



Mount Hospital

Clinical Review Committee

ANNUAL REPORT TO THE PUBLIC for 2019/2020
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY

**CLINICAL REVIEW COMMITTEE
THE MOUNT HOSPITAL
PERTH**

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 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.

Contact details of person providing the report:

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Position: Quality & Risk Manager
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Signature:

A handwritten signature in black ink that reads "Joanne Hardy".

1. Name of Committee

Mount Hospital Clinical Review Committee

2. Facility Contributing to the Committee

Mount Hospital, 150 Mounts Bay Road, Perth, Western Australia

3. Report Availability

The report will be available to the public on the Mount Hospital website in April 2020.

4. Clinical Review Committee Terms of Reference and Functions

Current Terms of Reference

The Clinical Review Committee at the Mount 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 Terms of Reference for the Committee were reviewed in February 2018 and will be reviewed again in February 2021.

4. Activities undertaken by the Clinical Review Committee for which Qualified Privilege was required.

Examples of activities undertaken by the Clinical Review Committee during this period include:

1. Clinical Indicator Monitoring

Description: The Mount Hospital submits ACHS Clinical Indicators twice yearly comparing its clinical performance with that of comparable hospitals in Australia. These are reported to the Clinical Review Committee.

Action Taken: If any clinical indicator is found to be below target, rigorous investigation will take place to identify the reason.

Outcomes: Effective monitoring takes place. If any adverse trends are identified, these will be investigated with the benefit of qualified privilege.

2. Clinical Incident Review

Description: Continuing review takes place of all clinical incidents including 'near misses'.

Action Taken: Whenever a clinical incident occurs that does not accord with the highest standards of care it is investigated as an opportunity for learning. Such incidents are reviewed by the Medical Director and then referred as appropriate for consideration by the Clinical Review Committee. Qualified privilege allows for comprehensive investigation of any such incidents and lessons learnt enable the Mount Hospital to optimise the safety and quality of services provided to patients.

Outcomes: Effective review of practice takes place to assist the hospital to ensure optimal patient outcomes.

5. Public Interest

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

- Ensuring that the delivery of patient care at the Mount Hospital is maintained at an optimal level of quality and efficiency and all statutory requirements are met
- Ensuring that the clinical review monitoring and assessment activities are appropriate for the hospital and comply with the philosophy and vision of the organisation
- Making recommendations to the Medical Advisory Committee regarding ongoing management of clinical review processes
- Making recommendations to the Hospital Executive for the purposes of peer review relating to clinical practice, processes and systems as required
- Reviewing and making recommendations in regard to transfers in and out of the hospital, special care units, unexpected returns to theatre, SAC 1 incidents and sentinel events
- Evaluating 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 Act.