

Quality Assurance Committees Guidelines

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1. Purpose

This Guide provides recommendations to assist entities when establishing, managing and monitoring a Quality Assurance Committee (QAC) pursuant to the *Hospital and Health Boards Act 2011* (the Act) and *Hospital and Health Boards Regulation 2012* (the Regulation). It aims to explain the functions, obligations and responsibilities of membership of a QAC.

2. Scope

This Guide is relevant to any entity authorised to establish a QAC, their delegates and advisors:

- The Director-General of Queensland Health (as chief executive of the department)
- The Chief Executive of a Hospital and Health Service
- The licensee of a private health facility
- A professional association, society, college or other entity whose functions relate to the provision of health services or to the providers of health services.

3. Related documents

3.1 Legislation

- *Hospital and Health Boards Act 2011* (Part 6 Division 1)
- *Hospital and Health Boards Regulation 2012* (Part 5).
- *Right to Information Act 2009* (Schedule 2 Part 1)

3.2 Approved Form – Attachment 1

- Notification of establishment of a QAC

3.3 Checklists – Appendix 1

- QAC annual activity statement
- QAC report submission checklist

4. Principles

The following principles are recommended to guide the establishment and ongoing management of QACs:

- The purpose of a QAC is to improve the safety and quality of health services.
- The role of a QAC must include:
 - Assessment and evaluation of the quality of health services
 - Reporting and making of recommendations concerning those services, and
 - Monitoring the implementation of its recommendations.

Statutory immunities and protections are afforded to QACs to encourage and facilitate the voluntary participation of clinicians in healthcare improvement by providing a confidential environment where their practice, decisions and outcomes can be reviewed.

5. Establishing a QAC

5.1 Who can establish a QAC?

A QAC may be established by:

- The Chief Executive of a Hospital and Health Service
- A professional association, society, college or other entity whose functions relate to the provision of health services or to the providers of health services
- The Chief Executive of the department [for the Department of Health, this is the Director-General (D-G)], or
- The licensee of a private health facility.

Two or more of the bodies mentioned above may jointly establish a single committee.

5.2 QAC functions

The functions of the committee must include all of the following:

- assessing and evaluating health services
- reporting and making recommendations concerning health services
- monitoring the implementation of its recommendations.

It is recommended that any application process to establish a QAC include a requirement to submit a complete Terms of Reference for the committee that addresses each of the above functions.

5.3 QAC Membership

The committee must comprise individuals with appropriate training and experience appropriate to the services to be assessed and evaluated by the committee.

There is no prescribed minimum or maximum number of members for a QAC.

It is recommended that any application process to establish a QAC include a requirement to submit details of each member's qualifications and a summary of their relevant experience.

5.4 How do you establish a QAC?

Each establishing entity will need a local process for applications to establish a QAC. The establishing entity needs to be satisfied that:

(a) The committee's functions include:

- assessment and evaluation of the quality of health services
- reporting and making of recommendations concerning those services; and
- monitoring the implementation of its recommendations

(b) The committee comprises individuals with training and experience appropriate to the services to be assessed and evaluated by the committee; and

(c) The exercise of the committee's functions would benefit from the immunities and protections afforded by the Act.

Once a QAC has been established by a Hospital and Health Service; the licensee of a private health facility or a professional association/college/other entity, the entity must notify the D-G using the approved form (*attachment 1*).

If the QAC has been established by the D-G, the D-G (or delegate) must keep a record of the establishment using the approved form.

5.5 Does the committee need to be a QAC?

It is important to carefully consider whether a statutory QAC is the appropriate vehicle for the functions of the proposed committee. Not all committees with a role in safety and quality would benefit from the statutory protections when balanced against the associated restrictions on use or disclosure of information obtained or prepared by the committee.

QACs are subject to what is commonly known as “qualified privilege”. This includes strict confidentiality provisions, statutory protections to prevent information from being disclosed in legal proceedings and protections from liability for members of QACs who act honestly and without negligence.

Committee members and relevant persons are prohibited from disclosing information acquired for the purposes of the committee, except for the purposes of exercising the functions of the committee or to give a report to a prescribed patient safety entity for a defined and authorised purpose.

QAC reports cannot disclose the identity of an individual provider or recipient of health services without the written consent of the individual. Recommendations made by an approved quality assurance committee cannot be used as evidence that a practice or procedure was careless or inadequate.

The *Right to Information Act 2009*, Schedule 2 Part 1, exempts approved quality assurance committees from right to information applications.

5.6 Register of QACs

The D-G must establish and maintain a register of established QACs that is available to the public. This is done on the D-G’s behalf by the Patient Safety Unit (PSU).

The QAC register is reviewed annually to ensure the information is up to date.

The register is available on the internet at

<http://www.health.qld.gov.au/psq/html/qa-committees.asp>

6. QAC Procedures

6.1 Chairperson

The establishing entity must appoint a Chairperson of the committee. If they do not do this, the committee must elect a member to be the chairperson. The committee may do this at any time.

If the Chairperson is present, they are to chair the meeting. In his or her absence, the members choose an attending member to act as Chair for that meeting.

6.2 Meetings

The Chairperson decides the time and place for meetings to be held.

An extraordinary meeting can be held if the Chairperson receives a written request from the number of members that equates to a quorum.

A quorum for a QAC is defined as the number equal to one-half of the number of its members or the next highest whole number.

Newly established QACs must hold their first meeting within 3 months of their establishment.

Each member present has a vote on each question to be decided. In the event of equal votes, the member presiding has the casting vote.

QACs must keep minutes of their meetings for 10 years after the meeting, in a manner to be agreed on by the QAC and in keeping with the committee's privacy policy.

7. QAC Reporting

7.1 Triennial reports

Via a Triennial Report, QACs must make the following information available to the public:

- A statement of the committee's functions,
- Each current member's full name and qualifications, their office or position and a summary of their relevant experience,
- A summary of the activities performed in the exercise of their function and any outcomes resulting from this, and
- A summary of the committee's privacy policy (see the Regulation, s23 for further information).

This report must be made available within 3 years after the committee was established and relate to that period. Subsequent reports are to be made in maximum 3 yearly cycles.

Triennial reports may be made in any form the QAC considers appropriate. A checklist for the contents of the Triennial Report can be found in Appendix 1.

QACs must not publish reports that identify individuals who are providers or recipients of health services without written consent to that disclosure.

QACs must give their reports to the establishing entity before making it publicly available. Each establishing entity should implement a local procedure.

Statewide QACs and jointly established QACs, where the DG is a co-establisher must submit their report with a D-G Briefing Note for Noting via the Patient Safety Unit using the following email address: Quality-Assurance-Committee@health.qld.gov.au

It is the responsibility of the submitting statewide QAC to develop the brief to the D-G. PSU will undertake quality checks of the brief and report prior to submission and will seek to negotiate any changes recommended to ensure compliance with statutory requirements.

7.2 QAC Annual Activity Statements

A QAC must prepare an Annual Activity Statement on or before each anniversary of its establishment. This report must be provided to the establishing entity and the D-G (for QACs established by an entity other than the D-G). A checklist for the contents of the activity statement can be found in Appendix 1.

7.3 Review of QAC functions

A QAC established under the previous *Health Services Act 1991* must carry out a review of its functions before 1 July 2015.

A QAC established under the current Act must carry out a review of its functions within 3 years of establishment.

The QAC must give a report about each review to the establishing entity and the D-G (for QACs established by an entity other than the D-G).

7.4 Monitoring by Establishing Entities

It is recommended that each establishing entity develop processes for the routine monitoring of reporting in accordance with required content and timeframes set out in the Regulation. PSU will carry out that role for monitoring of reporting due to the D-G.

8. Information for QAC Members and Relevant Persons

8.1 Members vs. Relevant Persons

A QAC is established with a defined membership of appropriately qualified individuals. The Act does not set any minimum or maximum number of members for a QAC. Members form the quorum required for meetings and have voting rights on issues at meetings.

QACs may also authorise individuals to help the committee to perform its functions. This may include providing administrative or secretarial services to the committee, advising the committee about the performance of its functions, or preparing reports and other information for the committee. These individuals are referred to as “relevant persons” and are also bound by confidentiality obligations in the Act.

8.2 Confidentiality Obligations

Very strict confidentiality obligations apply to both QAC members and Relevant Persons for a committee.

The general rule is that QAC Members are prohibited from disclosing information acquired in the course of their involvement in QAC activities. Exceptions are:

- For the purpose of exercising their functions as committee members
- Mandatory reporting to AHPRA this (only applies to registered health practitioner QAC members – see section 8.3 below)
- Providing information to a prescribed Patient Safety Entity (such as the Patient Safety Unit of the Department of Health, or a Hospital and Health Service's Safety and Quality Committee)
- Providing information to another QAC if the information is relevant to that committee's functions.

The penalty for breach of these confidentiality provisions is a fine of up to \$10,000.

A Relevant Person for a QAC is similarly prohibited from disclosing to someone else information acquired in the course of their involvement in QAC activities, except as necessary to help the committee perform its functions. The same penalty of up to \$10,000 applies to breaches.

8.3 Reporting to AHPRA

As a QAC member, the mandatory reporting threshold is higher than practitioners would otherwise be accustomed to in their usual capacity as a registered health practitioner. As a QAC member, health practitioners are only obliged, and indeed only authorised, to report a reasonable belief of 'public risk notifiable conduct'. This is a reasonable belief that another registered health practitioner has:

- (a) Placed the public at risk of *substantial harm* because of impairment, or
- (b) Placed the public at risk of *substantial harm* because of practice that constitutes a significant departure from accepted professional standards.

NB. "Impairment" is a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity to practise the profession.

QAC members who are not registered health practitioners do not have mandatory reporting obligations and remain bound by the general confidentiality requirements set out above.

8.4 Giving Evidence

Neither a QAC member nor a Relevant Person for a committee can be called to produce documents or give evidence in any legal proceedings about information that came to their knowledge as a QAC member or a Relevant Person for a committee.

8.5 Protection from Liability

Neither a QAC member nor a Relevant Person for a committee can be held civilly liable for acts done or omissions made honestly and without negligence in their function as a QAC member or a Relevant Person for a committee. If the QAC member or Relevant Person incurs costs in defending such proceedings, the person is to be indemnified by the entity that established the committee.

9. QAC Governance

9.1 Statewide QACs

The Patient Safety Unit has an overall governance and compliance role, on behalf of the DG, for QACs where the DG is the establishing entity, i.e. Statewide QACs.

- Patient Transport Quality Council
- Qld Audit of Surgical Mortality (QASM) – RACS and DG co-establishing entities
- Qld Cancer Control Safety & Quality Partnership
- Qld Centre for Gynaecological Cancer
- Qld Breastscreen Quality Management Committee
- Qld Maternal and Perinatal Quality Council
- Qld Paediatric Quality Council
- Qld Perioperative and Periprocedural Anaesthetic Mortality Review Committee

9.2 Local QACs

The Chief Executive, HHS is the establishing entity for QACs within their local HHS and has overall governance for these QACs. Similarly, professional associations, colleges and licensees of private health facilities are the establishing entities for QACs within each of their areas and have overall governance for these QACs. The Patient Safety Unit continues in an advisory role only in relation to these local QACs.

- Royal Children's Hospital and Health Service District Clinical Risk Management Sub-Committee – Children's Health Qld HHS
- Townsville Health Service District Patient Safety Committee – Townsville HHS
- Wesley Hospital Quality Assurance Committee – Wesley Hospital
- GCHHB, Safety, Quality and Engagement Committee – Gold Coast HHS

9.3 Compliance Framework

Director-General's role:

- Establishing statewide QACs
- Establishment of a QAC register that is available to the public
- Maintenance of the register – yearly cycles – October

- Receipt of QAC Annual Statement – all QACs
- Receipt of Review of Functions report – all QACs
- Receipt of Statewide QAC Triennial reports prior to making them available to the public

Chief Executive, HHS or other local establishing entity role:

- Establishing local QAC
- Receipt of Annual Statements
- Receipt of Review of Functions report
- Receipt of local QAC Triennial Report prior to making them available to the public

Patient Safety Unit's role (on behalf of the Director-General):

- Compliance tracking: due dates for triennial reports, annual activity statements and reports of review of functions
- Maintenance of public register
- Advice to the Director-General about whether proposed statewide QACs meet requirements under section 82 (3) of the Act
- Advice to the Director-General about whether reports of statewide QACs meet requirements under sections 25-27 of the Regulations

9.4 Statewide Learning from Quality Assurance Activities

As a prescribed patient safety entity under the Act, and independently from its governance and compliance role, PSU may request a copy of a report or other document from a QAC under section 85 of the Act to be used for an authorised purpose:

- (1) A committee may give a copy of a report or other document to a prescribed patient safety entity for an authorised purpose for the entity.
- (2) A person who performs functions for the entity –
 - a. must not give a copy of the report or other document to anyone else; and
 - b. must not disclose any information contained in the copy of the report or other document to anyone else other than for the authorised purpose for which the copy of the report or document was given; and
 - c. must not use the copy of the report or document, other than for the authorised purpose for which the copy of the report or document was given.

The penalty for breach of these confidentiality provisions is a fine of up to \$10,000.

10. Other advice about QACs

If you require further advice about establishing or monitoring compliance of a QAC, please contact:

Patient Safety Support Team

Patient Safety Unit,

Health Services and Clinical Innovation Division

Email: Quality-Assurance-Committee@health.qld.gov.au

Phone: 3646 9711

Guideline Approval History

Version No.	Approved by	Position	Date
V2.0	Kirstine Sketcher-Baker	Executive Director, Patient Safety Unit	June 2013

Appendix 1 – Checklists

QAC Triennial Report

Does the Triennial Report contain?

- A statement of the QAC's functions
- A list of each current member's full name, qualifications, office or position and a summary of the member's experience that is relevant to the QAC's functions
- A summary of the activities performed in, and any outcomes of, the exercise of the QAC's functions
- A summary of the QAC's privacy policy

QAC Annual Activity Statement

Does the Annual Activity Statement contain?

- The Chairperson's full name
- Each member's full name
- The full name, qualification, office or position, date of appointment and summary of experience relevant to the QAC's functions of every person appointed as a member during the reporting period
- The full name of any member who ceased being a member during the reporting period, along with the date they ceased to be a member
- The dates of each QAC meeting held during the reporting period
- The date the QAC was established
- Who the establishing entity is

Attachment 1 – Notification of Establishment

Hospital and Health Boards Act 2011 s.82 (4) & (5)

This form is to be used when notifying the Director-General of the Department of Health of the establishment of a QAC.

Name of QAC:

Establishing entity:

Date of establishment:

Terms of Reference:

Chairperson's name:

Chairperson's Contact details:

Meeting dates:

Secretariat details: address, contact person:

Form #1

March 2013

