



SERVICIO DE SALUD
DEL PRINCIPADO DE ASTURIAS

DIRECCION DE SERVICIOS SANITARIOS
SUBDIRECCION DE GESTION CLINICA Y CALIDAD
Área de Calidad

Clinical Governance in the Healthcare Service of Asturias. **A quick approach**

November, 2010



Clinical Governance¹ in the Healthcare Service of Asturias. **A quick approach**

Principality of Asturias is an autonomous community situated in the northwest of Spain with a population of 1,100.000 inhabitants.

SESPA² is the public health care service depending of the Regional Ministry of Health and Healthcare Services³, the health policy authority in Asturias.

Both are committed to the development of Clinical Governance in order to reach the best quality health services to citizens and, eventually, the healthcare service sustainability.

This report shows the most important steps done in the last four years for the Clinical Governance promotion in the public healthcare network.

The document follows a chronological order to a better understanding of process.

The role of professionals

The core of the strategy was to increase the role of professionals working in SESPA, give them new responsibilities and autonomy in the taking of decisions concerning no only the clinical issues but the Governance of resources.

The final decision was to develop a Clinical Governance System involving the whole Healthcare Service (primary care, hospitals and administrators).

¹ Clinical Governance, CG

² SESPA, Servicio de Salud del Principado de Asturias

³ Consejería de Salud y Servicios Sanitarios



Stage 1.-Political Decisions and Legislation

In 2007, SESPA, developed a new flow chart including, for the first time in Asturias, a new Division devoted to Clinical Governance and Quality⁴.

The main mission of this division was to state the principles of this new way to work. On the other hand it was needed to develop a legal support to this initiative, so from 2007 to early months of 2009 an interdepartmental group worked to define the key legal aspects. Finally, the Decree was published on July 2009 in the Principality's Official Gazette.

Stage 2- Clinical Governance Principles

During 2008, the Clinical Governance and Quality Division developed all tools needs to put in practice the health policy regarding the Clinical Governance; so at the end of 2008 all things were prepared to start the pilot experience.

The main six principles of the model were:

1.-Clinical Governance Agreement

Agreement becomes the principal tool for the daily life of CG teams. It was signed for the CG Unit Manager and for all professionals involved in the Unit, and includes all relevant facts: CG Unit description, Services menu, Budget, CG Unit mims, Assessment procedure and Incentives.

⁴ La Subdirección de Gestión Clínica y Calidad



2.-Services Reorganization

In Primary Care (PC) each PC centre becomes in a CG Unit (CGU).

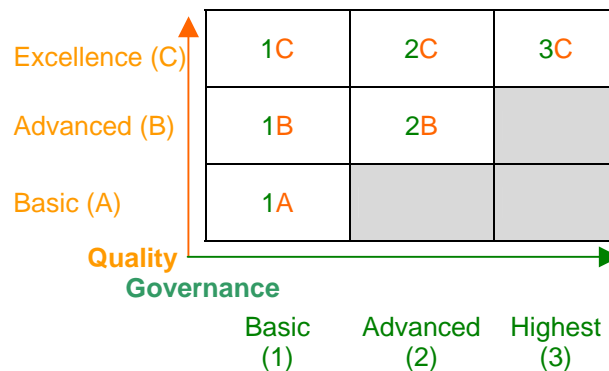
In Hospitals the reorganization varied. For example one Hospital Service could becomes a CGU, the union of two services becomes in a CG Area, etc.

Mental Health was treated in a singular way, given that Asturias territory is distributed in eight Mental Health Areas and it was possible a quick transformation of theses in CG Areas.

3.-Authonomy of Governance in a progressive way.

CG Unit must demonstrate a good Governance in some aspects to reach new aspects to manage.

Taking into account the quality Governance too, a Categorization of CGU and Areas was stated. So all Units and Areas started at "1A" level (basic Governance autonomy and basic level of quality Governance)



The graphic shows the Categorization of CGU and Areas according the quality and Governance levels reached



4.-A Quality Model for the quality Governance

Inspired on ISO, EQFM and JCI, but implemented to specific needs of the Asturias Healthcare system, and categorized in three levels of difficulty⁵.

5.-Normalized Information Systems

NI Systems were the cornerstone of this process allowed to give accuracy information to CGU in the three key areas: (a) services to citizens, (b) quality, and (c) economic aspects.

6.-Incentives

This new project requires a lot of work clearly beyond the standard job, so is needed to push the activities with some kind of compensation according to final results.

Incentives only will be obtained if CG Unit-CG Area reach positive results in services indicators and quality Governance indicators and save money in its annual budget.

Stage 3.-Pilot Experience

The Asturias Government Council decision was to put in practices this new model in five Primary Care Centers. Pilot experience taken place in 2009 and involved a total of 86 professionals attending 32.000 citizens.

The voluntary signing of Agreement by professionals was of 95%, as a proof of clear commitment to this process.

⁵ SINOC. Normalized Information System for Quality Objectives



It was developed an Education Program for CGU professionals, so each one received at least twelve hours of education on CG and Quality Governance.

A Communication Policy directed to citizens and the rest of the organization included an open policy of information (through the portal website astursalud.es) and the organization of Working Days to presents CGU results (March 2010, 215 participants).

Besides, SESPA creates the Innovation, Governance and Quality Awards to foster the knowledge on these issues (Working Day on December 2009, with 61 candidates to awards and 318 participants).

Pilot CGU received permanent support from both local health administration⁶ and SESPA Central Services.

Stage 4.-Pilot Experiences Results

Results Evaluation was made on January 2010.

Assessment included five aspects: (a) citizens satisfaction, (b) leadership and work in group, (c) services to citizens, (d) quality Governance, and (e) economic and human resources Governance.

a) *Citizens Satisfaction Survey*

Survey was developed by external interviewers using a standardized questionnaire.

The overall results showed a higher citizen satisfaction about care received in CGU than the Asturias global results.

⁶ Gerencia de Area



	Worst	Bad	Good	Best
CGU A	0	0	9,8	90,2
CGU B	0	0	30	60
CGU C	0	1	18	81
CGD D	0	0	2,5	97,5
CGU E	0	0	9	91
SESPA	0,6	2,9	34	62,5

Satisfaction Survey

Answer "overall level of satisfaction at the end of visit to CGU"

b) Leadership and work in group

This was assessed using an anonymous and normalized questionnaire. So in Asturias this feature never was assessed we decided to compare the results obtained between CGUnits.

Results showed a good-very good leadership role and some kind of gaps between CGUnits regarding motivation inside the teams. So CGU-D had poorer results in this area than the rest of CGU.

c) Services to citizens

It was measured using 55 indicators (activity and clinical results⁷). CGU had access to results evolution month by month thanks to SIAP (Information System in real time accessible through the SESPA intranet).

Each CGU needed: (i) to reach 75 points (55 indicators, 100 points) to advance in the CG categorization and (ii) to have a higher results than the District and Asturias results.

Four out of five reached the two requirements and the other one (CGU-B) just the first one.

⁷ For example: rate of diabetic patients con HbA1c less than 7; vaccination at 14y ...



	CGU result	District
CGU A	93,02	81,07
CGU B	83,44	83,70
CGU C	94,80	85,44
CGD D	91,84	81,07
CGU E	90,04	80,63
Asturias		84,14

Services Level

Overall result comparing each CGU with its District and the Asturias Mean

Highest result = 100.

d) Quality Governance

The SESPA Quality Model includes 93 indicators to achieve the quality excellence. These indicators are organized in three levels (a,b,c). Pilot CGU must to develop 27 indicators (regarding Patients Safe, Patients Rights and Leadership).

CGU were required to reach 75 points or more (maximum value 100 points) to advance in CG categorization.

All CGU reached the result needed to go to "B" level.

UGC	CGU result
CGU A	88,8
CGU B	90,9
CGU C	100,0
CGD D	81,7
CGU E	86,4

Services Level

Overall result comparing each CGU with its District and the Asturias Mean

Highest result = 100.



e) Economic and Human Resources Governance

CGU managed a relevant part of the budget. To total amount of budget (five CGU) was fifteen million euros.

The final result was that CGU saved 615.403 euros.

That means a total of 19,2 euros saved per citizen and 7151 euros per professional involved in the pilot experience.

Overall results

According to previous results, 4 out of five advanced in categorization to "2B" level and received the total of incentives. The fifth CGU advanced to "1B" level and perceived partial incentives.

Stage 5.-Model Expansion

Once the Pilot Experience was in progress, the Asturias Government Council approved the constitution of five new CGU in Primary Care, 7 CG Areas in Mental Health and 23 CG Areas in seven hospitals.

On November 2010 the Asturias CG Model includes 10 CGU involving 229 professionals attending 86.000 citizens (8% of Asturias population), with a total annual budget of 43 million euros; Seven CG Areas in Mental Health (attending 98% of Asturias population) and 23 CG Areas in hospitals, involving 1547 professionals, 629 beds and a total budget of 123 million euros.

It is remarkable to say that the new Central University Hospital of Asturias HUCA (to be launched in 2011) will work using CG Strategy in all services.

In a next future SESPA and Regional Ministry are committed to transform the Public Health Network using the CG Strategy, to improve the quality of services to citizens and contribute in the Sustainability of the Healthcare System.



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