

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

ANNUAL REPORT TO THE PUBLIC FOR 2015
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:

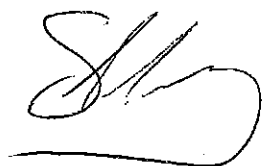
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Signature:



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 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, January 2016 and 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:

- **Terms of Reference:** attached
- **Chair:** Doctor Steven Harding, 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.

The Gynaecology Practice Improvement Committee met on four occasions in 2015 and reviewed 39 cases.

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

Incidents meeting the following criteria were reported to the Committee for review:

- Unplanned return to operating theatre
- Death within 30 days of surgery
- Post operative fistula
- Intra-operative visceral trauma
- Delayed / missed diagnosis
- Haemorrhage requiring transfusion
- Unplanned transfer to ICU
- Unplanned transfer to ASCU
- Post operative hospital stay > 7 days (Non – Oncology)
- Post operative hospital stay > 21 days (Oncology)
- Unplanned readmission to hospital within 30 days related to original event
- Anaesthetic issue
- Laparotomy for ectopic pregnancy
- Radiological proven pulmonary embolism
- Proven Deep Vein Thrombosis
- Significant Other Events

The methods used were:

Investigation of reported incidences including chart review, presentation and discussion of selected cases by individual members of the GPIC Committee and

recommendations provided to the Obstetric and Gynaecology Management Committee and the WNHS (peak) Clinical Governance Committee.

The lessons learned and recommendations to improve the quality of health care were:

Policy has been introduced or modified in many areas of patient care to improve the quality of the service provided.

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

Clinical staff have been counselled and reminded of existing guidelines.

Education sessions devised for presentation to the clinical staff on a regular basis has occurred and additional training has been given.

Specific actions included:

- Processes reviewed and staff advised by memos, meetings and education to ensure:
 - Staff reminded of correct documentation including consent
 - New Enterprise System for Discharge Summary and PBS Medications implemented
 - Correct documentation for theatre case notes presented during teaching sessions
 - Protocols reviewed and audits undertaken
 - Ongoing training provided to staff
 - Thorough review of forms/documents via the Forms Committee, modifications have been made and new forms introduced where required

- Outside agencies advised regarding policy deficits to support changes by increasing awareness and decrease / eradicate reoccurrence of specific incidents

- Feedback to external services on outcomes of referrals and changes to processes that will support improved patient safety