Terms of Reference - Patient Safety Committee - Royal Children's Hospital

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The Patient Safety Committee is appointed by the RCH Clinical Quality & Safety Committee to review the recommendations and action plans developed following investigation of reported safety events, including sentinel events, and monitor the implementation and evaluation of corrective and preventative action plans in order to improve patient safety.

1. Objectives

The objectives of the Patient Safety Committee are to:

- Review and evaluate the effectiveness of recommendations and action plans, corrective and preventative, developed after investigation into clinical incidents/ sentinel events including the outcomes of critical incident reviews and root cause analyses (RCA).
- Monitor the implementation and evaluation of corrective and preventative action plans, i.e. patient safety recommendations, in order to improve patient safety.
- Monitor the results of patient safety compliance audits and make recommendations regarding further actions required.
- Receive, review and make recommendations regarding monthly aggregated clinical incident data.
- Monitor compliance and actions for improvement from departmental patient mortality reviews.
- Disseminate, individually and collectively, patient safety learnings in clinical areas and more broadly across the organisation.
- Receive correspondence from the Department of Health and the Chief Psychiatry Office in relation to serious or sentinel events.
- Receive coronial correspondence/ findings and disseminate learnings to relevant clinical areas and more broadly the across the organisation

2. Accountability and Authority

The Patient Safety Committee is accountable to and reports to the RCH Clinical Quality & Safety Committee through the Chair.

The Patient Safety Committee has been granted Statutory Immunity under Section 139 of the Health Services Act.

A process (attached and included below as Appendix One) for escalating overdue patient safety recommendations will be used when implementation of patient safety recommendations do not occur within specified timeframes.

3. Membership

Membership of the Committee shall consist of:

- Executive Director, Medical Services & Clinical Governance (Chair)
- Executive Director, Nursing Services
- Chief of Medicine
- Chief of Surgery
- Executive Director, Strategy & Organisational Improvement
- Clinical Lead (Medical) - Quality & Safety
- Clinical Lead (Nursing & Allied Health) - Quality & Safety
- Consumer Representative
- Director, Clinical Operations (Acute)
- Director, Clinical Operations (Surgery)
- Director, Allied Health
- Director, Mental Health
- Two Junior Medical Staff (JMS) Representatives
- Director, Pharmacy
- One Medical and/or Nursing Representatives from each of the following areas with appropriate balance between the two disciplines
    - Rosella
    - Butterfly
    - Emergency Department
    - Peri-operative Services
    - Ambulatory Services
- Director Quality Systems, Strategy & Improvement
- Quality Managers (2), Strategy & Improvement
- Registrar, Medical Administration
- Administration Officer, Strategy & Improvement (in attendance)
- Others to attend by invitation for specific issues.

The Chair shall be appointed by the RCH Clinical Quality and Safety Committee.

Strategy & Improvement is responsible for maintaining an up to date list of Committee members and their contact details.

4. Meetings

Meetings shall be held monthly.

Special meetings may be called by the Chair as required.

Members are expected to send a delegate to meetings if they are unable to attend.

The Committee may invite other persons to attend meetings as required.

A quorum shall consist of 50 per cent of membership, plus one.

5. Reports, Communication and Records

Strategy and Improvement will provide committee minutes to the RCH Clinical Quality & Safety Committee on a monthly basis.

The Chair will report to, in an agreed format, the RCH Clinical Quality and Safety Committee annually.

7. Term and Evaluation

The Patient Safety Committee is a Committee and shall stand until the RCH Clinical Quality & Safety Committee determines it shall be disbanded.

The Committee shall be responsible for evaluating its effectiveness on an ongoing basis, as well as a formal self-evaluation on an annual basis (using RCH agreed format).

Evaluation shall focus on the Committee's performance against its Terms of Reference, with particular emphasis on achievements against the Committee's purpose and objectives.

The RCH Clinical Quality and Safety Committee reports to the RCH Board's Quality Committee which may also undertake an independent evaluation of the Patient Safety Committee to ensure its effectiveness.

Any change to these Terms of Reference shall be approved by the RCH Clinical Quality and Safety Committee.

8. Definitions

Patient Safety is defined as matters pertaining to the wellbeing and safety of patients attending and/or being admitted to the Royal Children's Hospital and its services.

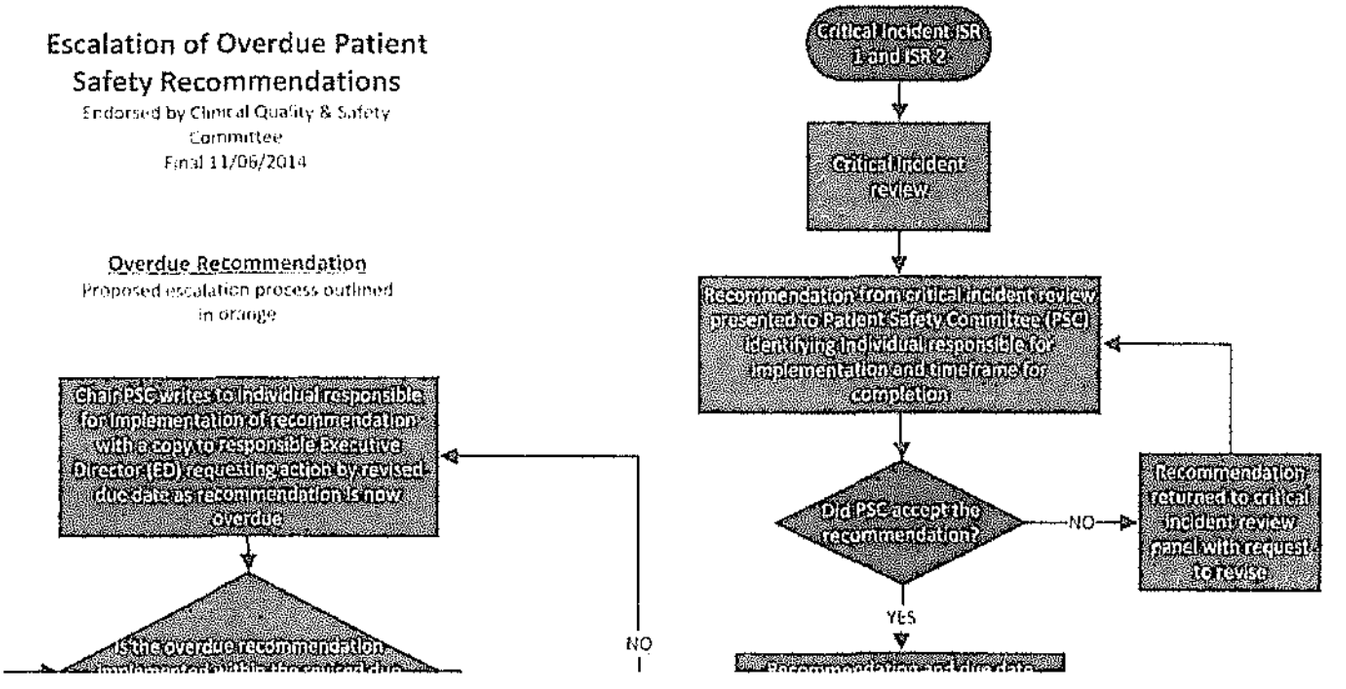
Risk is defined as the potential for unwanted negative consequences of an event or activity.

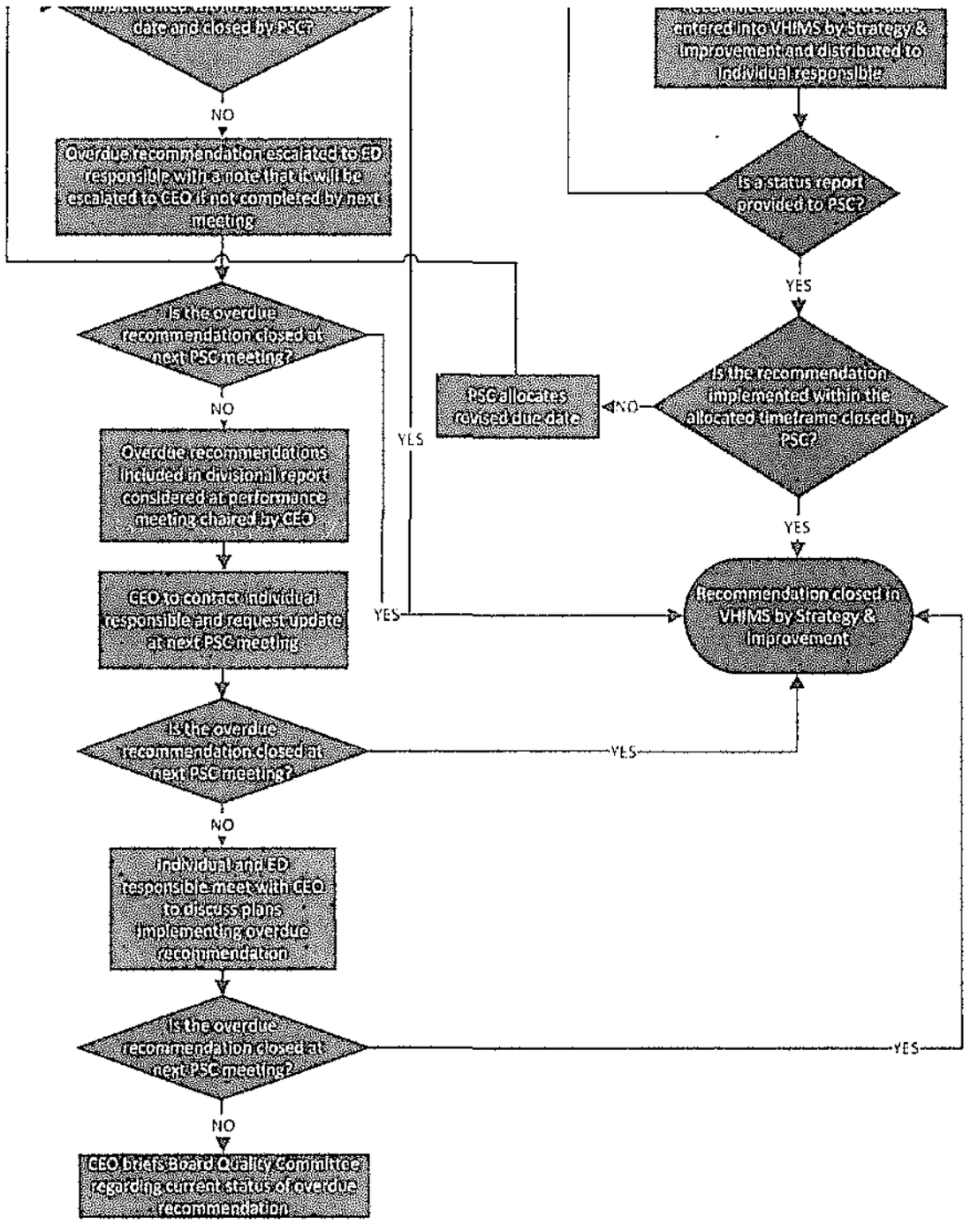
A **sentinel event** is a subset of adverse events specified by the Department of Health (DoH). These events must be reported to DoH and investigated using a Root Cause Analysis process.

An **adverse event** is an unintended injury or complication, which results in disability, death or prolonged hospital stay and is caused by health care management rather than the disease process.

A **clinical incident** is any event that has caused harm or has the potential to harm a patient or visitor; any event which involves malfunction or loss of equipment or property; and any event which might lead to a complaint.

Appendix One - Escalation of Overdue Patient Safety Committee Recommendations





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