



Information for Procurement and Contract Managers: *Clinical Incident Management and Contracted Health Entities*

Patients and consumers accessing health services are entitled to the provision of safe and high-quality care, whether that care is provided by a Health Service Provider (HSP) or a Contracted Health Entity (CHE).

Effective clinical governance mechanisms are essential for the ongoing provision of safe and high-quality health services to patients. Clinical governance is the set of relationships and responsibilities established by a healthcare organisation between its state or territory department of health, governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes.¹

For CHEs, clinical governance includes their contract with the WA health system and the relationship with their contract manager. It is therefore important that appropriate requirements for clinical governance are clearly set out in contracts for the provision of health services.

Clinical incident management (CIM) is one important element of clinical governance. The purpose of this fact sheet is to outline key aspects of CIM that may relate to CHEs and contracts for the provision of health services in WA.

What is clinical incident management?

A **clinical incident** is an event or circumstance resulting from the provision of health care (or lack thereof) which did or could have led to unintended or unnecessary physical or psychological harm to a patient.

Clinical incident management aims to identify the system-level factors that may have led to a clinical incident, and actions that can be taken to minimise the likelihood of the incident recurring. In WA, the requirements for the management of clinical incidents are set out in the [Clinical Incident Management Policy](#) (CIM Policy).

The Patient Safety Surveillance Unit (PSSU) in the Department of Health's Clinical Excellence Division is responsible for systemwide oversight of the CIM Policy. While the entire CIM Policy is applicable to HSPs, for CHEs it only applies to the extent described in their contract. Therefore, it is important that these contracts clearly state

which CIM Policy requirements apply and how the contractor is expected to comply with them.

What are procurement and contract manager's roles in clinical incident management?

The requirements for clinical incident management in any contract for health services should take into consideration the risk and severity of harm that could occur to patients through the provision of the service(s) and should be tailored accordingly.

When conducting a procurement process for the provision of health services, procurement and contract management teams are encouraged to contact the PSSU early on to discuss which clinical incident management requirements may be appropriate to include. The PSSU has developed a standard set of words (available on request) relating to clinical incident management that can be used as a basis for these requirements during contract formation.

As clinical governance matures and the CIM Policy is regularly updated, procurement and contract managers should also contact the PSSU when considering renewal or extension of existing contracts to ensure that clinical incident management requirements in the contract remain current.

The contract manager is responsible for ensuring that each CHE understands the clinical incident management requirements in their contract and for monitoring their compliance. The PSSU is happy to work with contract managers and CHEs to ensure that clinical incident management requirements are understood by all parties. Local clinical risk/safety and quality teams that have knowledge of CIM principles may also be able to provide assistance in this area.

The PSSU maintains a register of contracts that have a relationship to the CIM Policy. When a new contract that includes clinical incident management requirements is awarded it is important that the PSSU is informed. If there is a change in contract manager or a significant change in the clinical incident management requirements in a contract, the contract manager should update this information with the PSSU.

Note: Some CHEs, such as private hospitals, may also have requirements to comply with the CIM Policy under the terms of their licence issued by the Department's [Licensing and Accreditation Regulatory Unit](#) (LARU). In such cases it is important to ensure that CIM requirements in the contract do not conflict with those in the licence.

¹ ACSQHC [National Model Clinical Governance Framework](#)

What are the CIM Policy requirements?

Healthcare organisations, including CHEs, are responsible for the management of all clinical incidents that relate to the care they provide. Under the CIM Policy, clinical incidents are classified via a Severity Assessment Code (SAC).

SAC 1 includes clinical incidents that did or could have resulted in serious harm or death due to the provision of health care (or lack thereof) rather than the patient's underlying condition(s). **SAC 2** includes incidents that did or could have resulted in moderate harm and **SAC 3** refers to incidents that resulted in minor or no harm.

To reflect the higher risk of significant harm to patients associated with SAC 1 incidents the CIM Policy contains specific requirements relating to their management. These include:

- Notifying the PSSU within 7 working days of identifying the SAC 1 incident or near miss
- Investigating the SAC 1 incident and reporting the investigation findings (including any recommendations for the improvement of health services) to the PSSU within 28 working days of notification
- Implementing the recommendations, evaluating their effectiveness, and submitting an evaluation report to the PSSU within 6 months of completing the investigation.

The PSSU has published forms and templates for each part of the SAC 1 management process which are available to CHEs via the [Severity Assessment Codes](#) webpage. Completed forms are emailed to Events.SAC1@health.wa.gov.au. If contract managers also wish to be notified by CHEs of SAC 1 incidents when they occur this must be specified in the contract.

The CIM Policy does not require healthcare organisations to notify SAC 2 or SAC 3 incidents or report the investigation findings to the PSSU. However, CHEs are expected to use local processes and systems to report, investigate and monitor the effectiveness of actions taken in response to SAC 2 and SAC 3 clinical incidents.

What is the PSSU's role in SAC 1 clinical incident management?

When a CHE notifies a SAC 1 incident to the PSSU a series of actions are triggered, including:

- Acknowledgment of the notification and confirmation of the due date for the investigation report with the notifier
- Creation of an incident record in the WA health system's state-wide clinical incident management system (CIMS)
- A copy of the incident record is forwarded to key stakeholders in the WA health system, including the Director General.

The PSSU employs Senior Clinical Advisers (SCAs) who review each SAC 1 clinical incident investigation report once received. The SCAs have significant experience in safety and quality improvement within health systems. Where needed the SCAs provide feedback to the healthcare organisation on the quality of the investigation report and the recommendations.

The PSSU also reviews SAC 1 evaluation reports once received to identify if recommendations were implemented and whether the actions taken have improved the safety and quality of health services.

If the PSSU identifies concerns regarding the number, nature or management of SAC 1 incidents relating to a CHE, these will be raised with the contract manager in the first instance.

Upon request, the PSSU can provide contract managers with deidentified information regarding SAC 1 clinical incidents that have been notified which relate to care provided under a contract they manage. The PSSU cannot provide information about SAC 2 and SAC 3 incidents which are managed locally by each CHE.

Further resources

Resources to assist all healthcare organisations to comply with CIM Policy requirements and effectively manage clinical incidents include:

- [Clinical Incident Management Guideline](#)
- [Clinical Incident Management Toolkit](#)
- [Guideline for the Investigation of Multi-Site clinical incidents](#)

These documents provide guidance for the investigation process, and the implementation and evaluation of recommendations intended to reduce the risk of future harm to patients.

The PSSU has also produced a range of fact sheets (developed for Health Service Boards) related to clinical incident management and other clinical governance processes which may provide useful information for contract managers:

- [Essentials of Clinical Incident Management](#)
- [The Role of Health Practitioners in Clinical Incident Management and Open Disclosure](#)
- [Patient Safety Surveillance Unit and SAC 1 Clinical Incident Management](#)
- [Patient Safety Surveillance Unit's Review of SAC 1 Investigation Reports](#)
- [Essentials of Mortality Review](#)
- [Essentials of Coronial inquests](#)

For further information contact
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