

Editorial

Foreword

In recent decades, healthcare systems in all developed countries have been faced with significant challenges due to increased economic pressure, the growing complexity of science and technology, an increase in the incidence and prevalence of chronic conditions, and related demographic changes. For many years the organization of the healthcare system was based on an implicit notion of quality, building on the philosophy that the provision of well-trained staff, good facilities, and equipment was synonymous with high standards. During the 1980s, managers and policymakers emphasized the need to apply the approaches of total quality management and continuous quality improvement in healthcare. However, these approaches, which were developed in the industrial setting, were not widely accepted, perhaps because they were viewed as too management-driven with no clearly identified role for clinical staff. The term "Clinical Governance", which was introduced in the white paper "The new NHS: modern and dependable" by the UK government in 1997 (1), resonates with the concept of corporate governance, a set of financial duties, accountabilities, and rules of conduct that were recommended for private sector companies. Clinical Governance offers a means to integrate the previously rather disparate and fragmented approaches to quality improvement and to give a new status to quality. In fact, by creating a statutory duty for quality, it placed the quality of healthcare as a direct responsibility of the Chief Executive and, therefore, the Board of all hospitals, community providers and primary care trusts. Clinical Governance is the central element of a framework that supports the delivery of high levels of care, including a no-blame, questioning and learning culture, excellent leadership, and an ethos whereby staff are valued and supported as they form partnerships with patients. Moreover, Clinical Governance "demands the re-evaluation of traditional roles and boundaries, between health professions, between doctor and patient, and between managers and clinicians and provides the means to show the public that the healthcare system will not tolerate less than the best practice" (2). Laboratory medicine is a vital component of the healthcare system, and laboratory professionals are well trained and have been deeply involved in quality control and quality assessment methodologies for many years. However, the changes in the ways healthcare is delivered imply that clinical laboratories have to focus on effectiveness, better outcomes and safety for

patients, and on closer relationships with other healthcare providers. Moreover, the movement towards evidence-based medicine has rapidly been accepted in the laboratory community, with the translation of this philosophy into routine practice in clinical laboratories. Quality initiatives to facilitate Clinical Governance in medical laboratories have been promoted, including accreditation and benchmarking, in which the process of measuring services and practices against leaders in a field allows the identification of best practices that will lead to sustained and improved performance. Other important topics for Clinical Governance in laboratory medicine include point-of-care testing, service consolidation and re-design, and workforce re-profiling. For all these reasons, we decided to organize an International Conference entitled "Clinical Governance in Healthcare and in Laboratory Medicine". The goal of the conference, which was held in Padova (Italy) on October 25–26, 2005, was to define and improve the knowledge and state-of-the-art in the area of quality and Clinical Governance. Well-known experts in the field contributed and exchanged their experience at an international level, thus enabling me to collect a series of interesting and, hopefully, useful papers. This special issue of the journal containing the proceedings of the conference therefore represents a tool for defining and disseminating ideas on Clinical Governance in healthcare and, in particular, in laboratory medicine.

References

1. The new NHS: modern and dependable. London: Stationery Office, 1997.
2. Halligan A, Donaldson L. Implementing clinical governance: turning vision into reality. *Br Med J* 2001;322: 1413–7.

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