

## COMMITTEE PURPOSE & FUNCTION

The function of The Wesley Hospital (TWH) Quality Assurance Committee (QAC) is to freely discuss and analyse information relating to incidents and adverse outcomes that have occurred at The Wesley Hospital in a forum that is confidential and completely detached from matters of individual competence fitness and accreditation. This is achieved by undertaking a planned and systematic approach to monitoring and assessing the care provided and the health services delivered. A collaborative approach is used in undertaking this monitoring, assessment, and review with the intent to optimise patient outcomes.

UnitingCare Hospitals By-Laws for Accredited Practitioners (2022) Section 6.7 outlines the role of a Quality Assurance Committee (QAC), confirming it operated in accordance with the Hospitals and Health Boards Act 2011 (Qld). The Quality Assurance Committee will report annually, or as required, to the General Manager. The Quality Assurance Committee works under the guidance of the Hospital and Health Boards Regulation 2012 (Qld) *No 2* and the Hospital and Health Boards Act 2011 (Qld) *No 1*.

TWH QAC is an entity separate from the Medical Advisory Committee (MAC) and its subcommittees to ensure the function of system and process analysis and improvement is removed from the MAC, whose role encompasses monitoring individual competence, fitness and credentialing.

The purpose of the QAC is to:

- Facilitate practice improvement and process review through the application of robust methodology.
- Enhance patient outcomes through a collaborative approach to safety & quality.
- Focus on systems and processes as opposed to individuals.
- Make recommendations for improvements or changes and to monitor implementation

The above is achieved by the following means:

- Recommendations and reports from the QAC are made to the Director of Medical Services (DMS).
- Recommendations are progressed to the Medical Advisory Committee by the Director of Medical Services for endorsement and then to other appropriate hospital committees (Medical, Nursing and Allied Health Committees) to evaluate the recommendations, implement the changes and monitor the implementations.

## CURRENT COMMITTEE MEMBERSHIP

### DR MARK WOODROW

<b>POSITION</b>	Visiting Medical Practitioner (Emergency Medicine) & Committee Chairperson
<b>QUALIFICATIONS</b>	MBBS, MBA, GDipAppLaw, GradCertArts, GCEM (ACEM)
<b>SUMMARY OF EXPERIENCE</b>	Extensive experience in emergency medicine, legal medicine, patient safety and clinical risk management. Dr Woodrow has worked for a large MDO for 6 years as a claims manager and senior medical adviser and previously facilitated workshops in communications skills and clinical risk management. He is currently a member of the Medical Advisory Committee and treasurer of the Medico-Legal Society of Queensland. Dr Woodrow is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes.

### DR DAVID QUIGLEY

<b>POSITION</b>	Medical Director, Medmin
<b>QUALIFICATIONS</b>	MBBS, DAUK, PGDipSc, GAICD, AFRACMA
<b>SUMMARY OF EXPERIENCE</b>	Underpinned by many years working as a clinician across regional, remote and metropolitan settings; Dr Quigley now focuses on clinical governance, corporate governance, and activity based funding solutions.

### DR ANDREW RAINBIRD

<b>POSITION</b>	Visiting Medical Practitioner (Cardiology)
<b>QUALIFICATIONS</b>	MBBS, FRACP
<b>SUMMARY OF EXPERIENCE</b>	Dr Andrew Rainbird is a Cardiologist who has been practising at The Wesley Hospital since 1999 and has a special interest in Echocardiography. Dr Rainbird returned from the Mayo Clinic, USA, with extensive training in many non-invasive techniques. His current interests within the group include a consulting practice, coronary angiography, echocardiography, stress echocardiography and transoesophageal echocardiography. He is currently the Chair of The Wesley Hospital's Cardiology specialty craft meeting.

**DR PAUL ELIADIS AM**

<b>POSITION</b>	Visiting Medical Practitioner (Clinical Haematology & Medical Oncology)
<b>QUALIFICATIONS</b>	BSc (Med), MBBS, FRACP FRCPA
<b>SUMMARY OF EXPERIENCE</b>	With extensive experience in clinical haematology and medical oncology, Dr Eliadis is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes. He is currently the Chair of The Wesley Hospital's Oncology, Haematology & Palliative Care speciality craft meeting.

**DR PHILIP MELKSHAM**

<b>POSITION</b>	Visiting Medical Practitioner (Anaesthetics)
<b>QUALIFICATIONS</b>	MBBS, FANZCA
<b>SUMMARY OF EXPERIENCE</b>	With extensive experience in Anaesthesia, Dr Melksham is a clinician leader with the ability to influence peers and a commitment to improving clinical outcomes. He is currently the Chair of The Wesley Hospital's Anaesthetic specialty craft meeting, and a member of The Wesley Hospital's Medical Advisory Committee.

**DR STEPHEN COOK**

<b>POSITION</b>	Visiting Medical Practitioner (Obstetrics & Gynaecology)
<b>QUALIFICATIONS</b>	MBBS, FRANZCOG, FRCOG
<b>SUMMARY OF EXPERIENCE</b>	Dr Stephen Cook is a graduate of the University of Queensland specialising in Obstetrics and Gynaecology and completed further post membership training in the United Kingdom. Dr Cook has practised at The Wesley for more than 15 years and is also a visiting medical practitioner at the Royal Brisbane and Women's Hospital and the Mater Hospitals. He is the former Chair of The Wesley Hospital's Obstetric specialty craft meeting, and currently oversees the Perinatal mortality & morbidity review for the hospital.

**DR JASMINE DILLON**

<b>POSITION</b>	Visiting Medical Practitioner (Infectious Diseases)
<b>QUALIFICATIONS</b>	BSc (Hons), MBBS, DTM&H, MPH, FRACP
<b>SUMMARY OF EXPERIENCE</b>	Dr Dillon is a fellow of the Royal Australian College of physicians and has visiting privileges as a specialist at The Wesley Hospital as an Infectious Diseases Physician. Dr Dillon is also involved in a number of Committees at The Wesley Hospital: <ul style="list-style-type: none"> <li>• The Wesley Hospital Influenza Management Committee</li> <li>• The Wesley Hospital Infection Control Committee</li> <li>• UnitingCare Health Antimicrobial Stewardship Committee</li> <li>• The Wesley Hospital CVAD committee</li> </ul> Dr Dillon has also been involved in a number of clinical trials: <ul style="list-style-type: none"> <li>• 2009: Associate Investigator – Study of Influenza Vaccine Efficacy Trial CSL.</li> <li>• 2011: Primary Research Officer for a study on MRSA decolonisation of over 12 000 inpatients at the National University Hospital, Singapore.</li> <li>• 2011: Data retrieval and analysis for a study on MRSA prevalence amongst inpatients admitted from nursing homes to NUH; Data retrieval and analysis for a study of the use of isolation facilities at NUH and the prioritisation of those facilities.</li> </ul>

**DR IAN MARTIN**

<b>POSITION</b>	Visiting Medical Practitioner (Hepatopancreatobiliary, Upper Gastrointestinal, Bariatric & General Surgery)
<b>QUALIFICATIONS</b>	MBBS, FRACS
<b>SUMMARY OF EXPERIENCE</b>	Dr Martin was formerly a Consultant Senior Lecturer in the Department of Surgery at the Royal Infirmary Edinburgh, Scotland. Since 1998, he has been a Consultant Hepatopancreatobiliary and Upper Gastrointestinal, General and Bariatric Surgeon at the Princess Alexandra and The Wesley Hospitals. He has widely published articles in his area of interest and is actively involved in ongoing research and publications. He performs regular live surgical tuition to surgeons from within Australia and internationally on the techniques of advanced laparoscopic procedures at The Wesley Hospital. For the past 15 years he has trained many surgical registrars and fellows dedicated in Upper Gastrointestinal tract specialties who are now working throughout Australia, and the United Kingdom in world class tertiary referral units.

**DR ROSLYN PURCELL**

<b>POSITION</b>	Deputy-Director of Intensive Care & Visiting Medical Practitioner (Intensive Care)
<b>QUALIFICATIONS</b>	MBBS, FANZCA, FJFICM, FCICM
<b>SUMMARY OF EXPERIENCE</b>	Dr Purcell has extensive experience in intensive care medicine. She is also current Chair of the First Part Examinations for College of Intensive Care Medicine. Dr Purcell has been the Deputy Director of Intensive Care at The Wesley Hospital since 2016

**DR JAMES BRADLEY**

<b>POSITION</b>	Director of Medical Services (Acting)
<b>QUALIFICATIONS</b>	MBBS, FFARACS, FANZCA, FFPANZCA
<b>SUMMARY OF EXPERIENCE</b>	Dr James Bradley is a graduate of the University of Queensland, trained in anaesthesia in Canada, Australia and South Africa, and has Fellowships in both Anaesthesia and Pain Medicine. He has had public appointments at the Princess Alexandra Hospital since 1982, both full-time and part-time, has been in private practice in Brisbane since 1984, and is a founding member of Wesley Anaesthesia and Pain Management. Dr Bradley has broad professional experience and has practised in all subspecialty areas. He is a past Federal President of the Australian Society of Anaesthetists, and an Honorary Member of that organisation, as well as being a member of the Editorial Board of 'Anaesthesia and Intensive Care'. He is currently the Acting Director of Medical Services at The Wesley Hospital.

**KATHERINE JACKMAN**

<b>POSITION</b>	Quality Manager
<b>QUALIFICATIONS</b>	BNg, GradDip(OHS), GradDipNg(CritCare), MEd
<b>SUMMARY OF EXPERIENCE</b>	Katherine is a Registered Nurse of 29 years whose experience spans military, public and private health care. Katherine has worked in recent years as Director of Learning and Development for a large health care organisation and more recently as Nurse Manager in a Urology, Plastics and Gynaecology Unit followed by Acute Cardiac Services. Katherine joined The Wesley in January 2022 keen to make a positive difference in patient safety, empower clinicians to lead quality improvements and most importantly embed a Just Culture.

**KATE WANSTALL**

<b>POSITION</b>	Patient Safety Officer
<b>QUALIFICATIONS</b>	BNg, GradCert (Acute Care in Spinal Injuries)
<b>SUMMARY OF EXPERIENCE</b>	Registered Nurse with a clinical background in spinal injuries and orthopaedics. She has experience in clinical research and clinical data management. She is currently a Patient Safety officer at The Wesley Hospital and co-supports the Quality Assurance Committee in a secretarial capacity.

**FREQUENCY & DATES OF MEETINGS**

The Wesley Hospital Quality Assurance Committee has met at 6-8 weekly intervals throughout the reporting period (excluding the Christmas holiday periods). The meeting dates for the reporting period were as follows:

- 2<sup>nd</sup> July 2019
- 8<sup>th</sup> October 2019
- 25<sup>th</sup> February 2020
- 9<sup>th</sup> June 2020
- 1<sup>st</sup> September 2020
- 24<sup>th</sup> November 2020
- 20<sup>th</sup> April 2021
- 20<sup>th</sup> July 2021
- 12<sup>th</sup> October 2021
- 15<sup>th</sup> February 2022
- 24<sup>th</sup> May 2022
- 20<sup>th</sup> August 2019
- 19<sup>th</sup> November 2019
- 28<sup>th</sup> April 2020 (Meeting cancelled)
- 21<sup>st</sup> July 2020
- 13<sup>th</sup> October 2020
- 23<sup>rd</sup> February 2021
- 8<sup>th</sup> June 2021 (Meeting cancelled)
- 31<sup>st</sup> August 2021
- 23<sup>rd</sup> November 2021
- 29<sup>th</sup> March 2022 (Meeting cancelled)

## DETAILS OF THE HEALTH SERVICES EVALUATED

The Wesley Hospital provides a broad range of services, including breast/endocrine, cardiovascular, ENT, emergency medicine, gastroenterology, gynaecology, colorectal, hyperbaric, intensive care, maternity, neurology/stroke, orthopaedics, paediatric, pain management, rehabilitation, oncology/haematology, palliative care, plastic surgery, radiology and urology.

The QAC independently reviews patient deaths and significant adverse outcomes that occur at The Wesley Hospital through the Mortality & Morbidity review process, or at the request of a hospital executive representative. The QAC has as a key focus to review and provide recommendations that benefit patients cared for by The Wesley Hospital, as well as improve integration and communication between the services (listed above), and foster improvements in our multidisciplinary approach.

## SCOPE OF HEALTH SERVICES BEING EVALUATED

The QAC considers all aspects of the health service under consideration.

The scope of services assessed were the clinical services provided by medical (employed doctors and private practitioners holding clinical privileges), nursing and allied health professionals within the surgical specialities, medical specialities and multidisciplinary programs provided at The Wesley Hospital.

## SUMMARY OF ACTIVITIES

Throughout the reporting period in question, The Wesley Hospital Quality Assurance Committee involved the following:

### 2019

Requested feedback from General Surgery Craft Group regarding specific patient cases

Correspondence to General Manager for sharing with the State Coroner Office regarding specific patient cases

Requested opinion from specialist physician regarding specific patient case

Initiated development of Acute Stroke Clinical Pathway

Recommendation to Hospital Executive regarding pre-operative management of patients receiving bariatric surgery

Recommendation to Bariatric Advisory Committee regarding pre-operative management of patients receiving bariatric surgery

Requested feedback from Oncology, Haematology & Palliative Care Craft Group regarding specific patient cases

### 2020

Correspondence to General Manager for sharing with the State Coroner Office regarding specific patient cases

Requested feedback from Anaesthetic Craft Group regarding specific patient cases

Requested feedback from Gynaecology Craft Group regarding specific patient cases

Requested feedback from Obstetric Craft Group regarding specific patient cases

Requested feedback from Intensive Care Mortality & Morbidity Meeting regarding specific patient cases

Correspondence to General Manager recommending pre-operative involvement by ICU for specific pelvic exenteration patients

Requested for Anaesthetic Craft Group to consider additional post-operative monitoring for specific patient cohorts

### 2021

Requested feedback from Oncology, Haematology & Palliative Care Craft Group regarding specific patient cases

Requested feedback from General Surgery Craft Group regarding specific patient cases

Requested feedback from Obstetric Craft Group regarding specific patient cases

Requested feedback from Neurosurgery Craft Group regarding specific patient cases

Correspondence to all TWH Speciality Craft Groups regarding role of Quality Assurance Committee

Correspondence to General Manager for sharing with the State Coroner Office regarding specific patient cases

Requested feedback from Internal Medicine Craft Group regarding specific patient cases

Correspondence to Director of Medical Services (Acting) regarding identified documentation issues for escalation and management

2022

Correspondence to Director of Medical Services (Acting) for sharing with the State Coroner Office regarding specific patient cases

Correspondence to Director of Medical Services (Acting) recommending Resident Medical Officers receive Speaking Up For Safety Training

## IMPLEMENTATION METHODOLOGY

Recommendations from the Quality Assurance Committee are made to the Director of Medical Services (DMS). Recommendations are progressed by the DMS to the Medical Advisory Committee, relevant Specialty Craft Groups, for endorsement and then to the Clinical Safety & Quality Committee (CSQC) and the Quality and Safety Unit to evaluate, implement change and follow all action items. All Visiting Medical Practitioners are advised of any changes and these changes are included in the orientation process for new Visiting Medical Practitioners.

## EVALUATION OF THE SERVICE FOLLOWING IMPLEMENTATION OF RECOMMENDATIONS

Specific committees follow up all action items and report back to the QAC as necessary. The QAC evaluation of the health service following implementation of recommendations is via feedback from relevant committees and Morbidity and Mortality Review.

## CONFIRMATION THAT STATUTORY PROTECTION IS REQUIRED FOR THE COMMITTEE TO CARRY OUT ITS FUNCTION

The purpose of the QAC is to examine the results of detailed investigations of significant adverse events as well as to review the breadth of incidents and adverse events within the facility. Detailed and identifiable information may need to be examined for this purpose. The function of the QAC will necessarily be enhanced by open discussion without the fear that comment made for the purpose of identifying root causes may be used adversely against the member or another person in an action for defamation or negligence. The function of the QAC will be enhanced if its functions can be exercised without fear that critical analysis could be accessed and used to damage an individual's professional reputation. There is a real risk that without privilege relevant information will not be provided to the QAC for consideration and the deliberations and findings of the QAC will be conducted in a restricted way that will not achieve the aim of improvements in safety and quality.

## CONFIRMATION THAT THE PUBLIC INTEREST IS SERVED BY MAINTAINING STATUTORY PROTECTION

The purpose of the QAC is to improve the clinical care and subsequent clinical outcomes of the care provided at The Wesley Hospital, one of the largest private hospitals in Queensland. This is a major benefit to the community.

Qualified privilege will not restrict patient access to existing clinical information contained in the patient's medical record or open disclosure in relation to past care, nor will it remove or restrict any right or interest currently held by the public in relation to health care provided by The Wesley Hospital.

## PRIVACY

The committee will function in accordance with Division 3 of the *Hospital and Health Boards Regulation 2012* which requires the adoption of a privacy policy.

Members of the committee and relevant persons are prohibited from making a record of, divulging or communicating to any other person, information they obtained in the course of their involvement in the committee, unless this was done for the sole purpose of enabling the committee to perform its functions or another of the defined and authorised purposes.

Members of the committee and relevant persons are required to sign a privacy and confidentiality statement and declare any conflict of interest prior to participation.

REPORT DUE FOR SUBMISSION BY

18/06/2022

SIGNED

REPORT SUBMITTED ON

17/06/2022

Sean Hubbard  
CA Bcom HdipAcc GAICD  
General Manager