

Practice Improvement sub-committee

Terms of Reference

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| **1.** | **Purpose** |

The purpose of the Practice Improvement sub-committee (PISC) is to:

* Provide expertise and advice to the Patient Safety and Quality Advisory Committee (PSQAC) in relation to immediate and longer-term solutions to improve and maintain the quality of care provided across the clinical setting.
* Identify best practice strategies for helping Hospital and Health Services and frontline clinicians deliver high-quality, safe, high-value healthcare and identify optimal approaches in the sharing and spread of these.
* Develop, test, and share tools and strategies to help implement what works to improve clinical practice through known improvement science methodologies
* Provide opportunity for consultation between a broad range of clinical, research and academic experts to support safety and quality of care to patients through clinical practice improvement.

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| **2.** | **Authority and Decision making** |

The PISC functions under the direction of the PSQAC in an advisory capacity as a Tier 3 committee.

Decision making is by consensus. Where consensus cannot be reached, the Chair may elect to put the matter to a vote or may escalate the issue to the Patient Safety and Quality Advisory Committee for resolution.

Members and their proxies are afforded equal voting rights. Observers, guests and other participants do not hold voting rights.

Practice Improvement sub-committee members are collectively accountable for advice provided to the Deputy Director-General Clinical Excellence Queensland as Chair of PSQAC.

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| **4.** | **Principle Functions** |

The primary functions of the PISC are to:

* Support the PSQAC to monitor delivery against the annual work plan and regularly review progress in achieving the goals and deliverables.
* Support system-wide alignment with contemporary approaches to improvement and facilitate access to advanced skills in improvement, design, human factors, resilience engineering and safety innovation.
* Focus on clinical practice improvement through the identification of sub-optimal clinical outcomes, clinical practice variation and standards to reduce and minimise inappropriate variation and improve patient outcomes.
* Assess current clinical practice against best available evidence to determine safety, clinical effectiveness and cost effectiveness
* Review emerging evidence and provide advice on appropriate use of new and emerging technologies which might influence the delivery of best practice
* Develop statewide evidence based clinical practice improvement strategies. These may include protocols, procedures, guidelines &/or models of care.
* Liaise with the Safety and Quality data and analytics subcommittee and e-health linkage subcommittee where data and data analytic expertise is required.

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| **5.** | **Reporting and Communication** |

Minutes will be recorded from each PISC meeting and will be provided to PSQAC for noting.

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| **6.** | **Membership** |

Chair:

* Nursing Director, Healthcare Improvement Unit

Members:

* 2 consumer representatives nominated by Health Consumers Queensland
* Improvement Fellowship Faculty representative
* CEQ representatives (CLE, HIU and PSQIS, Professional Offices?)
* Representative from Statewide Clinical Network Executive Committee
* 2 x representatives from Chief Operating Officer’s Network
* HHS Safety and Quality leads (Regional, rural, pediatrics, adult, mental health)
* Allied Health Representative
* Primary Healthcare Representative

Ad-Hoc topic specific participation:

* Clinical leads, Clinical Excellence Queensland

Proxies:

Members who are unable to attend in person and do not have a delegate officially acting in their role may send a proxy;

Persons officially acting in a member’s position and approved proxies are expected to participate in deliberations and contribute to the PISC’s recommendations according to the principles outlined in these terms of reference;

Proxies must be suitably briefed prior to the meeting; and if the Chair is absent from a meeting or vacates the chair at a meeting, the Chair must appoint another person to act as the Chair on a temporary basis. If that person is not officially acting in the Chair’s position, decisions made at the meeting must be endorsed by the Chair.

Other participants:

The Chair may from time to time, invite other individuals or groups to present to, or observe, meetings of the PISC.

Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised.

A guest’s attendance is limited to the duration of discussion on that specific topic. Observers and guests do not have the authority to make determinations in respect of the PISC’s deliberations.

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| **7.** | **Code of Conduct** |

The [Code of Conduct for the Queensland Public Service](https://www.forgov.qld.gov.au/code-conduct-queensland-public-service) (Code of Conduct) reflects the principles of integrity and impartiality, promoting the public good, commitment to the system of government, and accountability and transparency.

Members of the PISC always have an obligation to abide by the principles outlined in the Code of Conduct and will demonstrate, through behaviour and action, the highest standards of ethical behaviour and commitment to prevent and address fraud and corruption across the organisation.

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| **8.** | **Quorum** |

The quorum for Committee meetings will be a minimum of 50% of members. In the absence of a quorum, the meeting may continue at the Chair’s discretion with any items requiring decision to be deferred and circulated, following the meeting, to members as an out-of-session item. Proxies are included in the determination of a quorum.

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| **9.** | **Out-of-Session Papers** |

Items can be managed out-of-session where:

* The item is urgent and must be considered before the next scheduled meeting: or
* In circumstances when face-to-face meetings are not possible, to enable business to be progressed.

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| **10.** | **Confidentiality** |

The proceedings of the committee are deemed to be confidential and all members of the committee will comply with the confidentiality policies of the Department of Health and privacy legislation.

Members, proxies and observers acknowledge their responsibility to adhere to legal and ethical confidentiality frameworks and maintain confidentiality of all information that is not in the public domain.

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| **11.** | **Conflicts of Interest** |

To meet the ethical obligations under the Public Sector Ethics Act 1994, Committee members and proxies must declare at each meeting any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds external to the organisation or to the content of a specific item for deliberation.

* Declaration of conflicts of interest must be listed as a standing item in the agenda.
* The Chair will determine whether the attendee should absent them self from the relevant part of the meeting or the entirety of the meeting, as directed by the chair.
* The Secretariat will record any declaration of conflicts of interest applicable to that meeting in the minutes of the meeting.

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| **12.** | **Secretariat** |

Secretariat support will be provided by Healthcare Improvement Unit.

Responsibilities of the Secretariat include:

* Arrange meetings, venue and send appointments
* Call for agenda items 2 weeks prior to the meeting date
* Prepare agenda and supporting papers, review and finalise with committee Chair and distribute to Members at least 3 days prior to each meeting
* Take condensed minutes of meeting and maintain action register.
* Maintain a record of all committee minutes, recommendations, action items, correspondence and other documentation regarding committee resolutions/recommendations.

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| **13.** | **Meeting Schedule** |

The Committee will meet Quarterly.

Meeting papers will be distributed at least three (3) working days prior to the meeting.

Document History

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| **Date** | **Nature of Amendment** |
| 19/08/2020 | Initial Draft prepared for consideration and consultation (Michelle Wilson) |
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