



INCIDENTS, INJURY and ADVERSE PATIENT EVENTS POLICY

This practice has designated *Dr John Wenham and Heather Attard* with primary responsibility for clinical risk management including following up on incidents, injuries and adverse patient events and near misses.

It is a legal requirement under the Occupational Health & Safety legislation and for insurance purposes, to report any injury sustained or thought to be sustained in the workplace, recognizing that good reporting also leads to effective prevention.

Our practice encourages the identification, analysis and prevention of errors, failure or inadequate systems that can potentially be a risk to patient safety to assist with risk management strategies not to apportion blame.

Incidents that should be reported (regardless of whether harm has occurred) to assist with making improvements to minimise the risk of recurrence, include:

Medical
needle stick injury or mucous membrane exposure to blood or bodily fluids
slip or fall
drug or vaccine incident (loss, misplacement or other)
adverse patient outcome
failure or inadequate patient handover or identification of a patient at the point of transfer of care
delayed treatment or delayed follow up or unnecessary repeat of tests
medication errors
any deviations from standard clinical practice

NDIS
Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability
Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person
Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability

Some of these key terms are defined below.

Accidents or incidents may involve the following:

- staff (employed directly by this practice).
- non-staff (patients, visitors, contractors).
- events (e.g. theft, non-patient assault, gas leak, bomb hoax, security breach, medication error or patient complication following medical intervention, breakdown in clinical handover).

Actual and potential risks are identified and actions are taken to increase the safety and improve quality care. The privacy of individuals involved is maintained.

Participants will be advised they can contact Disability Advocacy on 1300 365 085 or Ross Casey (Broken Hill) on 0428 123 687 if assistance is required in reporting an incident.

Reporting

Medical

Staff use the "Adverse Outcome Report" to report any slips, lapses or near misses in clinical care or deviations in patient care that might result in harm. The medical defence organisation is contacted for events that might give rise to a claim.

Completed "Adverse Outcome Reports" are:

- completed as soon as possible after incident occurs, preferably within 24 hours.
- filed in the "significant event register" folder.

Any additional medical or other certificates, reports or pathology related to the accident/incident are dealt with as soon as possible; original documents are submitted.

For injury occurring in the practice or course of work, WorkCover reporting protocols must also be followed. It is a legal requirement to report all injuries sustained in the workplace

The Doctor should refer patients to another practitioner if there is a possible conflict of interest, for example a staff Work Cover claim being managed by the employing practitioner.

NDIS

For NDIS participants the incident form requires the following:

- Describing an incident
- How an incident is identified (for example, when a worker observes an incident or where a person with disability informs a worker of an incident).
- The method and manner of recording an incident.
- The incident must be reported within 24 hours
- The incident may be recorded verbally or via written correspondence.

The incident should be reported to the *Practice Manager Mel Purcell and/or Managing Director Heather Attard*. The Police or emergency services should be notified when appropriate. The Practice Manager and Managing Director are responsible for reporting incidents that are 'reportable incidents' to the NDIS commission.

The following incidents are considered 'reportable':

- The death of a person with a disability
- Serious injury of a person with a disability
- Abuse or neglect of a person with a disability
- Unlawful sexual or physical contact with, or assault of, a person with a disability
- Sexual misconduct committed against, or in the presence of, a person with a disability, including grooming of the person for sexual activity

Unauthorised use of a restrictive practice in relation to a person with a disability (Section 73Z (4) of the Act and section 16 of the NDIS Incident Management and Reportable Incidents 2018) rules:

- Guardians, family or carers will be notified by Interhealth Family Practice staff when appropriate.
- Interhealth Family Practice will provide support and assistance to the participant affected by the incident, to ensure the person's health, safety and wellbeing.
- Interhealth Family Practice will involve the participant in the management and resolution of the incident. They will ask the impacted person to provide feedback and input into the assessments, investigations and any corrective actions proposed or taken by Interhealth Family Practice.

Assessment/Investigation of Incident

Following the incident report, the following information will be obtained, considering the views of the impacted person, in relation to the following:

- Whether the incident could have been prevented
- How well the incident was managed and resolved
- What, if any, regulatory action needs to be undertaken to prevent further similar incidents from occurring.
- What, if any, regulatory action needs to be undertaken to minimise the impact of an incident.
- Whether other persons or bodies need to be notified of the incident.

In some circumstances it may also be necessary to conduct an investigation to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring.

Interhealth Family Practice will put a process in place to identify when such an investigation is required, and the nature of that investigation. If Police are involved, an internal investigation must not interfere with Police inquiries. This could include delaying the internal investigation, if required.

Interhealth Family Practice will ensure that workers involved in conducting and responding to incidents receive appropriate training and this will be recorded on training register.

Interhealth Family Practice will ensure that all people involved in the process are afforded procedural fairness when incident is being dealt with.

Corrective Action

Corrective action aims to address identified systemic issues and drive improvements in the quality of the supports Interhealth Family Practice delivers.

This will assist us in improving our system to prevent incidents from occurring; and minimise their impact on people with disability when they do occur.

The following information will be considered when looking at corrective action:

- Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by Interhealth Family Practice
- Where there is an ongoing risk to people with disability.
- Where action by Interhealth Family Practice may prevent or minimise the risk of a reoccurrence.

This may include:

- Re-training or further training of workers.
- Practice improvements including developing or enhancing policies and procedures.
- Changes to the environment in which supports or services are provided.
- Changes to the way in which supports or services are provided.

Risk assessment

The designated staff member conducts a thorough review of all the hazards relevant to the cause(s) of any injury that has occurred with a view to identifying appropriate controls. (Refer Section 8 Risk Assessment and Management).

Risk control

Involves identifying and implementing all the practicable strategies to minimise subsequent similar events or eliminate/ reduce the cause(s) of the injury or incident.

Informing relevant staff are about changes and why they have been implemented (usually at the staff meeting) to reduce the likelihood of recurrences.

Retaining any documentation or evidence of the implementation of any improvements.

Conducting subsequent review/s to ascertain whether the implementation of the improvements was successful.

Documentation

Retain documentation of the investigation process and any agreed actions implemented to minimise the re-occurrence of the incident and to log trends.

RACGP 4th edition Standards 1.5.2 & 3.1.4 & 3.1.2.

Accessibility of the incident Management System

The Incident Management System will be available in hard copy in the office for people with disabilities, workers, support co-ordinators, care workers.

This will allow clear communication for:

- People with disability receiving supports or services from Interhealth Family Practice
- Each person employed or otherwise engaged by Interhealth Family Practice

The family members, carers, independent advocates and significant others of persons with disability receiving supports or services from Interhealth Family Practice