



Annual Report to the Public for 2015
On
Quality Improvement Activities Undertaken or Overseen
By
Clinical Review and Audit Committee – Department of Corrective Services

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 2197.

Please note: The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

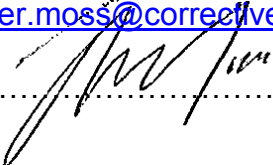
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Signature: 

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.

A copy of the Committee's Terms of Reference are attached (below)

Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required :

Death in Custody

- Description – *All deaths in custody have a review undertaken by a medical practitioner as requested by the Coroner's Court*
- Action Taken – *Deaths are reviewed by a medical practitioner who has not been involved in the care of the prisoner.*
- Outcomes – *100% of deaths have been reviewed*

Antibiotic Management

- Description – *Provision of education and training for medical staff regarding antibiotic resistance and appropriate prescribing habits.*
- Action Taken – *Presentation of a small group learning program for medical staff tailored to those working in the prison environment.*
- Outcomes – *Education provided via video-conferencing to prison doctors throughout the State*

Management of Missed or Refused Medications

- Description – *Development of processes for patients who either do not attend the medication round to receive medications or who refuse to take their medication.*
- Action Taken – *Development of Health Services Policy on the Refusal of Medication.*
- Outcomes – *Implementation of medical reviews to ensure patients understand the consequences and take responsibility for their decision not to take prescribed medications*

Mental Health Shared Care

- Description – *Inclusion of general nursing and general practitioners in the care of patients diagnosed with a mental health problem.*
- Action Taken – *Overall reviews of the processes for referral to mental health specialists and ongoing management of patients with a mental illness by general health practitioners.*
- Outcomes – *Ongoing*

Opioid Dependency Management

- Description – *Continuous management of patients entering prison with an opioid dependency managed in the community*
- Action Taken – *Use of current technology to review and manage patients entering prison who have been receiving management of their opioid dependency in the community*
- Outcomes – *Ongoing monitoring of patients on an opioid replacement, especially those attending prison for short periods of time*

Discharge Planning

- Description – *Issues related to discharge planning predominantly when patients are discharged from prison without warning or knowledge of Health Services staff*
- Action Taken – *Current development of discharge planning policies and documentation.*
- Outcomes – *In progress*

Wound Management

- Description – *Provision of education and training for clinical staff around appropriate wound management*
- Action Taken – *Development of an education program to manage wound care in the prison environment.*
- Outcomes – *Education made available for all clinical staff regarding wound management provided by a specialist organisation focusing on the management of infections of the hand*

 <p>Government of Western Australia Department of Corrective Services</p>	<p>Clinical Review and Audit Committee</p>
<p>Health Services Directorate Department of Corrective Services</p>	<p>Terms of Reference</p>

Governing Body

In accordance with section 7(1) of the *Prisons Act 1981*, the Chief Executive Officer (the Commissioner) has overall responsibility for the welfare of all prisoners, including their medical care and treatment. Therefore, the Commissioner in conjunction with the Commissioner's Executive Team (CET) is the governing body for the Department of Corrective Services Health Services Directorate.

The Commissioner is accountable to the Parliament through the Minister for Corrective Services.

The CET supports the Commissioner in managing the Department of Corrective Services' key risks and strategic initiatives. The CET is the peak decision-making body for the Department of Corrective Services. It deals with strategic level issues and supports the Commissioner in leading the organisation. The purpose of CET is to provide leadership and overall direction to the Department of Corrective Services as well as guidance and support for the operation of Corrective Services in WA.

Purpose

The Clinical Review and Audit Committee has been established to investigate and make recommendations for improvement following the occurrence of adverse events or near misses within the DCS Health Services Directorate. These include those high risk incidents that place patients at greatest risk of an adverse occurrence / outcome.

The Manager Clinical Standards will conduct a monthly review of all reportable incidents on the Clinical Incidents Management System (CIMS) and refer those matters requiring further review to the Clinical Review and Audit Committee for consideration. Committee members may also bring adverse events to the attention of the Committee for consideration and review. The intent of the Clinical Review and Audit Committee is to examine issues that impact on health care and find solutions that improve the service. It is not intended to apportion fault or blame to individual practitioners.

Functions

The functions of the Clinical Review and Audit 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 the implementation of recommendations.

Membership

The following positions form the core of the Clinical Review and Audit Committee:

Position	Directorate	Division
Principal Medical Officer	Health Services	OPS
Deputy Director Nursing	Health Services	OPS
Quality Improvement Coordinator	Health Services	OPS
Manager Clinical Standards	Health Services	OPS
Risk and Governance Consultant	Performance, Assurance and Risk	Office of Reform

Members will be appointed to the Committee by virtue of their position within the Department of Corrective Services.

The Clinical Review and Audit Committee, at their own discretion, may call upon experts from time to time to assist them to carry out the functions of the committee and they will be made aware of their responsibilities and obligations in respect to Qualified Privilege. Such experts will be relevant to the issue being examined and may be either internal or external to the Department of Corrective Services.

The Minister for Health will be advised of any changes to the constitution of membership, and these changes will be documented and approved by the governing body (CET).

Quorum

A quorum comprises of at least 50% of appointed members.

Frequency

The Clinical Review and Audit Committee will meet at least once in each quarter, and may meet more frequently if required.

Reporting structure and process

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 Clinical Review and Audit Committee will submit a report on that matter to the governing body at the completion of the assessment or evaluation of the matter or at such an earlier time as so directed by the governing body.

In compliance with Regulation 9 of the Health Services (Quality Improvement) Regulations 1995, the Clinical Review and Audit 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 Clinical Review and Audit Committee will report annually to the Minister for Health.

Information management

All members of the Clinical Review and Audit Committee will comply with the information management policy attached to the terms of reference.

Recording of proceedings

Where practicable, the agenda together with reports and documents that relate to the Clinical Review and Audit Committee, will be forwarded to members in sufficient time to enable consideration prior to meetings.

Accurate Minutes will be kept of each meeting of the Clinical Review and Audit Committee. The Minutes of a meeting shall be distributed to committee members as soon as practicable after completion of the meeting and ratified at the next subsequent meeting of the Committee. When confirmed, the Minutes shall be signed by the Chairperson.

Obligations of committee members and persons assisting the committee

All members of the Clinical Review and Audit 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
- sign a declaration indicating they have read, understand and agree to comply with the legislation.

All persons assisting the Clinical Review and Audit Committee will:

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