

Division:	Fellowship Engagement	Ref. No.	TOR-3093
Department:	Morbidity Audits		
Title:	ANZELA-QI Governance Committee		

1. PURPOSE AND SCOPE

This document defines the structure and scope of the ANZELA-QI Governance Committee (AQGC).

2. KEYWORDS

Emergency Laparotomy, Quality Improvement, Benchmark standards, Audit

3. BODY OF POLICY

3.1 Background

The ANZELA-QI project has been established to enable capture of high quality prospective data on emergency laparotomy patients in Australia and New Zealand. The two key purposes are to:

- Benchmark 'emergency laparotomy care' against evidence based international standards
- Introduce quality improvement through performance run charts, clinical care bundles and the establishment of a network for shared understanding and learning.

ANZELA-QI will measure key processes of care and risk-adjusted outcomes to generate high quality, contemporaneous and meaningful data. These data will be tracked and presented in the form of run charts, dashboards and other QI techniques to enable real time feedback to hospitals and also allow comparison within and between hospitals.

The project will benchmark these processes and outcomes against evidence based standards such as the Surviving Sepsis Campaign, the Department of Health/Royal College of Surgeons of England's 'Higher Risk General Surgical Patient (2011)', NELA and other international publications of emergency abdominal surgery.

ANZELA-QI will initially run as a pilot project until the end of March 2019, to establish the value of the database and enable a case to be made for ongoing funding from government and other sources.

The ANZELA-QI project will seek to provide high quality data to enable:

- Open access of data for comparative benchmarking
- Provide key performance indicators to drive quality improvement in standards of care, both locally and bi-nationally
- Develop networks for shared learning
- Disseminate quality improvement best practice initiatives, such as clinical care bundles
- Provide appropriate information to patients and families facing an emergency laparotomy
- Establish standards of care appropriate to Australasian practice.

It is proposed that governance of the ANZELA-QI project will be through a RACS/ANZCA Governance Committee (GC) that is supported by a Steering Committee (SC). The GC will provide a focus on long-term matters of governance and the colleges' broader professional obligations and responsibilities. It will also consider and oversee the colleges' strategic approaches to government and other relevant agencies to secure future funding and wider support for the ANZELA-QI project.

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The SC will then focus on clinical input and professional practice matters that are vital to the success of the project.

Membership of the Steering Committee will include representation of all participating organisations. Responsibilities of the SC will be:

- Identification and recruitment of hospitals and surgeons to the project
- Engagement with key stakeholders in the project
- Coordination of ethics approvals for audit activities
- Determination of data fields and data collection mechanisms and key outputs
- Ensure security of data collection and transparent access for comparative benchmarking
- Develop recommendations about access to and ownership of data
- Report to the GC.

3.2 Objectives

The GC will have overall responsibility for the project and specifically the following:

- Setting and overseeing business rules, e.g. cost sharing among the participating organisations
- Authorisation of available funding and securing additional sources of external funding
- Establishing a risk management plan
- Overseeing access to data for research purposes
- Providing oversight of research and data infrastructure
- Monitoring and guiding the operation of the Steering Committee.

3.3 Membership

Membership of the GC will comprise:

- RACS President or delegate
- ANZCA President or delegate
- RACS CEO or delegate
- ANZCA CEO or delegate
- Chair of Steering Committee

3.4 Meetings

The GC will meet at least twice each year. Meetings of the GC will be hosted alternatively by RACS and ANZCA.

RACS and ANZCA staff members will liaise regularly to ensure that the project is progressing smoothly.

Administrative support for the GC will be primarily provided by RACS and ANZCA corporate staff.

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3.5 Accountability and Reporting Structure

The primary reporting mechanism of the ANZELA-QI project will be an annual report that will provide information on the operation of the audit and quality improvement data at the national, state and hospital level. This will include both risk adjusted outcome and process of care data identifiable at the hospital level.

The SC will report to the GC in advance of each meeting of the GC.

The GC will report to RACS and ANZCA following each meeting.

4. ASSOCIATED DOCUMENTS

Terms of Reference, ANZELA-QI Steering Committee

Approver CEO

Authorisers RACS Council and ANZCA Council