

**Reprint
as at 24 November 2010**



**Health Practitioners (Quality
Assurance Activities: Lakes
District Health Board) Notice 2005**

(SR 2005/309)

Health Practitioners (Quality Assurance Activities: Lakes District Health Board) Notice 2005: expired, on 24 November 2010, pursuant to section 54(4) of the Health Practitioners Competence Assurance Act 2003 (2003 No 48).

Pursuant to section 54 of the Health Practitioners Competence Assurance Act 2003, the Minister of Health gives the following notice.

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Note

Changes authorised by section 17C of the Acts and Regulations Publication Act 1989 have been made in this reprint.

A general outline of these changes is set out in the notes at the end of this reprint, together with other explanatory material about this reprint.

This notice is administered by the Ministry of Health.

Notice

1 Title

This notice is the Health Practitioners (Quality Assurance Activities: Lakes District Health Board) Notice 2005.

2 Commencement

This notice comes into force on the day after the date of its notification in the *Gazette*.

3 Declaration of protected quality assurance activities

Each of the following quality assurance activities described in the Schedule is a protected quality assurance activity:

- (a) Lakes District Health Board Mortality and Morbidity Review Activity;
- (b) Lakes District Health Board Clinical Audit Activity;
- (c) Lakes District Health Board Adverse Outcome Audit Activity.

Schedule

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Description of Lakes District Health Board Quality Assurance Activities

1 Objective

The objective of each of the protected quality assurance activities is to improve the practices and competence of health practitioners engaged in the activity by assessing the health services performed by those health practitioners.

2 Information

The protected quality assurance activities are based on information derived from health practitioners who provide health services on behalf of the Lakes District Health Board.

3 Lakes District Health Board Mortality and Morbidity Review Activity

The Lakes District Health Board Mortality and Morbidity Review Activity involves—

- (a) the examination of patients' records; and
- (b) the analysis, with a focus on morbidity and mortality issues, of the following data on patients:
 - (i) admission and discharge; and
 - (ii) morbidity; and
 - (iii) mortality; and
 - (iv) outcomes of treatment; and
- (c) the identification and analysis of any process or practice that results in an outcome for patients which may, but need not, be an adverse outcome; and
- (d) the holding of morbidity and mortality review meetings; and
- (e) the preparation of documentation that summarises the results obtained under paragraphs (a) to (d) or identifies trends showing up in those results; and
- (f) the making of recommendations on how health practitioners who are engaging in the activity can improve their performance so as to—
 - (i) improve the quality of care they provide; and
 - (ii) reduce the incidence of adverse outcomes; and
- (g) the facilitation and monitoring of the implementation of any such recommendations; and
- (h) the compilation and reporting of information obtained from the actions referred to in paragraphs (a) to (g).

4 Lakes District Health Board Clinical Audit Activity

The Lakes District Health Board Clinical Audit Activity involves—

- (a) the examination of patients' records; and
- (b) the analysis of the following data on patients:
 - (i) admission and discharge; and
 - (ii) morbidity; and
 - (iii) mortality; and
 - (iv) outcomes of treatment; and
- (c) the review, analysis, and monitoring of—
 - (i) patient management; and
 - (ii) treatment decisions; and
 - (iii) internal auditing of procedures; and
 - (iv) outcomes of treatment; and

- (d) the holding of—
 - (i) case review meetings; and
 - (ii) clinical audit meetings; and
 - (iii) peer review meetings; and
- (e) the preparation of documentation that summarises the results obtained under paragraphs (a) to (d) or identifies trends showing up in those results; and
- (f) the making of recommendations on how health practitioners who are engaging in the activity can improve their performance so as to—
 - (i) improve the quality of care they provide; and
 - (ii) reduce the incidence of adverse outcomes; and
- (g) the facilitation and monitoring of the implementation of any such recommendations.

5 Lakes District Health Board Adverse Outcome Audit Activity

The Lakes District Health Board Adverse Outcome Audit Activity involves—

- (a) the examination of patients' records; and
- (b) the identification, notification, and analysis of any process or practice that results in an outcome for patients which may, but need not, be an adverse outcome; and
- (c) the preparation of adverse outcome reports; and
- (d) the preparation of documentation that summarises adverse outcome reports or identifies trends showing up in them; and
- (e) the holding of meetings on adverse outcomes; and
- (f) the discussion, and documentation of the discussion, on adverse outcomes; and
- (g) the making of recommendations on how health practitioners who are engaging in the activity can improve their performance so as to reduce the incidence of adverse outcomes; and
- (h) the compilation and reporting of information obtained from the actions referred to in paragraphs (a) to (g).

Dated at Wellington this 24th day of November 2005.

Pete Hodgson,
Minister of Health.

Explanatory note

This note is not part of the notice, but is intended to indicate its general effect.

This notice, which comes into force on the day after the date of its notification in the *Gazette*, declares 3 quality assurance activities sponsored by the Lakes District Health Board to be protected quality assurance activities. The effect of this declaration is that, subject to certain exceptions,—

- any information that becomes known solely as a result of the activities is confidential; and
- any documents brought into existence solely for the purposes of the activities are confidential; and
- the persons who engage in the activities in good faith are immune from civil liability.

Under section 54(4) of the Health Practitioners Competence Assurance Act 2003, this notice remains in force for a period of 5 years after the date on which it is issued, unless it is sooner revoked.

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Notes

1 *General*

This is a reprint of the Health Practitioners (Quality Assurance Activities: Lakes District Health Board) Notice 2005. The reprint incorporates all the amendments to the notice as at 24 November 2010, as specified in the list of amendments at the end of these notes.

Relevant provisions of any amending enactments that contain transitional, savings, or application provisions that cannot be compiled in the reprint are also included, after the principal enactment, in chronological order. For more information, see <http://www.pco.parliament.govt.nz/reprints/>.

2 *Status of reprints*

Under section 16D of the Acts and Regulations Publication Act 1989, reprints are presumed to correctly state, as at the date of the reprint, the law enacted by the principal enactment and by the amendments to that enactment. This presumption applies even though editorial changes authorised by section 17C of the Acts and Regulations Publication Act 1989 have been made in the reprint.

This presumption may be rebutted by producing the official volumes of statutes or statutory regulations in which the principal enactment and its amendments are contained.

3 *How reprints are prepared*

A number of editorial conventions are followed in the preparation of reprints. For example, the enacting words are not

included in Acts, and provisions that are repealed or revoked are omitted. For a detailed list of the editorial conventions, see <http://www.pco.parliament.govt.nz/editorial-conventions/> or Part 8 of the *Tables of New Zealand Acts and Ordinances and Statutory Regulations and Deemed Regulations in Force*.

4 *Changes made under section 17C of the Acts and Regulations Publication Act 1989*

Section 17C of the Acts and Regulations Publication Act 1989 authorises the making of editorial changes in a reprint as set out in sections 17D and 17E of that Act so that, to the extent permitted, the format and style of the reprinted enactment is consistent with current legislative drafting practice. Changes that would alter the effect of the legislation are not permitted. A new format of legislation was introduced on 1 January 2000. Changes to legislative drafting style have also been made since 1997, and are ongoing. To the extent permitted by section 17C of the Acts and Regulations Publication Act 1989, all legislation reprinted after 1 January 2000 is in the new format for legislation and reflects current drafting practice at the time of the reprint.

In outline, the editorial changes made in reprints under the authority of section 17C of the Acts and Regulations Publication Act 1989 are set out below, and they have been applied, where relevant, in the preparation of this reprint:

- omission of unnecessary referential words (such as “of this section” and “of this Act”)
- typeface and type size (Times Roman, generally in 11.5 point)
- layout of provisions, including:
 - indentation
 - position of section headings (eg, the number and heading now appear above the section)
- format of definitions (eg, the defined term now appears in bold type, without quotation marks)
- format of dates (eg, a date formerly expressed as “the 1st day of January 1999” is now expressed as “1 January 1999”)

- position of the date of assent (it now appears on the front page of each Act)
- punctuation (eg, colons are not used after definitions)
- Parts numbered with roman numerals are replaced with arabic numerals, and all cross-references are changed accordingly
- case and appearance of letters and words, including:
 - format of headings (eg, headings where each word formerly appeared with an initial capital letter followed by small capital letters are amended so that the heading appears in bold, with only the first word (and any proper nouns) appearing with an initial capital letter)
 - small capital letters in section and subsection references are now capital letters
- schedules are renumbered (eg, Schedule 1 replaces First Schedule), and all cross-references are changed accordingly
- running heads (the information that appears at the top of each page)
- format of two-column schedules of consequential amendments, and schedules of repeals (eg, they are rearranged into alphabetical order, rather than chronological).

5 *List of amendments incorporated in this reprint
(most recent first)*

Health Practitioners Competence Assurance Act 2003 (2003 No 48): section 54(4)
