



**ST JOHN OF GOD**  
Bunbury Hospital

## **Anaesthetic Quality Committee 2016/2017**

**St John of God Bunbury Hospital**

### **TERMS OF REFERENCE**

#### **GOVERNING BODY**

The Anaesthetic Quality Committee will function under the auspices of St John of God Health Care Inc trading as St John of God Bunbury Hospital which provides health care services through the authority of the Divisional CEO. The governing body is the CEO of St John of God Bunbury Hospital who has overall responsibility for the operations of the hospital.

#### **PURPOSE**

The Anaesthetic Quality Committee has been established to monitor and review clinical services in order to identify opportunities for improvement within the service.

#### **FUNCTIONS**

The functions of the Anaesthetic 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 from time to time. These activities may include monitoring of performance indicators where there is a trend of significance, clinical audit including medical record audit relating to anaesthetic practices, morbidity and peer review relating to anaesthetic practices 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 implementation of approved recommendations.

## **MEMBERSHIP**

The following positions form the core membership of the Anaesthetic Quality Committee:

<b>Anaesthetic Committee Members</b>
Committee Chairperson - Dr Phillip Smith ( <b>MBBS FANZCA</b> ) (in the Chair's absence, his/her nominee from other committee members shall preside)
Committee Secretariat - Mrs Keryn Roberts - Quality Coordinator ( <b>Dip Nursing</b> )
Anaesthetic Representative - Dr Greg Baker ( <b>MBChB FANZCA DA CMSA</b> ) - Dr Julie Bourne ( <b>MBChB FRCA</b> ) - Dr Miles Earl ( <b>MBBS, FANZCA</b> ) - Dr Sven Gelderman ( <b>MBBS, FANZCA</b> ) - Dr Tim Hadlow ( <b>MBBS FANZCA</b> ) - Dr Leonard Lee ( <b>MBBS ASA FANZCA</b> ) - Dr Wilson Lim ( <b>MBBS FANZCA FRCA</b> ) - Dr James McGirr ( <b>BMed FANZCA</b> ) - Dr Preeti Nirgude ( <b>MBChB FRCA FANZCA AMC</b> ) - Dr Brent Studd ( <b>MBChB FANZCA</b> )
General Practitioner Representative - Dr Peter Bairstow ( <b>MBBS (WA) DRACOG Dip OBST</b> ) - Dr Ivan Janz ( <b>MBBS Dip.RACOG DA(UK) FRACGP</b> ) - Dr Charles Nadin ( <b>MBBS DA (UK) DCCH(UK) FACRRM</b> )
Theatre Representative - Mrs Alison Walker - Clinical Coordinator OS ( <b>BA Nursing, CN</b> ) - Mr Terry Casey - Anaesthetic Technician ( <b>Dip Anaesthetics</b> )

- The Anaesthetic 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 (QP).
- 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 three (3) years and will be a medical practitioner. The Chair may renominate for a subsequent three (3) year term with a maximum term of six (6) years.

## **COMMITTEE MEMBERSHIP**

New membership will be through nomination and selection by presiding members of the committee on an as needs basis or self nomination. The Minister will be notified of new membership on an annual basis.

## **QUORUM**

A quorum will consist of six (6) members of whom at least four (4) should be medical members. Should a quorum not be present fifteen (15) minutes after the agreed start time, the meeting will be rescheduled.

## **FREQUENCY**

The *Anaesthetic Quality Committee* will meet monthly as necessary, dependent upon QP case reviews.

## **REPORTING STRUCTURE AND PROCESS**

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

The *Anaesthetic 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 *Anaesthetic Quality Committee* will comply with the *SJGBH Information Management Policy - Qualified Privilege Committees BUHC 0147*.

## **RECORDING OF PROCEEDINGS**

Where practicable, the agenda together with reports and documents that relate to the *Anaesthetic 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 *Anaesthetic 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 *Anaesthetic 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*;
- receive a copy of the *SJGBH Information Management Policy - Qualified Privilege Committees BUHC 0147*;
- 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 *Anaesthetic Quality Committee* will:

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

### **REVIEW PROCESS**


The Terms of Reference (TOR) will be reviewed annually, however they may need to be amended to meet the needs of the majority of the committee at any time.

The committee members will evaluate the performance of the committee on a biennial basis utilising the SJGBH Committee Evaluation Criteria.

Endorsed by: \_\_\_\_\_

  
**Dr Phillip Smith**  
**Chair Anaesthetic Quality Committee**

Date: \_\_\_\_\_

  
21 / 9 / 16