

Application for General Practitioners (GPs) Infant Mortality (IMSC) or Clinical Incident (CISC) Subcommittee Members

Queensland Paediatric Quality Council (QPQC)

The Queensland Paediatric Quality Council is looking for **two GP representatives** to join as members of either the **Infant Mortality** or **Clinical Incident** subcommittee

General Practitioners (GPs)

We are seeking expressions of interest from GPs with an interest in paediatrics and who have:

- an interest/passion in infant care and preventative health services; and/or
- knowledge and/or experience in clinical incident analysis methodology; and/or
- an interest/passion in patient safety and quality and preventative health services

The Queensland Paediatric Quality Council is an approved Quality Assurance Committee (QAC) which operates within the Clinical Excellence Queensland division of Queensland Health. It also partners with Children's Health Queensland Hospital and Health Service. Its purpose is to:

- Collect and analyse clinical information regarding paediatric mortality and morbidity in Queensland to identify statewide and facility-specific trends
- Make recommendations to the Deputy Director General on standards and quality indicators of paediatric clinical care, to enable health providers in Queensland to improve safety and quality
- Assist with the adoption of such standards in both public and private sectors

The QPQC has established two subcommittees to focus on initial priority areas of the Council.

Infant Mortality Subcommittee (IMSC) Purpose

The IMSC undertakes a detailed review of the circumstances and events surrounding post-neonatal infant deaths (age 28-364 days of age), with a focus on Sudden Unexpected Deaths in Infancy, in an effort to identify opportunities for prevention of the excess deaths of Queensland infants (approximately 30% higher than the rest of Australia).

The information from these reviews is then used to develop reports and action items to improve prevention, investigation and support for families. IMSC members contribute to and review these outputs.

Membership of the IMSC comprises health and other professionals from around Queensland with knowledge and expertise in the areas of paediatrics/child health, neonatology, nursing and midwifery, forensic medicine, child protection, indigenous health, policing and academic research



Role of the GP Representative

All members on the IMSC represent and bring skills and knowledge relating to their areas of expertise.

The role of the GP representative on the QPQC Infant Mortality Subcommittee is to:

- Actively participate in committee discussions and meetings
- Bring a GP perspective to all discussions and decision-making
- Review case documentation (on a rotational basis) using the IMSC questionnaire
- Record these reviews on a secure online database (REDCap)
- Present review findings at Infant Mortality Subcommittee meetings
- Provide feedback from a GP's perspective on statewide themes and learnings for prevention, investigation, and support of families
- Provide feedback from a GP's perspective on materials, resources and reports destined for families and/or clinicians and health professionals

Time and location

The IMSC meets on the 3rd Tuesday of each month (Feb-Nov) from 2-4pm. Members are asked to review and discuss a case on a rotational basis and record the review on a secure online data base (approximately 1- 1 ½ hours work). Two reviewers are allocated to each case and 3 to 4 cases are discussed each meeting. The IMSC is Chaired by Dr Julie McEniery, (Co-Chair of the QPQC). All meetings are conducted via Microsoft Teams.

Clinical Incident Subcommittee (CISC) Purpose

A **Clinical Incident Subcommittee** has been established under the QPQC with responsibility for investigating themes, recommendations and quality of serious clinical incident analyses involving children and young people under 18 years of age in Queensland.

The terms of reference for the CISC are to:

- 1) Comprehensively identify/describe factors of statewide relevance that contribute to death or permanent paediatric patient harm and opportunities for prevention and health promotion;
- 2) Analyse the quality of paediatric clinical incident analysis reports; and
- 3) Analyse the strength of recommendations made in paediatric clinical incident reviews.

Membership of the CISC comprises health and other professionals from metropolitan, regional, rural/remote areas with knowledge and expertise in the areas of paediatrics/child health, nursing, patient safety/clinical governance, retrieval services, surgical and human and system factors

Role of the GP Representative

All members on the CISC represent and bring skills and knowledge relating to their areas of expertise. The role of the GP representative on the QPQC Clinical Incident Sub Committee is to:

- Actively participate in committee discussions and meetings
- Bring a GP perspective to all discussions and decision-making
- Review clinical incident analysis reports (on a rotational basis) both individually and with other members using an established multi-incident analysis tool
- Record these reviews on a secure online database (REDCap)

- Present review findings at Clinical Incident Subcommittee meetings
- Provide feedback from a GP's perspective on statewide themes and learnings for improving patient safety and care
- Provide feedback from a GP's perspective on materials, resources and reports destined for families and/or clinicians and health professionals

Time and location

The CISC meets on the 4th Tuesday of each month (Feb-Nov) from 2-4pm. It is expected that members will be available for these meetings and will be required to devote an additional 1 and a half hours per month (on a rotational basis) to review clinical incident documentation (both individually and jointly with another reviewer), record these reviews on a secure online data base and present their findings at committee meetings. All meetings are conducted via Microsoft Teams.

Confidentiality

The QPQC and its subcommittees are privileged committees under the *Hospital and Health Boards Act 2011 (HHBA)*. Members are required to sign confidentiality agreements and to maintain confidentiality of discussions, meeting materials and business of the committee. These strengthened confidentiality requirements are outlined under the HHBA and are a standard requirement of any Quality Assurance Committee.

Remuneration and Support

The successful GPs will be reimbursed for their time at the meeting as per Queensland Health Guidelines, please contact the Queensland General Practice Liaison (QGPL) Network team via email on admingplonetwork@ourphn.org.au or alternatively phone on 07 5456 8100 for further information.

How to apply

Please email a copy of your CV and a cover letter indicating which committee you wish to apply for to **Dr Julie McEniery and Dr Sharon Anne McAuley, Co-Chairs of the QPQC** at QPQC@health.qld.gov.au by COB Friday 10 March 2023.

For further assistance or queries please email us at QPQC@health.qld.gov.au or phone (07) 3069 7118.

Explore the work of the QPQC and it's subcommittees via our website <https://www.childrens.health.qld.gov.au/chq/health-professionals/qpgc/>

QPQC Organisational Chart

