

MEDICAL ADVISORY COMMITTEE



ANNUAL REPORT TO THE PUBLIC for 2015/2016
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY

**MEDICAL ADVISORY COMMITTEE
SOUTH PERTH HOSPITAL INC.**

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 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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Signature : 

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*.

A copy of the Medical Advisory Committee Terms of Reference are contained in Attachment A.

Activities undertaken by the Medical Advisory Committee for which Qualified Privilege was required

Description	Action Taken	Outcome
Adverse Clinical Incidents:	Adverse clinical incidents including transfers to higher level care and unplanned return to theatre are reviewed.	Effective monitoring is in place allowing investigation, if required, with the benefit of qualified privilege.
Review of all blood transfusions	All blood transfusions are reviewed for compliance with the National Safety and Quality Health Service (NSQHS) Standards.	100% of transfusions met the NSQHS standards.
Clinical Indicator Data	Clinical Indicator data sets submitted to the Australian Council on HealthCare Standards for benchmarking.	Ongoing monitoring to ensure that evidence based practice is in place.



Terms of Reference - Medical Advisory Committee

Position Responsible	Medical Advisory Committee Members
Date First Published	October 1996
Last Reviewed	December 2015
Endorsed By	Board of Management
SPH Related Policies	Medical Bylaws

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Governing Body

The governing body is South Perth Hospital Incorporated. The South Perth Hospital Incorporated Board of Management has full control over all the affairs and undertakings of the Hospital including the power to appoint the Chairman of the Medical Advisory Committee following the receipt of a recommendation from the Medical Advisory Committee as to whom should be appointed.

Purpose

The Medical Advisory Committee has been established to:

- Advise the Board of Management on any significant issues in Clinical Safety and Quality for South Perth Hospital; and
- Provide a forum for discussion and recommendation in relation to Clinical Safety and Quality issues at South Perth Hospital under the Health Services (Quality Improvement) Act 1994.

Functions

- The functions of the Medical Advisory 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;
- Reporting and Recommending – to report and make recommendations to its governing body concerning health services; and
- Monitoring and Implementation – to monitor and implement recommendations.

Objectives

- Review significant trends and individual adverse events that are referred to the committee from the Hospitals reporting processes and review systems;
- Where relevant, initiate further investigation of Clinical Safety and Quality issues;
- The committee will report and make recommendations to the South Perth Hospital Board of Management via the Chairman of the committee;
- Determine processes for dealing with specific issues of clinical incidents;
- Provide a reference group for the Chief Executive Officer/Director of Nursing in addressing issues of Clinical Safety and Quality;
- Ensure the instigation of actions designed to improve patient safety and monitor the outcomes of the actions taken; and
- Provide annual reports for both the Minister of Health and General Public as required under Section 10 ‘Reporting Requirements’ of the Guidelines for Quality Improvement Committees seeking Qualified Privilege under the Health Services (Quality Improvement) Act 1994. These reports are to be aligned with the date the committee was gazetted for each year during the Qualified Privilege period and will outline the committee’s activities for the previous year.

Membership of the Medical Advisory Committee

The Medical Advisory Committee shall comprise of:

- At least six (6) members (including the Chairperson) accredited to the Hospital elected from a broad representation of all medical and dental specialties at the Hospital in accordance with clause 17 of the hospital bylaws;
- In addition the Chief Executive Officer/Director of Nursing, Clinical Nurse Manager (Theatre & Recovery), the Performance Improvement Coordinator and the Executive Secretary within the Hospital shall be ex-officio members and shall have no voting rights;
- The Minister for Health will be advised of any changes to the constitution of membership.

Nominations of the Medical Advisory Committee

- All Medical and Dental Practitioners accredited to use the hospital shall be eligible for election to the Medical Advisory Committee.
- Nominations shall be lodged in writing to the Chairperson of the Committee prior to an advertised Biennial General Meeting and shall include the nominee's acceptance.

Election of the Medical Advisory Committee

- Members of the Medical Advisory Committee shall be elected at a Biennial General Meeting from the accredited Medical Practitioners and Dentists at the Hospital according to a process determined or approved by the Chief Executive Officer/Director of Nursing.
- Absent Members may vote by written proxy handed to the Chief Executive Officer/Director of Nursing.
- Chairperson will be elected by members of the Medical Advisory Committee at the first meeting following the Biennial General Meeting. The Chairperson's election must be ratified by the Board of Management at the first meeting following the election to be effective. In the event that the Board of Management declines to ratify the Chairperson's election, the Medical Advisory Committee must elect another Chairperson, whose appointment must be ratified at the by the Board of Management at the first meeting following that election. This process will be repeated until a Chairperson is ratified.
- The Executive secretary will arrange meetings, prepare agendas, organise relevant reviews, record proceedings, bring forward any deferred items and arrange for previous minutes to be signed by the Chairman once ratified by members of the Medical Advisory Committee at the next subsequent meeting. Papers will be circulated to members of the Medical Advisory Committee one week prior to each meeting and collected back

Term of Office for the Medical Advisory Committee

- The term of office for each Practitioner elected to the Medical Advisory Committee shall be two (2) years.
- Where a casual vacancy arises the members of the Medical Advisory Committee may co-opt a person with suitable qualifications to fill the vacancy.
- The term of office of a co-opted member or a person appointed to fill a casual vacancy shall expire immediately following the next biennial election.

Quorum

A quorum comprises 50% of appointed members

Meetings of the Medical Advisory Committee

Meetings of the Medical Advisory Committee shall be held:

- Six times a times a year or otherwise as required; and
- At a time and place to be determined by the Medical Advisory Committee provided that at least 2 days' notice of the meeting is given to members of the Medical Advisory Committee specifying the business to be transacted.
- A special meeting may be convened at any time by the Chairperson of the Medical Advisory Committee or by the Chief Executive Officer//Director of Nursing.
- At least 24 hours' notice of a special meeting shall be given by the Chairperson of the Medical Advisory Committee to all members of the Medical Advisory Committee entitled to attend a meeting.

Reporting Structure and Process

The committee reports to the board of management on de-identified pertinent issues.

- In compliance with Regulation 8 of the Health Services (Quality Improvement) Regulations 1995, where a matter is referred to a Committee by the governing body by which it is established the Medical Advisory Committee will submit a report on that matter to the governing body at the completion of the assessment or evaluation of the matter at such time as so directed by the governing body.
- In compliance with Regulation 9 of the Health Services (Quality Improvement) Regulations 1995 the Medical Advisory 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 Medical Advisory Committee will report annually to the Minister for Health. An electronic version will be placed on the South Perth Hospital Website www.sph.com.au

Information Management

All members of the Medical Advisory Committee will comply with the information management policy attached to the terms of reference.

Proceedings of the Medical Advisory Committee

- Entitlement to vote at meetings of the Medical Advisory Committee is given to members of the Medical Advisory Committee but not to ex-officio members.
- All Practitioners co-opted to the Medical Advisory Committee shall have the same voting rights as elected members.
- All questions shall be decided by a show of hands, or where demanded, by a member entitled to vote, a ballot. All matters and questions shall be determined by the majority vote of those attending the meeting and voting and the Chairperson of the Medical Advisory Committee shall have a casting vote.
- Minutes shall be distributed to all those entitled to attend meetings of the Medical Advisory Committee prior to the next meeting.
- No business shall be considered at a meeting of the Medical Advisory Committee until the minutes of the previous meeting have been confirmed or otherwise disposed of.
- No discussion of the minutes shall be permitted except as to their accuracy.
- Minutes of a meeting shall be confirmed by resolution and signed by the Chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of the matters considered at the meeting.

Evaluation of the Medical Advisory Committee

The Medical Advisory Committee will conduct an annual evaluation of the Medical Advisory Committee using the evaluation tool approved by the Hospital from time to time.

Obligations of Committee Members and Persons Assisting the Committee

All members of the Medical Advisory 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.
- Be prepared to sign a declaration indicating they have read, understand and agree to comply with the legislation.

All persons assisting the Medical Advisory Committee will:

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

Appendix A

Information Management

Introduction

All Committee members shall agree to comply with the Medical Advisory Committee (MAC) Information Management process outlined below to protect the confidentiality of the information disclosed at the Medical Advisory Committee meeting declared under the Health Services (Quality Improvement) Act 1994:

Process

- Committee members or persons assisting the Medical Advisory Committee must not directly or indirectly make a record of disclose any identifying information whatsoever acquired by them as members of the MAC other than in accordance with the relevant legislation or unless consent is given by the individual to whom the information pertains.
- Members or persons assisting the MAC must at all times ensure the security of all records in their possession relating to the MAC.

All MAC documentation shall be managed the following way:

- Original documents are stored in a locked cabinet in the locked South Perth Hospital Executive Document Room;
- Access to the information shall only be by members of the MAC or those assisting the MAC for specific activities;
- Documentation shall be stored indefinitely; and
- Access to electronically stored information associated with the MAC is restricted to the Chief Executive Officer/Director of Nursing and the Executive Secretary.

References

Information Management Policy (Template) for conducting quality improvement activities with qualified privilege provided by State Qualified Privilege Legislation – Department of Health Western Australia: Office of Safety & Quality in Healthcare.

(http://www.safetyandquality.health.wa.gov.au/clinical_incid_man/qualified_priv_state.cfm)

Health Services (Quality Improvement Act) 1994 (WA).

South Perth Hospital Schedule of Retention of Hospital Records 2012.