

# Incident Reporting Policy

<b>Policy name:</b>	<b>Incident Reporting Policy</b>
Date approved:	30 May 2024
Next revision:	1 May 2025
Approved by:	Chief Executive Officer
Organisation contact:	Executive Manager   Strategy and Commissioning

## Purpose

The Incident Reporting policy outlines the approach and key actions required by the PHN and contracted service providers to report incidents related to PHN activities, funded services and programs.

This policy outlines the requirements and process for reporting incidents to the PHN and the actions, if any, that the PHN will take as a result of those incidents. Where applicable the PHN will work with commissioned service providers to respond, investigate and manage incidents to maintain consumer safety and program integrity.

## Scope

The policy relates to all services delivered directly by the PHN or commissioned for service delivery by contracted organisations and any sub-contracting arrangements. The policy does not replace the requirement for service providers to develop their own effective policies and procedures to manage and respond to incidents, to be accountable for their actions and to manage the quality of their own services.

The scope of this policy covers incidents that impact on the delivery of PHN funded services. An incident is described as any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes near misses.

Service provider performance and management issues will not directly fall within the scope of this policy, although they may be identified as a result of an incident. Where an incident results in the identification of serious misconduct, breaches of contractual requirements or other serious issues, the PHN's quality assurance, contract management and oversight mechanisms will be used to respond to and act on these issues.

It is expected that where the PHN delivers services directly, the PHN will adhere to this policy and relevant guidance to undertake appropriate incident management.

## Policy Principles

The following principles underpin the design of the incident reporting policy, and guide all actions undertaken:

- **Person-centred** – management and reporting of incidents is respectful of and responsive to individual needs, preferences and values while supporting the person's safety and wellbeing.
- **Outcome-focused** – incidents should be managed and reported to ensure an understanding of impact that the incident had on the outcomes for the person/s involved.



- **Clear, simple and consistent** – the incident reporting policy and guide is easily understood and accessible to all stakeholders across the service system, and applies consistently to all service providers, both PHN-delivered and PHN funded organisations.
- **Accountable** – service providers have primary accountability for managing the response to incidents. Each party involved in the management of incidents understands their role and responsibilities and will be accountable for decisions or actions taken in regard to an incident.
- **Continually improving** – the incident reporting policy facilitates the ongoing identification of issues and implementation of changes that result in better outcomes.
- **Fit for purpose** – the incident reporting policy and guide is capable of meeting the objectives of the system and adaptable to meet the needs of different service types.
- **Proportionate** – the nature of any investigation, review or other actions following an incident will be proportionate to the harm caused and the risk of future harm.
- **Open disclosure** – Is the open discussion of adverse events that result in harm to a consumer while receiving health care with the consumer, their families and carers.

## Reportable incidents

A reportable incident is any unintended or unexpected event that contains one or more of the following components:

- Harm or potential harm to consumers, staff members, visitors, contractors or members of the public potentially as a result of the actions or inactions of the service provider
- Allegation of professional misconduct
- Breaches of clinical, professional or regulatory standards
- Unlawful activity by a provider or a member of their staff
- Activity which is contrary to the specified or expected standard of service outlined in the contract/schedule
- Poses a risk to the reputation of the PHN or service provider, including complaints or media coverage related to service delivery.

When contracting with a service provider, or when establishing a service for delivery by the PHN, consideration for potential incidents and risks will be undertaken as part of the service design and contracting phase.

## PHN delivered services

All incidents should be reported to the Program Manager.

Incidents such as unlawful activity by a staff member, harm or potential harm to a staff member, and breach of client confidentiality should be dealt with under the PHN's Code of Conduct, relevant People and Culture, Health and Safety, and Data Governance policies.

The process for responding to and managing incidents of harm or potential harm to a patient, and breaches of professional or clinical standards should be dealt with in the service's clinical governance framework.

The topics related to incident reporting to be covered in each clinical governance framework include:

- Identification and response
- Incident Investigation
- Incident Review
- Analysis and Learning

## Contracted services

Some programs and funding agreements may place specific requirements on the PHN regarding incident reporting. These requirements will be reflected in the program schedule for the relevant providers and supersede this policy.

### Reporting incidents

There are two processes for reporting incidents, depending on the potential impact of the incident. An assessment by the service provider of the impact of each incident will determine the reporting process which must be followed. In general;

#### Major impact incidents are:

- Death of a service user potentially as a result of the actions or inactions of the service provider
- Harm or potential harm to a service user potentially as a result of the actions or inactions of the service provider
- Allegation of professional misconduct
- Breaches of clinical, professional or regulatory standards
- Unlawful activity by a provider or a member of their staff
- Complaints that threaten to go to the media, a politician or the Department of Health
- Privacy or Data Breach

Service providers must notify the PHN of **any major incident** within 24 hours. A service provider can advise the PHN of an incident using their own documentation. If a service provider does not have their own form, they will need to complete an [Incident Reporting Form](#) which can be provided through the respective Responsible Officer for that organisation. The service provider must also record details on the incident register they submit to the PHN as part of their normal reporting requirements.

**All other incidents** that are not considered major require service providers to capture key details regarding the incident in their incident register. Incident data for other incidents must be provided to the PHN via the incident register on a regular basis as agreed in their ongoing reporting requirements.

### Managing incidents

It is the responsibility of the service provider (including the PHN where relevant) to manage incidents as they arise, including reporting to the PHN and any other relevant bodies:

- the incident, and
- any resulting action/s taken or proposed.

Once an incident is reported to the PHN, the Responsible Officer will support the service provider to ensure the incident is managed following the correct process. The Responsible Officer will capture and record incidents in ChilliDB. Documents and forms received from service providers will be recorded in ChilliDB and stored securely by the PHN.

The Responsible Officer will share any incident that needs to be escalated or actioned (including all major incidents) to the Program's Executive Manager—via the Program Manager if necessary—who will report it to the CEO.

The PHN will monitor incidents and will support service providers to respond to any systemic issues which may arise. Major incidents will be reported to the Board of the PHN.

In the event of an incident having the following consequences, the CEO will inform the Board immediately:

- Loss of life of a service user which (at the time of reporting) is considered possible/likely to be a result of the actions or inactions of the service provider

- Significant harm or potential harm to a service user which (at the time of reporting) is considered possible/likely to be a result of the actions or inactions of the service provider
- Allegation of professional misconduct/breach of clinical, professional or regulatory standards that is likely to lead to substantial criminal or financial penalties
- Unlawful activity by a provider or a member of their staff that is likely to lead to substantial criminal or financial penalties
- Complaints that threaten to go to the media, a politician or the Department of Health
- Privacy or Data Breach that is notifiable to the Office of Information Privacy Commissioner

If the Executive or the Board has concerns about individual incidents or systemic issues, they may decide to consult an external expert to advise on a service provider's approach to clinical governance and responses to incidents.

Any PHN commissioned service provider who sub-contracts other organisations to undertake services on their behalf will be responsible for following the Incident Policy on the sub-contractor's behalf.

If there are any disputes between the service provider and the PHN regarding their obligations or interpretation of this policy, service providers should in the first instance contact the responsible officer or PHN Manager to discuss it. If an agreement cannot be reached parties should make use of standard escalation and dispute resolution procedures as per the [Complaints and Feedback Policy](#).

## Open Disclosure

The key elements of open disclosure are:

- An apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- A factual explanation of what happened
- An opportunity for the consumer, their family and carers to relate their experience
- A discussion of the potential consequences of the adverse event
- An explanation of the steps being taken to manage the adverse event and prevent recurrence.

The Brisbane North PHN will follow the Australian Open Disclosure Framework and will include the following steps (in accordance with the Australian Commission on Safety & Quality in Health Care supporting materials and resources):

Table: Key elements of open disclosure process in small healthcare organisations

1. Incident detection	<ul style="list-style-type: none"> <li>• Detect incidents through a variety of mechanisms</li> <li>• Provide prompt clinical care to the consumer to prevent further harm</li> <li>• Assess the incident and establish facts on what occurred</li> <li>• Notify relevant individuals, authorities and organisations</li> </ul>
2. Signalling the need for open disclosure	<ul style="list-style-type: none"> <li>• Acknowledge the adverse event to the consumer including an apology or expression of regret</li> <li>• Note any comments and observations by the consumer and answer any questions the consumer may have.</li> <li>• A lower-level response can conclude at this stage</li> <li>• Signal the need for open disclosure</li> <li>• Avoid speculation and blame</li> </ul>
3. Preparing for open disclosure	<ul style="list-style-type: none"> <li>• Gather all necessary information</li> <li>• Notify, and consult with, professional indemnity insurer</li> <li>• Ensure consumer record is up to date</li> <li>• Identify appropriate participants (offer the consumer an opportunity to invite a support person if appropriate)</li> <li>• Arrange the first meeting in consultation with the consumer</li> <li>• Consider how practical support of the consumer for expenses and ongoing care will be addressed</li> <li>• Provide clinician support if appropriate / seek support (if sole practitioner)</li> </ul>

<p>4. Engaging in open disclosure</p>	<ul style="list-style-type: none"> <li>· Acknowledge the adverse event</li> <li>· Provide a sincere and unprompted apology or expression regret including the words I am sorry</li> <li>· Clearly explain the incident</li> <li>· Give the consumer the opportunity to provide their observations about the incident and ask questions</li> <li>· Encourage the consumer to describe the personal effects of the adverse event</li> <li>· If further meetings are required an open disclosure plan is agreed upon, recorded and signed</li> <li>· Assure the consumer that they will be informed of further findings of any investigations related to the incident and resulting changes to care delivery</li> <li>· Discuss and agree on future care if required</li> <li>· Offer practical and emotional support to the consumer</li> <li>· If necessary, hold several meetings</li> </ul>
<p>5. Completing the process</p>	<ul style="list-style-type: none"> <li>· Assure the consumer that further information and follow-up care will be provided</li> <li>· Maintain contact if the investigation is ongoing and share outcomes and practice changes with the consumer</li> <li>· Reach agreement with the consumer or provide an alternative course of action</li> <li>· Provide a final written and verbal communication to consumer</li> <li>· Communicate any relevant information to other healthcare providers</li> </ul>
<p>6. Maintaining documentation</p>	<ul style="list-style-type: none"> <li>· Keep the consumer record up to date</li> <li>· Maintain a record of the open disclosure process</li> <li>· File documents in the consumer record</li> <li>· Provide the consumer with documentation throughout the process (verify contents with indemnity insurer)</li> </ul>

<https://www.safetyandquality.gov.au/sites/default/files/migrated/Implementing-the-Australian-Open-Disclosure-Framework-in-small-practices.pdf>

Please refer to the above document for further information.