

**ANNUAL REPORT TO THE PUBLIC**  
**ON**  
**QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN**  
**BY**  
***Clinical Review Committee***  
***The Mount Hospital***  
***Perth***

**Please send completed reports to:**  
**Dr Dorothy Jones**  
**Principal Medical Officer**  
**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 Health Care on 9222 4214.

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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Contact details of person providing the report:

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Signature:.....

1. Name of Committee.

*Clinical Review Committee*

2. Name the health care facilities that contribute to this Committee.

The Mount Hospital - Perth

3. Give a brief description of the purpose of Qualified Privilege including the public interest in denying access to information for the purpose of encouraging participation by health care professionals in quality assurance.

The functions of the Clinical Review Committee of The Mount Hospital support the achievement of the following objectives in the course of its activity:

- Endeavouring to ensure that the delivery of patient care at the Hospital 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 the organisation
- Review of 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
- The making of recommendations to the Medical Advisory Committee regarding ongoing management of clinical review processes as required
- The making of recommendations to the Hospital Executive for the purposes of Peer Review processes relating to clinical practice, processes and systems as required
- Review of, and recommendations in regard to transfers in and out of the hospital, special care units, unexpected returns to theatre and sentinel events
- Evaluation of outcomes of all activities arising from, and pertaining to the Clinical Review Committee

In order for the above objectives to be met it is appropriate that the Committee, and relevant clinicians who are invited to participate in the activities of the Committee are provided a forum to openly discuss and debate clinical practice in the knowledge that information is protected under the auspices of the Committee, and that the disclosure of information discussed and tabled at the committee is not vulnerable to public disclosure and is afforded protection by the Health Services (Quality improvement) Act.

4. Describe the main functions of the Committee.

Specific functions of the Committee include:

- Assessment and evaluation: to assess and evaluate the quality of health 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

5. Terms of Reference (TOR)

See attachment A.

The Terms of Reference were updated in August 2009

6. Describe the categories of membership of the declared Committee.

- Medical Director (Chairperson)
- General Manager of Hospital
- Director of Nursing
- Manager – Quality & Risk
- Medical representative from the haematological, medical, surgical, and anaesthetics specialties and an Intensivist (Visiting Medical Practitioners)

7. A brief description of issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required. For the selected items, please answer the following questions:

a) What services have been assessed and evaluated by the committee?

- Cardiology/Angiography services
- Intraoperative Policy
- Bariatric surgery
- Vascular surgery
- Accreditation/Credentialing processes

b) What action has been taken as a result of the assessment and evaluation?

- Internal and external audits
- Intra operative education regarding equipment
- Hospital policy review
- Bariatric surgery review

c) What were the results of the action and the lessons learnt?

- Specialty specific audit development
- Improved knowledge in the management of (specific) intra operative equipment
- Policy development in accordance with current best practice
- Development of accreditation and credentialing processes in accordance with industry best practice

8. Attach a summary of the information management policy.

Healthscope maintains a comprehensive suite of policies relating to the management of information. This includes the management of hardcopy information such as patient files, and the management of electronic information (information technology). Examples of these policies pertain to the following areas; however note that this list does not contain the complete suite of Healthscope policies in reference to information management:

- Medical Record creation
- Release of information
- Patient Information Retention and Destruction
- Retrieval and delivery of medical records
- De-identification of medical records
- Fax confidentiality and security
- Standards for documentation within the medical record
- Information security (IT)
- Acceptable use of information technology