

# Public interest

## Providing a case for quality assurance committees

### 1. What are the key elements of the overall quality assurance plan?

- A clearly articulated framework within which the committee can operate
- In line with the strategic goals of the organisation
- Provides clear reporting lines
- Outline the planning process through a continued evaluation, monitoring and review program
- Executive sponsorship, providing an overall approach
- Promotion of continuous systems rather than ad hoc activities
- Part of the organisational planning process—not a separate component

### 2. What are some of the key systematic quality assurance activities being undertaken at the health service?

- ‘Clinical governance’—looking at clinical activities throughout the organisation and determining what should be done to address these issues.
- Monitoring quality and identifying areas for improvement
- Risk management
- Adverse event monitoring
- Medication incident reviews
- Staff involvement—communication of outcomes
- Transparency—working with consumers

### 3. What is the role of the proposed statutory immunity committee in this process?

- Need to determine what the objectives of the committee are, once these have been determined, the committee will need to consider how it can contribute to obtain these objectives. Several mechanisms may involve:
  - Quality improvement;
  - Risk analysis and reduction strategies;
  - Review of proficiency and competency;
  - Clinical review; and
  - Focusing on ‘overall improvements’ rather than ‘individual performance’
- Collecting data during the course of patient care or from patient records, as well as data on consumer experiences from patients and/or their relatives;
  - Review of this information to assess the quality of care and to identify possibilities for improvement;
  - Communication of the findings and recommendations arising from such reviews to all relevant health care workers, administrators and the governing body of the agency; and
  - Implementation of improvements, suggested by these processes, to patient care services which are then evaluated to ensure the objectives have been

achieved and that assurances can be given on the quality of health care services

### 4. What key health care improvements will result from the committee’s work?

- System changes
  - Process improvements; and
  - Changes to clinical practice
- Availability and creation of new information
  - Creates more feedback to explore issues
- Lessons learnt from adverse events
  - Outcomes expected—reduction in a particular adverse event
- Risk reduction
- Credentialing issues
  - Discussions feed into credentialing process
- Education of clinicians
- Dealing with ‘systemic problems’
  - policy, procedure, protocol change
- Providing recommendations to improve the situation and ensuring that the quality of the service provided in those circumstances will improve in the future
- Other improvement could include:
  - Error reduction;
  - Early identification, recognition of errors and sentinel events; and
  - System changes that deal with errors
- All ultimately leading to safer practices

## 5. How are committee findings and recommendations communicated, implemented and reported?

- Working groups that report back to Quality Committee
- changes can be made to policies and procedures and distributed to all areas within the hospital; and
- findings can also be communicated to other committees via formal letter from the Quality Committee
- Publish in journals
- Reporting on trends and aggregate data
- Reinforce systems in place
- Emphasise preventative cases; and
- Change protocols and policies where necessary and communicate effectively
- De-identified communication of findings and implementing strategies for acting on findings and recommendations
- Determining appropriate feedback mechanisms within, across and outside of the organisation
- Reporting back through the Quality of Care Reports

## 6. How is the work of the committee reviewed?

- Self-evident
- Review occurs within the committee structure but also throughout the whole organisation
- Establishing strategies to ensure actions within the committee have resulted in effective outcomes

- Can include peer review, utilisation review, clinical review and patient care review which all allow for the ongoing review, evaluation and continuing improvement of all facets of health care delivered within the organisation and/or in the community.
- Annual meetings to review the processes and outcomes
- Committee reports to 'parent' committee regarding outstanding issues—reports could be in the form of action sheets.
- The 'parent' committee should be involved in the review of the Board.
- Monitoring key performance indicators for each committee
- Involving an independent, external peer to be involved in the review

## 7. What is the evidence that this work would not be done or done less effectively without statutory immunity?

- Require effective documentation for improvements to occur:
- If committee doesn't have statutory immunity documentation is not done well for fear of exposure; and
- If documentation does occur effectively, the outcomes can be fed up the chain to improve overall quality assurance
- If no review occurs:
- Deficiencies may never be exposed; and
- Providing few chances to discuss potential improvements in a free and open manner

- Work may be currently done but not effectively, ie not well documented
- work being carried out verbally and not in writing which may impede the overall quality improvement process
- If unable to keep appropriately detailed documentation then it may be more difficult to track reasons for changes, ie without statutory immunity
- Some clinicians may not participate
- for fear of public exposure and potential litigation
- If there were no reviews of adverse events, then deficiencies wouldn't be exposed and potentially rectified
- May not be able to identify 'real' causes of problems if the committee doesn't have statutory immunity.
- To facilitate quality assurance review activities so that healthcare providers can speak openly and honestly when discussing particular cases
- It ensures that there can be a flow of information among health care professionals and other health care workers free from fear of litigation related to views expressed or confidential information disclosed during the quality assurance process

## 8. How do the benefits of a committee outweigh the public's right to access information regarding the quality of health care?

- A summary of the above comments