

**Quality Improvement Committee Annual Report Proforma**

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**ANNUAL REPORT TO THE PUBLIC**  
**ON**  
**QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN**  
**BY**  
**PAEDIATRIC MEDICINE QUALITY IMPROVEMENT COMMITTEE**

**Please send completed reports to:**  
**Dr Brian Lloyd**  
**Chief Medical Officer**  
**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 Health Care 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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Contact details of person providing the report:

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Signature: .....

1. Name of Committee. **Paediatric Medicine Quality Improvement Committee.**
2. Name the health care facilities that contribute to this Committee. **Princess Margaret Hospital for Children, Paediatric Medicine Clinical Care Unit**
3. Give a brief description of the purpose of Qualified Privilege including the balance of the public interest in access to information and encouragement of participation by health care professionals in quality assurance.

**Qualified privilege allows clinicians to participate in this committee and openly discuss identified and sensitive information without fear of the litigation. In order for it to function effectively to critically review the activities of PMCCU under its Terms of Reference it has been considered necessary for there to be restriction on disclosure of some information compiled by the committee in the performance of its function. Over the course of the last year the Committee has formed the view that qualified privilege and its practice under the Act is a two edged sword, limiting opportunities for discussion of some issues and inhibiting dissemination of outcomes of discussion. Accordingly the Committee has decided not to reapply for qualified privilege and restriction on access to information will lapse.**

4. Describe the main functions of the Committee.
  - **Review clinical incidents and near miss reports to identify risk**
  - **Review clinical risk data to develop processes that improve patient care and safety**
  - **Establish effective and efficient system changes to improve patient outcomes**
  - **Monitor and evaluate changes to clinical practice to ensure outcomes are achieved**
  - **Review individual clinical cases where an adverse outcome has occurred to determine factors contributing to the event**
5. Attach the Terms of Reference (TOR) and any proposed changes to the TOR.
6. Describe the categories of membership of the declared Committee.
  - **Medical Staff**
  - **Nursing Staff**

7. a) What services have been assessed and evaluated by the committee?

- **Adverse/Serious Events Monitoring**
- **Clinical Indicators**
- **Clinical Guidelines**
- **Clinical Pathways**
- **Audit QA Activities**

b) What action has been taken as a result of the assessment and evaluation?

**Issues raised by the committee which have potential whole of organisation impact are referred to the Medical Advisory Committee whereas changes at a more local level ie within the Clinical Care Unit are enacted by the PMCCU Quality Improvement Committee. Only the latter occurred this reporting year. Various minor issues were considered by the committee but this did not result in systemic changes.**

c) What were the results of the action and the lessons learnt (if known at the time of producing report)?

**There is a need for regular feedback from the Medical Advisory Committee on the outcome of matters referred to it for consideration. As noted above no substantial issues were identified during this reporting period.**

8. Attach a summary of the information management policy.

- **Members of the Committee are aware of and comply with the requirements of the Health Service (Quality Improvement) Act 1994 regarding the disclosure of information.**
- **Minutes of the Committee are stored in a secured place and access is limited to the members of the Committee.**
- **Reports provided to the Medical Advisory Committee contain de-identified information only.**