Clinical Quality Assurance Plan

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EXECUTIVE SUMMARY

The purpose of St John Ambulance Australia (NT) Inc:

To be the be the leading provider of first aid, ambulance and related health services in Australia [1]

To support a robust Clinical Quality Assurance Program there needs to be a plan, which is dynamic, and organisation wide in nature requiring total organisation commitment. It is an ongoing, comprehensive process, with regular evaluation of the effectiveness of patient care.

Clinical Quality Assurance Goal:

Use a continuous improvement approach improve patient safety and clinical outcomes

The SJANT Clinical Quality Assurance Plan supports this strategic objective and is designed to ensure consistently high clinical standards are maintained. This is achieved through structured clinical audit programs including regular review of patient care records and in field review of clinical practice. In service training, skills maintenance programs and annual accreditation programs complement and reinforce the clinical practice standards. This document outlines SJANT's Clinical Quality framework.

The responsibilities of key personnel to the SJANT Clinical Quality Assurance Program are:

- The Regional Management Team, Strategic Management Group and the Clinical Standards Committee are responsible for establishing and developing the clinical standards throughout SJANT
- The Director of Operations –Ambulance and Operations Managers are responsible for ensuring the performance of operational staff to these standards

For those directly involved in providing care/service to the communities, "providing the best possible care is our aim" is a tangible concept. For those who do not have direct clinical contact, providing the best possible service to operational staff, stakeholders and the community becomes the goal.

Quality assurance not only embraces those goals, but also sets up the mechanics to ensure the goal is reached. Quality assurance becomes the ongoing activity incorporated into the daily routine to improve clinical service.

Background

The Director of Operations-Ambulance is directly responsible to the Chief Executive Officer for clinical quality, which reflects the organisational importance of quality patient care.

The SJANT Clinical Standards Committee (CSC) was established in September 2009, and is chaired by the Director of Operations-Ambulance. The CSC consists of the Senior Medical Advisors, Primary Care Medical Practitioner Doctor, Clinical and Operational Managers, operational staff representatives and the Director of Emergency Medicine at Royal Darwin Hospital.

The committee is responsible for providing advice and recommendations to SJANT on clinical standards and clinical practice with a focus on Continuous Quality Improvement (CQI) and evidence based standards and practice.

[1] St John Ambulance Australia (NT) Strategic Plan 2008-2010

Standards

SJANT currently has in place a clear set of Clinical Practice Guidelines and Clinical Work Instructions. The Clinical Practice Guidelines (CPGs) represent multi-disciplinary consensus on the management of common pre-hospital emergency problems that under normal circumstances Paramedic's, Intensive Care Paramedics and Contract Paramedics are expected to follow.

SJANT also has in place Clinical Protocols that define the clinical care to be provided by Ambulance Community Care Officers and Community First Responders. These are supported by Clinical Work Instructions (CWIs) that identify the agreed process for the performance of specific clinical skills by all operational staff.

GENERAL

The purpose of St John Ambulance Australia (NT) Inc:

To be the be the leading provider of first aid, ambulance and related health services in Australia [2]

To support a robust Clinical Quality Assurance Program there needs to be a plan, which is dynamic, and organisation wide in nature requiring total organisation commitment. It is an ongoing, comprehensive process, with regular evaluation of the effectiveness of patient care.

Clinical Quality Assurance Goal:

Use a continuous improvement approach improve patient safety and clinical outcomes

Clinical Quality Assurance Objectives:

The Clinical Quality Assurance Program will meet the service's strategic goals and objectives by:

a. Establishing the clinical performance standards for all operational staff
b. Providing education to meet the set clinical performance standard
c. Empowering operational staff, through education, to take responsibility for their own clinical and professional performance
d. Providing educational and technical support to Managers to enable them to develop the evaluation and assessment skills required for development of the professional practice within their teams
e. Evaluate the clinical performance of the service and the individual operational staff to ensure that the current clinical standards are met
f. Monitoring the standard of clinical performance to ensure that it meets service objectives, in line with contemporary best practice
g. Adjusting clinical standards of the service based on evidence provided through evidence based practice
h. Providing a conduit for two-way communication to all levels of the organisation on clinical performance, based on evidence gathered through assessment, evaluation and research.

[2] St John Ambulance Australia (NT) Strategic Plan 2008-2010

Introduction

"The first choice supplier of excellent first aid and ambulance services" training and products is one of the three SJANT Strategic Goals and a key result area within St John Ambulance Australia (NT) Inc's Mission Statement is to *"To be the leading provider of first aid, ambulance and related health services in Australia."*

The SJANT Clinical Quality Assurance Plan supports this strategic objective and is designed to ensure consistently high clinical standards are maintained. This is achieved through structured clinical audit programs including regular review of Ambulance Officer Report Forms and in field review of clinical practice. In service training, skills maintenance programs and annual accreditation programs complement and reinforce the clinical practice standards. This document outlines SJANT's Clinical Quality framework.

A co-ordinated Quality Assurance Program across SJANT is essential. Clinical Quality Assurance aims at providing the best possible care for all patients.

The Clinical Quality Assurance Plan program forms a critical part of the Total Quality Assurance Program of SJANT as it represents the core business — patient care.

Clinical Quality Assurance requires a dynamic process where current clinical performance standards can be set, those standards can be distributed, and education undertaken. When new clinical standards are introduced, the necessary education will be undertaken after which, performance can be measured and reported on. As a result of the measurement undertaken the clinical standard can be modified, or feedback provided to the individual(s) concerned.

The responsibilities of key personnel to the SJANT Clinical Quality Assurance Program are:

- The Regional Management Team, Strategic Management Group and the Clinical Standards Committee are responsible for establishing and developing the clinical standards throughout SJANT
- The Director of Operation–Ambulance and Operations Managers are responsible for ensuring the performance of operational staff to these standards

For those directly involved in providing care/service to the communities, "providing the best possible care is our aim" is a tangible concept. For those who do not have direct clinical contact, providing the best possible service to operational staff, stakeholders and the community becomes the goal.

Quality care and service to the community can be better provided in an organisation committed to quality.

Quality assurance not only embraces those goals, but also sets up the mechanics to ensure the goal is reached. Quality assurance becomes the ongoing activity incorporated into the daily routine to improve clinical service.

Quality assurance is a personal goal and a corporate responsibility. The quality of care and the use of resources are related, and efficiency is the key.

Aspects of quality of care are various:

Subjective	–	how the Service users perceive the quality of care
Objective	–	how clinical care is evaluated
Social	–	attitude to professionals towards the patient as an individual
Management	–	how things are managed directly or indirectly affects patient care and community satisfaction

(Sanrick K. Quality: Will it make or break your hospital? Hospitals 1986,60:54-8)

1.1. St John Ambulance Australia (NT) Inc's, Commitment

We strive to do our best for our stakeholders in the following ways:

The Communities: We provide the highest level of quality service, in a professional but warm and friendly manner.

Our Staff: We respect each other as individuals and we encourage staff to work as a team. We provide opportunities for personal and professional development.

Our Suppliers: We establish mutually beneficial relationships with suppliers. We treat them as we wish to be treated ourselves.

Our Owners: We enhance the reputation of the Department of Health & Families, through the excellence of our service provision.

1.2. Background

The St John Ambulance Australia (NT) Inc (SJANT) strategic plan was developed for the purpose of improving the health of the community by providing emergency and health crisis solutions. The SJANT commitment to clinical quality is managed by Regional Management Team, Manager Training and Education Services and is supported by Officer In-Charge, Station Officers, Strategic Management Group and Clinical Standards Committee Medical.

The Director of Operations- Ambulance is directly responsible to the Chief Executive Officer for clinical quality, which reflects the organisational importance of quality patient care.

The SJANT Clinical Standards Committee (CSC) was established in September 2009, and is chaired by the Director of Operations-Ambulance. The CSC consists of the Senior Medical Advisors, General Practice Doctor, Clinical and Operational Managers, operational staff representatives and the Director of Emergency Medicine at Royal Darwin Hospital.

The committee is responsible for providing advice and recommendations to SJANT on clinical standards and clinical practice with a focus on Continuous Quality Improvement (CQI) and evidence based standards and practice.

1.3. Definition of Quality

It is the community, in the broader definition, who will determine whether they have received 'quality service'. Our commitment is to ensure we get it right first time every time and take every opportunity afforded to improve the service provided.

Quality is usually perceived as having three interrelated domains:

Quality Service	achieving community satisfaction by the service provided
Quality Care	providing care to acceptable and established standards
Quality Organisation	foster a working culture of getting it right the first time and a commitment to doing better by participation in co-ordinated Continuous Clinical Quality Improvement Processes

1.4. Definition of Clinical Quality Assurance

Clinical Quality Assurance is the organisational structure and procedures (including peer review, clinics review and patient care review) necessary for the ongoing review, evaluation and continuing improvement of all facets of health care provided by SJANT.

Quality Control refers to circumstances where quality can be objectively measured, standards set and maintained. The control criteria can be reviewed and new levels may be set by the Quality Assurance process to become part of the minimum standards of the St John Ambulance Australia (NT) inc.

Clinical Indicators represent application of standards to particular clinical activities or outcomes.

The aim of the Quality Assurance Processes is not to be disciplinary, but to foster the individuals' development through training and education and organisational improvement through systematic trend analysis and development.

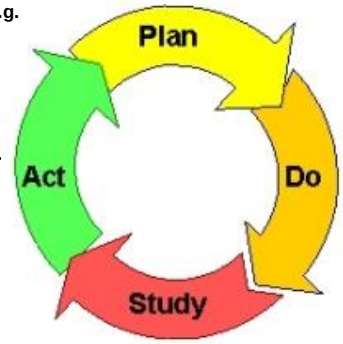
2. Philosophy of Continuing Clinical Quality Improvement Process and Quality Assurance

The process is concerned with sustained improvement. It is an approach, which challenges the status quo and insists that everything the organisation does and how it does it, can be done better. It reinforces to the organisation the importance of getting it right the first time, of the crucial importance of the community and the community needs.

The process should be one of the "plan, do, study, act' cycle.

ACT
What changes are still to be made?
Should the improvement be expanded (e.g. Other areas with St John)
What is the objective of the next cycle?

PLAN
What is your topic for improvement?
What are your objective?
What are predictions?
What data will you need to measure progress?
When, who, how and where will you make your improvement?



STUDY
Analyse your data
-Have you made the changes you expected?
-Have you achieved all of the objectives in your plan?
-What else have you learnt?

DO
Carry out your plan.
Document your progress.
Collect Data on the way.
Note problems and solutions.

3. Standards

A standard is defined as:

> *A measure serving as a basis, or example, or principle to which others conform by which the accuracy or quality of others is judged*

Definition obtained from the Oxford Dictionary

3.1. Clinical Standards

SJANT currently has in place a clear set of Clinical Practice Guidelines and Clinical Work Instructions. The Clinical Practice Guidelines (CPGs) represent multi-disciplinary consensus on the management of common pre-hospital emergency problems that under normal circumstances Paramedics, Intensive Care Paramedics and Contract Paramedics are expected to follow. SJANT also has in place Clinical Protocols which define the clinical care to be provided by Community Care Officers and Community First Responders. These are supported by Clinical Work Instructions (CWIs) that identify the agreed process for the performance of specific clinical skills by all operational staff.

Clinical Bulletins / Notices provide authorised updates to the standards outside of the CWI and CPG review publication cycles.

Within SJANT, the Clinical Standards Committee, Operational Managers and Paramedic Education Officers are responsible for ensuring that these clinical standards are known and maintained by staff, local adaptation within the recognised standards and quality assurance projects are also the responsibility of the Clinical Standards Committee, Operational Managers and Paramedic Education Officers. Any modification to the recognised standards for SJANT local needs can only occur following consultation with, and the approval of, the SJANT Clinical Standards Committee.

The are a variety of activities that monitor the effectiveness of the clinical and practical standards. They consist of:

- Clinical Indicators and Limited occurrence Screening Activities
- Clinical Reviews
- Clinical Audit
- SJANT Clinical Practice Guidelines review process

SJANT has a well-developed system for the targeted and cyclical review of these standards in response to internal and external recommendation for change and published changes in evidence-based health care.

3.2. Adjustment of Clinical Standards - SJANT

The Strategic Management Group and Regional Management Team of SJANT facilitates the process for changes to SJANT Clinical Standards.

Adjustment of SJANT Clinical Standards	
Actions Required	**Responsibility**
Review current clinical reference manual	Clinical Practice Guideline Working Group
Update Clinical Standards	Clinical Practice Guideline Working Group
Approve current Clinical Standards	Strategic Management Group / Regional Management Team
Ensure the manual is accessible to all paramedics	Regional Management Team
Provide means of feedback from field	Deputy Operations Mangers, OICs and Station Officers
Receive feedback from external parties	Director of Operations-Ambulance
Communicate changes	Regional Management Team Station Officers Paramedic Education Officers
Provide means for training of new standards	Regional Management Team Station Officers Paramedic Education Officers
Evaluate changes	Operational Managers

Clinical Practice Guidelines Review Process	
Actions Required	**Responsibility**
Review current Clinical Practice Guidelines	Clinical Practice Guideline Working Group
Update Clinical Practice Guidelines	Clinical Practice Guideline Working Group
Approve new clinical standards	Clinical Standards Committee
Provide training of new clinical standards	Paramedic Education Officers
Ensure appropriate sections of the CPG Manual is available to all paramedics	Regional Management Team
Provide means of feedback from the field	Director of Operations - Ambulance
Receive feedback from external parties	Director of Operations-Ambulance
Evaluate and audit changes	Regional Management Team

4. Clinical Quality Requirements

4.1. Clinical Risk Management/ Clinical Indicators

Adverse events are an important cause of morbidity and mortality and should form part of a suite of clinical indicators. The Department Health and Families has developed a Clinical Risk Management (Riskman) Strategy for Northern Territory Hospital. This strategy involves a multifaceted approach to the prevention of adverse events. SJANT is committed to the management of all risks in the organisation and currently has a clinical risk management framework that includes:

- Limited Occurrence Screening
- Sentinel Events
- Clinical Reviews

4.2. Measurement of Clinical Quality Indicators

There is increasing expectation in the Healthcare sector that meaningful performance measures be collected and reported. Performance measures can be used to:

- Provide continuous measurement of health care delivery
- Identify areas of excellence
- Provide a mechanism for early awareness of a potential problem
- Verify effectiveness of a corrective action
- Benchmark performance with peers

In 2007 SJANT adopted clinical indicators in the areas of cardiac arrest, trauma and pain management.

4.3. Clinical Review Reporting

Clinical Reviews relating to the findings of clinical reviews where a Level 1 (Severe) or Level 2 (Moderate) variation of clinical performance has been identified are reported to the SJANT Regional Management Team and Clinical Standards Committee and Board. Details of these measures are available from the SJANT Intranet (St AN).

4.4. Sentinel Events

Level 1 or 2 cases as confirmed by the Operational Management that are identified as a Sentinel Event are then actioned through a Root Cause analysis.

Definition of a sentinel event in SJANT requiring a root cause analysis are:

a. An undetected oesophageal intubation
b. Hospital admission unrelated to the original presenting condition and as a clear consequence of the actions or inactions by SJANT
c. Death of a patient as a clear consequence of the actions or inactions by SJANT; and
d. A near miss (of a sentinel event)

The results of the Root Cause Analysis are reported to the Department of Health and Families, Sentinel Events Program Regional Management Team and the Clinical Standards Committee and are utilised to improve the care provided by SJANT.

4.5. Continuous Clinical Quality Improvement Process (CCQIP)

The CCQIP encompasses the review and subsequent amendment of CPGs, CWIs and equipment trials. The approval for new standards is the responsibility of the CSC. All levels of

operations, other health care providers, patients and the Coroners' Court can initiate the CCQIP.

Prior to the undertaking of any clinical trial, approval must be granted through the SJANT Research Governance Process. Final approval will be sought from the SJANT Board. The recommendations resulting from the outcome of the trial are presented to the CSC for review.

5. Clinical Audit

Clinical audits can be undertaken on a formal or informal basis. An informal review will occur at the time of service delivery and is a critical review. It will be undertaken as a self or peer appraisal. A formal review is one of the structured processes outlined in this document. The Director of Operations- Ambulance, Operations or relevant Manager will undertake formal reviews, with the outcomes documented and findings formally actioned through the CCQIP.

5.1. Clinical Audit Requirements

The Clinical Audit Process is an independent appraisal function established within SJANT to examine and evaluate its clinical activities. The objective of clinical auditing is to assist staff of SJANT on the effective discharge of their clinical responsibilities. The Clinical Audit Process is aimed at highlighting methods for improvement in task performance, ensuring compliance with standards and effective resource utilisation.

In the Clinical Audit Process, the reviewer carries a responsibility to the Paramedic, the team, management and the organisation. The overall outcomes of any clinical audit undertaken, being an unwavering commitment to quality improvement.

Audits will be conducted, in a variety of ways, of which the most common are detailed below.

5.2. Clinical Audit Processes

5.2.1. Infield Audit (IFA)

The aim of the SJANT Infield Audit Process is to measure and report the real time performance of paramedics on an ongoing basis. Subsequent analysis of the results will allow for the identification of areas of both high and lesser than desired outcomes. The analysis is generally intended to be on a macro basis for organisational trend, but may occur at a local or team level.

This analysis will allow for preparation of programs to increase any areas of less than desired outcomes (eg: Continuing Professional Education Program content, CPG or CWI amendment, etc) and also for the recognition of high performance.

IFA is a useful tool in reinforcing improvement in practice and accountability for clinical performance. Feedback on results of IFAs will be routinely provided to the Paramedic(s), operational manager, Station Officer and Clinical Standards Committee.

5.2.2. Retrospective Ambulance Officer Report Form Audit

Ambulance Officer Report Forms (AORFs) are the only written record of the care provided by a Paramedic. They must reflect a true and accurate account of the events of the case. This is a legal document that is subject to the provisions of the FOI Act.

An AORF Audit allows for evaluation of:

- Clinical management (eg: timely, appropriate, correct sequence)

- Clinical problem solving
- Adherence to CPGs
- AORFs comprehensiveness / completion and accuracy

These can be achieved through AORFs audit undertaken by:

- Self
- Peers
- Station Officers
- OICs
- PEOs
- Operational Managers
- SMG members
- CSC members

Deputy Operations Managers, OICs and Station Officers are also responsible for the random audit of cases involving DMO's and Logistic co-ordination. Feedback on cases involving DMOs, Retrieval Services will be directed through the Director of Operations – Ambulance to the Clinical Reference Group (CRG).

When deviation from the performance standards are identified, recommendations for corrective action will be forwarded to the CRG..

5.2.3. Targeted Clinical Audit Activities

These are activities that target a particular procedure, protocol or medical condition. They may be performed SJANT. These activities may be co-ordinated more broadly across SJANT, or potentially with other interstate Ambulance Services.

The identification of a targeted audit may result from the analysis of:

- AORF feedback
- Community feedback
- Clinical Training Database
- Clinical Infield Audit
- Clinical information or developments
- Clinical Review

Or from a direct request from:

- Manager Training and Education Services
- Clinical Standards Committees
- Contract Manager
- Operational Manager
- Clinical Specialists
- OIC's
- PEOs
- Station Officers

The data collected from these targeted surveys will be analysed, reported to the CSC and actioned as required.

5.2.4. Clinical Review

The Clinical Review Process aims to foster individuals' development through training and education, to ensure that the SJANT clinical standards are maintained an improved in order to deliver the best possible patient care. (Available on the SJANT Intranet)

The Clinical Review Process provides a framework for the management of clinical reviews across SJANT to ensure:

- Clinical Review Process is conducted in an appropriate manner to meet consumer and SJANT needs
- All reviews are treated consistently and in a fair and equitable manner
- The Clinical Review process has structured integrity and observes the principles of natural justice
- A "Root Cause Analysis" methodology is used

The procedure is issued under the authority of the Clinical Standards Committee and Strategic Management Group.

5.2.5. Exception Reporting

Exception reporting is based on clinical standards. Performance outside the standards does not necessarily infer an individual is at fault, it may be an error of the clinical standards. However the quality of the service has potentially been compromised and must be reviewed.

The identification of an exception will result from the analysis of:

- AORF feedback
- Community feedback
- Clinical Training Database
- Clinical In Field Audit
- Clinical information or development

Or from a request from:

- Director of Operations-Ambulance
- Clinical Standards Committees
- Operational Managers
- Station Officers
- Director of Hospital Emergency Departments

The data arising from these targeted surveys will be analysed, reported on to the CSC and appropriately acted upon.

5.2.6. Community Feedback

The communities we serve are both internal and external to the organisation. Our external communities are patients and their relatives, hospital and their departments, the community, and specialised organisations. Feedback of our performance from the people we serve is vital to the organisation to ensure we are meeting the needs of our communities. Methods available include surveys and interviews. Information relating specifically to patient details or SJANT staff will not be circulated to ensure confidentiality.

5.3. Communications (call taking & dispatch) audit

Clinical audit of call-taking and dispatch procedures are carried out by staff that have completed the (MPC) Medical Priority Dispatch, (EMDQ) Emergency Medical Dispatcher Quality course using the MPC audit software (AQUA) The EMDQ audits samples of call-taking and dispatch activities that are carried out by SJANT Communication Centre's. The (SDO) Service Duty Officer, OIC Communication, Senior EMD, call takers and dispatchers input and decisions (where this affects call-taking and dispatch) are also audited when such cases are captured in the sample.

The planned audit activities are aimed at ensuring compliance to agreed, call-taking and dispatch procedures, Communication SOP's, I/CAD Sops and SJANT Policies and Procedures and to analyse audit results and trends to identify and implement opportunities for improvement to the call taking system of work.

Targeted audits of cohorts of cases are also conducted in response to requests from Regional Management Team, Contracts Manager or the Clinical Standards Committee.

Changes to call-taking processes as a result of planned and unplanned audit are recommended by the EMDQs to the Medical Dispatch Review Committee (MDRC) for approval.

Dispatch grid reviews are also conducted by the EMDQ. The dispatch grid dictates which resource(s) and what response code(s) are to apply to a case based on the actual or predicted acuity of the patient(s) as per AMPDS or PROQA. EMDQs are responsible for the collation and analysis of data relevant to a dispatch grid review. Recommendations are then forwarded to the Regional Management Team for approval.

Input from Paramedics and other stakeholders to call-taking and dispatch processes is primarily via the EMD Field Feedback Form submitted to the Operations Manager or their delegate in which concerns can be raised and then investigated by the EMDQ. Trend and risk analysis of EMD Field Feedback Forms contributes to ongoing review and tuning of the call-taking and dispatch processes.

5.4. Clinical Audit Outcomes

5.4.1. Audit Reports

Reports are prepared monthly by EMDQs and include concurrent Infield and Retrospective AORFs Audits.

Periodic consolidated reports from the Operations Manger will incorporate an executive summary, which will provide an overview of clinical audit activities.

These reports will detail the findings relative to centres performance. Detailed findings will be presented on each point and highlights the area of performance to be improved, including the potential impact and recommendations.

5.4.2. Other Reports

Reports detailing Targeted Clinical, Exception and Community Feedback activities are prepared by Operations Mangers. These reports will incorporate an executive summary, which will provide an overview of the selected audit activity, including the scope of the review, for the relevant team(s).

These reports detail the findings relative to the centre (s) performance. Detailed findings are presented on each point that highlights the area of performance to be improved, including potential impact and recommendations.

6. Clinical Standards Committee — Clinical Review Activities

The CSC receives confidential information about patient care, and confidential reports from allied quality assurance bodies in which patients are identifiable by name, date or unique clinical problem. The generic, non-identifiable information and recommendations are then passed to the relevant areas for action.

The CSC Clinical Review process has five main sources of information:

- Focused reviews of a particular clinical problem in which patient care records are presented and discussed
- Reviews of clinical information on patient treatment where prior review has shown treatment to fall outside authorised protocols
- Reports on patients from allied health authorities including the Health Complaints Commission.
- Reports referring medical practitioners, ambulance staff, patients or relatives
- Internal reports on clinical indicators and clinical risk management

The Regional Management Team evaluates the available information and prepares recommendations for consideration by the CEO & CSC. These recommendations may form the basis of a new clinical standard, modification to an existing standard, focus for further clinical education or publication of a Clinical Bulletin / Circular.

Paramedics reviewing AORFs and other material that identifies a patient or Paramedic, carry out such activities under the aegis of the CSC, the SJANT Privacy Statement and the privacy provisions of the Privacy Act 1988 (NT) and as such are not permitted to discuss such material with any person not similarly authorised.

7. Education Support

Ongoing Clinical Education is required to implement a new clinical standard or to reinforce an established standard for all paramedics.

Quality Assurance education within SJANT responds to processes detailed in this document eg: updating education and training in response to process outcomes.

7.1. Clinical Education

The continuing education needs of individuals and/or groups are determined on information obtained by means of the clinical audit and research processes. It is the responsibility of the Regional Management Team to recommend education programs as required.

Primary input to continuing education comes from audits, review and research processes. Other sources of input include operational staff, managers, Medical Specialists, specialists groups and community feedback.

7.2. Clinical Practice and Skills Maintenance

For the maintenance and improvement of clinical standards, all Paramedics will participate in regular continuing education programs and reaccreditation in specific skills and practices.

Primary input to such programs comes from audits, review and research processes. Other sources of input include operational staff, managers, medical specialists, specialists groups and community feedback.

Feedback of findings to be relayed to the Manager Training & Education Services and Regional Management team so that the:

- Education providers are informed of the industry requirements
- Education and training can be reviewed as outlined above
- Relevant improvement strategies can be initiated where poor performance has been identified

8. Research

Over the past several years, provision of care by ambulance services has come under increased scrutiny. There is mounting pressure for evidence-based practice, meaningful benchmarking and cost effective treatment strategies. Research can audit this via assessment of decision-making in clinical care, resource utilisation, new technology and system efficiency. In keeping with this, pre-hospital emergency care research has improved through better funding opportunities and general recognition of the role of ambulance care in important public health issues (eg: cardiac arrest) and the overall continuum of care.

SJANT have taken an active role in coordinating pre-hospital research activities through initiating internal projects and establishing effective partnerships with external researchers and organisations. SJANT's position in the healthcare system is strengthened through participation in and promotion of high quality pre-hospital care and systems research.

In September 2009 the SJANT formed the Clinical Standards Committee, one of the functions of this Committee is to co-ordinate SJANT's research activities and ensure the appropriate governance is applied. A standard Research Proposal (Guideline to applicants) will be developed by early 2010 and all applicants (internal and external) must submit their applications to SJANT according to these guidelines.

9. Accountability and Reporting

9.1. Accountability

This section covers the clinical accountability of the Paramedics through to the SJANT Board. Performance relates to clinical care, which involves attending to the physical and emotional needs of the patient. It also related to the presentation and professionalism of the Paramedics in the field be they employed by SJANT or working for and on behalf of SJANT.

All individuals must take responsibility for their own performance, however this is not intended to imply that they are isolated in the system. The support network available includes SJANT staff such as WPI/Mentors, Operational Managers, Paramedic Education Officers, Station Officers, local hospitals, hospital departments and specialist physicians..

The purpose of each individual being accountable for clinical performance is to provide the specified acceptable standard of clinical care, and to ensure improvement in the delivery of that standard.

Individual Team Member	**Responsible for** Providing Quality Clinical Care
WPAs / Clinical Mentor	The in-field instruction and assessment of Ambulance and Intensive Care Paramedics and Graduate and Student Ambulance Paramedics
Station Officers/	Performance & Development of allocated team members
OIC's	Managing Operational Support for Quality Assurance Program for their designated centre
Communications OIC	Supporting Clinical Quality and carry out AMPDS aduits
Deputy Operations Manager	Managing Operational Support for Quality Assurance Program for their designated region
Operations Manager	Assist in the management Clinical Quality in SJANT
Contracts Managers	Ensuring efficiency and effectiveness of Clinical Quality provided by Medical Professional at contracted sites
Director of Operations - Ambulance	Management Clinical Quality in SJANT
Manager Training and Educational Services	Ensuring efficiency and effectiveness of the delivery of Clinical Programs
CSC	Advice and recommendations for Clinical Quality Program
CEO	Ensuring efficiency and effectiveness of ASJANT
Board	Clinical Quality

9.2. Reporting

There are a number of resources available to assist in the preparation of reports to all levels of management. These include:

- Clinical Databases
- Clinical Training Database(s)
- Retrospective AORF and Concurrent Clinical In Field Audits

Summary information from these sources will be included in the reports to provide operational, clinical and statistical information.

9.3. Operational Managers' Accountability

The Operational Managers are specifically responsible for:

- Providing advice to the Strategic Management Group on specific clinical issues
- Providing written clinical advice to CEO on all issues relating to written or verbal complaints
- Ensuring clinical support to students and their WPAs / Mentors
- Providing advice and support to the Human Resource Department on clinical aspects of recruitment
- Implementing the Clinical Quality Assurance Program including:
    - Ensuring appropriate clinical support procedures are in place
    - Ensure appropriate clinical audit processes are in place
    - Facilitating the development and maintenance of clinical knowledge and skills
    - Developing strategies for receiving and responding to feedback on clinical performance
    - Assessing the skills required for delivery of clinical quality care
    - Encouraging and supporting teams members in terms of quality clinical care
    - Identifying opportunities for and achieving improvements in clinical quality care
    - Researching issues and develop proposals for implementation
    - Undertaking the testing of new clinical equipment and procedures in collaboration with staff,
    - Ensuring ongoing review of the Clinical Quality Assurance Program

9.4. Director of Operations-Ambulance and Manager Training and Education Services ` Accountability

The Director of Operations-Ambulance and Manager Training and Equation Services have the overall responsibility for the improvement of quality of the service provided to our communities, which will be measured by an improvement in our responsiveness, availability, the quality of the clinical care provided, and the professionalism displayed. It is the Director of Operations-Ambulance and Manager Training and Education Service's responsibility to ensure that this is accomplished.

9.5. Clinical Standards Committee

The Clinical Standards Committee is responsible to the CEO for providing advice and recommendations on clinical standards and clinical practice. The CSC is independent from day to day-clinical responsibilities. The role of the CSC has been defined through its Terms of Reference which includes responsibility for providing advice and recommendations on:

- The standards of SJANT Clinical Practice i.e. the CPGs and CWIs
- The effectiveness of the Clinical Quality Assurance Plan (CQAP) and the SJANT Clinical Risk Management Plan in the Emergency and Non Emergency sectors.
- Proposed clinical trials in accordance with SJANTs research governance policy
- The effectiveness of the clinical aspects of the call taking and dispatch process
- Proposed new clinical equipment
- Various matters as requested, as individuals or as a committee eg:
    - to SJANT Corporate Communications prior to a public announcement on a clinical matter

The final authority for approval to practice as a Paramedic or Intensive Care Paramedic is the responsibility of Senior Medical Advisor on the advice from Director of Operations-Ambulance and Manager Training and Education Services.

9.6. Strategic Management Group

The SJANT Strategic Management Group is responsible to ensure the development, implementation and effectiveness of SJANT'S Quality Management System and to promote the development of an organisation wide culture to achieve the systematic management of quality improvement. The Subcommittee is responsible for:

- Monitoring SJANT compliance with relevant legislation, government regulations, ethical standards and Key Performance Indicators.
- Ensuring SJANT has an appropriate framework of policies and procedures to support its Quality Management System.
- Monitoring SJANT training programs to ensure promotion of quality improvement culture and systems.

9.7. CEO Accountability

The CEO has the ultimate responsibility to ensure that the necessary resources are available for the provision of quality care to patients. The CEO's responsibility extends to ensuring the Quality Assurance Program is in place and resourced to operate successfully.

10. Document Revision History

Date	Version Number	Revision
19/10/09	1.0	(DRAFT) Original Publication

Glossary of Terms

SJANT	St John Ambulance Australia (NT) inc
WPA	Workplace Assessors
SDO	Service Duty Officer
SO	Station Officer
OIC	Officer In-Charge
PEO	Paramedic Education Officer
DOM	Deputy Operations Manager
OM	Operations Manager
CSC	Clinical Standards Committee
AORF	Ambulance Officer Report Form
CEO	Chief Executive Officer
CCQIP	Continuing Clinical Quality Improvement Processes
EMDQ	Emergency Medical Dispatcher Quality
MDRC	Medical Dispatch Review Committee
Communities	SJANT recognise both internal and external communities
Communities — Internal	Our internal communities are the operational and administrative staff (Paid &,Volunteers, funded & unfunded) the Regional Management Team, Paramedic Training College, Strategic Management Group, CEO and the Board
Communities — External	Our external communities are patients and their relatives, hospitals and their departments, the community, the Coroner and specialised organisations
Exception Reporting	Any performance which is an exception to the standard
Selected AORFs	AORFs related to a specific case type to be directed to nominated individuals for attention
QA Education	Quality Assurance education related to the issues detailed in this document, the Clinical Quality Assurance Program, ie: the specific audit processes, accountabilities and reporting processes
Clinical Education	Clinical education is required to implement a new clinical standard or to reinforce as issued standard
Operational Managers	Refers to any OM/DOMs, OIC, SDO, SO
FOI	Freedom of Information (Act)
SMA	Senior Medical Advisor
CQAP	Clinical Quality Assurance Program
Ops	Operations (Includes Non Emergency, Emergency and Communications)
CWI	Clinical Work Instruction
CPGs	Clinical Practice Guidelines
Sentinel Event	Sentinel Events are relatively infrequent, clear-cut events that occur independently of a patient's condition commonly reflect system and process deficiencies and result in unnecessary outcomes for patients
A near miss (of a sentinel event)	An incident that did not cause harm