



CLINICAL QUALITY AND SAFETY COMMITTEE ANNUAL REPORT  
BETHESDA HEALTH CARE  
2020

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ANNUAL REPORT TO THE PUBLIC FOR 2020  
ON  
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN  
BY  
CLINICAL QUALITY AND SAFETY COMMITTEE – BETHESDA HOSPITAL

**Please send completed reports to:  
Office of Patient Safety and Clinical Quality Division  
Department of Health  
PO Box 8172 Perth Business Centre  
Western Australia 6849  
Or email to [OSQH@health.wa.gov.au](mailto:OSQH@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 2197.

***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:

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 by 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 in the top 20% of peer hospitals for 3 CIs and in the lower 20% for 1 indicator. An action plan is in place for this indicator. All other CIs are comparable to other peer hospitals.
Individual Clinical Practice Indicators	<p>Reviewed individual case notes,</p> <ul style="list-style-type: none"> <li>▪ Unplanned readmission within 28 days,</li> <li>▪ returns to theatre, and</li> <li>▪ unplanned admissions for day-case patients or transfers.</li> </ul> <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 throughout the organisation
- Continued education and work on clinical communication, including management of discharge summaries & open disclosure.
- Review of the AQCSHC Clinical Care Standards and development of appropriate policy
- Continued promotion of NSQHCS Accreditation Standards (V2)

#### **Outcomes of the Clinical Quality and Safety Committee's Work**

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