

Local Anesthesia Quality Committee

Terms of Reference

PURPOSE:

- 1.0 Monitoring of patient care to assess and assure the quality of care in the Acute Care Surgical Units of the Hospital.
- 2.0 Education of the Medical Staff and other health care professionals.
- 3.0 Fact finding and problem assessment by review of both specific cases and audits of anaesthetic care issues.

OBJECTIVES/FUNCTIONS/ROLES:

- 1.0 To conduct general reviews of certain areas of anesthetic care, related topics such as certain diseases and therapeutic intervention measures, establishing meaningful criteria by which care can be measured and compared.
- 2.0 To review complications in patient care and to review all preventable deaths.
- 3.0 To conduct special audits of individual patient care cases and/or physicians as requested by the Local or Regional Department Head(s). Written requests from individuals will also be considered.
- 4.0 Where concern relative to the medical management of cases is recognized by the Committee, the physician(s) involved shall be given the opportunity of discussion with the Committee. This usually involves a confidential written memorandum to the physician with a letter returned which is then reviewed by the Committee.
- 5.0 To act in an appropriate manner respecting any of the Committee's findings or concerns, and discussing these with the individual physicians involved.
- 6.0 To accept requests from Local or Regional Department Heads for approval to conduct audits.
- 7.0 The Committee may recommend to the Regional Departmental Medical Quality Committee(s) that outside hospitals, individuals or agencies be engaged to perform audits or reviews on its behalf. The terms of engagement must be reviewed and approved by the appropriate Regional Department Head(s) and the Office of Medical Affairs.

MEMBERSHIP:

Members will be recommended by the Local Department Head(s) and appointed by the Regional Department Medical Quality Committee.

The committee will consist of at least 4 members with the following representation:

- At least two (2) members from the Department of Anesthesia
- One (1) member from the Department of Surgery
- Manager, Clinical Programs
- As required, other physicians e.g. Pathology or Diagnostic Imaging as deemed necessary by the committee

Ex-Officio Members:

The Committee may invite members from the Health Record Department to aid in documentation as well as any other member of the Medical Staff on individual request.

NOTE: In any instance where a concern of the Committee involves a Committee member who has been involved in the medical management of the case being reviewed, that member may be excused from deliberations and afforded the courtesy detailed in item 4.0 of the functions above.

APPOINTMENT OF CHAIRPERSON:

The Chairperson is appointed by agreement of the appropriate Local Department Head and Regional Department Head(s)

SUBCOMMITTEES:

Provision may be made at the discretion of the Committee for the establishment of permanent or temporary subcommittees which will assume responsibility for specific aspects of the Committee's mandate. These sub-committees would meet under the privileges of the Local Surgical Quality Committee with respect to protection under the Evidence Act and such sub-committees report to the Committee.

COMMITTEE REPORTS TO:

The Committee reports to the appropriate Regional Departmental Medical Quality Committee(s).

FREQUENCY OF MEEETINGS:

The Committee shall meet at least quarterly and at the call of the Chair. Meeting dates and times will be established by the Chairperson in consultation with the Committee members.

DISTRIBUTION OF MINUTES:

Minutes shall be kept of the meetings and deliberations and will be organized to ensure confidentiality. Minutes will be circulated to all Committee members and to the appropriate Regional Departmental Medical Quality Committee(s).