

## **CIRCULAR**

<b>File No</b>	A29005/1
<b>Circular No</b>	97/58
<b>Issued</b>	20 June 1997
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### **INCIDENTS REPORTABLE TO THE DEPARTMENT**

#### **1 GENERAL**

This circular replaces circular 96/69 of 11 September 1996 and applies to all Area Health Services, 2nd, 3rd and 4th Schedule Institutions, the NSW Ambulance Service and other public sector health services under the Public Hospitals Act.

The term Reportable Incident is to be used in place of the term Critical Incident in order to avoid confusion within the NSW health system.

#### **2 RATIONALE**

The NSW Health Department has a key role in the appropriate management of incidents which have the potential to lead to legal actions and in monitoring, managing and developing strategies to prevent adverse incidents from occurring throughout the NSW public health system. The Department also has a key role in providing timely advice to the Minister for Health on issues which may cause public concern and/or media and public attention.

#### **3 RESPONSIBILITIES OF THE AREA HEALTH SERVICE**

Health Service Chief Executive Officers must ensure that appropriate and effective Reportable Incident procedures are currently in place. Chief Executive Officers or their delegates are to sign the briefing to the Department. This will provide Chief Executive Officers with the opportunity to determine whether it is appropriate to refer the incident to the Department. Area Health Service staff are not to forward briefings to the Department except under the signature of the Chief Executive Officer or their delegate.

All Reportable Incident briefings should be treated as confidential, this is particularly important for those briefings involving staff and/or patients/clients. Chief Executive Officers are to ensure that staff responsible for preparing Reportable Incident briefs are aware of and observe all relevant confidentiality requirements.

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### 3.1 SCOPE OF REPORTABLE INCIDENTS

The aim of this circular is to ensure that the Department is advised in a timely and effective manner of any incidents that satisfy one or more of the following criteria:

- affect public health or safety;
- suggest a system or process problem affecting patient care that may require attention by the Department centrally or advice to other parts of the health system;
- have the potential to be of concern to the community or media;
- require a co-ordinated response by the Department;

It is neither possible, nor appropriate, to rigidly define categories of such incidents as the need to report an incident depends on the nature of the incident and an assessment against the above five criteria by the Health Service Chief Executive Officer. As a guide only, the following types of incidents would generally warrant prompt advice to the Department:

- Suicides or serious attempted suicides by a patient/client or staff member;
- complication or adverse outcome in clinical care suggesting an unexpected risk to patients or clients in similar settings in the health system;
- deaths in custody;
- major disruption or threat to health service provision (eg fire, damage, bomb or other threat requiring action/evacuation);
- incident likely to be the subject of media interest/attention or to generate representations by relatives.

At all times, matters involving allegations of sexual or physical assault on children and other patients (“at risk”), are to be directed immediately to the Manager, Staff Records Management Unit on pager 016 - 632 - 313 or telephone (02) 9391 - 9439 or facsimile (02) 9391 - 9447.

Where there is doubt about the appropriateness of reporting an incident, the Department would prefer to receive the notification, and then have the opportunity to discuss the nature of the incident and the need to report similar incidents in future with the health service.

### 3.2 PROCEDURE FOR REPORTING

**All briefings** (other than “at risk”) on Reportable Incidents are to be forwarded as soon as possible after the incident has become known to the General Manager, Performance Management Division, facsimile (02) 9391 9707.

Where notification to the Department out of normal business hours is felt appropriate (except “at risk”) by the Chief Executive Officer, the “on call” Media Unit officer should be contacted on pager 016 - 284 - 375.

Telephone advice to the General Manager, Performance Management Division on (02) 9391 - 9700 that a brief is being faxed would be appreciated for matters that the Chief Executive Officer regards as requiring immediate attention by the Department.

Where the Department requests a Health Service to forward a briefing concerning a reportable incident ( eg, as a result of a direct Media or Police enquiry ), the briefing is to be forwarded to the Performance Management Division using the above facsimile.

Where a client of a Mental Health Service is involved in a Reportable Incident the relevant forms required by the NSW Health Department, Centre for Mental Health are to be completed and forwarded. In the case of a death in custody the Notification For Suicide/Attempted Suicide/Death form is also to be completed and forwarded.

### **3.3 FORMAT OF THE BRIEFING**

Reportable Incident briefings are not to contain names of individuals which are the subject of the incident. Attachments such as medical records, pathology or autopsy reports or other patient identifying reports are not to be forwarded.

Where the incident raises the potential for legal action involving the relevant health entity, legal advice will be required. In relation to such reportable incidents the briefing should clearly indicate that it is prepared for the purpose of obtaining legal advice.

The briefing is to be in the following format and in order of appearance:

- (i) Location of incident, date of incident, gender, age, whether Aboriginal or Torres Strait Islander.
- (ii) Incident ( brief description of incident );
- (iii) Cause  
  
( Detailed description of relevant information and events leading up to and including the incident. This should include dates and times where necessary);
- (iv) Action already taken  
  
( A brief outline of the action taken to manage the incident, including as relevant:
  - Services offered eg counselling, treatment etc;
  - Review of relevant protocols;
  - Review of relevant staffing or movement of staff to other areas of the Health Service etc;
  - Review of adherence to Departmental standards;
  - Referral to authorities such as the Police, Coroner, Health Care Complaints Commission etc );
- (v) Action still to be taken by Health Service;
- (vi) A brief suggested response for use by Departmental or Ministerial staff in media or other public comment;
- (vii) Recommendations (Include any suggested changes to policies and/or procedures).

## **4 RESPONSIBILITIES OF THE DEPARTMENT**

### **The General Manager, Performance Management will:**

- 1 Copy the briefing to the Minister, Deputy Director General (s), Director ESU, Director Public Affairs and relevant Departmental Directors;
- 2 Appoint a Departmental Branch Director who will have responsibility for any follow-up of the Reportable Incident based on internal Departmental procedures;
- 3 Refer all briefings concerning incidents with the potential for legal action to the Director Legal for legal advice.
- 4 Enter the information on Reportable Incidents into a data base, analyse the information and provide a regular feedback report to the Senior Executive Forum.

### **Responsibility for follow up action within the Department is as follows:**

- 1 Centre for Mental Health will follow up mental health issues;
- 2 Public Health Division will follow up public health issues and disasters;
- 3 Executive Support Unit will follow up clinical issues (other than mental health);

Performance Management Division will follow up any remaining issues. The follow up of any incident which raises the potential for legal action should occur in consultation with Legal Branch.

Enquiries in relation to this circular should be directed to either Mr Charles Pace, General Manager, Performance Management Division, telephone (02) 9391 - 9700 or Mr Robert Lagaida, Director, Contract and Service Performance Branch, telephone (02) 9391 - 9446. A copy of the internal Departmental procedure to manage reportable incidents is also available upon request.

Michael Reid  
**Director-General**