



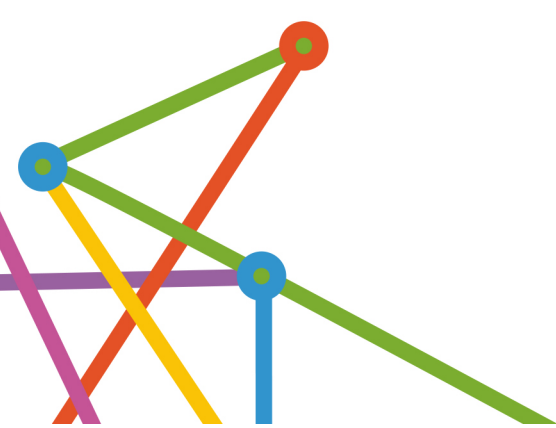
# Notifiable Incidents Policy

For external use  
May 2021



**WA Primary  
Health Alliance**  
Better health, together

**phn**  
PERTH NORTH, PERTH SOUTH,  
COUNTRY WA  
An Australian Government Initiative



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## 1. Purpose

This policy outlines the requirements for the reporting of, and response to, Notifiable Incidents across all services provided by Contracted Providers.

The purpose of this policy is to assist Contracted Providers to understand:

1. The scope of Notifiable Incidents.
2. The process that WAPHA will take when reviewing Notifiable Incidents.
3. The Severity Assessment Codes that WAPHA will use to categorise Notifiable Incidents.

## 2. Applicability

This policy applies to all employees of WAPHA and Contracted Providers or Services. This policy is limited to Notifiable Incidents (see *Definitions*).

This policy does not apply to:

- Feedback or complaints regarding a health service, regardless of whether that service or provider is contracted by WAPHA. Feedback or complaints about the safety and/or quality of a health service should be submitted and managed in accordance with the *Complaints and Appeals Management Policy*.
- Complaints about WAPHA's staff or service. These complaints should be submitted AND managed in accordance with the *Complaints and Appeals Management Policy*.

For further clarification, see WAPHA's *Clinical Governance Framework*.

## 3. Relevant legislation

<i>Privacy Act 1988</i> (Cwth)
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## 4. Referenced documents

WAPHA Clinical Governance Framework
WAPHA Complaints and Appeals Management Policy
WAPHA Conflicts of Interest Policy
WAPHA standard contract for Contracted Providers
Notifiable Incidents Procedure for Contracted Providers
Notifiable Incidents Register - DoneSafe
Notifiable Incidents report form – DoneSafe <a href="https://wapha.donesafe.com/module_records/public_new?module_name_id=22%0d">https://wapha.donesafe.com/module_records/public_new?module_name_id=22%0d</a>
PHN Grant Programme Guidelines
headspace Clinical Governance Framework

## 5. Abbreviations

CEO	Chief Executive Officer
FARM	Financial, Audit and Risk Management Committee
SAC	Severity Assessment Codes
WAPHA	WA Primary Health Alliance

## 6. Definitions

Complaint	Refers to an expression of dissatisfaction made to, or about, WAPHA, its staff, or its services.
Conflict of Interest	Refers to any situation in which the private interests of a WAPHA employee or Board member interferes with or influences, or appears to interfere with or influence, their official duties and responsibilities. Can involve gaining a personal advantage as well as avoiding or minimising personal disadvantage. A conflict of interest may allow an individual to avoid a loss, expense, or something else that has a negative impact on their personal or private interests.
Contract Manager	Refers to the WAPHA staff member responsible for managing the relevant Contracted Service, as documented in WAPHA's Contract Management System (Open Windows).
Contracted Provider	Refers to an organisation that has entered into a contractually binding agreement with WAPHA for the provision of a service.
Contracted Provider's Representative	An employee of the Contracted Provider responsible for reporting and/or managing Notifiable Incidents.
Contracted Service	Means a service provided by a Contracted Provider as an obligation under a contract with WAPHA which includes a requirement for the Contracted Provider to comply with any policies or procedures communicated by WAPHA to the Contracted Provider in writing from time to time.
Executive team	Refers to the Chief Executive Officer, the Chief Operating Officer, and all General Managers and Principal Advisors of WAPHA.
Feedback	Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about WAPHA, its staff, or its services.
Notifiable Incident	An incident 'where harm or death is, or could have been (Near Miss), specifically caused (or suspected to be caused) by the Clinical Services rather than the underlying condition or illness or

	the person receiving the Clinical Services.’ It also includes any ‘reportable death’, as defined in the <i>Coroners Act 1996</i> .
Notifiable Incidents Register	The centralised database kept by WAPHA as a record of all Notifiable Incidents across all Contracted Services.
Notifiable Incidents Report Form	The form used by Contracted Providers to report a Notifiable Incident.
Reportable Death	As defined by the <i>Coroners Act 1996</i> , a reportable death is:  a Western Australian death — a) that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from injury; or b) that occurs during an anaesthetic; or c) that occurs as a result of an anaesthetic and is not due to natural causes; or d) that occurs in prescribed circumstances; or e) of a person who immediately before death was a person held in care; or f) that appears to have been caused or contributed to while the person was held in care; or g) that appears to have been caused or contributed to by any action of a member of the Police Force; or h) of a person whose identity is unknown; or i) that occurs in Western Australia where the cause of death has not been certified under section 44 of the Births, Deaths and Marriages Registration Act 1998; or that occurred outside Western Australia where the cause of death is not certified to by a person who, under the law in force in that place is a legally qualified medical practitioner.
Root Cause Analysis	A systematic approach used to investigate an incident in order to assist in the identification of health system failures that may not be immediately apparent. <sup>1</sup>
Working Day	Refers to 9am to 5pm, Monday to Friday.

## 7. Policy statement

This Policy aims to support all WAPHA staff to understand the definition of a Notifiable Incident and the mechanisms for managing them. WAPHA’s Clinical Governance Framework identifies six principles for good clinical governance:

- Clear roles, responsibilities and accountabilities
- Clarity and consistency
- A culture of openness and transparency
- Good performance management
- A culture of continuous improvement
- A clear consumer focus.

<sup>1</sup><https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/safety+and+quality/governance+fo+r+safety+and+quality/root+cause+analysis+rca>

These principles are central to this Policy and should be used to guide all decision-making. Notifiable Incident reporting supports WAPHA's ability to ensure the provision of safe and quality care, conduct good performance and risk management, and engage in continuous quality improvement. In addition, Notifiable Incident reporting provides opportunities for WAPHA to improve its commissioning process and support quality improvement at both service and sector level.

## 8. Scope of Notifiable Incidents

A Notifiable Incident, as defined above, is an incident that occurs within a WAPHA Contracted Provider or Service and must be reported by the Contracted Provider or Service. Only incidents that fall within the definition of a Notifiable Incident should be considered under this policy.

Complaints or feedback, including those that relate to safety and quality, must be managed in accordance with the *Complaints and Appeals Management Policy*.

headspace centres must act in accordance with the *headspace Clinical Governance Framework* and the *headspace Centres Serious Incidents and Complaints Reporting Policy*. In addition to mandatory reporting to headspace National, headspace centres must also notify WAPHA of any notifiable incidents reported to headspace National via the Notifiable Incident Procedure.

WAPHA is not responsible for providing advice to Contracted Providers regarding action that should be taken following a Notifiable Incident. WAPHA is not responsible for reporting Notifiable Incidents in accordance with relevant legislation or other obligations. The Contracted Provider is responsible for any statutory or additional reporting required. WAPHA will not report Notifiable Incidents to a third party on behalf of a Contracted Provider.

## 9. Impartiality

All Notifiable Incidents must be managed by WAPHA in an impartial, consistent and transparent manner. While WAPHA's Contract Managers may have detailed knowledge about the Contracted Provider and/or Service, the Contract Manager responsible for the Contracted Provider or Service will not be included in the review of the Notifiable Incident. The intent of this is to ensure impartiality throughout the Notifiable Incident review process. However, both the Contract Manager and Operational Manager will be kept updated and informed throughout the review process.

WAPHA staff must declare any conflict of interest in accordance with the *Conflict of Interest Policy*. Any staff members that may have an actual or perceived conflict of interest related to any aspect of a Notifiable Incident must declare that interest to the Clinical Safety and Quality Committee as soon as they become aware of the conflict of interest.

## 10. Process

The below diagram provides a brief overview of the process for receiving and managing Notifiable Incidents. Every Notifiable Incident will be received and managed in line with this Policy and the associated procedure document. All Notifiable Incidents will be allocated a Severity Assessment Code (SAC), as described in Appendix A. The *Notifiable Incidents Procedure for Contracted Providers* provides a step-by-step guide for submitting a Notifiable Incident Report Form.

**Diagram 1: Summary of Notifiable Incident procedure**



## 11. Review of Notifiable Incidents

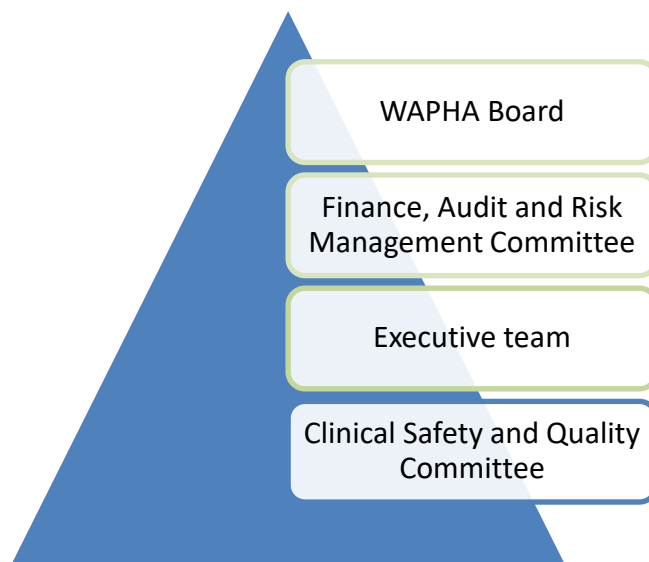
WAPHA will review all Notifiable Incidents reported by Contracted Providers with a view towards quality improvement, risk management and good performance management.

### Clinical Safety and Quality Committee

All Notifiable Incident Report Forms and associated correspondence are provided in full to WAPHA's Clinical Safety and Quality Committee at its monthly meeting. The Notifiable Incidents Register, along with relevant items on the Complaints Register, will also be reviewed by the Clinical Safety and Quality Committee as a standing item every month.

The purpose of WAPHA's Clinical Safety and Quality Committee in reviewing Notifiable Incidents is to:

- Support the provision of safe and quality care in WAPHA Contracted Services.
- Support good performance and risk management.
- Support WAPHA's internal continuous quality improvement, particularly around WAPHA's commissioning process.
- Identify trends and patterns related to safety and quality that may benefit from a system wide response.



WAPHA's Clinical Safety and Quality Committee is ultimately responsible for:

- Identifying trends that warrant a response from WAPHA, and ensuring an action plan is developed and implemented.
- Providing quarterly advice to the Executive team, FARM and the Board, including a summary of all Notifiable Incidents.
- Escalating concerns, advice and recommendations to the Executive team, as necessary.

### Executive team, FARM and Board

A quarterly summary of all Notifiable Incidents will be provided to WAPHA's Executive team, Finance, Audit and Risk Management Committee (FARM) and the Board. The Executive team, FARM and the Board can request additional information from the Clinical Safety and Quality Committee, if required.

WAPHA's Executive team is responsible for reviewing all advice provided by the Clinical Safety and Quality Committee, and actioning as appropriate. Risks, concerns, advice and recommendations should be escalated by the Executive team to FARM and the Board, as necessary. FARM is ultimately responsible for managing risk related to the safety and quality of WAPHA Contracted Providers and Contracted Services.

## 12. Risk Management

Risks associated with Notifiable Incidents should be managed in accordance with WAPHA's *Risk Management Handbook*.

## 13. Breach of policy

A failure to comply with the requirements set out in this policy may result in the contract between WAPHA and the Contracted Provider being terminated.



WAPHA will take into account the circumstances and context of any breach when determining the appropriate action.

## **14. Variation**

WAPHA reserves the right to vary, replace or terminate this Policy from time to time.

Any variation to this policy will be communicated to WAPHA staff and Contracted Providers on commencement of the newest version.

## Appendix A: Severity Assessment Codes

A Severity Assessment Code is used to define, report and act upon incidents. The guidance provided in relation to the action required is intended as a minimum standard; the Notifiable Incident Committee may recommend additional actions be taken.

	SAC 1	SAC 2	SAC 3
<b>Actual/potential consequence to patient/consumer</b>	Serious harm or death that is/could be specifically caused by health care rather than the patient's underlying condition or illness.	Moderate harm that is/could be specifically caused by health care rather than the patient's underlying condition or illness.	Minor or no harm that is/could be specifically caused by health care rather than the patient's underlying condition or illness.
<b>Type of Incident</b>	<ul style="list-style-type: none"> <li>• A clinical incident that results in the serious harm and/or death of a patient or consumer.</li> <li>• A near miss that could have resulted in the serious harm and/or death of a patient or consumer.</li> <li>• A 'reportable death' as defined by the <i>Coroners Act 1996</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• A clinical incident that results in the moderate harm to a patient or consumer.</li> <li>• A near miss that could have resulted in moderate harm to the patient or consumer.</li> </ul>	<ul style="list-style-type: none"> <li>• A clinical incident that results in no harm to a patient or consumer.</li> <li>• A near miss that could have resulted in minor harm to the patient or consumer.</li> </ul>
<b>Action required</b>	<ul style="list-style-type: none"> <li>• The Contracted Provider is expected to manage and respond to a SAC 1 incident in accordance with their documented organisational policies and procedures.</li> <li>• The Notifiable Incident report must be reviewed by an appropriate sub-group of the Clinical Safety and Quality Committee within 3 Working Days of WAPHA being notified.</li> </ul>	<ul style="list-style-type: none"> <li>• SAC 2 and 3 incidents will be reviewed the Clinical Safety and Quality Committee.</li> <li>• The Contracted Provider is expected to manage and respond to SAC 2 and 3 incidents in accordance with their documented organisational policies and procedures.</li> </ul>	