

Purpose

This policy outlines the requirements for contracted service providers in the reporting of critical risk events including incidents and complaints.

Scope

All PHN Staff and Contracted Service Providers.

Background

It is a key contractual requirement that services are delivered under a robust clinical governance framework and have effective systems for managing and reporting complaints and incidents relating to the provision of services. The policyd procedures define the types of serious complaints and incidents that must be reported to PHN. It outlines timeframes and contact information for reporting such activity.

Policy Statement

All Providers are required to report details of any serious risk events (complaints or incidents):

- in writing
- within 24 hours of becoming aware of the event.
- via the Provider Critical Incident report on Folio (link available on PHN website)

Roles and Responsibilities

It is the responsibility of the Provider to report critical incidents and complaints as per this policy and to manage and report on progress to the PHN.

The PHN is responsible for the monitoring of the progress of the event; reporting to the HNECC Board; and, where appropriate The Department of Health. In extreme cases a notification to the Health Care Complaints Commission may be warranted.

Supporting Procedures

1. Notification Regulations

When submitting notification of a complaint or incident the Provider will complete the Provider Critical Incident or Complaint Report which requests the following information:

- Date of incident
- Incident/Complaint type
- Summary and details of the incident
- Consequences of the incident
- Action taken – immediate and planned (including ongoing risks) and the outcomes of these actions to mitigate critical incidents or complaints occurring in the future
- Any other details that may provide further information
- Safety Assessment Code rating

2. Notifiable incidents and complaints

a) Notifiable Complaints

Any serious complaint involving:

- i. Accessibility of the service e.g. cost, eligibility, geographic access, physical access for those with a disability
- ii. Breach of rights e.g. privacy, confidentiality, consent, discrimination – this would include breaches in person and via social media and use of clinical records
- iii. Competence of performance or attitude of staff member or private practitioner
- iv. Content or messaging of resources, campaigns or social media sites run by the Provider
- v. The media and/or a state or national Member of Parliament

A **serious complaint** will usually contain one or more of the following features:

Complexity	Multi-factorial with potentially several issues of concern raised by the complainant
	Concerns directed towards, or about, multiple people (clients or staff), multiple services (contracted programs or other services), and identify system or process issues
Impact	Significant impact on the individual and on the service
Risk	High risk of harm or significant negative impact to an individual
	High risk of negative impact to the service

b) Notifiable Incidents

Any preventable risk event involving harm/ potential harm to a client including:

- i. Death of a client (directly or indirectly from the incident or preventable risk event)
- ii. Self-harm or harm to a client, whether intentional or accidental, resulting in professional medical or psychological attention
- iii. Abuse or mistreatment of a client
- iv. Inappropriate relationship with a client
- v. Medical error causing physical or psychological harm to client
- vi. Near miss (medical error with potential to cause physical or psychological harm but did not actually cause physical harm)
- vii. Staff breach of privacy or confidentiality which is not a response to a concern for safety
- viii. Breach of privacy or confidentiality due to a systems or process error
- ix. Significant legal, regulatory or internal policy failure

3. Assessment of critical incident or complaint

These risk events are calculated by assessing likelihood and consequence to determine a Safety Assessment Code (SAC) rating. The SAC rating is used to determine the most appropriate course of action for the management of incidents and complaints. Any event with a Safety Assessment Code (SAC) of 1 or 2 must be reported within 24 hours to the PHN.

LIKELIHOOD DEFINITIONS	
Rare	The event will only occur in exceptional circumstances or as a result of a combination of unusual events
Unlikely	The event may occur at some time but not likely to occur in the foreseeable future
Possible	The event may occur within the foreseeable future or medium term
Likely	The event will probably occur in most circumstances
Almost Certain	The event is expected to occur in most circumstances

CONSEQUENCE DEFINITIONS				
Insignificant	Minor	Moderate	Major	Extreme
A preventable event resulting in no injury.	A preventable event resulting in minor injury requiring only first aid treatment.	A preventable event resulting in increased treatment, but not hospitalisation.	A preventable event resulting in temporary loss of physical function; hospital admission; surgical intervention; or transfer to a higher acuity facility.	A preventable event resulting in permanent disabling physical and/or psychological injury, or death.
Insignificant legal regulatory or internal policy failure with no impact on operations.	Minor legal, regulatory failure (able to be resolved with no penalty) with minimal impact on operations.	Limited legal, regulatory failure - reportable incident to regulator. Moderate impact on operations.	Major regulatory, legal or internal policy failure. Visit by regulators in relation to non-compliance. Significant impact on operations.	Significant legal regulatory or policy failure – substantial criminal, financial penalties. Substantial impact on operations.

Assessment Matrix

Calculate the rating using the Likelihood x Consequence ratings.

LIKELIHOOD	CONSEQUENCE				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	3	3	2	1	1
Likely	4	3	2	1	1
Possible	4	3	2	2	1
Unlikely	4	4	3	2	1
Rare	4	4	3	3	2

4. PHN follow-up

Reported information will be analysed and monitored by HNECCPHN to ensure that the appropriate processes are followed in line with Clinical Governance Frameworks. De-identified data may be utilised to report to the Department of Health if required. Data will be electronically stored as per the PHN's information management policy and legislative guidelines.

References/Related Documents

HNECC internal documents:

- Risk Management Framework
- Clinical Governance Framework
- Commissioning Health Care Services Framework
- Risk Management Policy
- Incident Management Policy
- Contract Standard Terms and Conditions

External documents:

- Standards Australia: AS/NZS ISO 31000 Risk management – principles and guidelines

Document Control

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V1.1	Amended	Maureen Beckett	23/9/2020	Reviewed, updated, definition of SAC embedded in text
V1.2	Rebranded	Maureen Beckett	01/12/2020	
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V2.1	Approved	Amanda Martin	30/04/2021	Approved

*Status: Draft/ Approved/ Amended/ Rescinded