Quality Assurance
Committee guidelines

Patient Safety and Quality Improvement Service
Quality Assurance Committee guidelines
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1. **Purpose**

These Quality Assurance Committee guidelines (guideline) provide recommendations to assist entities when establishing, managing and monitoring a Quality Assurance Committee (QAC) pursuant to the *Hospital and Health Boards Act 2011* (Act) and *Hospital and Health Boards Regulation 2012* (Regulation). It aims to explain the functions, obligations and responsibilities of membership of a QAC.

2. **Scope**

This guideline is relevant to entities authorised to establish a QAC\(^1\), members of the QAC\(^2\), relevant persons\(^3\) and a person who performs functions for a patient safety entity\(^4\).

3. **Legislation**

- Act (Part 6, Division 1)
- Regulation (Part 5)
- *Right to Information Act 2009* (Schedule 2, Part 1)
- *Health Ombudsman Act 2013*\(^5\)
- *Information Privacy Act 2009*\(^6\).

4. **Principles**

The following principles are recommended to guide the establishment and ongoing management of QACs:

- The purpose of a QAC is to improve the safety and quality of health services.
- The role of a QAC must include:
  - assessment and evaluation of the quality of health services,
  - reporting and making of recommendations concerning those services, and
  - monitoring the implementation of its recommendations.

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\(^1\) Section 82 of the Act.
\(^2\) Section 84(1) of the Act.
\(^3\) Refer to the definition of *relevant person* in Schedule 2 and s.84(2) of the Act.
\(^4\) Section 85(2) of the Act.
\(^5\) A function of the *Health Ombudsman Act 2013* is to identify and report on systemic issues including issues related to the quality of health services at s.25(c).
\(^6\) The National Privacy Principles in Chapter 2, Parts 2 and 3.
The prospective members of a QAC should be advised of their protection from liability\(^7\) to encourage and facilitate the voluntary participation in healthcare improvement by providing a confidential environment where practice, decisions and outcomes can be reviewed.

5. Establishing a QAC

5.1 Who can establish a QAC?

The following entities are authorised to establish a QAC for a matter relating to its function:

- a Service – the chief executive of a Hospital and Health Service (HHS)
- a professional association, society, college or other entity whose functions relate to the provision of health services or to the providers of health services
- the Director-General (DG) of Queensland Health (as chief executive of the department), for a matter relating to a Service or the department.
- the licensee of a private health facility, for a matter relating to health services provided in its facility.

Two or more of the bodies mentioned above may jointly establish a single committee. However, an entity must not establish a committee unless satisfied that certain requirements are met\(^8\).

5.2 QAC membership

The committee must comprise individuals with appropriate training and experience appropriate to the services to be assessed and evaluated by the committee. There is no prescribed minimum or maximum number of members for a QAC. It is recommended that any application process to establish a QAC include a requirement to submit details of each member’s qualifications and a summary of their relevant experience.

5.3 How to establish a QAC

Each entity establishing a QAC will need a local process for applications to establish a QAC. The establishing entity needs to be satisfied that:

a) the committee’s functions include:

- assessment and evaluation of the quality of health services,
- reporting and making of recommendations concerning those services; and
- monitoring the implementation of its recommendations.

\(^7\) Sections 88 and 89 of the Act. Protection from liability is conditional upon the QAC member having acted in good faith and without gross negligence.

\(^8\) Section 82(3) of the Act.
b) the committee comprises individuals with training and experience appropriate to the services to be assessed and evaluated by the committee.

c) the exercise of the committee’s functions would benefit from the immunities and protections afforded by the Act.

Once a QAC has been established the DG must be notified using the approved form.

5.4 **Does the committee need to be a QAC?**

It is important to carefully consider whether a QAC is the appropriate vehicle for the functions of the proposed committee. It is unnecessary for all committees with a role encompassing safety and quality to be a QAC.

The context of the committee needs to be considered against the strict confidentiality provisions, protections to prevent information from being disclosed in legal proceedings as well as the protections from liability for members of QACs. Committee members and relevant persons are prohibited from disclosing information acquired as a member and/or relevant person for the committee.

QAC reports cannot disclose the identity of an individual provider or recipient of health services without the written consent of the individual. Recommendations made by an approved QAC cannot be used as evidence that a practice or procedure was careless or inadequate.

The *Right to Information Act 2009*, Schedule 2, Part 1, exempts approved QACs from right to information applications.

5.5 **Register of QACs**

The DG must establish and maintain a register of established QACs and make the register available to the public on the Queensland Health website. The register is maintained on behalf of the DG by the Patient Safety and Quality Improvement Service (PSQIS). The QAC register is reviewed annually to ensure the information is up to date. The register is available at [https://www.health.qld.gov.au/psu/qac/docs/qac-committee.pdf](https://www.health.qld.gov.au/psu/qac/docs/qac-committee.pdf)

6. **QAC procedures**

6.1 **Chairperson**

The establishing entity should appoint a chairperson to the committee. If the entity does not appoint a chairperson, the committee must elect a member to be the chairperson. If the

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9 Section 82(4) of the Act.
10 For exceptions to the limitation placed on members and relevant persons disclosing information, see s.84(1) and s.84(2) of the Act. The exceptions are listed generally at Item 8.2 below.
chairperson is present, they are to chair the meeting. If the chairperson is absent, the members choose an attending member to act as chairperson for that meeting.\footnote{Section 16(1) of the Regulation.}

### 6.2 Meetings\footnote{Sections 17 to 21 of the Regulation.}

- The chairperson decides the time and place for meetings to be held.
- An extraordinary meeting can be held if the chairperson receives a written request from the number of members that equates to a quorum.
- A quorum for a QAC is defined as the number equal to one-half of the number of its members or the next highest whole number.
- Newly established QACs must hold their first meeting within three (3) months of the establishment of the QAC.
- Each member present has a vote on each question to be decided. In the event of equal votes, the member presiding has the casting vote.
- QACs must keep minutes of their meetings for ten (10) years after the meeting, in a manner to be agreed on by the QAC and in keeping with the committee’s privacy policy.

### 6.3 Privacy policy

The committee must adopt, by resolution, a written privacy policy. The content of the privacy policy must state the ways the committee, or a member of the Committee, may do any of the following:

- acquire and compile relevant information;
- securely store relevant information;
- disclose relevant information;
- ask an individual for consent to disclose the individual’s identity under Section 83(2) of the Act.

The privacy policy also must state the circumstances under which a record containing relevant information may be copied or destroyed.\footnote{Please refer to s.24 of the Regulation for further information about the content of the privacy policy.}

### 7. QAC reporting

#### 7.1 Triennial reports

Every three (3) years of operation of a QAC, the QAC must make a report available to the public – see Appendix 1. The report must be made available specifically within three (3) years.
after the committee was established, and relate to the relevant three year period preceding the report. Triennial reports may be made in any form the QAC considers appropriate. QACs must not publish reports that identify individuals who are providers or recipients of health services without written consent. The committee must give the report to the entity that established them before making the report publically available. Where the DG is the establishing entity, it is the responsibility of the submitting QAC to submit a DG briefing note to accompany the triennial report. PSQIS will liaise with the committee to support compliance with legislative requirements.

7.2 Annual activity statement

A QAC must prepare an annual activity statement on or before each anniversary of the day of its establishment - see Appendix 1. Statements must be forwarded to the entity that established the committee (i.e. DG or relevant chief executive). Statements should be submitted to PSQIS (on behalf of the DG) via email at Quality-Assurance-Committee@health.qld.gov.au

It is recommended that each establishing entity develop processes for the routine monitoring of reporting in accordance with required content and timeframes set out in the Regulation. PSQIS will carry out a role of compliance monitoring and report to the DG.

8. Information for QAC members and relevant persons

8.1 Members and relevant person

A QAC is established with a defined membership of appropriately qualified individuals. The Act does not set any minimum or maximum number of members for a QAC. Members form the quorum required for meetings and have voting rights on issues at meetings.

QACs may also authorise individuals to help the committee to perform its functions. This may include providing administrative or secretariat services to the committee, advising the committee about the performance of its functions, or preparing reports and other information for the committee. These individuals are referred to as “relevant persons” and are also bound by the confidentiality obligations in the Act.

8.2 Confidentiality obligations

Strict confidentiality obligations apply to both QAC members and relevant persons.

QAC Members are prohibited from disclosing information acquired in the course of their involvement in QAC activities. The exceptions include:

- for the purpose of exercising their functions as committee members,

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14 Section 27 of the Regulation.
• mandatory reporting to the Office of the Health Ombudsman,
• providing information to a prescribed patient safety entity,
• providing information to another QAC if the information is relevant to that committee's functions\textsuperscript{15}.

The penalty for breach of these confidentiality provisions is a fine of up to $11,780.

A relevant person for a QAC is similarly prohibited from disclosing to someone else information acquired in the course of their involvement in QAC activities, except as necessary to help the committee perform its functions. The same penalty of up to $11,780 applies to breaches\textsuperscript{16}.

\section*{8.3 Mandatory reporting to the Health Ombudsman}

For QAC members who are registered health practitioners, the mandatory reporting threshold is higher than practitioners would otherwise be accustomed to in their usual capacity as a registered health practitioner. As a QAC member, health practitioners are only obliged, and indeed only authorised, to report a reasonable belief of \textit{public risk notifiable conduct}\textsuperscript{17}. This means a reasonable belief that another registered health practitioner has:

• placed the public at risk of \textit{substantial harm} because of impairment, or
• placed the public at risk of \textit{substantial harm} because of practice that constitutes a significant departure from accepted professional standards.

\textbf{NB.} \textit{Impairment} is a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity to practise the profession\textsuperscript{18}.

QAC members who are not registered health practitioners do not have mandatory reporting obligations.

\section*{8.4 Giving evidence}

Neither a QAC member nor a relevant person for a committee can be called to produce documents or give evidence in any legal proceedings about information that came to their knowledge as a QAC member or a Relevant Person for a committee\textsuperscript{19}.

\section*{8.5 Protection from liability}

Neither a QAC member nor a relevant person for a committee can be held civilly liable for their acts or omissions if they have acted in good faith and without gross negligence in their

\begin{flushleft}\textsuperscript{15} Section 84(1) of the Act. \\
\textsuperscript{16} For exceptions to the disclosure obligations for relevant persons see s82(2) of the Act. \\
\textsuperscript{17} Section 84(1)(d) of the Act. \\
\textsuperscript{18} Schedule, Part 1, s.5 to the \textit{Health Practitioner Regulation National Law Act 2009}. \\
\textsuperscript{19} Section 90 of the Act. \end{flushleft}
function as a QAC member or a relevant person for a committee. If the QAC member or relevant person incurs costs in defending such proceedings, the person is to be indemnified (costs paid) by the entity that established the committee20.

9. **QAC governance**

9.1 **State-wide and local QACs**

PSQIS has an overall governance and compliance role, on behalf of the DG, for QACs where the DG is the establishing entity, i.e. statewide QACs.

Where the chief executive of a HHS is the establishing entity for a local QAC, the local HHS has the responsibility for overall governance and compliance for the QAC. Similarly, where professional associations, colleges or licensees of private health facilities are the establishing entity for QACs within their areas they will have overall governance and responsibility for their QAC. PSQIS operates in an advisory role only in relation to non-statewide QACs.

9.2 **Compliance framework**

**DG’s role:**

- establishing statewide QACs
- establishment of a publicly available QAC register
- maintenance of a QAC register
- receipt of all QAC annual statements
- receipt of statewide QAC triennial reports prior to them being made publically available.

**Chief executive (HHS) or other local establishing entity role:**

- establishing QACs
- receipt of annual statements
- receipt of local QAC triennial reports prior to them being made publically available.

**PSQIS’s role (on behalf of the DG):**

- compliance tracking: due dates for triennial reports and annual activity statements
- maintenance of the publicly available QAC register
- the provision of advice to the DG about whether proposed statewide QACs meet the requirements under Section 82 (3) of the Act

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20 Section 88 of the Act.
• advice to the DG about whether reports of statewide QACs meet requirements under Sections 25 to 27 of the Regulation.

9.3 Statewide learnings from quality assurance activities

As a prescribed patient safety entity pursuant to Section 28 of the Regulation, and independently from its governance and compliance role, PSQIS may request a copy of a report or other document from a QAC for an authorised purpose:\n
However, a person who performs functions for the patient safety entity:

• must not give a copy of the report or other document to anyone else; and
• must not disclose any information contained in the copy of the report or other document to anyone else other than for the authorised purpose for which the copy of the report or document was given; and
• must not use the copy of the report or document, other than for the authorised purpose for which the copy of the report or document was given.

The penalty for breach of these confidentiality provisions is a fine of up to $11,780.

10. Other advice about QACs

If you require further advice about the establishment, or monitoring compliance of a QAC, please contact the Patient Safety and Quality Improvement Service, Clinical Excellence Division by email: Quality-Assurance-Committee@health.qld.gov.au

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21 Section 85(1) of the Act.
11. **Appendix 1**

**Checklists for mandatory reporting - s.82 (4) & (5) of the Act**

**Triennial report checklist**

<table>
<thead>
<tr>
<th>Item</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>A statement of the QAC’s functions</td>
<td></td>
</tr>
<tr>
<td>A list of each current member’s full name, qualifications, office or position and a summary of the member’s experience that is relevant to the QAC’s functions</td>
<td></td>
</tr>
<tr>
<td>A summary of the activities performed in, and any outcomes of, the exercise of the QAC’s functions</td>
<td></td>
</tr>
<tr>
<td>A summary of the QAC’s privacy policy</td>
<td></td>
</tr>
</tbody>
</table>

**Annual activity statement checklist.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>The chairperson’s full name</td>
<td></td>
</tr>
<tr>
<td>Each member’s full name</td>
<td></td>
</tr>
<tr>
<td>The full name, qualification, office or position, date of appointment and summary of experience relevant to the QAC’s functions of every person appointed as a member during the reporting period</td>
<td></td>
</tr>
<tr>
<td>The full name of any member who ceased being a member during the reporting period, along with the date they ceased to be a member</td>
<td></td>
</tr>
<tr>
<td>The dates of each QAC meeting held during the reporting period</td>
<td></td>
</tr>
<tr>
<td>The date the QAC was established</td>
<td></td>
</tr>
</tbody>
</table>