Getting Started:

1. In order to build support for this process, the mandate will be communicated through District Medical Advisory Committee (DMAC) and the District Health Authority (DHA) Executive with defined reporting as per Terms of Reference.

2. By service and/or site, identify committee members:
   a. Include multidisciplinary membership: physicians, nurses, pharmacists, physio (if appropriate e.g. orthopaedics), may include members external to the service e.g. include anaesthesia on the surgical committee.
   b. Identify the decision as to how the chair will be made as well as term for the position: by appointment or selected by committee

3. Call initial meeting:
   a. First agenda to include: review of Terms of Reference
   b. Establish meeting ground rules¹ (see below)
   c. Establish criteria to be used to set agenda: e.g. will all deaths be reviewed? Regular infection rate review, regular audits as defined by service such as all re-admissions post specific surgical procedure, etc
   d. Establish meeting frequency (must be at least quarterly)

4. Establish how the process will work:
   a. Chair and other (vice chair or rotation of members) will review all cases (using worksheet) and bring forward a summary of cases reviewed. One or two cases will be reviewed in depth and recommendation for change will be included in the meeting notes. (Appendix- see templates)
   OR
   b. Will members rotate through the role of reviewing cases as above?
   c. Trigger questions to used during the discussion:
      • Was the care appropriate?
      • Were the diagnostics appropriate? And interpreted appropriately?
      • Was the outcome appropriate in the circumstances?
      • Was the documentation appropriate?
      • If not, what needs to change, and who will be accountable to implement?

5. After each meeting, collect and dispose of any information that has been circulated on cases reviewed.

6. Meeting notes will include: Number of Cases Reviewed, Number of Mortality Cases, Number of Morbidity Cases, Random/Targeted Audit Cases, cases referred from Other Sources e.g. Patient Rep/complaints, Adverse Event report/review. Meeting notes will also include: recommendations along with action plan and accountability with follow-up expected at the next meeting. (Appendix- see templates)

7. After 12 months, review the committee process and revise as necessary.

¹ Meeting ground rules: “SNIT” - S - say your piece, N - No finger pointing, I - no interrupting, T - towards collaboration