

CLINICAL QUALITY AND SAFETY COMMITTEE

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ANNUAL REPORT TO THE PUBLIC FOR 2011

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

CLINICAL QUALITY AND SAFETY COMMITTEE – BETHESDA HOSPITAL

Please send completed reports to:  
Director, Office of Safety and Quality in Healthcare  
Department of Health  
PO Box 8172 Perth Business Centre  
Western Australia 6849

If you require any further information, or have any queries, please contact the Office of Safety and Quality in Healthcare 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.

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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*.

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.

## ACTIVITY ONE

### 1. INDIVIDUAL CLINICAL PRACTICE INDICATORS

#### *Issue*

Reviewing medical practitioners practice has been introduced using key clinical indicators medical practitioner practice are tracked and trended by individual doctor and by speciality for the following indicators.

- Unplanned returns to theatre
  - All unplanned returns to theatre are collected and individual cases reviewed. A record of all cases and the doctors is tracked and monitored for trends.
- Unplanned readmissions are collected and individual cases reviewed.
  - A record of all cases and the doctors is tracked and monitored for trends.
- Transfers out to acute hospitals
  - Each individual case is discussed and actions identified.
- Deaths
  - All deaths occurring within the hospital are reviewed and the doctor's reports are tracked and monitored for trends.

#### *Action*

- To date areas no for improvement have been flagged from trended data for specific doctors or specialities with the exception of transfers to acute hospitals, however each case is discussed where appropriate.
- Transfers out to acute hospitals – all cases are subject to a nursing clinical case review in the form of a root cause analysis process and then the results of the case are tabled at the meeting for discussion on individual medical practice where medical practice has been highlighted as a contributing factor.

#### *Outcome*

- 100% of clinical indicators are reviewed.
- No area for improvement in the indicators has been identified with the exception of specific cases relating to transfers to acute hospitals.
- 100% deaths that occur are classified as category one (expected death) following mortality review.
- Communication and counselling - doctors have been counselled and there have been no further concerns raised with the specific practitioners.

## **2. MEDICAL EMERGENCY RESPONSE AND MANAGEMENT OF DETERIORATING PATIENT**

### ***Issue***

Case reviews identified management issues in relation to timely identification of the deteriorating patient by both nursing and medical practitioners.

### ***Action***

To date action has been undertaken on the following contributing factors:

- Doctor communication.
- Policy and procedure review (ongoing).
- Management of all Deteriorating Patients in line with Australian Commission for Safety and Quality.
- Staff education, competency testing and evaluation.
- Continued education and work on clinical handover.
- Review of appropriateness of patient selection and admission criteria.
- Review of management of diabetic patients.
- Enhancement of the Preadmission screening process to ensure patients are flagged for appropriate management pre operatively.

### ***Outcomes***

- 100% medical emergencies have been reviewed to ensure compliance with policy and demonstrate staff competency.
- 100% clinical policies identified were reviewed for currency and meeting evidence based, better practice.
- Modification of early warning observation chart for the wards and introduction of a Post Recovery chart.
- Introduction of "SHARED" process for clinical handover.
- 100% employed clinical staff have completed mandatory competency assessment.
- Ongoing review of all incidents that meet the Medical Emergency Management Policy.
- Development of insulin infusion procedure.