

CLINICAL REVIEW COMMITTEE

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ANNUAL REPORT TO THE PUBLIC FOR 2017

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

PERTH CLINIC – CLINICAL REVIEW COMMITTEE

Please send completed reports to:  
Quality Improvement and Change Management Unit  
Department of Health  
PO Box 8172  
Perth Business Centre  
Perth WA 6849  
Or email to [QICM@health.wa.gov.au](mailto:QICM@health.wa.gov.au)

If you require any further information, or have any queries, please contact the Quality Improvement and Change Management Unit on 9222 4080.

**Please note:** The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

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Contact details of person providing the report:

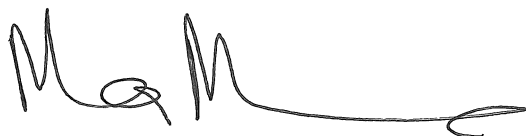
Name Moira Munro

Position Chief Executive Officer

Telephone 08 9488 2970

Email [moiram@perthclinic.com.au](mailto:moiram@perthclinic.com.au)

Signature



The *Health Services (Quality Improvement) Act 1994* provides for the approval and protection of quality improvement committees reviewing, assessing and monitoring the quality of health services and for related purposes. Section 9 of the *Health Services (Quality Improvement) Regulations 1995* each committee is to make a report available to the public at least once in each period of 12 months.

The following fulfils the requirements of the committee under section 9 of the *Health Services (Quality Improvement) Regulations 1995*.

*A copy of the committee's Terms of Reference is attached.*

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Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required

#### Description

*A detailed review was undertaken in relation to the procedures for*

- *Monitoring and management of patients exhibiting risk behaviours such as self harm and suicidal intent*
- *Management of patient leave procedures*
- *Assessment and monitoring of mental health and physical health status, including the identification of clinical deterioration and processes for escalation of care.*
- *Monitoring and management of patient falls.*

#### Action Taken

*Throughout the review a number of actions were taken including*

- *Review of relevant national and international guidelines*
- *Review of health records, including risk assessments, care plans and outcome measures*
- *Review of audit reports and quality improvement activities*
- *Review of documented policies and procedures*
- *Assessment of staff knowledge*

## Outcomes

*The systems were found to be effective and well understood by staff. Specific outcomes of the review included:*

- 1. Confirmation that the current tools and systems for managing patient care including risk assessment and monitoring of deterioration are effective*
- 2. Confirmation that the system for managing patient leave is appropriate and effective.*
- 3. Audits have confirmed compliance with procedures.*
- 4. Practices are compliant with relevant national guidelines and standards.*
- 5. Staff knowledge and competence with procedures was confirmed.*