**COMMITTEE NAME**

**ANNUAL REPORT TO THE MINISTER FOR HEALTH FOR** **YEAR**

**ON**

**QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN**

**BY**

**COMMITTEE NAME -** **HEALTH SERVICE/HOSPITAL**

**Please send completed reports to:**

**Executive Office, Policies and Projects**

**Patient Safety and Clinical Quality**

**Department of Health**

**PO Box 8172**

**Perth Business Centre WA 6849**

**Or email to** **PSCQ.CED@health.wa.gov.au**

If you require any further information, or have any queries, please contact Patient Safety and Clinical Quality on 6373 2201

***Please note***: The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

Contact details of person providing the report:

 Name:…………………………………

Position:………………………………

 Tel:……………………………………

 Email:…………………………………

 Signature:……………………………..

The *Health Services (Quality Improvement) Act 1994* provides for the approval and protection of quality improvement committees reviewing, assessing and monitoring the quality of health services and for related purposes. Section 10 of the *Health Services (Quality Improvement) Regulations 1995* each Committee is to furnish to the Minister at least once annually or more often if directed by the Minister.

The following fulfils the requirements of the Committee under section 10 of the *Health Services (Quality Improvement) Regulations 1995.*

Details of the annual report provided to the public.

a) When will it be available?

b) How will it be available to the public (e.g. pamphlet, newsletter, website)?

Provide a statement indicating whether or not the exercise of the functions of the Committee has been and will continue to be facilitated by the provision of the immunities and protections afforded by the Act.

**NOTE:** *For example qualified privilege allows clinicians, who have previously been reluctant to engage in quality improvement committees without protection due to the fear of litigation, the ability to openly discuss identified and sensitive information within the committee.*

Provide a statement explaining in detail how it has been and will continue to be in the public interest to restrict disclosure of information compiled by the Committee in the course of the performance of the Committee’s functions.

**NOTE:** *Include specific examples of improvements to care which are likely to result from the Committee’s activities when it is able to operate under the privilege given by the Act. Avoid making general statements such as “improved patient care”.*