed journal articles published between 2015 and 2023, and nine non-peer-reviewed articles appearing in bulletins and newsletters since 2018. The selection process is detailed in full in Figure 1 below.

Web searches were conducted between 6-14 April. They identified a wide range of resources including organisational reports, examples of clinical governance frameworks, and expert recommendations on what should be considered in establishing strong clinical governance within aged care settings. All relevant web resources focus on the Australian aged care sector. The majority originated from the Aged Care Quality and Safety Commission (ACQSC).

After identifying the principal topics of interest within the relevant published clinical governance literature, we mapped all information identified by our multiple search strategies against these topics, taking note of any additional topics to emerge. Through discussion, we determined that all identified topics (e.g., the importance of leadership) were encompassed by the core elements of clinical governance, as set out by the ACQSC.



We have therefore constructed themes based on the following elements of clinical governance:

- [Leadership and culture](#)
- [Consumer partnerships](#)
- [Organisational systems](#)
- [Monitoring and reporting](#)
- [Effective workforce](#)
- [Communication and relationships.](#)

To help put this into context we have also created a theme on the [role and significance](#) of clinical governance in aged care.

The resources from which we drew the content for these themes focused on what effective clinical governance should entail and what it might achieve within an aged care organisation. Few resources, including published research studies, linked specific clinical governance models or their elements to actual quality and safety outcomes for care recipients. Most resources describe what good clinical governance looks like and what is needed to achieve it with some practical advice on how it might be implemented and operationalised. Few resources report empirical data on the factors known to facilitate or impede the process.

Our themes, therefore, summarise what aged care regulatory bodies such as ACQSC and sector stakeholders consider the aspirations of clinical governance, describing how each of its core elements contributes to overall success. Over time, as regulatory requirements to

strengthen clinical governance become an entrenched part of organisational activities, we expect the evidence base for clinical governance models and their associated outcomes to develop. This evidence is needed to guide the sector on best practices in establishing effective clinical care oversight systems and processes.

Summary

This narrative review set out to identify the role and importance of clinical governance and evidence of factors that can support the implementation of clinical governance principles, policies, and processes within aged care organisations. The published research literature on this topic, although meagre, was helpful in describing the role and importance of clinical governance. It was less able to inform us of practical implementation considerations. Similarly, most of the non-journal literature focused on naming the core elements of clinical governance, but with limited guidance on what needs to be in place for these elements to take shape and effectively drive clinical care within the organisation.

There is clearly a need for research and greater discussion around how to enact clinical governance in the aged care sector and which models or elements might be considered 'best practice'. We expect this topic will grow in importance and prevalence within the aged care literature once the current Australian aged care reforms are in place and their impact on clinical care outcomes are thoroughly assessed and analysed.



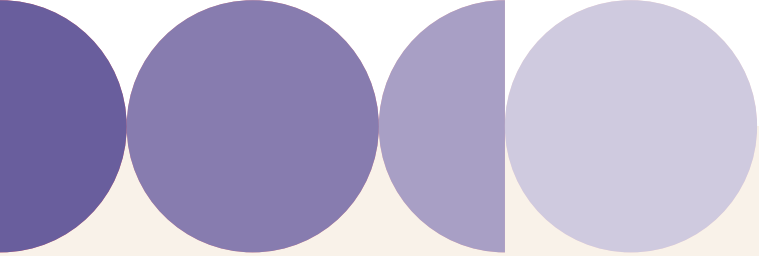


Table 1. Ovid Medline search strategy used to identify clinical governance in aged care literature

1	Clinical governance/
2	(Governance or governing).tw,kf.
3	Governing Board/
4	Accountab*.tw,kf.
5	OR/1-4
6	Clinical.tw,kf.
7	Medical.tw.
8	(Health care or healthcare).tw,kf.
9	Patient Safety/
10	Quality Assurance, Health Care/
11	Quality Indicators, Health Care/
12	"Quality of Health Care"/
13	Outcome Assessment, Health Care/og, st [Organization & Administration, Standards]
14	Exp Professional Competence/
15	Patient Reported Outcome Measures/
16	"Delivery of Health Care"/
17	Allied Health Occupations/ or Allied Health Personnel/
18	Occupational Therapists/
19	Physical Therapists/
20	Nutritionists/
21	Psychologist*.tw.
22	Podiatrist*.tw.
23	Pharmacists/
24	General Practitioners/
25	Social Workers/
26	Primary Health Care/
27	Speech-Language Pathology/
28	Geriatricians/
29	Dietician*.tw.
30	(personal care worker* or direct care worker*).tw.
31	Health personnel/ or nursing assistants/ or physical therapist assistants/ or nurses/ or nurse administrators/ or nurse practitioners/ or nurse specialists/ or nurse clinicians/ or nurses, community health/ or nurses, international/ or nursing staff/
32	OR/6-31
33	(Home care services/ or home care.tw. or Home health aides/ or homecare.tw. or home help.tw. or Community aged care.tw.) and (Aged/ or "Aged, 80 and over"/ or Older.tw. or Elder*.tw. or aged 65*.tw.)
34	Nursing homes/ or Homes for the aged/ or skilled nursing facilities/ or (aged care or nursing home* or long term care or long term care or skilled nursing facilit* or elder care or social care).tw.
35	OR/33-34
36	5 and 32 and 35
37	limit 36 to English language and year range 2012-current

Note: / creates a search on a Medline medical subject heading (or 'MeSH' term); tw forces a search for words in citation titles and abstracts; kw forces a search for words in the author keyword field; the * truncation symbol used at the end of a word broadens the search to include various word endings and spellings; and ? allows for single or zero-character substitution (i.e., 'colo?r' finds both 'colour' and 'color' while 'organi?ation' finds 'organization' as well as 'organisation').

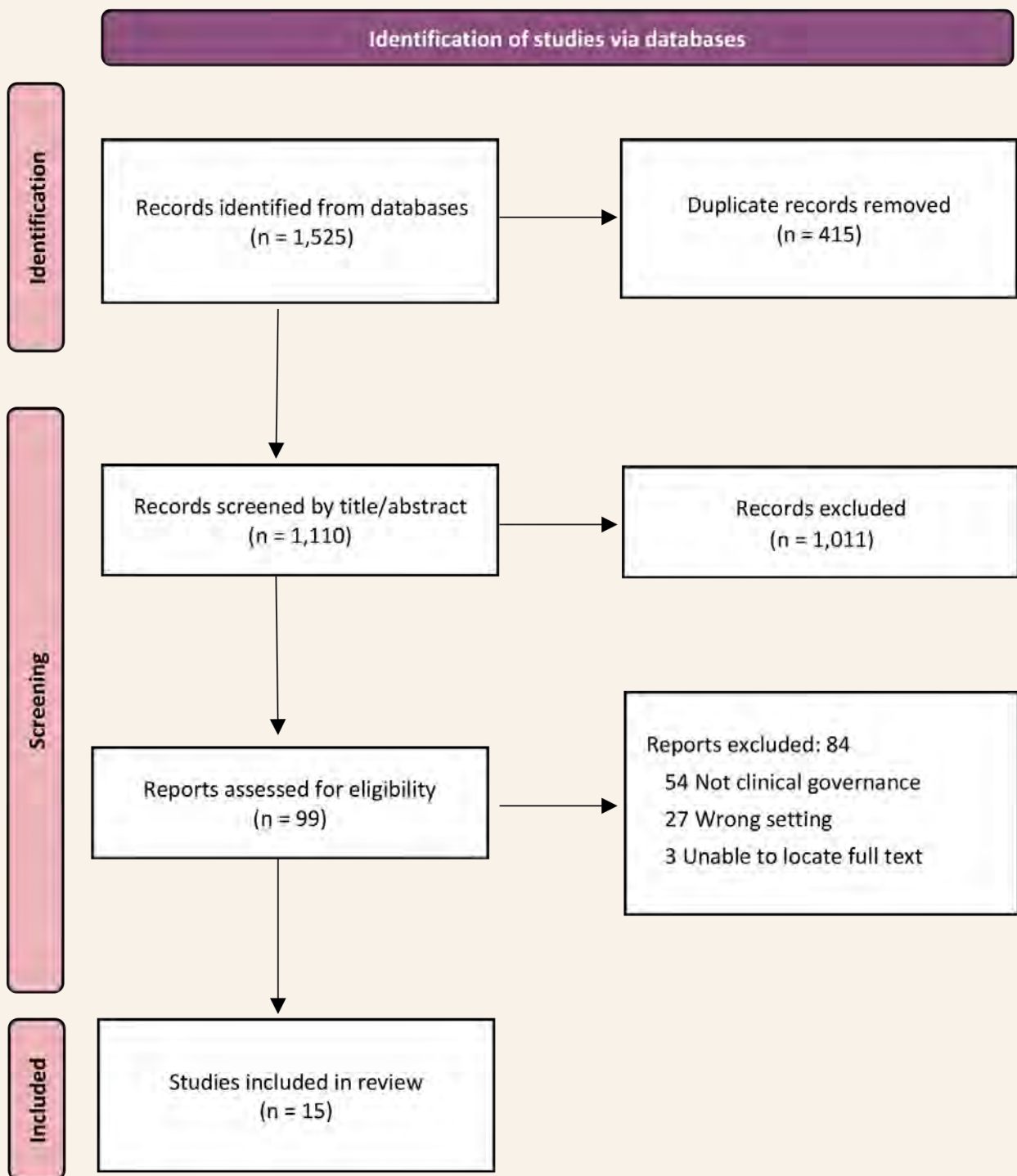


Figure 1. Process for selecting published studies.

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For more information email ariia@ariia.org.au or call 08 7421 9134

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.