



CLINICAL QUALITY AND SAFETY COMMITTEE ANNUAL REPORT
BETHESDA HEALTH CARE
2018

ANNUAL REPORT TO THE PUBLIC FOR 2018
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY
CLINICAL QUALITY AND SAFETY COMMITTEE – BETHESDA HOSPITAL

Please send completed reports to:
Quality Improvement and Change Management Unit
Department of Health
PO Box 8172
Perth Business Centre
Perth WA 6849
Or email to QICM@health.wa.gov.au

If you require any further information, or have any queries, please contact the Quality Improvement and Change Management Unit on (08) 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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Signature:

A handwritten signature in blue ink that reads "Yasmin Naglazas". The signature is written in a cursive, flowing style.

The *Health Services (Quality Improvement) Act 1994* provides for the approval and protection of quality improvement committees reviewing, assessing and monitoring the quality of health services and for related purposes. Section 9 of the *Health Services (Quality Improvement) Regulations 1995* each committee is to make a report available to the public at least once in each period of 12 months.



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The following fulfils the requirements of the committee under section 9 of the *Health Services (Quality Improvement) Regulations 1995*.

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.

Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required

Description	Action Taken	Outcome
Mortality Review	All deaths and serious morbidity are reviewed and classified according to WA Department of Health regulatory requirements.	100% deaths that occurred were classified as category 1 (anticipated) and category 2 (not unexpected) following a mortality review.
Review of Clinical Indicator Data	Clinical Indicator(CI) data is reviewed and discussed. This data highlights areas where the organisation is statistically different to all other peer comparison groups.	Bethesda is statistically different for 18 CI with 17 being positive outliers. An action plan is underway for the 18th Outlier
Individual Clinical Practice Indicators	<p>Reviewed individual case notes,</p> <ul style="list-style-type: none"> ▪ Unplanned readmission within 28 days, ▪ returns to theatre, and ▪ unplanned admissions for day-case patients or transfers. <p>A record of all cases and the doctors involved is logged and monitored for trends.</p>	All case notes reviewed. No specific actions required in this year.



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Summary

The year resulted in actions involving a whole-of-organisation commitment highlighted during the work of the Clinical Quality and Safety Committee:

- Audits are undertaken to monitor the S8 Medication Management
- Ongoing work towards achievement of Antimicrobial Stewardship targets
- Continued education and work on clinical communication.

Outcomes of the Clinical Quality and Safety Committee's Work

- 100% medical emergencies have been reviewed to ensure compliance with policy, demonstrate staff competency and optimal patient outcomes;
- 100% clinical policies identified were reviewed for currency and meeting evidence-based practice;
- 100% of policies updated within timeframes
- 100% employed clinical staff have completed mandatory competency assessment;
- All S8 medications accounted for and documented accurately