



**Mount Hospital
Clinical Review Committee
Terms of Reference**

PURPOSE:

To be the formal committee through which clinical outcomes and patient care issues are monitored and evaluated and appropriate recommendations made. This committee shall seek Qualified Privilege under the *Health Services (Quality Improvement) Act (WA) 1994* in order 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. Throughout this process of peer review participants should be free from concern of the potential for information being disclosed and used to pursue legal proceedings.

FUNCTIONS:

The functions of the "Committee" include:

- **Assessment and Evaluation** - to assess and evaluate the quality of health services, including the review of clinical practices, and oversight of Root Cause Analysis (RAC) processes;
- **Reporting and Recommending** - to report and make recommendations to the governing body concerning health service delivery and clinical practice;
- **Monitoring and Implementation** - to monitor and implement recommendations made as a result of assessment and evaluations undertaken by this committee.

OBJECTIVES:

- Endeavour to ensure that the delivery of patient care in the Hospital is maintained at an optimal level of quality and efficiency and all statutory requirements are met.
- Ensure the clinical review monitoring and assessment activities are appropriate for the hospital and comply with the philosophy and vision of Affinity Health.
- To review the activities and recommendations of reporting committees in respect to the quality of clinical care arising from quality assurance and improvement activities, and ensure that appropriate action is taken.
- Make recommendations to the Medical Advisory Committee regarding ongoing overall management of Clinical Review processes as required.
- Make recommendations to the Hospital Executive for Peer Review processes relating to clinical practice, process and systems as required.
- Review and make relevant recommendations in regard to transfers in and out of the hospital, special care units, and unexpected returns to theatre and sentinel events.
- To evaluate outcomes of all activities arising from and pertaining to this Committee.

MEMBERSHIP:

Hospital General Manager of Hospital

Director of Nursing

Manager – Quality and Risk

Minimum of one medical representative from the haematological and medical specialties

Minimum of two representatives from the surgical and anaesthetics specialties.

Intensivist.

Note: medical representation is by Visiting Medical Practitioners

Members will be appointed by the General Manager of the hospital.

The Chief Medical Officer will be advised of any changes to the constitution of membership, and these changes will be documented and approved by the governing body. Protection under the *Act* will also be extended to those persons who act under the instruction or at the request of this committee.

CHAIRPERSON:

The Chairperson of the Clinical Review Committee shall be the appointed Medical Director of the hospital

QUORUM:

A quorum comprises 50% of appointed members plus one.

FREQUENCY:

The "Committee" will meet monthly, and no less than nine times per year.

MINUTES and AGENDAS:

Where practicable, the agenda together with reports and documents that relate to it will be forwarded to members in sufficient time to enable consideration prior to meetings.

Accurate Minutes will be kept of each meeting of the "committee". The Minutes of a meeting shall be submitted to committee members for ratification at the next subsequent meeting of the Committee.

When confirmed, the Minutes shall be signed by the Chairperson.

REPORTING STRUCTURE and PROCESS:

- In compliance with Regulation 8 of the *Health Services (Quality Improvement) Regulations 1995*, the "Committee" will provide an annual report to the governing body regarding activities (whether referred internally or by the governing body) or at such earlier time as so directed by the governing body.
- In compliance with Regulation 9 of the *Health Services (Quality Improvement) Regulations 1995*, the "Committee" will make available a report to the public at least once in each period of 12 months.

- In compliance with Regulation 10 of the *Health Services (Quality Improvement) Regulations 1995*, the "Committee" will report annually to the Minister for Health.
- Medical Advisory Committee via committee chair
- Hospital Executive via Director of Nursing

INFORMATION MANAGEMENT:

All members of this committee will comply with the information management policy attached to the terms of reference.

COMMITTEE KPI'S

- % of quorum achieved
- All reports completed and submitted as per requirements of the office of Safety and Quality
- Individual cases reviewed and relevant action plans demonstrated on the committee minutes