Advantages for Clinicians:

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• Adherence to local and international benchmarking standards related to patient safety and healthcare quality.
• Details of long-term follow-up are provided, including survival and complication rates
• Data analytics support for the purposes of research and focused audit

Singapore General Hospital
Clinical Governance Office
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31 Third Hospital Avenue
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Information correct as of 28 March 2013

Services Provided:

• Clinical Audit Training
• Case report development
• Database Design Templates
• Statistical Analysis & Training
• Root Cause Analysis (RCA) Facilitation
• Patient Safety Education
• Clinical Pathway Development
• Tracking of Quality indicators
• Logistics & Analytics assistance related to Improvement projects
• Presentations for conferences
• Assistance with publications
• Data analysis administrative support for clinical privileging activities
Welcome

Singapore General Hospital (SGH) is Singapore’s flagship tertiary hospital. With a history and medical excellence spanning two centuries, SGH is dedicated to providing multidisciplinary patient care, backed by state-of-the-art facilities.

Patients. At the Heart of All We Do.

Mission

SGH is committed to delivering quality care to every patient through comprehensive integrated clinical practice, medical innovation and lifelong learning.

As such, we have developed a robust framework for quality assurance through Clinical Governance (CG), to ensure that the highest standards are met.

This document outlines the framework and its systems.
Leadership and Organisational Values

SGH’s commitment to quality care begins with establishing clear leadership and values. Our Chairman of the Medical Board (CMB) and other members of the Management Committee (MC) hold overarching accountability regarding the standard and quality of care delivered. Facilitated by close working partnerships with SGH’s patients, they set the organisation’s overall vision and strategy. This is monitored through ongoing reviews and audits.


Vision

To be a renowned organisation at the leading age of Medicine, providing quality healthcare to meet our nation’s aspirations.

Prof Ng Han Seong, CMB
Clinical Quality

A systematic approach to maintaining and improving quality of patient care through defined protocols based on evidence, best practice and standard operating procedure.

In SGH, we are guided by SPREE – our quality priorities.


These are general behaviours that should guide everyone, senior leaders and front-line staff alike, no matter which role or area you work in. For example, under Safety, one of the universal behaviours could be, “I am committed to upholding all safety requirements and maintaining a safe environment.”
Clinical Governance (CG) in SGH is a dedicated body that coordinates various units of safety and quality of care across the hospital. Incorporated in 2006, CG is a result of the Joint Commission International (JCI) accreditation in July 2005, which highlighted that synergy could be achieved if different units of safety and quality of care were brought under one umbrella.

We play a guiding role in improving the standard of clinical practice, while upholding a commitment to maintain and improve the quality of care provided to our patients by our clinicians—care that is accountable, systematic and sustainable.

“\n
The framework which integrates a multidisciplinary approach to evidence-based medical practice aimed at maintaining and continuously improving clinical performance and patient safety.”

We work with the clinical departments and divisions to identify through patient feedback, clinical audits and reviews, tracking of clinical outcomes, adverse events and problems that impact adversely on patient care and safety.

We mobilise intra- and extra-hospital resources to facilitate Division Chairs, Heads of Department, and other hospital leaders in their efforts to overcome identified problems.

We put in place structures, policies and improvement processes that will entrench good practices in contributing towards best outcomes for patients.
Patient Engagement
This pillar focuses on communicating bi-directionally with patients and patient support groups. This includes identifying issues of concern, being open and transparent with hospital shortcomings and engaging the community in finding improvements to overcome them.

Risk Management
This pillar concentrates on minimizing clinical risk and improving patient safety through identification and reduction of potential risks and examination of adverse incidents for etiology factors and trends within and across services.

Professional Development and Credentialing
Clinical practices are rapidly evolving and all practitioners will have to keep up with advances to maintain safe and competent practice. This pillar emphasizes continuing professional development for all healthcare workers and also privileging and re-privileging.

Clinical Governance and Quality Assurance
SGH seeks to create an environment in which high quality of care for patients can flourish and continuously improve.

Led by the Director of Clinical Governance, this framework (four pillars) is subjected to an external accreditation – JCI audit, and includes an experienced internal multi-disciplinary steering committee, consisting of the following areas:

• Clinical privileging
• Clinical Review Programme (CRP)
• Infection Control
• Patient Safety
• Policies
• Quality Assurance (QA)
• Quality Management (QM)

JCI audit Year 2011

QUALITY ASSURANCE
In 2011, MOH updated the Private Hospital & Medical Clinics (PHMC) Act which included new directives on the Review of Mortalities & Morbidities (M&M) and Serious Reportable Events (SRE). As such Clinical Governance now coordinates the implementation of the directives within SGH, supporting the M&M and SRE committees in the review of adverse events.
1. Clinical Privileging
Clinical Privileging is responsible for the clinical quality of patient services rendered within the hospital by ensuring that there is a coherent and adequate privileging process in practice, thus also contributing towards a framework for continuous professional development.

2. Clinical Review Programme (CRP)
The CRP conducts retrospective review of case notes and other patient records, and highlights issues related to patient safety and quality of care to the respective departments. The emphasis is on seeking improvement in patient care processes, and ensuring that mechanisms are in place to safeguard against unacceptable standards of care.

3. Infection Control
Infection Control is responsible for ensuring the safety of patients and employees in the hospital, through developing and revising policies related to infection control, and increasing the awareness of healthcare workers on the basic infection control measures. The unit also monitors and reduces nosocomial infection in the hospital through surveillance, research and quality improvement projects.

4. Patient Safety
Patient Safety ensures the safety of care delivery to patients through the identification of key areas for improvement and the monitoring of patient safety indicators. It also focuses on reducing harm to patients through comprehensive patient safety programmes and the detection of adverse events during the care of patients.

5. Policies
The Policy unit works with process owners and department heads to ensure that all policies and guidelines are relevant and adequate, in keeping with the mission and vision of the hospital.

6. Quality Assurance (QA)
Clinical Governance now coordinates the implementation of the Private Hospital & Medical Clinics (PHMC) directives within SGH, supporting the M&M and SRE committees in the review of adverse events.

7. Quality Management (QM)
Quality Management plays an active role in the implementation of Quality Improvement programmes within SGH’s quality framework, which is built on the principle of continuous quality improvement. The department directs, facilitates and coordinates an organized system to improve patient care outcomes over time by applying quality improvement principles and evaluating the clinical aspects of quality of care provided to our patients.
Clinical Privileging

Clinical Privileging

Privileging is the process of determining an individual’s level of competence to perform all specific diagnostic and treatment procedures. The Clinical Privileging and Competency Committee (CPCC) was established to ensure that the qualification of our staff are appropriate before granting of clinical privileges. This helps to enhance and maintain our standing as the tertiary training centre, with universal acceptance by overseas colleagues and accreditation bodies.

Initiatives of Clinical Privileging

Clinical Privileging is applicable to all specialist doctors (Associate Consultant and above), allied health professionals who specialize in new services that may have high risk impact to patients and advanced practice nurses who specialize in specific clinical practice. Non-specialist staff do not require privileging.

Clinical Review Programme (CRP)

Clinical Review

The CRP engages in a retrospective review of patient case notes and other clinical records to identify any untoward incident or preventable adverse event due to the omission or commission of care.

Initiatives of CRP

CRP promotes up-to-date training practices for clinical departments and establishes effective patient management at the wards. It also creates awareness of infection control, enhances medication processes and improves support services provided by allied health personnel. Furthermore CRP review detects and provides patient’s safety issues for Root Cause Analysis (RCA) as well as facilitates continuous professional development and consistent clinical competency.
Reporting of Patient Safety Events and Errors
Designs ongoing system that encourages reporting of incidents and cultivates a culture to investigate, learn and act to minimise harm to patients. Coordinates incident reviews using Root Cause Analysis (RCA) methodology and submits reports of Serious Reportable Events to the Ministry of Health.

Education and Training of Healthcare Workers, focusing on Patient Safety
Conducts training of staff to develop competencies related to improving patient safety. Such trainings include induction programs, patient safety walkabouts and patient safety related learning in medical students’ curriculum.

Monitoring of Patient Safety Indicators and International Patient Safety Goals
Ensures adherence to international patient safety goals and focuses on standards as required by the Joint Commission International. The department monitors medication safety, correct site surgery and other related indicators. By redesigning processes it brings about change.

Delivery of integrated patient care through the use of coordinated clinical pathway
Clinical pathways are developed based on high-volume high-cost, or high-risk cases that have demonstrated variability in practice. It ensures quality coordinated multi-disciplinary care to our patients based on best practice patterns. Monitoring of clinical pathways help to improve clinical, quality and financial outcomes.

Facilitate the development and revision of hospital consent and policy
Provide Clinical Governance inputs as well as work as a bridging port with medical and legal expertise to formulate and revise consent for high risk / high volume procedures.

Monitoring performance of Clinical Indicators
Development and monitoring of departmental and hospital-wide clinical indicators. This is an essential component of ensuring quality of care as it helps both the hospital as a whole, and individual departments evaluate and improve the delivery of care.

Enhancing Performance Improving Care (EPIC) Projects
Coordinates the clinical quality improvement program to promote a hospital-wide culture of quality improvement.
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