

Terms of Reference | Canberra Health Services

CHS Pressure Injury Working Group	
1. Purpose	To provide advice, oversight and monitoring of strategies for preventing pressure injuries (PIs) to reduce the CHS PI Hospital Acquired Complications rate by December 2026.
2. Membership	• Chair – North Canberra Hospital (NCH) Executive Director, Nursing and Midwifery • Clinical Nurse Consultant (CNC), Tissue Viability Unit, Canberra Hospital (CH) • CNC, Tissue Viability, NCH • CNC, Tissue Viability, Community Health and Integrated Care (CHIC) • CH 7A CNC (Nursing Clinical Lead, CH) • ADON Medicine, NCH (Nursing Clinical Lead NCH) • A/g CNC, Majura Ward (Nursing Clinical Lead UCH) • Occupational Therapy Manager, Acute Allied Health • Tissue Viability Advisor, CDN HITH, NCH • Quality & Safety Project Officer, Quality, Safety and Governance (QSG) • Other members and/or observers will be invited at the discretion of the Chair.
3. Scope of Working Group	• Oversee review and implementation of the <i>CHS Pressure Injury Prevention and Management</i> procedure. • Identify and support implementation of DHR workflow enhancements to support improved documenting, monitoring and reporting of PI. • Identify and support enhancements for DHR reporting of PI indicators. • Review and analysis of data for improvement. • Ensure progression of targeted quality improvement activities at NCH and recommend opportunities to adopt or adapt improvements for implementation at other CHS facilities. • Supporting a consistent approach to managing and maintaining equipment in relation to pressure injury prevention. • Support improved organizational visibility of HAC Clinical Coding review schedule and findings. • Promote effective engagement, communication and collaboration with all key stakeholders. • Escalate issues to the Executive Sponsor and the Comprehensive Care Committee as required.

4. Frequency of Meetings	Meetings shall occur monthly for one hour and can be altered by the Chair as deemed necessary. Out-of-session recommendations may be undertaken where necessary
5. Quorum	50% of membership + 1, and a minimum of one representative from CH and NCH Members should provide a proxy if they are unable to attend. When quorum is not met, the working group may still hold discussions on agenda items. No decisions or resolutions shall be made unless quorum is present, any proposed actions will require further discussion at the next meeting with quorum, or out of session.
6. Secretariat	To be provided by Quality & Safety Project Officer, QSG
7. Reporting Responsibilities	CHS Comprehensive Care Committee
8. Sub-Committee	NCH Quality Improvement working group.
9. Meeting Papers	Agenda and supporting papers will be circulated by the Secretariat at least three business days prior to meeting. Minutes, action items and key decisions will be circulated to members no later than one week after the meeting.

Endorsed: 22/7/2026

Membership

Name	Representation / Division
Karen O'Brien (Chair)	NCH Executive Director, Nursing and Midwifery
Ann Marie Dunk	CNC Tissue Viability Unit, CH
Catherine West	CNC Tissue Viability, NCH
Danielle Harding	Tissue Viability Advisor, CDN HITH, NCH
Lachlan McDiarmid	A/g CNC Tissue Viability, CHIC
Tamara Kent	ADON Medicine, NCH (Nursing Clinical Lead NCH)
Sajina Thomas	CH 7A CNC (Nursing Clinical Lead, CH)
Lincy Thomas	A/g CNC, Majura Ward (Nursing Clinical Lead UCH)
Melinda Symon	OT Manager, Acute Allied Health
Tami Moore (Secretariat)	Quality & Safety Project Officer, QSG

