

Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet)

Terms of Reference

February 2022

SWAPNet Steering Committee, Terms of Reference

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Contents

Vision of the statewide clinical networks.....	4
Purpose of the statewide clinical networks	4
Anaesthesia and perioperative care	5
Statewide Anaesthesia and Perioperative Care Clinical Network	5
SWAPNet Steering Committee.....	5
Steering committee membership	5
Terms of appointment	6
Role of the steering committee	6
Guiding principles of the steering committee	6
Principal functions of the steering committee.....	6
Reporting responsibilities	6
Combined Clinical Chairs and Queensland Clinical Senate membership	7
Confidentiality.....	7
Code of conduct.....	7
Steering committee meetings	8
Coordination.....	8
Key elements of successful networks.....	8
Evaluation	8
Date of last review.....	8
Approving authority	8
Appendix 1: Steering committee membership	9

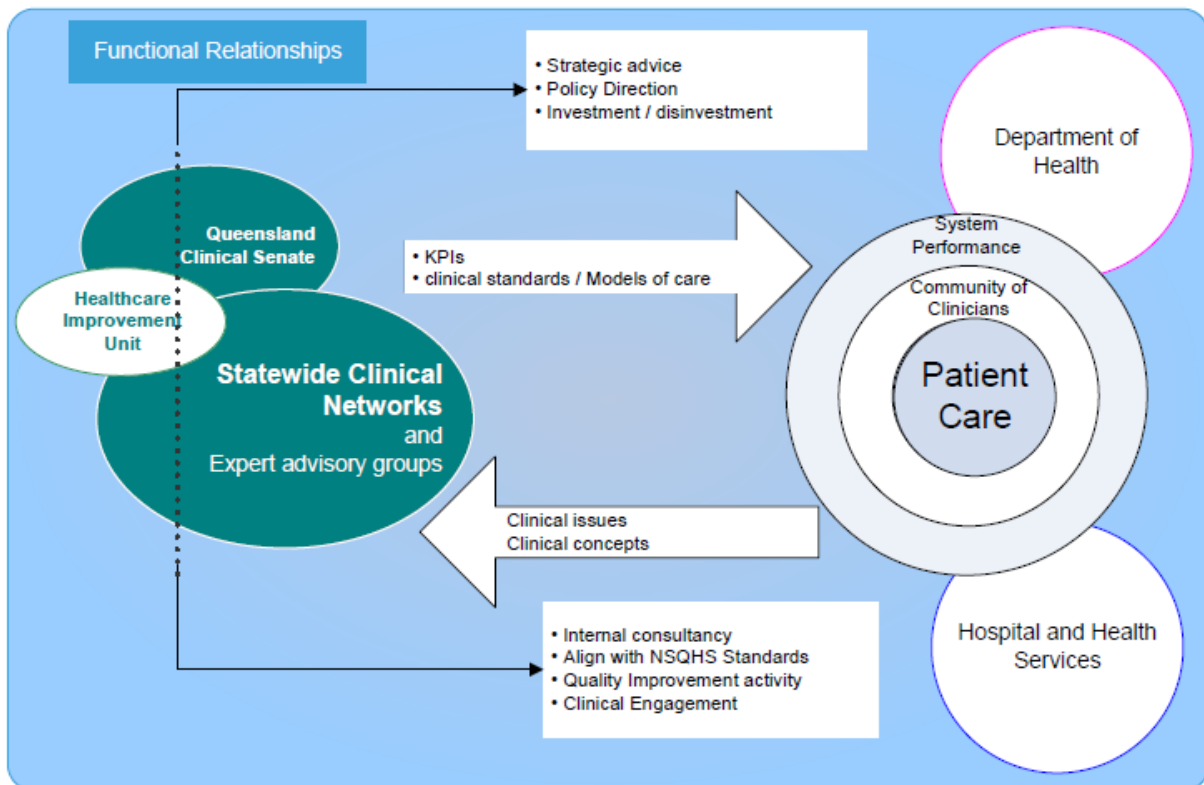
Vision of the statewide clinical networks

Engage, integrate and empower the clinicians of Queensland to innovate for service improvement, embed evidence based best practice models and to set and monitor clinical standards.

Purpose of the statewide clinical networks

As the peak body of clinical expertise in Queensland we serve as an independent point of reference, for clinicians, Hospital and Health Services and the Department of Health.

The Statewide Clinical Networks (SCNs) guide quality and improvement reform and support clinical policy development, emphasising evidence based practice and clinical consensus to guide implementation, optimisation and provision of high quality consumer focussed health care.



Anaesthesia and perioperative care

The practice of anaesthesia requires a range of fundamental clinical skills including general anaesthesia and sedation, airway management, regional and local anaesthesia, perioperative medicine, pain medicine, resuscitation, trauma and crisis management and safety and quality in anaesthesia practice.

Perioperative care includes all care from the time a patient is advised that a procedure may be appropriate or necessary until specialist medical management is no longer needed. It includes pre-operative assessment, planning and provision of anaesthesia, and post-operative care including pain management, fluid and electrolyte management, resuscitation and relevant medical management.

Perioperative nursing encompasses a range of specialised roles including perioperative patient assessment and education nurse; anaesthetic nurse; circulating nurse (scout); instrument nurse (scrub); post anaesthesia care unit nurse (recovery); perioperative nurse surgeons assistant and nurse practitioners. The anaesthetic nurse provides the primary support to the patient and the anaesthetist throughout the anaesthetic process.

Within the perioperative environment, suitably qualified Australian Anaesthesia Allied Health Practitioners (anaesthetic technicians) may also assist with the administration and monitoring of anaesthesia and are required to have extensive knowledge of anaesthesia techniques, instruments, supplies and technology.

Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet)

The SWAPNet was established in 2007 in response to a request by clinicians working within anaesthesia and perioperative care to establish a statewide multidisciplinary network to improve anaesthesia and perioperative service delivery in Queensland.

The network is comprised of members who are Queensland clinicians working or with an interest in the area of anaesthesia and perioperative care and interested persons from colleges, faculties and societies, private hospitals and non-government organisations.

SWAPNet Steering Committee

A multidisciplinary steering committee represents the broader membership and assists the Network Chairs to administer and lead the network. Communication, collaboration and consensus underpin all decisions made by the steering committee on behalf of the network.

Steering committee membership

Steering committee membership is multidisciplinary and strategic comprising anaesthetic directors/delegates and perioperative nursing directors/delegates from South East, regional and rural Queensland; obstetric and paediatric anaesthetic representatives; a perioperative nurse educator; a pharmacist, a consumer; chairs/equivalent of relevant professional colleges, associations and societies; Chair of the Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee and a representative of the Private Hospitals Association.

Guests such as the Chair, Statewide Surgical Advisory Committee, digital and SWAPNet project and working group leads are also invited to attend meetings as required. A list of current members is provided in Appendix 1.

Terms of appointment

SWAPNet Chairs are appointed for a two-year term with an option to serve two consecutive terms (4 years). Their appointment as the Chair is not impacted by the time they serve on the committee. Chairs also have the option of attending committee meetings for six months post appointment for continuity.

Steering Committee members are appointed for a maximum of ten years.

Expressions of Interest for chair and steering committee positions are distributed every two years and all members are required to submit an application for re-appointment.

Chairs and representatives of professional colleges/associations/societies and committees remain a SWAPNET Steering Committee whilst they hold their respective positions.

Role of the steering committee

The role of the SWAPNet Steering Committee is to:

- Identify and drive initiatives to improve the quality, safety and effectiveness of anaesthesia and perioperative care in Queensland;
- Provide expertise, direction and advice to the Department of Health in relation to anaesthesia and perioperative care, service planning; and emerging issues locally, statewide and nationally;
- Provide expertise, direction and advice to clinicians caring for patients within the domain of anaesthesia and perioperative care services;
- Develop an open and supportive environment for clinicians and consumers in relation to anaesthesia and perioperative care in Queensland;
- Foster education and research in anaesthesia and perioperative care best practice.

Guiding principles of the steering committee

The steering committee operates under the principles of patient focus; access and equity; quality and safety and efficiency and sustainability.

Principal functions of the steering committee

The principal functions of the steering committee are to:

- Review variation in clinical outcomes or other aspects of service quality or efficiency; define targets for improvement and develop strategies to achieve improvement.
- Sponsor the development of clinical information systems including the statewide integration of patient information covering the perioperative patient journey irrespective of geography.
- Develop, review and endorse for state use, evidence-based standards of care, guidelines and pathways and other clinical policy.
- Facilitate the development of strategies to limit clinician isolation and support the attainment of specialist registration.
- Review and support compliance with clinical practice standards and facilitate the sharing of lessons from audit processes between clinicians.
- Develop, promote and integrate clinical research activities and teaching opportunities throughout anaesthesia and perioperative services in Queensland.
- Review the value of new clinical interventions and technologies and advise on their most appropriate use.
- Monitor the adequacy of workforce supply, address the imbalance between service capacity and demand and develop strategies as required.
- Act as an advisory group to Queensland Health business units, Hospital and Health Services and Boards, other statewide clinical networks and advisory groups as required.
- Seek feedback and input into network activity from consumers / representatives.

Reporting responsibilities

The Deputy Director-General, Clinical Excellence Division is the sponsor of the statewide clinical

networks, and the Executive Director, Healthcare Improvement Unit is the senior management link for the network. All working groups established will report to the steering committee.

Combined Clinical Chairs and Queensland Clinical Senate membership

The SWAPNet Co-Chairs have automatic membership to the Combined Clinical Chairs Network and the Queensland Clinical Senate as voting ex officio members.

Confidentiality

Due to the sensitive nature of some of the issues raised during the committee meetings, members may at time be asked to remember the confidentiality clause as per below:

Section 62A of the *Health Services Act (1991)* regarding confidentiality states:

'A designated person or former designated person must not disclose to another person, whether directly or indirectly, any information (confidential information) acquired because of being a designated person if a person who is receiving or has received a public sector health service could be identified from the confidential information'.

Queensland Government requires its agencies to protect the privacy of people in the conduct of government services and business. The government has established Information Standards to protect the privacy of the people of Queensland in the delivery and conduct of government services and business.

Queensland Health must apply Information Standard IS42A, which states:

'Personal information held by the Queensland Department of Health must be responsibly and transparently collected and managed (including any transfer or sale of personal information held to other agencies, other levels of Government or the private sector) in accordance with the requirements of the National Privacy Principles'.

Statewide Clinical Networks do not generally make their minutes available to the public. The right to information is designed to give a right of access to information in the government's possession or under the government's control, unless, on balance, it is contrary to the public interest to give the access.

Duty of confidentiality

Confidential Information will be used solely for the Permitted Use of the steering committee. The steering committee will hold the Confidential Information in strict confidence and will not:

- (a) copy or reproduce it except to the extent necessary for Permitted Use or
- (b) disclose or distribute any of it to any person other than to its Representatives, to the extent they need access to Confidential Information for the Permitted Use or until the steering committee agree.

(The steering committee members will ensure that any recipient who receives any Confidential Information is aware of these Terms and will require such Representative to comply with these Terms. The steering committee members will be responsible if such Representative fails to comply with these Terms).

Code of conduct

Steering committee members will be required to adhere to the Code of Conduct for the Queensland Public Service when appointed to the network. This document can be found at <http://www.psc.qld.gov.au/includes/assets/gps-code-conduct.pdf>

Queensland Health is committed to creating workplaces that are free from bullying, harassment and discrimination, where people are respected, and diversity is embraced.

Queensland Health is guided by the four principles of the Public Sector Ethics Act 1994.

1. Integrity and impartiality
2. Promoting the public good
3. Commitment to the system of government
4. Accountability and transparency.

Steering committee meetings

Steering Committee meetings are held 6 weekly or as required. Forums are held annually or as required. Steering Committee attendance can be effected face-to-face or via telephone/video conferencing.

Steering Committee members are expected to attend meetings. If a member is unable to attend a meeting, the member must advise the network coordinator prior to the meeting and nominate a proxy to attend on their behalf.

A quorum is achieved with half the membership plus one additional member at a meeting within twenty minutes of the scheduled commencement time. For the purposes of determining a quorum a nominated proxy will count as a member in attendance.

If a steering committee member/proxy is absent for more than two meetings in succession without notification and / or a valid reason for non-attendance, the SWAPNet Chair/s will make a decision regarding their continuing membership.

Network coordination

A Principal Project Officer from the Healthcare Improvement Unit, Clinical Networks Team will act in an advisory capacity and manage the activities of SWAPNet.

Key elements of successful networks

Key elements of a successful network include:

1. Clinician engagement
 - 1.1. Annual work plan describing patient focussed priority initiatives
 - 1.2. Membership/professional representation / reach
2. Structure, governance and accountability
3. Network leaders/clinician leadership/ability to influence Hospital and Health Services
4. Measuring impact
 - 4.1. Resources available to undertake initiatives
 - 4.2. Key performance indicators are monitored

Evaluation

The SWAPNet Steering Committee will report on a yearly basis against the work plan (as part of a continuous improvement process); participate in an annual self-evaluation and regularly reflect on performance against expected functions/outcomes as defined by the steering committee Terms of Reference and attributes of a successful clinical network and seek external feedback and evaluation as required.

Date of last review

This document was last reviewed and endorsed by the steering committee and the co-chairs at the meeting on 12 February 2021.

Approving authority



Dr Morne Terblanche
Co-Clinical Chair, SWAPNet
12 February 2021



Ms Corrina Green
Co-Clinical Chair, SWAPNet
12 February 2021

DRAFT

Steering Committee membership

Positions	Members
Co-Clinical Chairs	Dr Morne Terblanche, Medical Lead, Safety, Quality and Innovation, Sunshine Coast HHS and Ms Corrina Green, Assistant Director of Nursing, Safety and Quality, Caboolture Hospital.
Director of Anaesthesia / delegate – South East Queensland	Assoc Professor David Sturgess, Director of Anaesthesia, STARS and Chair, Safe Central Venous Access Working Group
Director of Anaesthesia / delegate – South East Queensland	Assoc Professor Ivan Rapchuk, Specialist Anaesthetist, The Prince Charles Hospital and Deputy Chair, Queensland Clinical Networks Executive
Director of Anaesthesia / delegate – regional Queensland	Dr Grant Turner, Deputy Director Anaesthesia, Perioperative Medicine, Townsville University Hospital
Rural Generalist Anaesthetist / delegate (proxy arrangement)	Dr Eugene Wong, Director Medical Services, Bundaberg Hospital (previously based in Emerald). Dr Eric Morrison, Senior Medical Officer, Kingaroy Hospital
Paediatric anaesthetic – representative (proxy arrangement)	Dr Fiona MacFarlane, Director of Anaesthesia Dr Jason Schoutrop, Deputy Director of Anaesthesia Dr Trung Du, Deputy Director of Anaesthesia, Queensland Children's Hospital
Obstetric anaesthetic – representative (proxy arrangement)	Dr Fiona Barron, Senior Specialist Anaesthetist, Sunshine Coast Hospital and Health Service Dr John Clift, Staff Specialist Anaesthetist, Rockhampton Hospital
Perioperative Nursing Director / delegate – South East Queensland	Ms Fiona Newman, Perioperative Nurse Educator, Princess Alexandra Hospital
Perioperative Nursing Director / delegate – South East Queensland	Ms Ellen Judd, Nursing Director, Gold Coast University Hospital (proxy: Heidi Weber)
Perioperative Nursing Director / delegate– regional	Ms Veronica Smith, Perioperative Nurse, Townsville Hospital and Health Service
Perioperative Nursing Director / delegate– rural and remote	Ms Sheila Marshall, South West Hospital and Health Service
Perioperative Nurse Educator representative	Ms Aimee Todd Perioperative Nurse Educator, Princess Alexandra Hospital
Pharmacist	Ms Victoria Forrester, Perioperative Pharmacist, The Princess Alexandra Hospital
Chair, Queensland Regional Branch, Australian and New Zealand College of Anaesthetists	Dr Christopher Stonell

(ANZCA)	
Australian Society of Anaesthetists (ASA) representative	Dr James Hosking
President, Australian College of Operating Room Nurses Queensland (ACORNQ)	Ms Joy Jensen
Queensland President, Australian Society of Post-anaesthetic and Anaesthetic Nurses (ASPAAN)	Ms Jodie Lloyd
State representative, Australian Anaesthesia Allied Health Practitioners (AAAHP)	Ms Vicki Swaine
Chair, Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee (QPPAMRC)	Dr James Troup
Consumer representative	Vacant
General practice representative	Vacant
Guests	
Chair, Surgical Advisory Committee	Dr Robert Franz
Digital Hospital representatives	Dr Paul Wigan and Dr Alexander Cottle, Co-Chairs, Statewide Digital Anaesthetics Working Group Mr Christopher Ball Chair, Statewide Perioperative Digital Working Group Ms Tor Bendle, Surginet Reporting Coordinator, Office of the Chief Information Officer (proxy)
AARK representative	Mr Ewan Morrish, Senior Application Specialist, eHealth Critical Care
Project leads of current SWAPNet projects / priorities	

Table 1: Steering committee membership as at February 2022

Note:

- South East Queensland includes Metro North, Metro South, Gold Coast, Sunshine Coast and West Moreton hospital and health services.
- Project leads, key stakeholders and special guests may attend meetings as required by the committee. They are not considered voting members.