

**GYNAECOLOGY PRACTICE IMPROVEMENT COMMITTEE
WOMEN AND NEWBORN HEALTH SERVICE**

ANNUAL REPORT TO THE PUBLIC FOR 2013

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

**GYNAECOLOGY PRACTICE IMPROVEMENT COMMITTEE
NORTH METROPOLITAN HEALTH SERVICE**

**Please send completed reports to:
Director, Office of Safety and Quality in Healthcare
Department of Health
PO Box 8172 Perth Business Centre
Western Australia 6849**

Contact details of person providing the report:

Name: **Dr STEVEN HARDING**

Position: A/Director Gynaecology, KEMH

Tel: 08 9340 1398

Email: Steven.Harding@health.wa.gov.au

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 10 of the *Health Services (Quality Improvement) Regulations 1995* each Committee is to furnish to the Minister at least once annually or more often if directed by the Minister.

The following fulfils the requirements of the Committee under section 10 of the *Health Services (Quality Improvement) Regulations 1995*.

Details of the annual report provided to the public.

- a) December 2013
- b) Via the Women and Newborn Health Service Intranet and Internet.

The exercise of the functions of the Gynaecology Practice Improvement Committee (GPIC) has been and will continue to be facilitated by the provision of the immunities and protections afforded by the Act. Qualified privilege allows clinicians to participate in this quality improvement committee and openly discuss identified and sensitive information without fear of litigation.

It is imperative that discussion can occur which provides clinicians with an open, honest and non-judgemental environment to reflect upon and discuss patient management to monitor and improve service. This allows for a thorough investigation of specific cases with the identification of system error and individual problems that can be corrected leading to eradication or lessening of error and harm to our patients.

Reason for why the Committee was established and its main functions:

- a) **Terms of Reference:** attached
- b) **Chair:** Doctor Steven Harding, A/Medical Director Gynaecology, Obstetrics and Gynaecology Clinical Care Unit

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

Description and purpose of project or areas that have been assessed and evaluated.

The occurrence of the following events to be reported to the Committee for review:

1. Unplanned return to operating theatre
2. Death within 30 days of surgery
3. Post operative fistula
4. Intra-operative visceral trauma
5. Delayed / missed diagnosis
6. Haemorrhage requiring transfusion
7. Unplanned transfer to ICU
8. Unplanned transfer to ASCU
9. Post operative hospital stay > 7 days (Non – Oncology)
10. Post operative hospital stay > 21 days (Oncology)
11. Unplanned readmission to hospital within 30 days related to original event
12. Anaesthetic issue
13. Laparotomy for ectopic pregnancy
14. Radiologically proven pulmonary embolism
15. Proven Deep Vein Thrombosis
16. Significant Other Events

The methods used were:

Investigation of reported incidents, including chart review, presentation and discussion of selected cases by individual members of the GPIC Committee. Recommendations provided to the Obstetric and Gynaecology Management Committee and the WNHS (peak) Clinical Governance Committee.

The lessons learned or recommendations made about how to improve the quality of health care were:

The areas covered by this committee are reasonably broad. However, policy has been introduced or modified in many areas of patient care that will improve the quality of the service provided.

Clinical guidelines have been modified or new guidelines have been introduced.

Clinical staff have been reminded and alerted to existing guidelines.

Education sessions have been devised for presentation to the clinical staff.

Specific actions included:

1. Processes reviewed and staff advised by memos, meetings and education to ensure:
 - correct documentation of surgical procedures; and
 - Correct documentation of medications.
2. Protocols reviewed
3. Communication with external services including recommendations for practice improvement.