INCIDENT MANAGEMENT - SCHN

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

- o This Practice Guideline outlines the processes and responsibilities for those involved in clinical incident management at SCHN

- o All staff are encouraged to enter any incident into the State-wide Incident Information Management System (IIMS) and document the incident and IIMS number in the medical record

- o Managers of departments and wards are required to manage all incidents in their areas.

- o There are different reviews that can be initiated including a case review, London Protocol or Root Cause Analysis (RCA).

- o Managers, Clinical Program Directors and other Executive staff are responsible for implementing recommendations from RCA's or other reviews that have been allocated to them.

- o Reportable Incident Briefs (RIB) system is designed for the reporting of specific health care incidents to the MoH. The RIB process is used for reporting both clinical and corporate incidents.

- o The NSW Health Policy Directive which provides further detail on incident management can be found here:

  http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_004.pdf

- o Further information in relation to Staff Visitor Contractor Incident Management can be found in the SCHN WHS Incident Management and Notification to WorkCover Procedure
  http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2013-9045.pdf

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st March 2017	Review Period: 3 years
Team Leader:	Patient Safety Officer	Area/Dept: Clinical Governance Unit

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CHANGE SUMMARY
• Further adjustment and clarification in the processes for reviewing incidents

READ ACKNOWLEDGEMENT
• All SCHN staff to read and acknowledge the NSW Ministry of Health Policy Directive

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Introduction

The purpose of this practice guideline is to provide all SCHN staff with an outline of the processes and responsibilities for the management and reporting of both clinical and corporate incidents at the SCHN.

Incident management and reporting is the responsibility of all staff members and all staff levels at the SCHN. All staff include health practitioners, clinical staff, administrative staff, Managers at all levels and the Executive.

The management of incidents also includes a provision of appropriate feedback to patients, families/support persons and clinicians, and the sharing of lessons learned to prevent patient harm.

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Responsibilities

Staff

- An incident is any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss.

- All staff are encouraged to enter any incident into the State-wide Incident Information Management System (IIMS) and document the incident and IIMS number in the medical record.

- All staff members have access to the IIMS.

- There are four types of forms that an incident can be entered onto and there are different teams that oversee these forms.

Types of Incident reports	Incident description	Overseen by
Clinical	This is any incident, adverse event or near miss involving patient care	Patient Safety Team in the Clinical Governance Unit (CGU)
Staff/Visitor/Contractor (SVC)	Any incident or near miss pertaining to the health of any staff (permanent or casual), visitor, volunteer or contractor. This includes aggression and occupational exposure, such as needle stick injuries.	Workforce Services
Property/Security/Hazard (PSH)	Any incident or near miss that involves these elements, for example theft or damage to property or issues identified after routine Work, Health Safety inspection.	Workforce Services
Complaints	An expression of dissatisfaction by a patient, family member, carer or member of the public (not a complaint by a staff member), which may have one or more issues associated.	The Consumer Engagement Team in the CGU. Please refer to the SCHN Patient Complaints Management Procedure for more information.

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Managers

- Managers of departments and wards are required to manage all incidents in their areas including Clinical, Staff/Visitor/Contractor and Property/Security/Hazard incidents.

- It is the responsibility of the manager to ensure the *Incident Type* is correct. The manager must only add to the management fields and cannot change the notifiers' description of the events. However, managers may clarify details of the incident in the management section.

- Managers should review all incidents and the incident statuses are required to be changed from "New" to "Investigate" within 5 days.

   o All complaints should be reviewed and acknowledged (direct to the patient or family member making the complaint) within 5 days, and the incident acknowledgement should be added to the IIMS. The Consumer Engagement Team can acknowledge complaints as needed.

- Local investigation of all incidents should be finalised within 45 days and the incident status should then be changed from "Investigate" to "Complete".

- All complaints should be finalised within 35 days and the incident status should then be changed from "Investigate" to "Complete". The Consumer Engagement Team can support managers in this process as necessary.

- All actual SAC 2 incidents are reviewed by the CGU – either a 'Case Review' or 'London Protocol' investigation will be supported by CGU's Patient Safety Team, if a Root Cause Analysis (RCA) has not been commissioned.

   o Local managers are responsible for ensuring that recommendations allocated to them, from any level of review, are monitored and achieved within the nominated timeframe.

- All incidents *must have* a confirmed actual SAC score, a documented incident investigation and a classification of the outcome.

- It is the local manager's responsibility to provide feedback to staff involved in the incident.

- Managers, Clinical Program Directors and other Executive staff are responsible for implementing recommendations from RCA's or other reviews that have been allocated to them. They will be required to report on this progress on a monthly basis.

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Patient Safety Officer and Patient Safety Team

- Clinical incidents that require re-location for management must be emailed to the Patient Safety Officer.

- The Patient Safety Officer provides a daily summary of clinical incidents and PSH to the Executive and facility leaders including the Finance and Corporate Services Manager on each working day. Corporate incidents are identified in this process and managed by the local Corporate Services Manager.

- It is the responsibility of the Patient Safety Officer to de-identify the clinical incident description fields (e.g. use Dr, Nurse) and arrange for inappropriate or duplicate incidents to be removed.

- The CGU reviews clinical incidents Monday to Friday to ensure incident locations are correct and serious incidents are review and escalated to the appropriate leaders.

- The CGU is responsible for monitoring the implementation of recommendations from 'Case Review', 'London Protocol' and 'RCA' investigations.

- The Patient Safety Team produces a monthly Patient Safety Report which is presented to the Executive, Clinical leads and relevant committees. These reports are published on the SCHN intranet, under Patient Safety.

- The Patient Safety Officer is also responsible for monitoring trends and patterns from clinical incidents reported throughout SCHN. Matters that require special reviews and working parties are referred to the Network Manager Patient Safety.

- All actual Severity Assessment Code 1s (SAC 1) incidents must be notified to the Chief Executive within 24 hours.

- All Clinical SAC 1s incidents are to be investigated by a privileged Root Cause Analysis (RCA)

Work Health and Safety Team

- The WHS Team review SVC and PSH incidents Monday to Friday to ensure incident locations are correct and to review serious incidents.

- The WHS Team monitor trends and patterns in relation to PSH and SVC incidents and will act to minimise incidents where trends and patterns are identified.

- Reports with regard to SVC IIMS are reported to Work Health and Safety Committees.

- Reports with regard to physical incidents are provided to the Ministry of Health.

- Notifiable incidents are reviewed in conjunction with the Executive and notified to SafeWork NSW in accordance with WHS Legislation.

- All serious and notifiable incidents require a Reportable Incident Brief (RIB) and WHS will assist managers in relation to the RIB.

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IIMS access

For Staff reporting an incident

- For CHW this is accessed via 'Safety at Kids' on the CHW computer Network. This is found on the application window or quick links on the intranet home page.

- For SCH this is accessed via the IIMS tab on the left hand side of the intranet home page

- For NETS this is accessed through the NETS website under the 'other resources' tab. Please note this can only be accessed while on base at NETS

For Managers: How to obtain an IIMS Management account

- Complete the IIMS Account Request Form
  http://chw.schn.health.nsw.gov.au/ou/siu/resources/patient_safety/IIMS/iims_access_application_form.pdf

- Scan and send the form to SCHN-CGU@health.nsw.gov.au
  A Patient Safety Officer will contact you within the next week to set up training and give you access. You need to complete training prior to managing incidents.

For Managers: How to access IIMS

At CHW

Once you have completed your training, your "Safety At Kids Management" icon will appear on your applications window.

At SCH

Once you have completed your training, you will need to contact the State Wide Service Desk on 1300 28 55 33 to add the icon to your Citrix Applications.

At NETS

The "Safety At Kids Management" can be accessed via the NETS website under the 'other resources' tab. Please note this can only be accessed while on base at NETS

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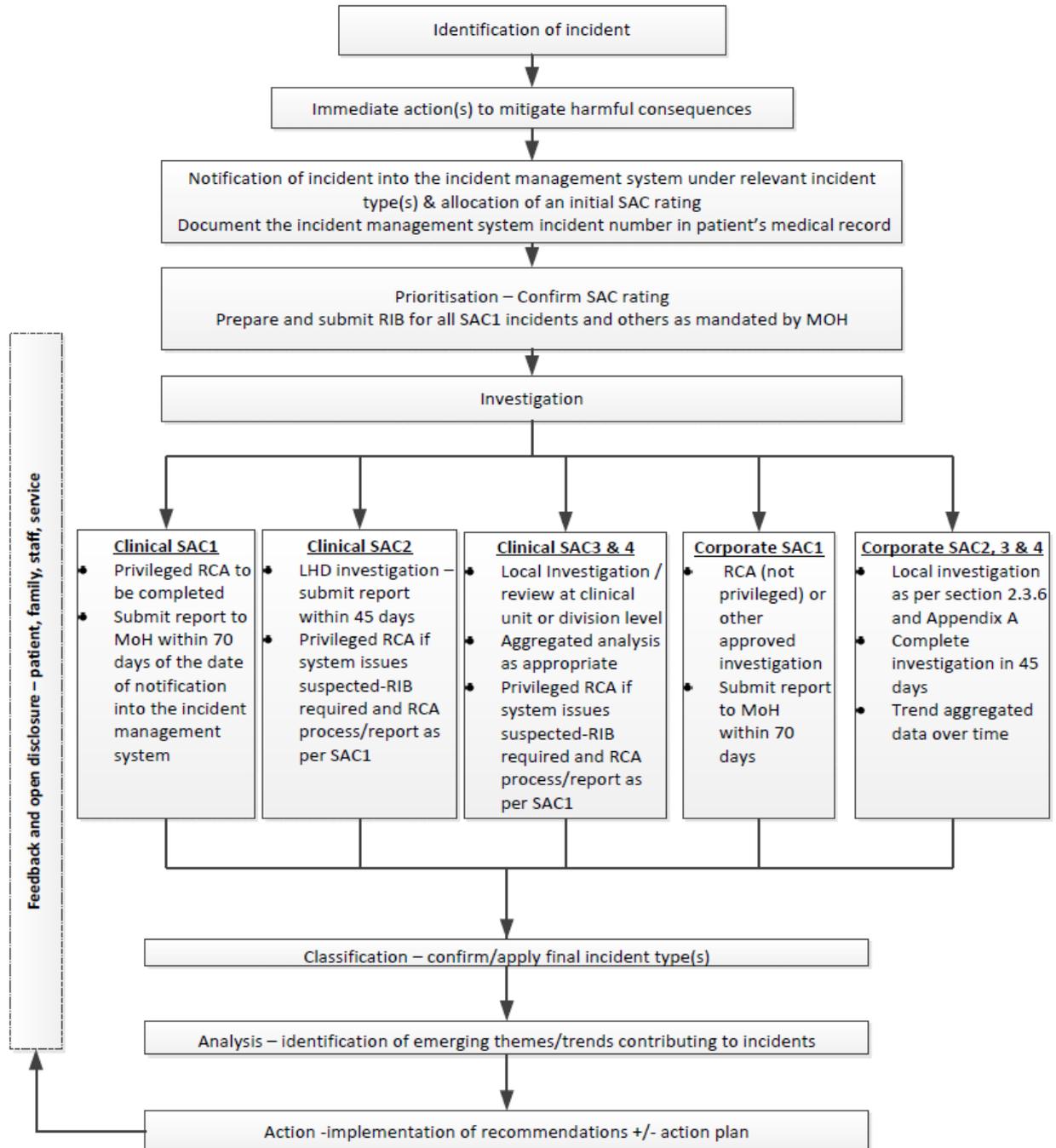
Different SAC scores and outcomes

SAC 1

A SAC 1 incident is a serious or major event such as unexpected death of a patient (see Risk Matrix). When this is reported into the IIMS, the reporter must discuss the event with their manager. All clinical actual SAC 1 incidents require a privileged RCA investigation. All clinical actual SAC 1 incidents must have the final RCA report completed and submitted to the MoH within 70 calendar days from the notification of the incident in the incident management system.

SAC 2

A SAC 2 incident is an incident that has resulted in serious, major or moderate consequence (see Risk Matrix). Senior management is to be notified and management responsibility must be specified. An investigation is to be undertaken. This may be in the form of an RCA or any other investigation methodology – within SCHN this is a Case Review or a London Protocol. This type of investigation methodology is aimed at identifying the causative factors relating to the incident. Investigation should be completed within 45 days of being notified in the incident management system.

SAC 3 & 4

All SAC 3 and 4 incidents need to be reviewed. Such reviews will be undertaken at the local level, but management responsibility for the review process must be assigned. It may be considered appropriate to aggregate a number of similar SAC 3 or 4 incidents and to perform a review of similar incidents. As well as investigation or review at the local level, monitoring of trended similar incident data may also identify and prioritise issues requiring a practice improvement project. Investigation should be completed within 45 days.

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Guideline No: 2006-8324 v5

Guideline: Incident Management - SCHN

The Sydney
children's
Hospitals Network
care, advocacy, research, education

Identification of incident

Immediate action(s) to mitigate harmful consequences

Notification of incident into the incident management system under relevant incident type(s) & allocation of an initial SAC rating
Document the incident management system incident number in patient's medical record

Prioritisation – Confirm SAC rating
Prepare and submit RIB for all SAC1 incidents and others as mandated by MOH

Investigation

Clinical SAC1
- Privileged RCA to be completed
- Submit report to MoH within 70 days of the date of notification into the incident management system

Clinical SAC2
- LHD investigation – submit report within 45 days
- Privileged RCA if system issues suspected-RIB required and RCA process/report as per SAC1

Clinical SAC3 & 4
- Local Investigation / review at clinical unit or division level
- Aggregated analysis as appropriate
- Privileged RCA if system issues suspected-RIB required and RCA process/report as per SAC1

Corporate SAC1
- RCA (not privileged) or other approved investigation
- Submit report to MoH within 70 days

Corporate SAC2, 3 & 4
- Local investigation as per section 2.3.6 and Appendix A
- Complete investigation in 45 days
- Trend aggregated data over time

Feedback and open disclosure – patient, family, staff, service

Classification – confirm/apply final incident type(s)

Analysis – identification of emerging themes/trends contributing to incidents

Action -implementation of recommendations +/- action plan

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Types of Clinical Reviews

Root Cause Analysis (RCA)

An RCA is a privileged investigation that involves a team of experts and members from the Clinical Governance Unit to investigate and identify the 'Root Causes' of any serious incident such as a sentinel event (e.g. unexpected death of a patient). The team is comprised of a team leader, team members with clinical expertise specific to the investigation and team support who are appointed by the Chief Executive (CE). A RIB will be submitted to the CE with an internal in brief and a Ministry of Health in brief. This will be completed by the Patient Safety Team with the assistance of local managers.

An RCA identifies systems issues and any professional misconduct or unsatisfactory professional conduct and impairment issues are identified during the investigation, the RCA team must escalated to the CE in writing for further action. The RCA team members interview staff members and may also interview the family to assist with writing a report which identifies any root causes, recommendations and system issues with associated recommendations. The final report is presented to Network Director of Nursing, Midwifery and Education (NDONME), Director of Clinical Operations (DCO) and the Director of Clinical Governance (DCG) for signoff prior to the report being signed by the CE. Once this is completed, the report is sent to the Ministry of Health. This must occur within 70 days of the incident being reported into IIMS.

London Protocol (LP)

A LP is a detailed review of serious incident that does meet the requirements for an RCA. This process is not privileged, but similarly to the RCA it involves identifying root causes, systems issues and recommendations. The team is appointed by the CGU and is usually led by a CGU staff member. This detailed review should be completed within 45 days.

Case Review

A case review is a brief review of an incident that would benefit from a multidisciplinary review. It may involve a team of local experts to examine the incident and make recommendations. A team is appointed by CGU however for this review, a clinician will usually lead the team. The team leader is responsible for writing the report and coordinating the team with the assistance of CGU. This review should be completed within 45 days.

Management Review

All incidents must be reviewed and managed by the manager of the area of which the IIMS is allocated to. The IIMS status must be changed from 'New' to 'Investigate' within 5 days and 'Completed' within 45 days regardless of other reviews that may be occurring.

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Reportable Incident Brief (RIB)

The Reportable Incident Brief (RIB) system is designed for the reporting of specific health care incidents to the MoH. The RIB process is used for reporting both clinical and corporate incidents.

- *Clinical incidents:* All clinical incidents reported in RIBs are referred to the NSW Health Clinical Risk Action Group (CRAG). CRAG is responsible for examining and monitoring serious clinical incidents via a number of mechanisms, including RIBs. The clinical incident RIBs and the work of this Group are subject to special statutory privilege under *Section 23 of the Health Administration Act 1982*.

- *Corporate incidents*: Corporate incidents occurring in the health care setting are those involving staff, visitor, contractors, property, security and hazards.

All actual SAC 1 incidents, both clinical and corporate, must be notified to the MoH via a RIB, within 24 hours of notification of the incident. The Patient Safety Team from CGU will write the RIB with the assistance of management staff.

The RIB is a privileged document and submitted to the CE with an internal in brief.

The following types of incidents require prompt advice to the MoH as a RIB:

- All Sentinel Events as outlined in state Incident Management Policy

- Death of a patient unrelated to the natural course of illness

- When methadone or buprenorphine is associated with or potentially associated with a child's presentation or admission to hospital

- Procedures involving the wrong patient / body part regardless of the outcome (SAC1-SAC4).

- Any patients who are at significant risk due to being absent against medical advice/absconding

- Radiation incidents reportable to the Radiation Advisory Council (RAC) under the Radiation Control Act (2003)

- Incidents that have the potential to become matters of public interest

For a full list, see the NSW Health Incident Management Policy.

Open Disclosure

As early as possible, the healthcare provider should share with the patient and their carers what is known about the event and what actions have been taken. An expression of apology or regret should be extended at that time. For serious events such as those involving an RCA, a formal open disclosure may occur.

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How to contact the CGU

Phone: 9845 3442

Email: SCHN-CGU@health.nsw.gov.au

Appendix

WHS Incident Policy
http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2013-9045.pdf

Attachment 1 – filtering view

Attachment 2 – pulling a report and how to PDF an incident

Attachment 3 – RCA/LP/Case review process

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