Division Quality Committee
Terms of Reference

Purpose
The Victorian clinical governance framework supports health services to increase their capacity to deliver sustainable, patient-focused, high quality care. The framework consists of four domains; consumer participation, clinical effectiveness, effective workforce and risk management. All staff have specified clinical governance roles, responsibilities and accountabilities within this framework. The Division Quality Committees (DQC) have been established to strengthen clinical governance within the Royal Children's Hospital (RCH) and to provide staff at a divisional level with the support and structure within which to fulfil their clinical governance responsibilities and accountabilities.

Objectives
To continuously improve the safety and quality of care provided to patients and their families by:

- providing leadership to all divisional staff to support active participation in the RCH clinical governance systems
- ensuring the RCH Quality Plan directs activity at a divisional level
- establishing a system for reporting quality improvement activities and evaluation and providing an opportunity for the learning to be shared across the division
- facilitating consumer participation in their care and in broader quality improvement activities
- implementing a standardised approach to audit across all clinical areas
- promoting a multidisciplinary approach to quality improvement
- educating staff regarding their clinical governance roles and responsibilities and facilitating staff involvement in quality improvement activities
- ensuring compliance with credentialling and scope of practice processes where relevant
- ensuring clinical risk management systems are implemented and utilised across the division in accordance with RCH policy.

Roles and responsibilities
Using the four domains of the Victorian clinical governance framework the DQC will:

- provide an opportunity for reporting by units/departments regarding quality improvement activities undertaken
- review progress against actions arising from the RCH Quality Plan
- review progress against recommendations from accreditation and ensure that the division is addressing accreditation requirements
- optimise consumer participation in all aspects of quality improvement within the division including consumers from culturally and linguistically diverse communities
- review clinical indicators from external sources e.g. Australian Council on Healthcare Standards clinical indicators, Department of Health patient safety monitoring initiatives
- be informed of results of monthly divisional quality reports to the CEO
- monitor and respond to unit/department audit results, including morbidity and mortality meeting outcomes
- monitor results of credentialling and scope of practice processes
- track recommendations, relevant to the division, which result from the review of critical incidents or sentinel events and provide information for reporting to the Patient Safety Committee
- review incident and complaint trend data in areas of known risk and request feedback from units/departments as required
- identify risks specific to the division, monitor and treat as appropriate, including consideration of risks identified from horizon scanning
- track recommendations from relevant coronial inquests and determine the required action
monitor and respond to the evaluation of changes implemented as a result of risk management practises
identify opportunities for staff to undertake quality improvement activities with a multidisciplinary team focus.

**Membership**
The membership of the DQC will vary by division due to the nature of the clinical areas involved but should comprise:
- Division Executive member
- Director Clinical Operations (or equivalent role)
- Division Quality Manager
- Unit/department representation
- Allied Health representative
- Consumer representatives (two)

Delegates may be sent as required.

Units/departments will be invited to attend and present on a rotating basis, or where required to discuss relevant issues.

**Meeting frequency**
Meetings will be held bimonthly and a quorum will comprise fifty per cent of the membership.

**Reporting**
Reporting will occur in a number of ways:
- minutes will be kept of each meeting and circulated to committee members and to the Director of Quality
- outcomes of implementation of recommendations will be reported to the Patient Safety Committee
- each division will provide a written report to the Clinical Safety and Quality Committee twice a year
- each division will provide a written report and/or present to the Board Quality on an annual basis
- members will be responsible for communicating outcomes of the meeting to the areas they represent:
  - report from DQC should an agenda item at relevant meetings such as Nurse Unit Managers meetings, division meetings, head of department meetings
  - reporting lines from the DQC will vary due to the differing structure of each division however efforts should be made to ensure that effective communication occurs across all clinical levels.