Terms of Reference – Comprehensive Care Working Group

# Purpose

The primary objective of the Comprehensive Care Working Group (which includes Falls, Skin and Pressure Injuries, Nutrition and Hydration, End of Life and ACD) is to provide assurance to the Executive that the clinical systems are integrated and embedded to improve the safety and quality of health care for patients and key critical clinical systems and processes are effective and robust.

Take a flexible approach to standardisation so that safety and quality systems support implementation and innovation. Target screening, assessment, comprehensive care planning and delivery processes to improve the safety and quality of care delivered to the population that Calvary Bruce Private Hospital (CBPH) serves.

These systems will include, but are not limited to:

* Consumer partnership
* Effective Clinical Practice
* Incident Management and Reporting
* Performance Monitoring for quality and safety
* Quality Improvement
* Risk Management
* Quality Care which is safe, effective with a positive patient experience
* Compliance with the National Standards for Quality and Safety in Healthcare
* Patient Feedback & Experience
* Effective Workforce
* Safe environment

# Membership

The Comprehensive Care Working Group (which includes Falls, Skin and Pressure Injuries, Nutrition and Hydration, End of Life and ACD) will comprise:

Chair:

* NUM Medical Ward
* Clinical Facilitator

Co-Chair:

* Physiotherapist
* Occupational Therapist
* Hospitality Manager
* Learning and Development Manager

Secretariat:

* Quality Support Officer

Members:

* Ward Champion: Surgical, Medical, HDU, Cath Lab, Surgical Admissions, PACU, Hyson Green
* Educator
* Quality Risk Manager
* Clinical Documentation Information Specialist
* Pastoral / Mission Representative
* Consumer Representative
* Dietician

Note: Where a Ward Champion is not able to attend, an alternative staff member may attend, this can include the NUM for the area

# Term of Membership

Incumbents of designated positions are appointed on an ongoing basis

# Roles and Responsibilities of Committee Members

The responsibilities of the Comprehensive Care Working Group includes:

* Implementing and integrating the Calvary Clinical Governance Framework on all levels of the Organisation by:
  + Attaining optimal patient, resident and client outcomes and experience
  + Supporting an engaged and safe workforce
  + Minimising risks and hazards of care
  + Developing and sharing best practice
* The impact on patient and staff safety is considered in all reported incidents.
* Regularly assessing the systems in place to help perform clinical roles, such as:
  + Identifying the appropriate processes to manage and monitor clinical performance.
  + Setting the requirements for time frames, targets, and reporting on safety and quality performance.
  + Monitoring implementation and compliance with safety and quality improvement plans.
* Developing and monitoring comprehensive and effective policies, procedures and protocols that cover safety and quality risks:
  + Delivering and supporting clinical care described in policies, procedures and protocols
  + Reviewing and updating, policies and procedures
  + All new policies and documents that have a significant financial impact on the organisation will be referred to the GM for endorsement.
* Monitoring the safety and quality of clinical practice with a focus on Comprehensive Care, such as:
  + Stewardship of the development, implementation and monitoring of clinical performance indicators to measure clinical effectiveness.
  + Reviewing the Comprehensive Care systems, monitoring that they operate effectively and that action is being taken to address any areas of concern.
  + Reporting to the Executive on issues of clinical practice and clinical service delivery.
  + Identifying, reporting and entering all incidents into Riskman to ensure oversight of risks to the organisation, monitor risk controls and the implementation of risk treatments.
  + Oversight of NSQHS Standard 5 Comprehensive Care for the National Standards for Quality and Safety in Health Care and alerting the Executive to areas of concern regarding accreditation preparedness.
  + Overseeing the quality improvement systems in terms of comprehensive care.
  + Ensuring systematic improvements in corporate and clinical practice identified as a result of external reviews are implemented.

# Role of Chair

The role of the Chair is to lead the meeting and facilitate discussion amongst members to ensure good governance and overview of agenda items, decisions to be made and to determine items that may be required for escalation for discussion with the Clinical and Corporate Governance Committee.

# Reporting

This Working Group reports to Clinical and Corporate Governance Committee

## Frequency of Reporting

Meetings will be held every second month with additional ad-hoc meetings as required, including online

## Method of Reporting

Standard Update template is presented for tabling at the Clinical and Corporate Governance Committee meeting.

## Liaises With

* Partnering with Consumers Working Group
* Delirium, Unpredictable Behaviour and Cognitive Impairment Working Group
* Wound Working Group

# Meetings

* This Working Group will meet monthly, on the fourth Tuesday every 2nd month at 2pm via Webex, with additional ad-hoc meetings as required.
* The Agenda will be available at least three days before the meeting.
* Standing agenda items will be discussed as well as new/other business at each meeting
* The original files and records of the Working Group will be held with the secretariat.

Objectives

* Implementing and Integrating the Clinical Quality and Safety Systems on all levels of the Organisation with regards to Falls, Skin Integrity and Pressure Injuries, Nutrition and Hydration, End of Life Care and ACD.
* Working towards meeting the objectives of the NSQHS Standard 5 Comprehensive Care Standard.
* Develop and monitor comprehensive and effective policies, procedures and protocols the cover safety and quality risks with regards to Falls, Skin Integrity and Pressure Injuries, Nutrition and Hydration, End of Life Care and ACD.

# Quorum

The quorum for committee meetings will be half of the members plus 1. Meetings may proceed without a quorum; however in this circumstance voting would be suspended and conducted out of session. When out of session voting is conducted, no response indicates approval.

# Decision-making Process

The Working Group receives reports/data extracted from Data Hub, Riskman, MEG Auditing system and other relevant sources (eg Accreditation feedback). Working group recommendations are resolved by discussion with all efforts made to reach a collective agreement.

# Changes to the Terms of Reference

This Terms of Reference will be reviewed by the Committee at least once every two years. The Terms of Reference may also be reviewed at the request one of the Committee members.

Where possible, decisions regarding changes will be made by consensus. When this is not possible, a vote will be taken amongst the members of the Committee, with greater than 50% of the vote required to approve changes.

# Dissolution

The Committee can be dissolved by agreement of the members and the relevant Executive(s) at a special meeting open to all interested