



TERMS OF REFERENCE

Riverland Clinical Review Committee

Role	<p>The Cluster Clinical Review Committee is to oversight, provide guidance and direction to staff, and support the implementation of new clinical initiatives that arise from the CHSA Clinical Governance committee or through new policy or legislation.</p> <p>This applies to all clinical matters and service delivery including but not limited to drug and therapeutics, medication safety, infection control, acute and aged care services, out-of-hospital care and services, implementation of new procedures following findings of coroner investigations, and consideration of incidents and patient complaints that have a clinical focus or component.</p> <p>The Clinical Review Committee monitors and ensures that best practice policy and procedure is implemented across the cluster and that a cluster-wide approach to clinical practice is adopted.</p> <p>This Committee will also make recommendations to the Cluster Executive and Cluster Director on matters that need to go forward to Country Health Executive or the CHSA Clinical Governance Committee for consideration.</p>
Functions	<p>As directed by the Cluster Executive Committee, the Clinical Review Committee will monitor the development, implementation and evaluation of strategic objectives in line with CHSA operational, clinical and strategic goals. An example may be the Elective Surgery Strategy.</p> <p>In addition, the Clinical Review Committee will consider the following either as standing items or through the use of working parties or sub committees.</p> <p>In Hospital Care – Implement, monitor and evaluate consistent in-hospital care across the cluster. Strengthen relationships between community organisations and outpatient service providers to develop and support patient journey initiatives.</p> <p>Out of Hospital Care - Identify and develop links with external service providers, develop and implement patient journey, Out of Hospital strategies and COAG programs. Implement, monitor and evaluate a consistent approach and practice to the delivery of out of hospital care and community based activities across the cluster.</p> <p>Aged Care –Identify opportunities to increase revenue and maximize use of cluster resources under direction from the Cluster Executive. Monitor and report to cluster executive on clinically based complaints and compliments, annual reporting requirements, benchmarking goals and other matters relevant to service provision and organisational performance of aged care facilities and services. (Note: this is not intended to replicate the work of the OHSW&IM or Quality, Risk and Safety)</p> <p>Mental Health – monitor service gaps and liaise with Mental Health directorate and other providers to ensure service provision and planning is</p>

cohesive across the Cluster and provides for an effective patient journey experience.

Drug and Therapeutics - promote and disseminate advice to clinical employees of the cluster including General Practitioners and hospitals and health services on the safe, appropriate and cost-effective use of drugs and therapeutics in line with CHSA policy and protocols.

The committee should also monitor the use of medications within the cluster and ensure compliance with current policy and procedure.

Infection Control – actively promote CHSA activities for the prevention and reduction of healthcare associated infections within the health services, and to disseminate and monitor the implementation of CHSA infection control policy and procedures.

The committee will provide recommendations to the CHSA infection prevention and control committee through the Cluster Executive.

Clinical Standards - make recommendations to the Cluster Director and Cluster Executive Committee in regards to the development and implementation of clinical standards. Ensure that a cluster-wide approach is developed towards clinical best practice and CHSA clinical standards and guidelines are implemented. Monitor clinical activity and develop strategies that allow the cluster to meet activity requirements and goals.

Identify, benchmark and develop strategies to work towards reducing common identified clinical risks. Ensure that clinical standards are identified and benchmarked against other facilities of similar size.

Utilise incident data to inform local quality improvement processes and to make recommendations for system changes especially focused on but not limited to:

- a) Falls prevention
- b) Infection prevention and control
- c) Medication safety
- d) Correct patient, correct procedure, correct site
- e) Blood product management
- f) Adverse occurrences
- g) Complaints statistics
- h) Clinical documentation and handover
- i) Considering and responding to coroner findings and where implemented, monitor the outcomes of the recommendations.

Principles

The Clinical Review Committee will consider the following principles throughout all stages of the management of their business:

- transparency and ethical responsibility
- identification and resolution of conflicts of interest
- accountability
- monitoring and evaluating of performance, based on evidence and outcomes

Reporting

The Cluster Clinical Review Committee reports to the Cluster Executive Committee.

The Cluster Clinical Review Committee through the Chair, will keep the Cluster Director informed on all matters of interest.

There is also a strong relationship with the other CHSA Clinical Governance sub-committees and the CHSA Safety and Quality Directorate.

Membership	<p>Membership is to be determined by Cluster Executive taking into account local cluster needs.</p> <p>Membership is as follows:</p> <ul style="list-style-type: none">• Cluster Director (ex officio)• GP representative from each of the 5 towns• EO/DON's or DON's• Director Community Health• Manager, Riverland QRS Unit <p>The Chair needs to be notified in advance where a proxy will be present at a meeting.</p> <p>Other persons may be co-opted as required for one or more meetings.</p> <p>The Chair for the Committee will be determined at the first meeting by the members of the Committee. The term of office for the Chair will expire at the end of each calendar year. The Committee will determine who the Chair will be for the following Calendar year at the last meeting of each calendar year.</p> <p>A quorum will consist of at least half the members of the Committee plus one.</p>
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Proposed Meetings	<p>The Clinical Review Committee meetings will be held quarterly on the 4th Monday of the relevant month, from 9am – 11 am in the Berri Hospital Board Room</p> <p>Meetings will be held in accordance with the meeting schedule.</p> <p>Tele / video conferencing facilities will be utilised as appropriate.</p> <p>Terms of Reference will be reviewed annually</p> <p>The meeting schedule for the coming year will be developed and disseminated to members at the November meeting.</p> <p>Apologies are to be notified to the designated Administration Support person a minimum of 1 week prior to the date of the meeting.</p>
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Notice of Meetings

Agendas

- Are to be developed and approved by the Chair with support from the appointed administration support person
- Are to be distributed with relevant papers five (5) working days prior to the scheduled meeting.
- Late agenda items will only be considered at the discretion of the Chair
- Agenda items are to be forwarded to the Chair two (2) weeks prior to the meeting.

Minutes will be distributed within 5 working days of the meeting.

The Chair will maintain all relevant records on behalf of the Committee and on vacation of the Chair will make all records available to the Cluster Director.

Confidentiality

From time to time the Committee may need to discuss matters in Confidence or hold matters in Confidence until they have been finalised.

The Committee can decide what elements of the discussion should be released and when, providing the Cluster Director is kept informed of all matters of importance.