Collegian (2011) 18, 147–155

available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/coll

Do inquiries into health system failures lead to change in clinical governance systems?

Heather Gluyas, RN, BSc., Grad Cert Mgt., M Serv. Admin., D. Nurs, FRCNA[a,*], Selma Alliex, RN, PhD (Nsg), MRCNA[b], Paul Morrison, RMN, RN, BA, PhD, PGCE, GradDip Counselling, AFBPsS, CPsychol, MAPS[a]

[a] School of Nursing & Midwifery, Murdoch University, Education Drive, Mandurah, WA 6210, Australia
[b] School of Nursing, University of Notre Dame, Australia

Received 28 April 2010; received in revised form 7 June 2011; accepted 9 June 2011

KEYWORDS
Health inquiry;
Clinical governance;
Patient safety;
Clinical credentialing;
Consumer involvement

Summary
Aim: This paper reports the first part of a case study investigation to examine the changes at King Edward Memorial Hospital (KEMH) following an inquiry established to review the quality of obstetric and gynaecological services.
Background: Common findings from a range of health inquiries in recent times include that there have been inadequate adverse event reporting systems, the absence of transparent systems for staff and patients to report concerns about quality of patient care, and an ineffective medical credentialing and performance review system. The similarity of findings from many health inquiries raises the question of whether an inquiry does lead to changes to improve patient care and safety. There has been very little reported in the literature about this.
Method: Using a case study strategy the areas of medical credentialing, performance review and involvement of consumers in care were chosen as the KEMH clinical governance processes to be examined for changes post inquiry. Documents, archives and interviews were used as data sources for this case study. Documents were examined using a normative analytic approach and the Miles and Huberman framework was used for data analysis of the interviews.
Findings: There were significant changes in the area of credentialing and performance review evident in analysis of all sources of data. There were some improvements in the processes of involving consumers in care, but deficits were identified in regard to the provision of training and upskilling for clinicians to improve their communication skills and interactions with patients and families.

* Corresponding author. Tel.: +61 8 9582 5503; fax: +61 8 9582 5515.
E-mail addresses: h.gluyas@murdoch.edu.au, heather.gluyas@gmail.com (H. Gluyas).

1322-7696/$ – see front matter © 2011 Royal College of Nursing, Australia. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.
doi:10.1016/j.colegn.2011.06.001

Introduction

Inquiries into health system failures are highly visible to the community, undermine the public's trust in the health system, are expensive and have a profound effect on all involved. Politicians, the community and health professionals rationalise that an inquiry is required so that lessons can be learnt and used to improve outcomes for patients and their families (Walshe & Higgins, 2002). However, there is little evidence about whether inquiries do lead to some sustained positive change. This article reports some of the results of a study to investigate if changes to improve care were instigated following an inquiry into patient care at King Edward Memorial Hospital (KEMH) in Western Australia.

Background

In Australia alone between 2000 and 2005, there were several important inquiries including: the King Edward Inquiry in Western Australia (WA) (2001), the Campbelltown and Camden Inquiry in New South Wales (2003) and the Bundaberg Inquiry (2005) in Queensland.

Although the circumstances in each of these cases were different, there were similarities in the significant findings of all three including: (1) ineffective or inadequate systems to monitor and report adverse events, (2) the absence of transparent systems and support to deal with patients and staff concerns about quality and safety, and (3) a lack of an effective medical credentialing and performance review system (Davies, 2005; Douglas, Robinson, & Fahy, 2001; Faunce & Bolsin, 2004). It is also striking to note that similar findings to these three Australian cases were described in the report of the high profile Bristol Royal Infirmary inquiry in the United Kingdom (Faunce & Bolsin, 2004). Inquiries of this type tend to be highly politicised and very visible to the general public (Walshe, 2003; Walshe & Higgins, 2002). However, there is very little reported on the outcome aspect of changes that result from these inquiries (Edmondson, 2004).

To investigate the influence of inquiries on change a case study approach was used to examine if change had occurred at KEMH post Inquiry, how the Inquiry influenced the change, and why the Inquiry impacted on change (accepting the impact could have been positive or negative). This paper reports only the first part of the study identifying if changes did occur post Inquiry.

The KEMH Inquiry report ''identified problems with the delivery of services at KEMH. The problems covered clinical, administrative and management issues. They ranged in seriousness, with some being very serious'' (Douglas et al., 2001:x).

Problems that influenced care were identified in the following areas:

- Care planning, care delivery and documentation;
- inter-hospital performance;
- clinical policies and guidelines;
- incident reporting and management;
- staffing problems;
- education and training;
- consultant accountability and cover;
- junior doctor supervision and training;
- credentialing of doctors;
- performance management of clinicians;
- involving women and families in care;
- managing complaints; and
- quality improvement and accreditation (Douglas et al., 2001).

The specific areas of medical credentialing, clinician performance review, and consumer involvement in care were chosen as the clinical governance processes to be examined in this study. These areas were chosen for two main reasons.

Firstly, credentialing and performance review processes are excellent examples of administrative functions that are important for patient safety, easily measured in terms of structure, process and outcome, and require cultural change from clinical staff. It is an area highlighted in the final Inquiry report as an area of significant deficiency (Douglas et al., 2001).

Secondly, even though involvement of consumers in care is more difficult to measure objectively, in terms of what is valued by patients and families, it is of great importance. At the KEMH Inquiry, it was an area of major focus, and requires significant cultural change from clinical staff (Braithwaite, 2005; Edmondson, 2004).

Methods

A case study strategy (Yin, 2003) was used to investigate the effect of the Inquiry on changes in processes at KEMH. Case studies are different from other types of qualitative research in that the focus is in developing an in depth description and understanding of the case being studied by using multiple sources of data such as interviews, observations, documents and archives (Creswell, 2007). The data sources chosen for this case study were documents and archives (henceforth reported together as documents) and interviews. These sources were chosen as each set of data gives a different perspective of the case and provides ample opportunity for cross-verification of important findings (Punch, 2005; Yin, 2003).

The University of Notre Dame Human Research and Ethics committee approved the study.

Document sources

Documents were obtained from a variety of sources including Hansard (the official record of the WA Parliament for the Legislative Assembly and the Legislative Council), the Department of Health West Australia, the Department of Health and Ageing, various media, KEMH and the KEMH website, Quality and Safety websites, and academic journals and conference reports and the final Inquiry report itself.

Documents were identified in several ways. Initially by studying the transcript from the final report of the Inquiry where particular documents, such as reports or reviews held by the Department of Health West Australia, the WA Government Publisher, Hansard, or more generally, documents available either electronically or in print, were identified. Interview participants identified some documents as support for their views or as a direction to the researcher that they might yield information. Some documents were