![acia logo - leading quality in community services]

| Title | **ACIA 027 - Clinical Risk Management for Community Services** |
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| **Purpose and Scope** | This document provides guidance to Service Providers in the community setting on the requirements to proactively manage clinical risks through the development of a Clinical Governance Framework. It aims to ensure that there are systems in place within service organisations to maintain and improve reliability, Service User safety and quality service support. |
| **Background** | Persons in the community generally trust that service organisations delivering supports to both aged and disability Service Users are of a high quality and safe standard with positive outcomes for the recipient. |
| | There is currently limited available research into the application of clinical governance systems in the community setting despite the fact that the complexity of service supports is increasing. |
| | As the demand for services to be delivered in the home and community sector increases in both type and complexity, it is important that Service Providers have oversight of the level of clinical risk within their services and reduce any potential negative impact for Service Users. |
| | Clinical Governance is an important constituent of the organisation's corporate governance and includes services delivered by frontline staff, managers providing oversight and members of their governance structure such as boards. Clinical Governance ensures accountability to Service Users and the community for the delivery of safe, effective, high quality and continuously improving standards by focussing on risk, monitoring, quality improvement, training and performance management. |
| | Clinical Governance consists of 5 important components which include: <br><br> • Governance, leadership and culture <br> • Patient safety and quality improvement systems <br> • Clinical performance and effectiveness <br> • Safe environment for the delivery of care <br> • Partnering with consumers <br><br> **Clinical risks** within the community setting are those determined by the organisation in relation to complex physical or high needs personal supports, complex behavioural supports and other areas of risk in direct service provision. <br> There are priority areas for clinical governance in the community services setting and examples may include but are not limited to: <br><br> • Bowel Continence Management <br> • Medication Management <br> • Enteral Feeding <br> • Catheter Management |

- Ventilation Management
- Tracheal Suctioning and Management
- Wound Management
- Subcutaneous injection
- Falls Prevention
- Swallowing Difficulties
- Challenging Behaviours and Management
- Restrictive Practices
- Dementia Management
- Swallowing Difficulties
- Skin Integrity

**The Aged Care Quality Standards refers to Clinical Governance as** the set of relationships and responsibilities between the organisation's governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, high quality clinical care and for continuously improving services.

They describe the key areas of clinical risk as being:

**Antimicrobial Stewardship** which involves the preventing, managing and controlling infections and antimicrobial resistance.

**Minimising the risk of restraint** means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement.

**Practicing open disclosure** which means organisation-wide systems to support communication with consumers about incidents that have caused harm. Open disclosure usually includes an apology and explaining the facts of what happened.

How the governing body and governance structures are organised will depend on the organisation's setting, size and the nature of care and services being provided. Service risks that are identified should be regularly reviewed to ensure that strategies are in place to either reduce or remove the risks with an acceptable timeframe. The organisation is expected to use information from their risk systems to improve performance quality, support and services delivery to their Service Users.

| Disclaimer | This guideline is provided to help guide best practice in delivering supports and services in the community setting. This information does not in any way replace legislative, regulatory or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. |
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| | ***ACIA does not accept any liability on the use of this guideline.*** |
| Definitions | **Community Services:** The provision of paid supports and services in a Service Users home or community. |
| | It includes but is not limited to, the following activities of daily living:<br>• personal care or support<br>• housework or domestic assistance<br>• transport assistance<br>• community access<br>• social support<br>• nursing services<br>• clinical supports<br>• gardening and home maintenance<br>• palliative care |
| | **Governance:** the act of taking responsibility for the overall direction and accountability of the provider organisation, including the planning, purpose and goals of the supports provided, the development of policy and the achievement of required standards |
| | **Complex Support Needs -** Individuals with complex support needs are those: |
| | • experiencing (or are at risk of experiencing) multiple and interrelated conditions or factors which contribute to an intensity of support need such as multiple disabilities, dual diagnosis (i.e. mental health and disability), significant medical conditions or significant deteriorating health conditions.<br>• experiencing (or are at risk of experiencing) one or more factors that impact on the complexity of their support needs or the ability of their natural supports to meet their needs. Examples include the provision of complex physical supports such as continence and enteral feeding management and complex behavioural management.<br>• that challenge the service system's capacity to respond to their support needs because of its structure, organisation or resourcing. |

**Dignity of risk -** is the principle of allowing an individual the dignity afforded by risk-taking, with subsequent enhancement of personal growth and quality of life (Monash University May 2017)

Dignity of Risk is the right to choose to take some risk in life.( Disability Services Act Determination 2014)

*What is Duty of Care? Duty of Care Vs Dignity of Risk by the Mental Health Institute*

https://www.dailymotion.com/video/x6btzqu

**Duty of care -** is a legal and moral responsibility to keep clients safe from harm whilst they are using a service (Australian Government Department of Health)

**Safeguarding framework** - refer to specific measures that aim to minimise the risk of harm to a person, protect their right to be safe and empower them to have choice and control over their lives (KPMG, 2012). The safeguarding framework fosters a risk enablement culture, where people are empowered to make everyday choices just like everybody else.

**Regulated Restrictive Practice** is one that involves seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.

**Risk** - the possibility that harm (death, injury or illness) might occur when exposed to a hazard (https://www.safeworkaustralia.gov.au/glossary)

**Risk assessment -** is the gathering of information and analysis of the potential outcomes of identified behaviours. It involves identifying specific risk factors of relevance to an individual, and the context in which they may occur.

**Clinical Risk Assessment –** the primary purpose of a clinical risk assessment is to:

1. Identify risk and what is impacting on risk
2. Identify the level / type and urgency of safeguarding to a service user and their support system
3. Inform a plan for support

**Service User -** A person receiving supports to remain living independently in their community. Also commonly known as a Participant, Consumer, Client, Care Recipient

**Service provider: -** Organisation or person accountable for the delivery of supports to Service Users.

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| | **Support Worker -** A worker who assists people to perform tasks of daily living to participate in social, family and community activities in the person's home and their community.<br><br>**Support Plan -** A support plan is a written document that outlines the identified support needs of the service user to achieve the goals of support and manage clinical risks.<br><br>**Clinical Risk Report -** A proactive determination to monitor and continually improve, measure, and evaluate processes with outcomes that help to demonstrate involvement and due diligence e.g. Traffic Light Report or similar that is determined by the organisation. |
| **Desired Outcome** | Effective governance and operational management systems are in place for Service Users to access support relevant (proportionate) to the size, scope and complexity of supports delivered by the service provider.<br><br>Support needs objectives are met by the Service Provider using adequate systems, processes, structures, resources, procedures and reporting system.<br><br>Self-Performance Measurement Indicators are in place for Service Providers for their evaluation of the support needs of Service Users based on each individual prerequisite.<br><br>Service Providers are informed, guided and assisted in making decisions about the support needs of each Service User. |

| **Guideline** | Community Service Providers should consider implementing a Clinical Governance Framework within their organisation proportional to their size and complexity of service delivery to manage their identified clinical risks proactively. It is expected that key areas of clinical risk are regularly monitored and reported through this framework and governance structure to demonstrate that service delivery is being competently managed to reduce or eliminate clinical risk for the Service User.<br><br>Key areas of clinical risk management in the community sector include initial referral (Service User entry to the organisation), acceptance and service commencement, monitoring, documentation and reporting.<br><br>**Service User Entry to the Organisation**<br>Prior to the acceptance of a new Service User referral, Service Providers need to assess the clinical risk and prior to acceptance consider the following:<br><br><ul><li>the level and nature of clinical risk involved; and</li><li>resources available to support the potential new Service User including trained support workers appropriate to meet the needsof the Service User; and</li><li>the ability of the organisation to provide continuity of supports tomeet the expected goals of the Service User; and</li><li>ensuring specific protocols (cultural and/or otherwise) are inplace and understood by all related to service delivery.</li></ul><br>**Acceptance and Service Delivery Commencement**<br><br>Service Providers should ensure the following principles are observed:<br><br><ul><li>All staff involved in service delivery are to have a clear understanding of the Service User's condition and developa comprehensive assessment and support plan tailored to the specific needs and preferences of the Service User</li><li>Adequate provision of resources to meet Service Users' needs andthat there is a transparent communication and consultation with all parties involved in the support of the Service User</li><li>That there is adequate monitoring and oversight of theworkplace with progress documentation and reporting</li><li>Consideration of support worker allocation matching process, including recruitment, matching skills, personality and cultural preferences</li></ul> |
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- Support worker training that is also tailored to the Service User requirements, provided by a skilled professional designated by the service provider
- Ongoing staff competency assessed by designated person with appropriate skills and experience
- Emergency planning for potential adverse events
- Effective incident, adverse events and complaints management system

**Monitoring, Documentation and Reporting**

- Community Service Providers to be aware of clinical risks within the organisation
- Classifying and documenting of Service Users with medium to high levels of clinical risk utilising a determined rating system e.g. 1-5
- Regular monitoring of Service User progress and documentation by exception
- Reporting through the organisation's Clinical Governance Framework. (A *simple tool such as a traffic light one-page report is a useful reporting tool for organisations*)

**To provide effective Clinical Governance** and to best manage risk, a planned, proactive, systematic and ongoing evidence-based approach is to be implemented by Service Provider proportional to the services they provide. It requires an organisation to be:

- **Accountable** for continuously improving the quality of supports and service delivery
- **Safeguarding** and assuring high standards
- **Creating a Culture** that is transparent and where everyone assumes responsibility and accountability for establishing and maintaining an environment where quality and optimal outcomes for Service Users can be achieved

**Clinical Governance includes 4 key areas**:

1. Workforce effectiveness
2. Clinical performance and evaluation
3. Clinical risk management
4. Consumer participation

The Clinical Governance Framework for an organisation should be proportional to its size and complexity which will guide the scope of regular reporting of trend data or clinical risk indicators. Clinical risk indicators can be viewed as the mechanism by which service providers can reliably

measure and report on aspects of clinical service delivery which will determine current performance and identify opportunities for quality improvement.

**Steps for implementing a Clinical Governance Framework:**

1. Develop organisational policy and processes relevant to the provision of supports and the protection of Service Users' rights.

2. Implement a defined structure to meet the organisations financial, legislative, regulatory and contractual responsibilities, and monitor and respond to quality and safeguarding matters associated with delivering supports to Service Users.

3. Ensure that Service Users receive safe and high-quality are by describing the elements that are essential for each Service User in their support plan which is reviewed and evaluated annually or more often as their needs change.

4. Ensure there is a clearly defined understanding across the organisation of the roles and responsibilities of boards, the executive, clinical teams and support workers in Clinical Governance.

5. Support for a shared understanding of Clinical Governance among everyone working in the service organisation, including clinicians, managers and members of the governing body.

6. Incident management and investigation systems provide adequate surveillance to recognise major safety failures or risks and meets legislative and contractual requirements.

7. 
Incident Management System (systematic approach) is to be set up by Service Providers to help improve and identify incidents and drive improvements in the delivery of quality supports by notifying, investigating and responding to reportable incidents. Procedures of reporting must be set to specify to whom the incidents must be reported, how the Service User affected by the incident will be supported and involved in resolving the incident and when corrective action is required.
All incidents to be assessed in relation to whether the incident could have been prevented and how well was it managed.
Records of any remedial actions that have been taken to be noted . (NDIS Rules 2018)

8. Implementation of corrective action in response to identified Service User safety risks and failures.

9. Establish a complaint management system with corrective action in response to identified Service User safety risks and failures that meets legislative and contractual requirements.

10. Identification and rating of key clinical risks for the organisation and schedule reporting through the Clinical Governance Framework that has been implemented

11. Develop and implement safeguarding strategies to manage identified and residual risks associated with any Service User that are considered a particularly high clinical risk

**Resource Documents**

Resource documents Australian Community Industry Standards (ACIS)2018 levels 2 and 3 NDIS Practice Standards 2018
www.safetyandquality.gov.au

National Model Clinical Governance Framework (Australian Commission on Safety and Quality in Health Care 2017)

A Risk Based Approach to Compliant Task and Activity Planning the University of Western Australia Aug 2017

Primary Health Care Advisory Group Final Report Better Outcomes for People with Chronic and Complex Health Conditions; Dec 2015

Community services quality governance framework Safe, effective, connected and person-centred community services for everybody, every time.
(State of Victoria, Department of Health and Human Services October 2018).

Guidance and Resources for Providers to Support the Aged Care Quality Standards May 2019

Practice Guide to Person Centred Clinical Risk Assessment June 2014

https://www.agedcarequality.gov.au/providers/standards/standard-8/standard-8-3-e

https://agedcare.health.gov.au/quality/aged-care-quality-standards#Standard%208

https://www.agedcarequality.gov.au/resources/clinical-governance

What is Duty of Care? Duty of Care Vs Dignity of Risk by the Mental Health Institute https://www.dailymotion.com/video/x6btzqu

Exploring the concept of 'Dignity of Risk'
Monash University 25th May 2017

Disability Services Act (National Standards for Disability Services)   Determination 2014

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

Practice Guide to Person Centred Clinical Risk Assessment; Family and   Community Services; June 2014 Centre for Disability Studies KPMG, 2012

**For further information or assistance in the above guideline contact ACIA on 0292647197**