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**QUALITY ASSURANCE COMMITTEE
TRIENNIAL REPORT**

to the

Patient Safety and Quality Improvement
Service, Department of Health

May 2018

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Committee Function

The function of The Wesley Hospital Quality Assurance Committee (QAC) is to freely discuss and analyse information about incidents and adverse outcomes that have occurred at the Wesley Hospital in a forum that is confidential and completely detached from matters of individual competence fitness and accreditation. This is achieved by undertaking a planned and systematic approach to monitoring and assessing the care provided and the health services delivered. A collaborative approach is used in performing this monitoring, assessment, and review to optimise patient outcomes.

UnitingCare Health By-law 6.7 outlines the role of a Quality Assurance Committee (QAC) as being to review and advise on clinical safety and quality. The Quality Assurance Committee will report annually, or as required, to the General Manager. The Quality Assurance Committee works under the guidance of the Hospital and Health Boards Regulation 2012 (Qld) No 2) and the Hospital and Health Boards Act 2011 (Qld) No 1.

The QAC is an entity separate from the Medical Advisory Committee (MAC) and its subcommittee to ensure the function of system analysis and improvement is removed from the MAC with its role in monitoring individual competence, fitness and credentialing.

The purpose of the QAC is to:

- Facilitate practice improvement and process review through the application of robust methodology.
- Enhance patient outcomes through a collaborative approach to safety & quality.
- Focus on systems and processes as opposed to individuals.
- Make recommendations for improvements or changes and to monitor implementation

The above is achieved by the following process:

Recommendations and reports from the QAC are made to the Director of Medical Services (DMS). Recommendations are progressed to the Medical Advisory Committee for endorsement and then to other appropriate hospital committees (Medical, Nursing and Allied Health Committees) to evaluate the recommendations, implement the changes and monitor the implementations.

Current Committee Members

Name/Position	Qualifications	Summary of Experience
Dr Gwynne James Bentley Visiting Medical Practitioner Chairperson Quality Assurance Committee (effective 2 December 2014).	MBBS (Qld) MRC Psych (London) FFARACS FANZCA FJFICM	Extensive experience in intensive care medicine and anaesthesia. Dr Bentley is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes. Dr Bentley is an Intensivist St Andrews Memorial Hospital and The Wesley Hospital. Visiting Intensivist Brisbane Private Hospital Private Practice Anaesthesia (8 sessions/month) Relieving Visiting Medical Practitioner (Anaesthesia) RBWH.
Dr Ellis Murdoch Visiting Medical Practitioner The Wesley Emergency Centre	MBBS, FACEM	Extensive experience in Emergency medicine.

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<p>Dr Paul Eliadis Associate Professor Visiting Medical Practitioner The Wesley Hospital and Cairns Private Hospital</p>	<p>BSc(Med) MBBS(Qld) FRACP FRCPA</p>	<p>Extensive experience in clinical haematology and medical oncology. Dr Eliadis is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes.</p>
<p>Prof John Allan Associate Professor Visiting Medical Practitioner</p>	<p>MBBS, FRANZCOG</p>	<p>Extensive experience in Obstetrics and gynaecology, with special interest in infertility and reproductive medicine. Dr Allan is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes.</p>
<p>Dr James Palmer Bradley Senior Visiting Specialist Princess Alexandra Hospital Private Practice Anaesthesia and Pain Medicine</p>	<p>MBBS (Qld) FFARACS FANZCA FFPMANZCA</p>	<p>Extensive experience in Anaesthesia and Pain medicine with a special interest in the pharmacology of anaesthesia, the application of nerve blocks to palliative and terminal care and the management of neuropathic and regional pain syndromes . Dr Bradley is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes.</p>
<p>Dr David Quigley Director of Casemix Information Services-Medmin</p>	<p>MBBS (London) 1988 Diploma in Anaesthetics (United Kingdom) 1993 Post Graduate Diploma in Science (Microbiology) 1997</p>	<p>Director of Casemix Information Services Medmin Pty Ltd which provides advice regarding the capture, transfer, interpretation of casemix and clinical information for health service providers primarily in the context of casemix funding. Medmin is also involved in clinical outcome reviews and 'Review of Hospital-related Deaths'. Clinical Representative to the Queensland Coding Committee and has extensive experience in ICU and anaesthetics.</p>
<p>Dr Geoffrey Moore Visiting Medical Practitioner The Wesley Hospital</p>	<p>MBBS (Qld) 1984 FRACP 1992</p>	<p>Fellow of the Royal Australasian College of Physicians who completed his speciality training in both Endocrinology and General Medicine in 1993. Dr Moore is a senior Endocrinologist who has a particular focus on diabetes, thyroid disease, testosterone replacement therapy, osteoporosis and adrenal disorders. He also has experience in the management of pituitary disease.</p>

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<p>Dr Jasmine Dillon Visiting Medical Practitioner The Wesley Hospital</p>	<p>BSc (Hons) 1985, MBBS (Qld) 1992, DTM&H 1996, MPH 2008, FRACP 2011</p>	<p>Dr Dillon is a fellow of the Royal Australian College of physicians and has visiting privileges as a specialist at The Wesley Hospital as an Infectious Diseases Physician.</p> <p>Dr Dillon is also involved in a number of Committees at The Wesley Hospital:</p> <ul style="list-style-type: none"> ▪ The Wesley Hospital Influenza Management Committee ▪ The Wesley Hospital Infection Control Committee ▪ Uniting Health Care Antimicrobial Stewardship Committee ▪ CVAD committee <p>Also been involved in a number of clinical trials:</p> <p>2009: Associate Investigator – Study of Influenza Vaccine Efficacy Trial CSL.</p> <p>2011: Primary Research Officer for a study on MRSA decolonisation of over 12 000 inpatients at the National University Hospital, Singapore.</p> <p>2011: Data retrieval and analysis for a study on MRSA prevalence amongst inpatients admitted from nursing homes to NUH; Data retrieval and analysis for a study of the use of isolation facilities at NUH and the prioritisation of those facilities.</p>
<p>Dr Leslie Nathanson Visiting Medical Practitioner The Wesley Hospital</p>	<p>MBCh.B 1978, FRACS 1988, FRCS (Ed) 2012</p>	<p>Dr Nathanson has an honorary fellowship from the Edinburgh College of Surgeons in 2012.</p> <p>Dr Nathanson is an accredited visiting medical practitioner at The Wesley Hospital. He is well known for the Nathanson liver retractor and the development of the common bile duct pact used for extracting common bile duct stones.</p> <p>Dr Nathanson has an ongoing interest in hepatobiliary, upper GI and laparoscopic surgery, especially the evolution of laparoscopic fundoplication surgery for reflux.</p>

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<p>Dr Ranald Pascoe Acting Director of Medical Services (member on QAC as from October 2017) The Wesley Hospital</p>	<p>MBBS First Class Honours FFARACS 1983 (Anaesthesia) 1984 (Intensive Care) FANZCA 1992 (Anaesthesia & Intensive Care) FCICM.</p>	<p>Dr Pascoe has extensive experience in intensive care medicine and anaesthesia. Dr Pascoe is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes. Dr Pascoe has been the Director of Intensive Care at The Wesley Hospital since 1994</p>
<p>Ms Natasha Moon Quality Manager (member on QAC as from May 2017) The Wesley Hospital</p>	<p>Bachelor of Nursing, Graduate Certificate in Leadership & Management</p>	<p>Registered Nurse with a clinical background in cardiac surgery & cardiology. She has experience in Safety and Quality and Clinical Governance within the Private Sector.</p>

Details of the Health Services Evaluated

The Wesley Hospital provides a broad range of services, including breast/endocrine, cardiovascular, ENT, emergency medicine, gastroenterology, gynaecology, colorectal, hyperbaric, intensive care, maternity, neurology/stroke, orthopaedics, paediatric, pain management, rehabilitation, oncology/haematology, palliative care, plastic surgery, radiology and urology.

The QAC independently reviews all deaths and significant adverse outcomes that occur at the Wesley Hospital through our Mortality & Morbidity review process. The QAC has as a key focus to review and provide recommendations that benefit patients cared for by The Wesley Hospital, as well as improve integration and communication between our services (listed above), and foster improvements in our multidisciplinary approach.

Scope of Health Services Being Evaluated

The QAC considers all aspects of the health service under consideration.

The scope of services assessed were therefore the clinical services provided by medical (employed doctors and private practitioners holding clinical privileges), nursing and allied health professionals within the surgical specialities, medical specialities and multidisciplinary programs provided at The Wesley Hospital.

Recommendations

It was recommended that:

2015
Letter sent to DMS requesting Admission process from WEC- Wards be discussed at MAC.
Involvement in End of Life care project
Request to DMS regarding the agenda and planning for EOL cares and the reporting back to the QAC regarding this.
Letter to DMS regarding VTE Prophylaxis and documentation to be distributed to VMPs
The process of escalation of abnormal pathology results obtained by S & N and QML was reviewed.
Feedback provided to the WEC CNM and Director of WEC on the importance of ensuring the transfer time/ printing times are aligned.
Letter sent to S&N and QML regarding education and process for notification if a patient is found unresponsive

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2016
Letter of recommendation written to TWH Clinical Safety & Quality Committee to consider the development of formal document on the use of 'specials' in the hospital
Recommended meeting with Directors of Paediatrics, WEC and ICU to discuss the ongoing management of paediatric cases
Request to WMI to provide further information surrounding care, monitoring and observation record
DMS to advise the coroner that the committee do not have concerns/ any recommendations surrounding a surgical procedure
The committee would like TWH Resuscitation committee to consider the definition of the radiology department as a clinical area.
Letter to Director of Nursing requesting projects regarding handover processes
Member will be meeting with the local police station regarding multiple deviations from the reporting process following death to reduce the chance of this kind of escalation in the future.
Letter to Cardiologist sent regarding minimal documentation in chart and opportunity to improve this.
2017
Letter from the DMS sent to VMPs to inform them of the new specialising procedure.
Follow up with Director of ICU regarding potential bed block issues
Letter sent to A/DMS advising that there will be benefit for case to go to external review.
Surgical Antibiotic Prophylaxis Guidelines endorsed by Committee
SIRT procedure cases to go through a Multidisciplinary Team review and physician to be involved in the care of the patient pre & post procedure
Review consent process to clarify death is included on the consent form for SIRT procedures
Reiterate escalation process (including MERT for comfort measures if required)
RMO to contact VMP advising of MERT post event
Letter sent to DMS of SSPH requesting future transfers to TWH have a letter of referral and a discharge summary.

Implementation Methodology

Recommendations from the Quality Assurance Committee are made to the Director of Medical Services. Recommendations are progressed by the DMS to the Medical Advisory Committee, relevant CRAFT groups, for endorsement and then to the CSQC & the Quality and Safety Unit to evaluate, implement change and follow all action items. All Visiting Medical Practitioners are advised of any changes and these changes are included in the orientation process for new Visiting Medical Practitioners. The hospitals Quality forum also reviews and discusses any recommendations made through QAC.

Evaluation of the service following implementation of recommendations

Specific committees follow up all action items and report back to the QAC as necessary. The QAC evaluation of the health service following implementation of recommendations is via feedback from relevant committees and Morbidity and Mortality Review.

Confirmation that statutory protection is required for the committee to carry out its functions

The purpose of the QAC is to examine the results of detailed investigations of significant adverse events as well as to review the breadth of incidents and adverse events within the facility. Detailed and identifiable information may need to be examined for this purpose. The function of the QAC will necessarily be enhanced by open discussion without the fear that comment made for the purpose of identifying root causes may be used adversely against the member or another person in an action for defamation or negligence. The function of the QAC will be enhanced if its functions can be exercised without fear that critical analysis could be accessed and used to damage an individual's professional reputation. There is a real risk that without privilege relevant information will not be provided to the QAC for consideration and the deliberations and findings of the QAC will be conducted in a restricted way that will not achieve the aim of improvements in safety and quality.

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Confirmation that the public interest is served by maintaining statutory protection.

The purpose of the QAC is to improve the clinical care and subsequent clinical outcomes of the care provided at The Wesley Hospital, one of the largest private hospitals in Queensland. This is a major benefit to the community.

Qualified privilege will not restrict patient access to existing clinical information contained in the patient's medical record or open disclosure in relation to past care. Nor will it remove or restrict any right or interest currently held by the public in relation to health care provided by The Wesley Hospital.

Privacy

The committee will function in accordance with Division 3 of the *Hospital and Health Boards Regulation 2012* which requires the adoption of a privacy policy.

Members of the committee and relevant persons are prohibited from making a record of, divulging or communicating to any other person, information they obtained in the course of their involvement in the committee, unless this was done for the sole purpose of enabling the committee to perform its functions or another of the defined and authorised purposes.

Members of the committee and relevant persons are required to sign a privacy and confidentiality statement and declare any conflict of interest.

Michael Krieg
General Manager
The Wesley Hospital
15 May 2018