



TERMS OF REFERENCE:

THE QUEENSLAND TRAUMA AND BURNS QUALITY ASSURANCE COMMITTEE

1.1 PURPOSE

The role of the Queensland Trauma and Burns Quality Assurance Committee (Committee) is for members to identify through case review, opportunities for improvements in the management of patients with traumatic and burn injury across the State. Such review should recognise best practice and make recommendations based upon available evidence aimed at improving health outcomes for trauma and burnt patients.

The Committee will:

- a) Make recommendations to the Minister for Health and Minister for Ambulance Services on standards and quality indicators
- b) Promote the adoption of such standards in both the private and public health sectors
- c) Ensure a focus on the management of trauma and burn injury in remote, rural and regional Queensland, as well as the major urban health service districts
- d) Focus particular attention on maximising the use of Telehealth and other technological advances in communication
- e) Examine the response to mass casualty events and other disaster situations
- d) Identify areas where prevention programs are lacking or inadequate.
- e) Examine the use of available resources to gauge their efficiency and cost effectiveness.

2.1 SCOPE OF THE COMMITTEE

Trauma and burn care provided in the pre-hospital, retrieval, emergency, in-hospital and rehabilitation settings will be reviewed by the Committee.

3.1 FUNCTIONS

3.1.1 The Committee will function under the authority of the quality assurance committee (QAC) provisions in Part 6, Division 1 of the *Hospital and Health Boards Act 2011* (HHB Act).

3.1.2 The Committee will receive and manage qualitative and quantitative clinical information in accordance with its Privacy Policy, from:

- Queensland Health's information and data systems.
- The Trauma Data Warehouse.



- The Stuart Pegg Burns Unit at the Royal Brisbane and Women's Hospital (RBWH).
- The Queensland Children's Hospital (QCH).
- Where relevant, private health facilities.

Cases reviewed by the Committee may be identified by a variety of mechanisms including but not limited to:

- Those flagged as outside key performance indicators (KPIs)
- Having adverse outcomes identified by information and data systems such as RiskMan
- Referral from other audit review processes including morbidity and mortality meetings
- By clinician notification directly to the Committee
- Clinical and other pertinent information received from other Queensland Government departments and statutory or regulatory bodies, for example the Coroners Court, the Queensland Audit of Surgical Mortality Quality Assurance Committee (QASM), the Motor Accident Insurance Commission (MAIC), Department of Transport and Main Roads (TMR) and the Queensland Police Service (QPS).
- Identifying data will be redacted by the Committee's secretariat before presentation to both the Jamieson Trauma Institute's (Institute) Steering Committee (Steering Committee) and the Committee.
- Submission and participation by trauma review committees and other trauma committees, for example committees within such as the Queensland Ambulance Service (QAS) and Retrieval Services Queensland (RSQ), on a voluntary basis.

3.1.3 The Committee will make available the expertise of its members to the Department of Health and HHSs, in pursuit of clinical and system improvement in the management of relevant patients. The outcome following the Committee's review process will include:

- The identification of process and system issues that can be improved to achieve better case outcomes.
- Recommendations for management improvement, including but not restricted to the provision of education, the development of policies and practice guidelines, auditing, quality improvement and/or review of the trauma and burns systems of care.
- Working collaboratively with the State-wide Trauma Clinical Network, the Queensland Children's Hospital, and the Stuart Pegg Burns Unit to monitor quality improvement activities and assist in the development and promotion of clinical guidelines.
- Working collaboratively with similar entities which have a focus on the quality of care at State, National and International level, including:
 - The Office of the Health Ombudsman Queensland.
 - Professional colleges, such as the Royal Australian College of Surgeons Queensland Trauma Committee (RACS).
 - The Australian Institute of Health and Welfare.
 - Other Queensland Quality Assurance Committees.
 - The Private Hospitals Association of Queensland.
 - Private hospitals, for example the Wesley Hospital Brisbane and Mater Health Services.
 - Universities with a focus of health economics and innovation, for example AusHSI (at the Queensland University of Technology), RECOVER (at the University of Queensland) etc....
 - The Australian Trauma Registry (ATR).
 - The Coroners Court.



4.1 AUTHORITY

4.1.1 The Committee functions under the quality assurance provisions in Part 6 of the HHB Act, the purpose of which is defined at s. 81, *to improve the safety and quality of health services by providing protections for quality assurance committees established under the division.*

The Committee will provide advice to the Director-General, Queensland Health via the annual report (Annual Report) and an as needed basis (the Annual Report is a separate report to the annual activity statement pursuant to s.25 of the *Hospital and Health Boards Regulation 2012* (HHB Reg).

4.1.2 Decision Making:

- Committee recommendations are made by a quorum.

5.1 GUIDING PRINCIPLES

Part 1, Division 2, s.5 of the HHB Act (the object of the HHB Act) will be adopted as the principles of the Committee.

6.1 SUB-COMMITTEES

To assist the Committee in discharging its responsibilities, the Committee may establish sub-committees to undertake specific tasks, identified from its reviews and discussions. Sub-committees will be chaired by a Committee member, and all members will be Committee members or relevant persons.

7.1 REPORTING

7.1.1 The Committee will provide an Annual Report to the Director-General, Queensland Health via the Patient Safety and Quality Improvement Service, Clinical Excellence Division (PSQIS). The Annual Report will identify errors in management at the clinician, unit, facility and system level. The Committee will make recommendations about quality improvement processes and methodologies. QACs monitor the implementation of their recommendations – s.82(3)(b) of the HHB Act.

7.1.2 The Annual Reports, Metro North Hospital and Health Service will be provided to the State-wide Trauma Clinical Network and other relevant clinical networks.

7.1.3 Entities that request the advice of the Committee such as the Office of the Health Ombudsman Queensland will receive reports as required in addition to the Committee's Annual Report.

7.1.4 Where it is relevant to their statutory functions, regulatory authorities will be notified of summary findings and recommendations of the Annual Reports.

7.1.5 Summary findings and recommendations from the Annual Report will be provided to relevant committees of the relevant professional colleges and associations.

7.1.6 Matters relevant to the clinical care of a patient may be referred to the appropriate Director/Executive Director of the pre-hospital services, for example QAS, RSQ, Careflight Queensland, the Royal Flying



Doctor Service Queensland, Hospital and Health Services or a private health facility by the Chair of the Committee, with notification also to PSQIS.

8.1 MEMBERSHIP

Membership eligibility and selection of members for the Committee will be determined by the Steering Committee.

The Committee will have multi-disciplinary membership; medical, nursing, allied health. Expertise in data analytics, in safety and quality processes and governance would be included as relevant persons. State-wide representation is imperative.

8.1.1 Chair of the Committee

The inaugural Chair for the Committee will be the Director of the Institute. A Chair may serve no more than two consecutive terms (4 years) as chairperson of the Committee. Thereafter the Chair will be determined by the Steering Committee.

A Deputy Chairperson will be elected by the members of the Committee.

8.1.2 Members

The Committee will consist of a maximum of twenty-seven voting members, including the Chair.

Members are to attend a minimum of 3 out of 6 scheduled meetings for the year (50%) and to attend in person or via teleconference.

It is the Chair's decision if there is to be a proxy if the person cannot attend the meeting. Contact the Coordinator or Chair as soon as possible prior to the meeting if member is unable to attend the upcoming meeting.

Permanent members of the Committee:

- Director of the Stuart Pegg Burns Unit
- Medical Director of the Queensland Ambulance Service (QAS)
- Director of Retrieval Services Queensland (RSQ)
- Senior Director, Health Disaster Management Unit, Department of Health

Other members of the Committee and Sub-Committees will be invited from: -

- Trauma services across the State
- HHSs, where there is no defined trauma service
- Queensland Children's Hospital (QCH)
- Pre-hospital providers: QAS, RSQ, LifeFlight, Queensland and Royal Flying Doctor Service
- Royal Australasian College of Surgeons (RACS)
- The State-wide Trauma Clinical Network (STCN)
- Other professional state committees and clinical networks
- The College of Emergency Nursing Australasia (CENA)
- Queensland Audit Surgical Mortality (QASM)
- Patient Safety and Quality Improvement Service (PSQIS)



- Hospital Health Service Safety and Quality Units
- Academic partners who have a particular focus on the economics of health care
- Consumer representative

8.1.3 Steering Committee

Case presentations to the Committee will occur after initial examination of flagged cases and reports received at a core steering committee (this is a separate steering committee from the Steering Committee of the Institute). Membership of this steering committee will include the Chair, Deputy Chair and one other member from the Committee. Case referral should also focus on both near miss and constructive experiences.

8.1.4 Non-voting members

To provide data analytical expertise, membership should include as a non-voting member the Director of the Trauma Data Warehouse or the Director of the Data Analytics Unit within the Institute.

8.1.5 Proxies

Proxies may not attend meetings due to privacy and confidentiality requirements.

8.1.6 Terms and conditions:

- Members are appointed by the Steering Committee for a term of two years.
- The Steering Committee upon request, will consider membership from other organisations such as the: Statewide Trauma Clinical Network (STCN), RSQ, Royal Australasian College of Surgeons (RACS) Queensland Trauma Committee, Australia and New Zealand College of Anaesthetists (ANZCA), College of Intensive Care Medicine (CICM), and Australasian College of Emergency Medicine (ACEM).
- Members may continue with the committee for the length of their posting in particular position as it is the position and not the person that is represented by committee.
- A member may terminate membership at any time, in writing to the Chair.
- Members will not misuse the information provided to them by virtue of their membership of the Committee¹.
- Members will be expected to take a strategic view of issues and not seek to take advantage of their membership of the Committee to canvass personal or institutional issues.
- Any member who has a real or perceived conflict of interest in any matter under discussion at the Committee will declare that conflict and exempt himself/herself from the discussion.

8.1.7 Other participants– guest speakers and expert advisors

Where agreed by the Committee, guest speakers or expert advisors may present advice in specialist areas to the Committee. However, such persons do not assume membership or participation in any decision-making process of the Committee.

8.1.8 Relevant persons²

¹ See: s.84 of the HHB Act

² See: the definition of a relevant person in Schedule 2 of the HHB Act.



The Committee authorise the staff of the Health Statistics Centre and Healthcare Improvement Unit, Department of Health, as relevant persons to receive information to enable the Committee to perform its functions. (Positions to be confirmed within the units)

The role of relevant persons may include receiving information relating to the investigation of inadequately managed trauma cases, obtaining and/or collating information from hospitals and other sources relating to such cases, trauma death data, identification of cases and receiving data from the Committee for the purposes of secure data storage and provision of ongoing access to such data by members of the Committee.

8.1.9 Quorum

A quorum for a committee is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

The minutes of Committee meetings will be distributed to all members of the Committee by the secretariat.

9.1 PERFORMANCE

The Committee will be evaluated in terms of its performance against these Terms of Reference and its work plan through an annual self-assessment process. See: Appendix 2: Annual Self-Assessment.

10.1 CONFIDENTIALITY

10.1.1 Members of the Committee will be in receipt of information that is regarded as commercial in confidence, clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of information acquired as a member of the Committee³.

10.1.2 The Committee as a quality assurance committee is prohibited from providing a report or information that discloses the identity of an individual who is a patient or a health service provider, unless that individual has consented in writing to the disclosure.

10.1.3 Information held by the Committee can only be disclosed in accordance with s.84 of the HHB Act - *a person who is or was a member of a QAC must not disclose to someone else information acquired by the person as a member of the committee, other than:*

- a. for the purpose of exercising the functions of a member of the committee; or*
- b. to members of another committee if the information is relevant to the functions of the other committee; or*
- c. to a prescribed patient safety entity under section 85 (of the HHB Act); or*
- d. If the person is a registered health practitioner – for notifying the National Agency about information in relation to a reasonable belief of the person that another registered health practitioner has behaved in a way that constitutes public risk notifiable conduct; or*
- e. to comply with a requirement of an inspector made of the person under this Act (the HHB Act), if the requirement relates to an offence under this division; or*
- f. under a regulation made under section 91 (of the HHB Act).*

10.1.5 Protection for documents and information

Section 87(2) of the HHB Act applies *to a report or other document created by or for the Committee, information contained in a report or other document created by or for the Committee, or information*

³ See: s.84 of the HHB Act which describes the limitations on disclosing information.



acquired by a person as a member of the Committee or as a relevant person for the Committee. It states, a document or information cannot be accessed under any order, whether of a judicial or administrative nature, and, is not admissible in any proceeding, other than a proceeding for an offence under the division (Part 6, Division 1 of the HHB Act).

Section 87(3) of the HHB Act states, *a person must not, and cannot be compelled to, produce the document or information, or to give evidence relating to the document or information, in any proceeding, other than a proceeding for an offence under the division (Part 6, Division 1 of the HHB Act).*

10.1.6 Protection from liability

Section 88 (1) of the HHB Act stipulates that *a person who is or was a member of the Committee, or relevant person for a Committee, is not civilly liable for an act done, or omission made, honestly and without negligence under the division (Part 6, Division 1 of the HHB Act).*

Members of the Committee are also bound by provisions in the sections mentioned above with respect to information relating to private health facilities.

11.1 SECRETARIAT

The role for the secretariat to the Committee is held by the Project Officer, of the Institute. The role of the secretariat will take minutes, type and distribute materials as required by the Committee, coordinate Committee agenda items, prepare the Committee's agenda for its meetings and notify members of the meetings. This will be overseen by the Chair.

12.1 MEETING SCHEDULE

- Frequency: bimonthly initially – with a view to monthly as the work load increases.
- Meeting period: two hours.

The Chair must call a meeting if asked in writing to do so by at least the number of members forming a Quorum for the committee.

- The Chair will determine the time and place for ordinary meetings.
- The Chair may delegate the Chair to another Committee member.
- A Chairperson is to preside at all meetings.

A meeting may be conducted wholly or partially by videoconference. All other requirements of these Terms of Reference apply to the meeting.



APPENDIX 1: The Committee's Business Rules

1. Agenda and records

- Members wishing to place items on the agenda must notify the Secretariat at least 10 working days prior to the scheduled meeting.
- Papers, submissions and reports are to be received by the Secretariat no later than 10 working days prior to the meeting via email.
- Agenda and relevant papers will be sent out to all members five (5) working days prior to the meeting in accordance with the Privacy Policy.
- Late agenda items and papers will be tabled at the discretion of the Chair. Requests or urgent / late items should be submitted to the Secretariat in the first instance.
- Minutes will be distributed to members within 10 working days of the meeting.
- Minutes of meetings shall be submitted to Committee members for ratification at the next subsequent meeting of the Committee.
- When confirmed, minutes shall be signed by the Chair and will be taken as evidence of the meeting.
- Minutes will be stored for at least 10 years⁴.

2. Role of the Secretariat

- At all times, act upon and undertake Committee work in accordance with the QAC confidentiality and privacy legislative requirements.
- Act as the central contact for the Committee in relation to enquiries and information distribution.
- In consultation with the Chair and the Steering Committee of the Jamieson Trauma Institute manage and facilitate a biannual recruitment and selection process.
- Manage and maintain electronic and paper-based files.
- Manage formal and informal enquiries and maintain a correspondence register.
- Arrange meetings and venues and advise members accordingly.
- Prepare and distribute meeting agendas and supporting papers as per Item 1 directly above.
- Maintain a record of all the Committee minutes, action items, correspondence and other documentation regarding the Committee's deliberations.
- Maintain records of attendance.
- Notify relevant stakeholders of actions arising which require their attention.
- In consultation with the committee chair, prepare and distribute feedback and reports as required.
- Develop and maintain an accurate up to date website.

Support systems:

- Secure data storage (data base), supported by Jamieson Trauma Institute.
- Designated (restricted access) email account.
- Website (accurate and up to date).

3. Special meetings and out-of-session papers

⁴ See: s.21 of the HHB Reg.



- Special meetings may be called at the discretion of the Chair.
- Urgent issues may arise which require members to consider papers out-of-session.
- In these instances, the member putting forward the urgent matter will be required to liaise with the Secretariat and ensure that all members are appropriately briefed to enable informed deliberations to be made.
- Any urgent matters unable to be deferred until the next Committee meeting can be managed as an out-of-session paper. The out-of-session paper and cover sheet will be sent to members via email with a requested response date.
- For a resolution to be approved, the majority of members must indicate their endorsement by the response date.
- If approved, the resolution will be entered into the minutes of the next meeting.
- If not endorsed by a majority of members, the item is deferred until the next Committee meeting.

4. Induction and development

The following information is to be provided to new members prior to their first Committee meeting:

- Terms of Reference.
- Business rules and guidelines for meeting conduct.
- Queensland Health Governance Committees structure.
- Contact details of the Committee members.
- Advance schedule of meetings.
- Copies of significant policy or other documents that relate to issues discussed by the Committee, as relevant at the time of induction.
- The Committee annual work plan.

Members may be requested to attend nominated training relevant to the level of responsibilities discharged as a Committee member.

5. Termination of membership

- The Committee may terminate the membership of a member if they are no longer eligible for the position to which they were nominated (for example, no longer registered as a medical practitioner).
- The Committee may, by quorum, determine that a member is no longer a member of the Committee.
- Circumstances where this would occur may include, but are not limited to, persistent non-attendance without reasonable excuse (3 consecutive meetings).
- The Committee will formally discuss and recommended actions regarding termination of Committee members.

The Committee must, as soon as practicable after an individual becomes, or ceases to be, a member of the Committee, notify PSQIS with a written notice containing the following information:

- When an individual becomes a member:
 - the individual's full name and qualifications
 - the individual's office or position
 - a summary of the individual's experience that is relevant to the Committee's functions
 - the date the individual became a member.
- When an individual ceases to be a member:



- the individual's full name
- the date the individual ceased to be a member.

APPENDIX 2: Confidentiality Agreement

CONFIDENTIALITY FORM

To be signed by all members of the Queensland Trauma and Burns Quality Assurance Committee (Committee).

The Committee is established as a quality assurance committee pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011* (HHB Act).

I (print name)member of the Committee undertake to protect the confidentiality of all information I acquire as a member of the Committee pursuant to s84 *Hospital and Health Boards Act 2011*.

Further, I declare I have not been the subject of any misconduct proceedings including breaches of confidentiality.

Signature:

Date:

Name of Witness:

Signature:

Date:

Completed forms must be retained as part of the documentation of the Committee.

