

CLINICAL QUALITY AND SAFETY COMMITTEE



ANNUAL REPORT TO THE PUBLIC FOR 2014

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

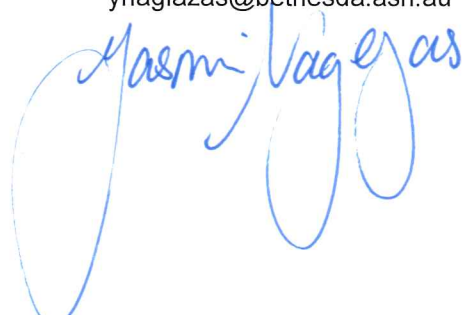
CLINICAL QUALITY AND SAFETY COMMITTEE – BETHESDA HOSPITAL

Please send completed reports to:
Director, Office of Safety and Quality in Healthcare
Department of Health
PO Box 8172 Perth Business Centre
Western Australia 6849

If you require any further information, or have any queries, please contact the Office of Safety and Quality in Healthcare on 9222 4080.

Please note: The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

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THE CLINICAL QUALITY AND SAFETY COMMITTEE

The Clinical Quality and Safety Committee at Bethesda Hospital is the formal committee through which clinical outcomes and patient care issues are monitored and evaluated. The purpose of the committee is to facilitate open communication for improving outcomes through identification of vulnerabilities in systems and processes through review of, and reference to, individual incidents or episodes of patient care.

Specific functions of the Committee include:

- Assessment and evaluation: to assess and evaluate the quality of healthcare services, including the review of clinical practices;
- Reporting and recommending: to report and make recommendations to the governing body concerning health service delivery and clinical practice; and
- Monitoring and Implementation: to monitor and implement recommendations made as a result of assessment and evaluations undertaken by this committee.

The Committee's Terms of Reference are included as Attachment 1.

ACTIVITIES UNDERTAKEN FOR WHICH QUALIFIED PRIVILEGE WAS REQUIRED

1. INDIVIDUAL CLINICAL PRACTICE INDICATORS

Reviews

The Committee reviewed key clinical indicators of medical practitioner practice, monitoring and examining any trends. These key indicators were:

- Unplanned returns to theatre
 - All information on unplanned returns to theatre was collected and individual cases reviewed. A record of all cases and the doctors involved is logged and monitored for trends.
- Unplanned readmissions are collected and individual cases reviewed
 - A record of all cases and the doctors is logged and monitored for trends.
- Transfers out to acute hospitals
 - Each individual case is discussed and actions identified.
- Deaths
 - All deaths occurring within the hospital are reviewed and the doctor's reports are classified as per the Western Australian Report on Mortality (WARM) criteria.

Subsequent Action/s

- There have been opportunities for improvement identified in cases of patients being transferred to acute hospitals for their ongoing care. All cases are subject to a clinical case review in the form of a modified root cause analysis (RCA) process. The results of the cases were then tabled at the meeting for discussion on medical practice and trends or pathways of care. Independent clinicians provide in-depth review of case notes as required.

Outcome

- 100% of clinical indicators were reviewed.
- No significant area for improvement in the indicators was identified with the exception of specific cases relating to transfers to acute hospitals.
- 100% deaths that occurred were classified as category 1 (anticipated) and category 2 (not unexpected) following a mortality review.
- Communication and counselling - doctors have been communicated with and there have been no further concerns raised. All results contribute to health improvements for patients.

2. MEDICAL EMERGENCY RESPONSE AND MANAGEMENT OF DETERIORATING PATIENT

Issue

Case reviews identified management issues in relation to timely identification of the deteriorating patient by both nursing staff and doctors.

Action

To date action has been undertaken on the following contributing factors:

- Communication between nursing staff and doctors;
- Policy and procedure review (ongoing);
- Staff education and competency assessment;
- Continued education and work on clinical handover;
- Review of patient admission criteria and preparation for surgery;
- Review of patient co morbidities with a focus on BMI (body mass index) and weight with associated risks (e.g. sleep apnoea);

Outcomes

- 100% medical emergencies have been reviewed to ensure compliance with policy and demonstrate staff competency;
- 100% clinical policies identified were reviewed for currency and meeting evidence-based, best practice;
- 100% employed clinical staff have completed mandatory competency assessment;
- Ongoing review of all incidents against Bethesda Hospital's Management and Response to Clinical Deterioration Policy; and
- Clear evidence of increasing patient safety through introduction of systems, processes and education for staff and doctors.

Summary

The 2013/2014 year resulted in actions that responded to areas that were highlighted during the work of the Clinical Quality and Safety Committee, involving a whole-of-organisation commitment:

- Communication regarding patient care;
- Review of patient admission criteria and the pre-admission screening process to ensure appropriate pre-admission management and that patients who are admitted to Bethesda can be care for adequately;
- Continued education and work on clinical handover to ensure key elements of the patients' condition are conveyed to oncoming staff;
- Management of clinician scope concerns to ensure safe practice; and
- Staff education and competency assessment, particularly for the more complex patient.



Bethesda Hospital

Terms of Reference
Clinical Quality and Safety Committee

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GOVERNING BODY

The Bethesda Board of Directors is the governing body of the Hospital.

PURPOSE

The Clinical Quality and Safety Committee has been established to:

- Provide advice and assistance to the Chief Executive Officer (CEO) in all aspects of clinical practice, safety and quality of care;
- Promote and participate in continuous quality improvement activities relating to clinical practice and in such programs and reviews that are required by Bethesda Hospital Inc. (Hospital) as part of its program of clinical risk management;
- Use its best endeavours to ensure that patient care is delivered at the highest possible level of quality and efficiency and in accordance with the;
 - Mission, Values and Ethics of Bethesda Hospital; and
 - Hospital By-Laws.

FUNCTIONS

The functions of the Clinical Quality and Safety Committee, in accordance with Section 7(2)(c) of the *Health Services (Quality Improvement) Act 1994*, include:

- Assessment and Evaluation - to assess and evaluate the quality of health services, including the review of medical clinical practices:
 - Hospital Policies affecting medical services;
 - Matters related to the efficiency, efficacy, safety or quality of medical and clinical services with the exception of matters that require investigation by external committees or that relate to medical practitioner behaviour;
 - Occupational health and safety considerations affecting medical services.
- The reporting and making of recommendation to the Governing Body concerning health services.
- Monitoring of the implementation of those recommendations.

MEMBERSHIP

The following positions form the core of the Clinical Quality and Safety Committee.

Members of the accredited medical staff representing the following specialty groups:

- Plastic/Reconstructive Surgery
- Urology
- Gynaecology
- Anaesthetics
- Orthopaedic Surgery
- Cardiology
- Hospital Administration (Chief Executive Officer + Executive Manager, Clinical and Corporate Services).

The Clinical Quality and Safety Committee may call upon experts from time to time to assist them to carry out the functions of the committee and they will be made aware of their responsibilities and obligations in respect to Qualified Privilege.

Members will be elected by the Medical Advisory Committee.

Attendance at Meetings

- Decisions of the Committee shall be by majority of members.
- Additional members can be co-opted by the Chair of the Committee to provide expert advice with respect to the discipline of the applicant(s) under consideration. However, such co-opted members shall not have voting rights.

The Minister for Health will be advised of any changes to the constitution of membership, and these changes will be documented and approved by the Governing Body.

Terms of Office

The six (6) accredited medical members shall be appointed for a three (3) year term with two (2) members retiring on 30 June each year, who shall be eligible for reappointment.

One of the medical members of the Clinical Quality and Safety Committee shall be appointed as Chairman of the Committee for three (3) years and may be reappointed.

Chairperson

- The Chair of the Medical Advisory, shall Chair the Committee.
- The Committee shall elect from its members a Deputy Chair.
- In the temporary absence of the Chair or Deputy Chair another medical practitioner shall act as Chair.
- The Chair shall be the authorised channel of communication of all decisions of the Committee.

Confidentiality

The proceedings and records of the Committee shall be confidential, except to the extent needed for members to canvass the views of other medical practitioners as requested by the Committee, or to effect decisions of the Chair and decide otherwise, or as required by law.

QUORUM

Quorum comprises 50% of appointed members.

FREQUENCY

The Clinical Quality and Safety Committee will meet bi-monthly according to a date and time schedule that will be agreed and renewed from time to time. The Chair of the Committee may convene the Committee at short notice to address specific matters.

REPORTING STRUCTURE AND PROCESS

In compliance with *Regulation 8 of the Health Services (Quality Improvement) Regulations 1995*, the Clinical Quality and Safety Committee will provide an annual report or at such earlier time as so directed to the Board of Directors regarding activities of the Committee.

In compliance with *Regulation 9 of the Health Services (Quality Improvement) Regulations 1995*, the Clinical Quality and Safety Committee will make available a report to the public at least once (1) in each period of twelve (12) months to be posted on the Hospital website.

In compliance with *Regulation 10 of the Health Services (Quality Improvement) Regulations 1995*, the Clinical Quality and Safety Committee will report annually to the Minister for Health.

Committee Evaluation

Report on Activities during past twelve (12) months, Evaluation of Committee processes, Quality Plan for next twelve (12) months and Review of Terms of Reference.

INFORMATION MANAGEMENT

All members of the Clinical Quality and Safety Committee (CQSC) will comply with information management.

- Members or persons assisting the CQSC or activity thereof must not directly or indirectly make a record of, or disclose any identifying information whatsoever acquired by them other than in accordance with the relevant legislation, or unless consent is given by the individual to whom the information pertains.
- Members or persons assisting CQSC or activity must at all times ensure the security of all records in their possession relating to the Committee or activity.
- The documentation shall be managed in the following way:
 - Documents are stored and locked in the Chief Executive Officer's office;
 - Access to the information shall only be by members of the CQSC or those assisting the CQSC for specific activities;
 - The documents shall be stored indefinitely; and
 - Multiple copies of documents shall be destroyed according to the Hospital Policy 5.4.

RECORDING OF PROCEEDINGS

The Chief Executive Officer shall provide a secretary to issue an agenda and supporting material at least five (5) days in advance of each meeting and prepare a Record of each meeting.

The secretary shall keep separate files of at least the following:

- These Terms of Reference; Agendas and Records of meetings.
- Papers circulated for discussion or information, papers tabled at meetings and correspondence prepared by the secretary.

The Committee members at the next subsequent meeting of the Committee shall ratify the Minutes of the meetings. When confirmed, the Minutes shall be signed by the Chairperson.

OBLIGATIONS OF COMMITTEE MEMBERS/PERSONS ASSISTING THE COMMITTEE

All members of the Medical Advisory Committee will:

- Receive a copy of the *Health Services (Quality Improvement) Act 1994*.
- Receive a copy of the *Health Services (Quality Improvement) Regulations 1995*.
- Receive a copy of the *Standards accompanying the Health Services (Quality Improvement) Act 1994*.
- Comply with the Committee's Terms of Reference.
- Declare conflicts of interest at the commencement of each meeting.
- Be prepared to sign a declaration indicating they have read, understand and agree to comply with the legislation.