

ANNUAL REPORT TO THE PUBLIC FOR 2018
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY
Obstetrics and Gynaecological Quality Committee-
St John of Bunbury 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

If you require any further information, or have any queries, please contact the Quality Improvement and Change Management Unit on 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.

Contact details of person providing the report:

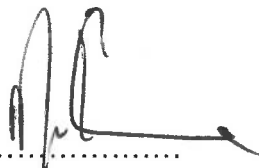
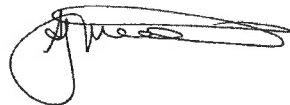
Name:.....Alex McMillan.....

Position:...Clinical and Corporate Risk Manager

Tel:...0897221622.....

Email: alex .mcmcillan@sjog.org.au

Signature:.....



GAIMS CEO

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.

The following fulfils the requirements of the committee under section 9 of the *Health Services (Quality Improvement) Regulations 1995*.

Attach a copy of the committee's Terms of Reference


Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required

Note:

Issue/project/activity

Description Issue/project/activity	Action Taken	Outcome
Limited Adverse Event Screening	Peer review process results in recommendations to improve the quality of care provided and the ability to enhance safety systems.	Review of current policies and processes including systems referral to a higher level of care. Review of medication practice for anaesthetists assisting with spinal anaesthesia for delivery of emergency caesars to increase awareness of particular medication effects in obstetric emergency. Review of admitting processes of patient less than 35 weeks gestation resulting in more appropriate admitting practices, thereby enhancing safety of the impending delivery. Enhanced awareness of screening practices provided to local GPs.



 <p>ST JOHN OF GOD Bunbury Hospital</p>	<p>Obstetrics and Gynaecological Quality Committee 2018</p>
<p>St John of God Bunbury Hospital</p>	<p>TERMS OF REFERENCE</p>

GOVERNING BODY

The Obstetric and Gynaecological Quality Committee will function under the auspices of St John of God Health Care Inc trading as St John of God Hospital Bunbury which provides health care services, through the delegation authority of the Chief Executive Officer of this hospital. The Governing Body is the St John of God Hospital Bunbury Chief Executive Officer. This position has overall responsibility for the operations of the hospital.

PURPOSE

The Obstetric and Gynaecological Quality Committee has been established to monitor and review clinical medical services in order to identify opportunities and make recommendations for improvement within the service.

FUNCTIONS

The functions of the Obstetric and Gynaecological Quality Committee in accordance with Section 7(2)(c) of the *Health Services (Quality Improvement) Act 1994*, include:

- **Assessment and Evaluation** - to assess and evaluate the quality of health services, including the review of clinical practices.
- To conduct other quality activities or investigations as required time to time. These activities may include monitoring of performance indicators where there is a trend of significance, clinical audit including medical record audit, morbidity and mortality review and peer review and limited adverse event review.
- To ensure that in-depth analysis or root cause analysis for adverse events whose level of risk is classified as critical or Extreme A/B utilising the St John of God Health Care Risk matrix is performed and actions are taken to remedy those situations.
- **Reporting and Recommending** - As per sections 8 and 9 of the Quality Improvement Act 1994, to report and make recommendations to its governing body, the Medical Advisory Committee, Clinical Corporate Governance Committee and other relevant committees



concerning health services. Reports will comply with the Act and the requirement to provide de-identified information only; and

- **Monitoring and Implementation** - to monitor and implement recommendations.

MEMBERSHIP

The following positions form the core of the Obstetric and Gynaecological Quality Committee:

POSITION

- Chairperson: Specialist Obstetrician – Dr Andrea Liddiard (MBBS(Lon), MRCOG, MRCP FRANZCOG)
- Specialist Obstetrician – Dr Tom Cottee (MBBS(Syd) FRANZCOG)
- Specialist Obstetrician - Dr Ben Cunningham (MBBS, FRANZCOG)
- Specialist Obstetrician – Dr Ron Jewell (MBBS(WA) FRANZCOG)
- Specialist Obstetrician Dr Dillum Madigasekera (MD, MSO, FRANZCOG)
- Specialist Obstetrician – Dr Diane Mohen (MBBS(WA) FRANZCOG)
- Specialist Obstetrician – Dr Derek Wilson (MBBS(WA) FRANZCOG)
- GP Obstetrician – Dr Michael Comparti (MBBS(WA) FACRRM DRANZCOG)
- GP Obstetrician – Dr Martin Gadd (MBBS(Lon) FRCGP FRACGP FFFP DIP OCC MED DRCOG (UK)) DCH
- GP Obstetrician – Dr Andrew Kirke (MBBS, FACRRM, FRACGP)
- GP Obstetrician – Dr Scott Macliver (MBBS(WA) DRANZCOG)
- GP Obstetrician – Dr David Waycott (MBBS(WA) DRANZCOG)
- Paediatrician – Dr Stephen Adams (MBBS(Ade) FRACP)
- Paediatrician – Dr Harvey Graham (MBBS(Qld) DCH(Dub) MPH&TM FRACP)
- Paediatrician – Dr Barbara Ley (MBChB FRACP FRCPCH MRCP(UK))
- Maternity Nurse Unit Manager SJGBH, Midwife – Ms Terese Cant
- Register midwife Registered Nurse
- Midwife – Ms Shirley Mitchell Registered Midwife
- Quality/Clinical and Corporate Risk Management Coordinator – Ms Alexandra McMillan (BA Nursing, PG Cert Hospital Policy & Management)

The Obstetric and Gynaecological Quality Committee may call upon experts from time to time to assist them to carry out the functions of the committee and they will be made aware of their responsibilities and obligations in respect to Qualified Privilege.

Members will be appointed by appropriate qualification and expertise.

The Minister for Health will be advised of any changes to the constitution of membership, and these changes will be documented and approved by the governing body.

CHAIR

The term of the Chair will be for a period of 3 years and will be a medical practitioner. The Chair may renominate for a subsequent 3 year term with a maximum term of 6 years

QUORUM

A quorum comprises 50% of appointed members of which four will be medical representatives.

FREQUENCY

The *Obstetric and Gynaecological Quality Committee* will meet quarterly with a minimum of 4 meetings per year

REPORTING STRUCTURE AND PROCESS

In compliance with Regulation 8 of the *Health Services (Quality Improvement) Regulations 1995*, the *Obstetric and Gynaecological Quality 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 *Obstetric and Gynaecological Quality 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 *Obstetric and Gynaecological Quality Committee* will report annually to the Minister for Health.

The *Obstetric and Gynaecological Quality Committee* will make available reports to the *Medical Advisory Committee*, the *Clinical and Corporate Governance Committee* and other committees as appropriate from time to time. These reports will comply with section 8 and 9 of the Quality Improvement Act. Only de-identified information will be contained in these reports.

INFORMATION MANAGEMENT

All members of the *Obstetric and Gynaecological Quality Committee* will comply with the information management policy attached to the terms of reference.

RECORDING OF PROCEEDINGS

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

Accurate minutes will be kept of each meeting of the *Obstetric and Gynaecological Quality 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.

OBLIGATIONS OF COMMITTEE MEMBERS AND PERSONS ASSISTING THE COMMITTEE

All members of the *Obstetric and Gynaecological Quality Committee* will:

- receive a copy of the *Health Services (Quality Improvement) Act 1994*;
- receive a copy of the *Health Services (Quality Improvement) Regulations 1995*;
- receive a copy of the Standards accompanying the *Health Services (Quality Improvement) Act 1994*;
- comply with the Committee's terms of reference;
- declare conflicts of interest at the commencement of each meeting; and
- be prepared to sign a declaration indicating they have read, understand and agree to comply with the legislation.

All persons assisting the *Obstetric and Gynaecological Quality Committee* will:

- be prepared to sign a declaration indicating they have read, understand and agree to comply with the legislation.

EVALUATION

The Obstetrics & Gynaecology Specialist committee shall review the Terms of Reference and undertake a formal evaluation of the committee on an annual basis.

Signed by Chairperson: _____

Name: _____

Date: _____