

COMMISSIONING INCIDENT MANAGEMENT POLICY AND PROCEDURE

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COMMISSIONING INCIDENT MANAGEMENT POLICY AND PROCEDURES

1 Purpose

The purpose of this policy is to provide direction for the consistent management of both clinical and corporate incidents to ensure both South Western Sydney Primary Health Network (SWSPHN) and Contractor personnel (including sub-contractors) respond effectively to them.

2 Scope

This policy directive applies to all incidents that occur in the delivery of services commissioned by SWSPHN, provides guidance on the difference between clinical and corporate incidents and the key elements of the different approaches required, is applicable for all SWSPHN personnel and contractors, describes roles and responsibilities in the incident management process, articulates reporting requirements, defines timeframes within which incidents and the results of the investigation of these incidents are to be reported.

Compliance with this Policy is mandatory for all SWSPHN personnel and contractors, including sub-contractors.

3 Associated Documents

Legislation, best practice guidelines:

- NSW Health Incident Management Policy; and
- NSW Patient Safety and Clinical Quality Program: *Health Administration Act 1982*.

Internal Policies and documents:

- Commissioning Incident Notification Form
- Incident Root Cause Analysis Report Template
- Incident Register
- Stakeholder Satisfaction Policy and Procedure
- SWSPHN Organisational Chart
- Commissioning Framework
- Clinical Governance Framework
- Mental Health Clinical Governance Manual
- Supplier Access to and Security of Information Systems and Data Policy
- Cyber Security Incident Response Plan

4 Roles and Responsibilities

Contracted Service Provider	<p>The responsibility for the management of an incident rests at the local service level and includes:</p> <ul style="list-style-type: none"> • Responding to the immediate needs of individuals/services involved with the incident, including staff. • Remedial action required to re-establish a safe environment. This is the first priority where there continues to be a threat. • Communicate with the client, family, carers, advocates and/or staff, and other service providers as appropriate, in a timely manner. • Communicate recommendations of RCA across the organisation, as appropriate. • Implement RCA recommendations to minimise the recurrence of incidents • Monitor and review the effectiveness of actions implemented. • Communicate details of reportable incidents to the relevant external bodies in accordance with this policy and legislative requirements; and • Undertake Incident Management compliance checks against its internal Incident Management policy and procedures as well as against this (SWSPHN) Incident Management document. This could involve review of policy documents, data analysis from information systems and/or discussions with staff to determine the extent of compliance. • Arrange regularly incident reporting duration and training for new staff and refreshers for existing staff.
SWSPHN CEO	<ul style="list-style-type: none"> • Ensure commissioning incident management processes are in place at SWSPHN.
SWSPHN Executive	<ul style="list-style-type: none"> • Ensure implementation of the commissioning incident management policy and procedure. • Ensure there is education available for new and current staff about the commissioning incident management policy and procedure. • Initiate reviews of the commissioning incident management policy and procedure. • Ensure a regular review and feedback process is put in place between SWSPHN and commissioned service providers as part of the clinical governance approach to ensure awareness, compliance, and best practice
SWSPHN Management	<ul style="list-style-type: none"> • Participate in the commissioning incident management process. • Support staff who are participating in the commissioning incident management process. • Ensure staff are able to access resources, training, and education regarding commissioning incident management. • Securely maintain records of Category 1 and Category 2 incidents forwarded to it by the contractor to ensure confidentiality. • Participate in RCA with the contractor for Clinical Category 1 and Category 2 incidents, as deemed appropriate and if requested by the contractor. • Report commissioning incidents to Executive as soon as practicable.
SWSPHN Contracts Staff	<ul style="list-style-type: none"> • Ensure Contractor Incident Management responsibilities are clearly communicated in contract documents. • Periodically analyse and review individual and aggregate incident information to monitor and assess risk and identify opportunities to mitigate both clinical and corporate risk; and • Work in partnership with the contractor to reduce the likelihood of both clinical and corporate risk based on the outcomes of periodic reviews. This would also include regular audits of commissioned services. • Ensure that providers have an awareness of SWSPHN incident reporting policies and that these have alignment with the organisation policy and clinical governance approach.

SWSPHN Program Advisor	<ul style="list-style-type: none"> • Support review of individual and aggregated incident information. • Ensure that providers have an awareness of SWSPHN incident reporting policies and processes. • Where appropriate, ensure adequate supports are available to those impacted by Category 1 and Category 2 incidents.
All staff	<ul style="list-style-type: none"> • Initiate and participate in the commissioning incident management process when an incident occurs. • Report commissioning incidents to their Manager/Executive as soon as practicable. • Participate in any relevant training.

5 Policy

Incidents occur in the best organisations and a systematic process in managing incidents will reduce a repeat of similar incidents and promote service improvement.

There are six (6) steps to be undertaken in Incident Management:

1. Identification
2. Notification
3. Prioritisation
4. Investigation
5. Analysis and Action
6. Feedback

The principles of open disclosure are to be followed throughout the Incident Management process.

Failure to comply with this policy may result in disciplinary action.

6 Incident Management Process

6.1 Step 1 – Identification

SWSPHN and/or contractor personnel may identify incidents through a number of methods such as direct observation, team discussion, complaints audits or chart reviews. Incidents may be identified at the time they occur or at any time after the event.

Contractors will need to implement processes which facilitate the identification and reporting of all incidents in a timely manner, if they do not already have such processes in place, which may be subject to an audit by SWSPHN.

When an incident has been identified, it may be necessary to take immediate actions to mitigate harmful consequences of the incident. Such actions may include:

- a. provide immediate care to individuals involved in the event (patient, staff and/or visitors).
- b. make the situation/scene safe to prevent immediate recurrence of the event.
- c. remove malfunctioning equipment or supplies; and
- d. notify police/security, as required.

6.2 Step 2 – Notification

Contractors must have in place a mechanism for patients, their family members / carers or other services and stakeholders to report an incident and additionally a process for regularly checking that this information is well understood and implemented. The use of the complaints management process may be appropriate in some instances, but the patient/family member carer or other service should be able to notify the Contractor that the incident has occurred without the need to register a complaint. In this instance, it may be appropriate for the contractor to record the incident in their register.

6.3 Step 3 – Prioritisation

The purpose of prioritisation is to ensure that a standardised, objective measure of severity is allocated to each Incident and that they are prioritised according to the actual impact on clients, staff and/or business entity. All incidents are to be categorised according to the Clinical and Corporate Incident Categories table (refer to Appendix 2). The key purpose of the categorising incidents is to determine the level of investigation and action required.

The contractor is required to report all **Category 1 and Category 2** (Appendix 1) incidents to the SWSPHN Contract Administrator using the Incident Notification Form (refer to Appendix 2) which is to be signed by the contractor's senior management. SWSPHN may contact the contractor to clarify issues and/or request additional information regarding the incident.

Timeframes to report Category 1 and Category 2 incidents to SWSPHN are:

Category 1 – within 24 hours of the contractor becoming aware of the incident occurrence.

Category 2 – within five (5) business days of the contractor becoming aware of the incident occurrence

6.3.1 Notification to Patient

As early as possible after the Incident, the provider should share with the patient and/or their nominated contact what is known about the Incident and what actions have been taken to immediately mitigate or remediate the harm to the patient.

Refer to the SWSPHN Open Disclosure Policy and Procedure for further guidance.

6.4 Step 4 - Investigation

All notified Incidents require review at an appropriate level, involving the nominated lead/contact of the contracted service. The category applied in the prioritisation stage guides the level of investigation

6.5 Levels of Investigation

As a general guideline, the following levels of investigation are considered appropriate.

7 Clinical and Corporate Incidents

Clinical and Corporate Category 1 and Category 2 Incidents

- a. All Category 1 and Category 2 incidents require root cause analysis (RCA) investigation to be conducted by the Contractor (refer to s7 – Root Cause Analysis).
- b. All Category 1 and Category 2 incidents must have the final RCA report completed and submitted to SWSPHN within forty-five (45) calendar days from the notification to SWSPHN of the incident.

Clinical and Corporate Category 3 and Category 4 Incidents

- a. Category 3 and Category 4 incidents (Appendix 1) do not need to be reported to SWSPHN however, all Category 3 and Category 4 incidents should be reviewed. Such reviews will be undertaken at the local level however, contractor senior management has responsibility for the review process to be assigned.
- b. It may be considered appropriate to aggregate a number of similar Category 3 or Category 4 incidents and to perform a review of the aggregated incidents.
- c. Monitoring of trended aggregated incident data may identify and prioritise issues requiring practice improvement.

7.1 Step 5 – Analysis and Action

The purpose of analysis is to understand how and why the incident occurred, to identify ways of improving the systems of care and to prevent recurrence. Action is the implementation of recommendations from the RCA. A suitable timeframe for the implementation of any recommendations must be documented in the RCA report.

SWSPHN may request evidence of the implementation of recommendation from RCA reports during the Term of the contract.

7.2 Step 6 – Feedback following investigation

7.2.1 Feedback to Patients and/or Support Person – Open Disclosure

Information about Category 1 and Category 2 clinical incidents should be offered to the individual patient and/or their support person and/or family within thirty (30) calendar days of the RCA report being released to SWSPHN.

In circumstances where discussion with the patient is not possible or appropriate, his/her next of kin, designated contact person or representative should be informed. Consideration must also be given to the patient's cultural and ethnic identity and first language, and the support needed.

Information provided to the patient and/or their support person and/or family should be derived from the RCA report although, there may be circumstances during the investigation where communication with the patient, family and/or carer is required. Ideally, the report should be discussed with the patient/support person/family in person and allow for questions to be addressed.

Where relevant and/or if requested, the providers complaints policy is to be provided to the individual patient and/or their support person. The service providers Complaints Policy and Open Disclosure Policy should be made readily available to consumers, which may be subject to an audit by SWSPHN.

7.2.2 Feedback to Staff

Contractors should provide feedback to staff involved in the incident as soon as possible. If RCA is required, then as soon as practical after the completion of the RCA staff should be informed of the conclusions and recommendations of the report.

It is also expected that commissioned organisations will have adequate resources in place to ensure involved staff are supported throughout this process. Internal and/or external supports available to staff may be subject to an audit by SWSPHN.

8 Root Cause Analysis

8.1 Clinical Root Cause Analysis

There are three (3) key tasks involved in the root cause analysis (RCA) process for clinical Category 1 and Category 2 incidents.

8.1.1 Task 1 – Appoint a lead for RCA

The contractor's senior/executive management is responsible to appoint an individual/team to undertake RCA. The lead should have fundamental knowledge of the care processes in the area where the incident occurred and was not directly involved in the incident or in the care of the patient.

RCA investigating suspected suicide, homicides or other serious crimes should include input from a senior mental health clinician, where possible and the contractor is expected to cooperate with Police investigating the case.

8.1.2 Task 2 – The RCA Investigation

SWSPHN require RCA for all Category 1 and Category 2 incidents. The timeframe for the RCA to be completed is forty-five (45) calendar days from the notification to SWSPHN of the incident.

The key steps to be undertaken during a RCA investigation are:

- *Interviews and information gathering.* This must include clinicians who were involved in the incident as well as the patient and/or the family or carers.
- *Simple flow charting.* This is a process to help determine what the team knows about the sequence of events, what they don't know and what they need to find out.
- *Detailed flow charting.* This is to identify the most significant problems where barriers might interrupt the flow of events for future prevention of similar events. Further causal analysis will centre on these issues to determine the underlying root cause(s).
- *Causal factor charting.* By asking what changed, what conditions were present and what was not done at each of the key potential barrier points, the underlying causal issues is identified and depicted in a causal sequence. The causal factors are then analysed to determine root causes.
- *Causation statements.* A written description of each of the causal sequences presented in a statement linking the root causes to the outcome.
- *Recommendations.* Actions to causes are nominated that would most likely prevent or mitigate root causes.

8.1.3 Task 3 – Reporting

The findings of the RCA investigation are to be made available in a formal report which is signed off by the contractor senior/executive management before being submitted to SWSPHN within the specified timeframe (refer to Appendix 3). The report must contain:

- a de-identified description of the incident.

- a clear written description of the findings of the analysis of the information gathered about the reportable incident.
- causation statement(s) that indicate the reasons why the incident occurred (assuming that causation has been established).
- recommendations for system changes to improve procedures or practices to minimise recurrence of the incident if root causes have been determined and such recommendations made.

8.1.4 Corporate Root Cause Analysis

All corporate Category 1 and Category 2 incidents require RCA to be undertaken. It is important that such incidents are properly investigated so that the cause of the incident can be identified, and any appropriate remedial action is implemented to mitigate against a similar incident re-occurring.

8.1.5 Task 1 – Appoint a lead for RCA

The Contractor's senior/executive management is responsible to appoint an individual/team to undertake RCA. The lead should have fundamental knowledge about the corporate processes in the area where the incident occurred, but not have been directly involved in the incident.

8.1.6 Task 2 – The RCA Investigation

The key steps in undertaking a detailed investigation are:

- *Assessment.* The incident needs to be assessed to determine whether the issues resulted from negligence, criminal or corruption and if appropriate, report the matter to the appropriate agency, for example, the police, ICAC.
- *Investigate.* Conduct interviews and collect detailed information about the incident.
- *Assess the results.* Once all the information has been gathered, analyse the findings.
- *Barriers and Recommendations.* Identify the barriers that would most likely prevent or mitigate the problem, then determine appropriate recommendations.

8.1.7 Task 3 – Reporting

The findings of the RCA investigation are to be made available in a formal report which is signed off by the Contractor senior/executive management before being submitted to SWSPHN within the specified timeframe. The report must contain:

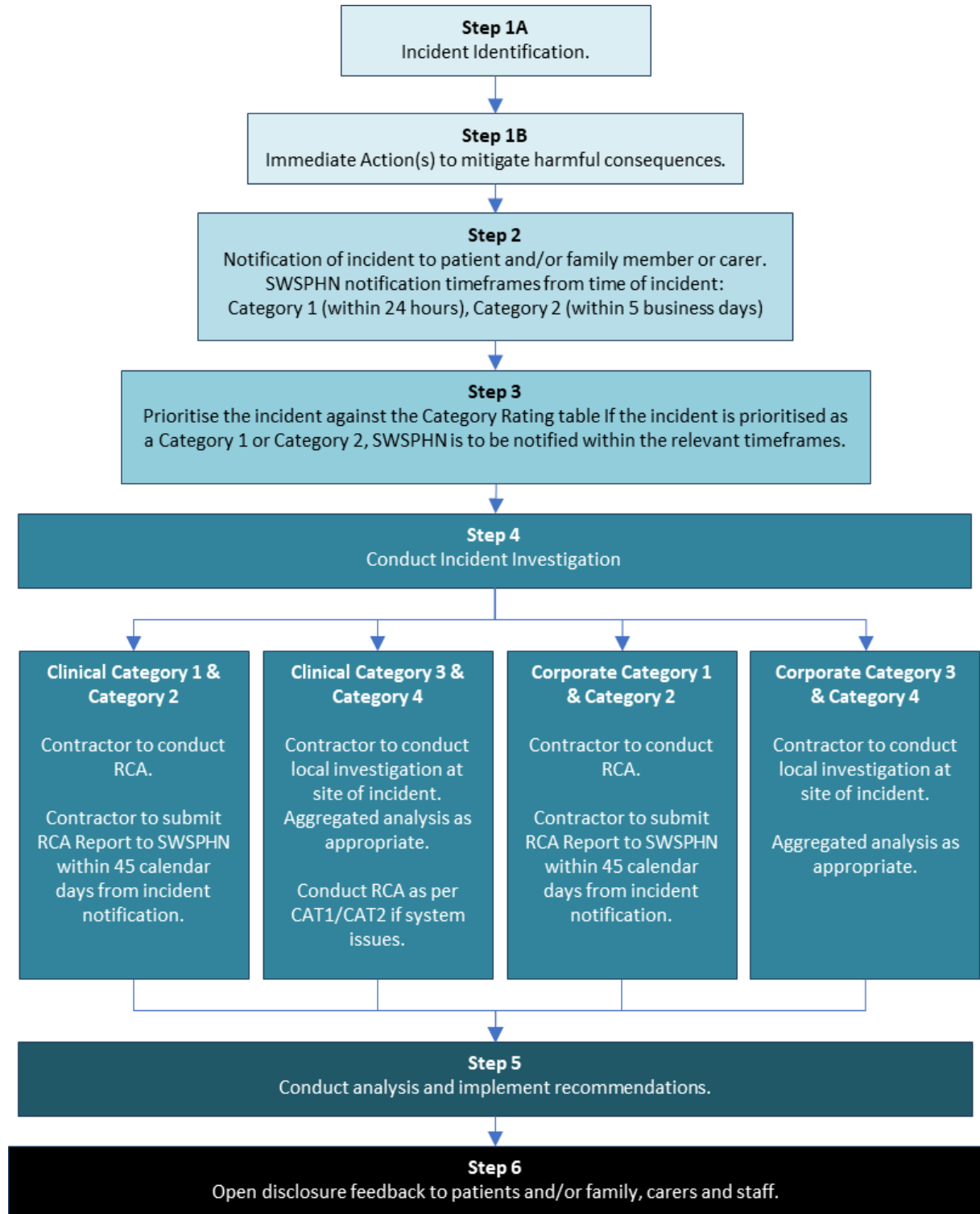
- a description of the reportable incident.
- a causation statement(s) that indicates the reasons why the incident occurred; and
- recommendations for system changes to improve procedures or practices to minimise recurrence of the incident.

9 Key Definitions

The following terms are used in this document:

Word/Term	Definition
Classification	The process for capturing relevant information about an incident to ensure the complete nature of the incident, including causative and contributory factors from a range of perspectives, is documented and understood.
Clinician	A health practitioner or Health Service provider of any profession regardless of whether the person is a registered health practitioner.
Complaint	<p>A complaint is:</p> <ol style="list-style-type: none"> 1. An expression of dissatisfaction that may have one or more associated issues. 2. A concern that provides feedback regarding any aspect of service that identifies issues requiring a response. <p>A complaint may, for example be about policies, procedures, employee conduct, provision of information, quality of communication or treatment or access to or promptness of service.</p> <p>Complaints do NOT include requests for services or information or explanation of policies or procedures or industrial matters.</p> <p>Complaints may be made, for example, in person, by phone, letter, survey and in some cases through the media.</p>
Hazard	A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.
Incident	Any unplanned event resulting in, or with the potential for, injury, damage, or other loss. This includes a near miss.
Incident investigation	The management process by which underlying causes of undesirable events are uncovered.
Incident Management	A systematic process for identifying, notifying, prioritising, investigation and managing the outcomes of an incident and steps taken to prevent similar occurrences.
Incident type	The core issues of the incident such as a fall or medication error. There can be more than one type of incident associated with each registered incident.
Open Disclosure	The process of communicating with a patient and/or their support person and staff about a patient related incident.
Root Cause Analysis (RCA)	A method used to investigate and analyse incidents to identify the root causes and factors that contributed to the incident. The process yields recommended actions directed at the prevention of a similar occurrence.

10 Incident Management Process Flowchart



11 Associated Documents

- Commissioning Incident Notification Form
- Incident Root Cause Analysis (RCA) Report Form

Document Control

Policy review every (choose most applicable) **1 year** **2 years** **3 years**

Version	Date Commenced	Policy Owner	Change Description	Review Date	Authorised By
V1.0	October 2016	Commissioning Manager	New policy	October 2019	Clinical Director
V2.0	February 2018	Commissioning Manager	Policy Review	February 2021	Director of Planning and Performance
V3.0	February 2021	Commissioning Manager	Policy Review Addition of Roles & Responsibilities	February 2024	Director of Planning and Performance
V4.0	March 2023	Commissioning Manager	Policy Review	March 2026	Director of Planning and Performance

Appendix 1 Incident Categories

The table below identifies both clinical and corporate incidents which may occur in relation to Service Provider clients, personnel or against the organisation itself. Any incident which is identified as a Category 1 or Category 2 Incident is reportable to SWSPHN and root cause analysis is to be conducted by the Contractor against these two categories to minimise incident recurrence.

Clinical and Corporate Incident Categories: the examples listed below are not exhaustive.

		Reportable Incidence		Non-reportable Incidents managed by Service Provider		
		Catastrophic1 – Category 1	Major – Category 2	Moderate – Category 3	Minor – Category 4	Minimum
CLINICAL CONSEQUENCE	Patient	<ul style="list-style-type: none"> Death unrelated to the natural course of pre-existing illness & differing from the immediate expected outcome of patient management. Apparent alcohol or drug related death of a client of AOD or mental health services irrespective of the location of the incident. A drug or alcohol overdose where the client is admitted to hospital as an inpatient and is unlikely to fully recover. Suspected suicide² Suspected homicide³ Allegation of, or actual, serious physical or sexual assault 	<ul style="list-style-type: none"> An injury occurring while on site, for which a person attends and/or receives treatment by a medical practitioner. A drug or alcohol overdose for which a person attends and/or receives treatment by a medical practitioner. Assaults that do not classify as Catastrophic incidents. Serious threats made against a client by staff. Patient behaviour that could result in potential risk to other clients and/or staff. Criminal behaviour resulting in Police intervention. Incidents that have the potential to escalate to Catastrophic category. 		<ul style="list-style-type: none"> Patients requiring increased level of care including: <ul style="list-style-type: none"> review and evaluation additional investigations and/or referral to another clinician. 	<ul style="list-style-type: none"> Patients with no injury or increased level of care.
	Staff	<ul style="list-style-type: none"> Death of staff member related to work incident or suicide. Allegation of, or actual serious physical or sexual assault. 	<ul style="list-style-type: none"> Permanent injury or hospitalisation of staff member related to work incident, or hospitalisation. Threatened or actual physical or verbal assault of staff requiring external or police intervention or WorkCover investigation. Criminal behaviour resulting in Police intervention. 	<ul style="list-style-type: none"> Medical expenses incurred related to work incident. Unethical behaviour by staff, particularly if it involves taking advantage of patients 	<ul style="list-style-type: none"> First aid treatment only with no lost time or restricted duties. 	<ul style="list-style-type: none"> No injury or review required.
CORPORATE CONSEQUENCE						

	Visitor	Death of a visitor onsite.	Hospitalisation related to an n-site incident/injury or WorkCover investigation.	Medical expenses incurred related to on/site incident/injury.	Evaluation and treatment with no expenses.	No treatment required or refused treatment.
	Service	<ul style="list-style-type: none"> Complete loss of service or output. An event which has the potential to subject the Service or SWSPHN to high levels of public or legal scrutiny. Significant damage to site from natural disaster, fire, vandalism, or other event resulting in site or service closure. Personal sensitive data compromised due to a cyber incident. 	<ul style="list-style-type: none"> Major loss of service to users. Non-personal data compromised due to a cyber incident. 	<ul style="list-style-type: none"> Disruption to patients/users due to service problems. 	<ul style="list-style-type: none"> Reduced efficiency or disruption to service functionality. Unsuccessful cyber-attack with no data compromised. 	No loss of service.
	Financial	<ul style="list-style-type: none"> Allegation of, or actual fraud or theft >\$100K WorkCover Claims >\$100K 	<ul style="list-style-type: none"> Allegation of, or actual fraud or theft - \$10K - \$100K WorkCover Claims \$50K - \$100K 	Allegation of, or actual fraud or theft < \$10K.	Negligible financial loss.	No financial loss.

¹ A catastrophic incident has a low likelihood of occurring, but the consequence is very high, for example, death, or a natural disaster. In comparison, a major incident has a slightly higher likelihood of occurrence, and the consequence is not as severe as a catastrophic incident. For example, permanent injury, temporary loss of service or Police intervention is required.

² Suspected suicide of a patient where the death occurs within 3 months of the person's last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care/treatment provided by the organisation.

³ Suspected homicide committed by a patient within 6 months of the person's last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care/treatment provided by the organisation.