

Previous models of clinical governance within the health care system largely focus on service delivery from a single organisation, overseeing and ensuring that quality and effective services are being provided. But in today's health care environment, care is often shared among professionals and providers across the acute public, private, community, primary care, not for profit, aged, and disability sectors.

While this has the benefit of specialist care from multi-disciplinary teams of professionals, it can create difficulties for the end consumer in navigating this complicated system and taking full ownership of decisions affecting how their care is delivered and whom by.

Released today by the Australian Healthcare and Hospitals Association's Deeble Institute for Health Policy Research, the Perspectives Brief '[Shared or brokered care: A paradigm shift for clinical governance frameworks](#)' authored by GovernancePlus Director Sandy Thomson. The Brief sets out a new clinical governance framework that better supports the use of shared or brokered care models.

'Shared care models are becoming more commonly utilised, but currently there is no single view of clinical governance that can be used to ensure care is seamless and well-coordinated within these models,' says AHHA Acting Chief Executive Kylie Woolcock.

'This framework provides the basis for clinical governance that considers the sector in its entirety.

'The COVID-19 pandemic along with technological advancements in remote healthcare delivery were among the drivers that caused a further shift towards shared care models.

'The foundation underpinning this new framework is that everyone involved in shared care is accountable to consumers and the community for the delivery of services that are safe, effective, integrated, and person-centred.

'There needs to be an agreed on, common and simple definition of high-quality care.

'This provides oversight of performance outcomes, which ensures accountabilities of all providers can be demonstrated including that of second and third-party providers.

'Consumers also needed to be fully embedded in the decision to move to a shared model of care, which needs to be respectful to their needs, preferences, circumstances, and values.

'They should be supported to participate in shared decision making and self-management and provided with information including contact details of their shared care provider teams.

'The success of this framework also relies on having a culture of quality and risk management embedded at all levels of the organisations involved in shared care.

'All providers involved in shared care models should jointly evaluate the effectiveness of the framework as part of the quality and risk management program. This requires critical reflection of how the service is being managed and it is delivered.

The online version of this [media release](#) and the Perspectives Brief '[Shared or brokered care: A paradigm shift for clinical governance frameworks](#)' can be found on the AHHA website.

The Australian Healthcare and Hospitals Association is the national peak body for public and not-for-profit healthcare.

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