

ANNUAL REPORT TO THE PUBLIC
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY
OBSTETRIC CLINICAL OUTCOMES MANAGEMENT COMMITTEE

Please send completed reports to:
Dr Dorothy Jones
Principal 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 4214.

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

Contact details of person providing the report:

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Signature:



1. Name of Committee.

Obstetric Clinical Outcomes Management Committee

2. Name the health care facilities that contribute to this Committee.

King Edward Memorial Hospital

3. Give a brief description of the purpose of Qualified Privilege including the public interest in denying access to information for the purpose of encouraging participation by health care professionals in quality assurance.

The purpose of Qualified Privilege for this committee is to allow thorough, detailed assessment of the obstetric care provided at King Edward Memorial Hospital. It allows people to voice concerns which they may have and to openly raise and discuss issues relating to care without the concern that anything said may be used in future legal proceedings.

4. Describe the main functions of the Committee.

The main functions of the committee are to assess the quality of obstetric care by reviewing all cases where there was an adverse outcome or where there was nearly a poor outcome but unusual intervention resulted in a good outcome. The reviews particularly look for changes that may be able to be made to practice to reduce future risks.

5. Attach the Terms of Reference (TOR) and any proposed changes to the TOR.

A copy of the terms of reference attached.

6. Describe the categories of membership of the declared Committee.

Members of the committee are drawn from the spectrum of those involved in obstetric care, that is obstetricians, midwives, paediatricians and anaesthetists.

7. A brief description of issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required. For the selected items, please answer the following questions:

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

The committee undertakes an on-going assessment of obstetric care at King Edward Memorial Hospital by reviewing all cases where there has been an adverse outcome or a ‘near miss’.

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

The following are a selection of the actions resulting from the case reviews:

- Change in the packaging colour and size of 8% magnesium sulphate solution for intravenous infusion so it is easier to differentiate from other intravenous solutions and so the dose contained in a single bag is below the toxic level.**
- Communicate with general practitioners to inform them of the way to get urgent cases seen at King Edward Memorial Hospital without delay.**
- Recommend developing new clinical guidelines on the use of inter-uterine balloons after delivery to control on-going bleeding.**

- **Remind staff that very obese women can have difficult problems and their care needs to involve more senior staff.**
- **Change the clinical guidelines to specify the duration of validity of a group and hold specimen after a blood transfusion (three days).**
- **Remind staff to document clearly when patients refuse standard care so that it's clear what information they have been given when they make their decision.**

c) What were the results of the action and the lessons learnt?

Improved practices to improve safety for mothers and babies.

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.**
 - **Clinical Incident Review Forms that are used to facilitate evaluation of specific cases are stored in secure locations and viewed only by Committee members.**
 - **Reports provided to the Medical Advisory Committee contain de-identified information only.**