



Critical/clinical incidents reporting - all licensed facilities

1. Purpose

This mandatory operational policy outlines licence holder responsibilities to report and manage critical and clinical incidents (*other than SAC 1/ sentinel events*) as per Annexure A of the licence.

For further SAC1 and sentinel event classifications and guidelines refer to Department of Health [Clinical Incident Management Policy](#). SAC 1's must be reported separately to LARU and the Patient Safety Surveillance Unit (PSSU) as per Annexure A of the licence.

2. Definitions

2.1 Reportable critical incident

Any incident (*other than a clinical incident*) that poses a serious risk to the life, health, or safety of an individual who is receiving services from a licensed facility, including any incident that causes disruptions to normal service delivery (*Licensing and Accreditation Regulatory Unit, April 2023*).

2.2 Reportable clinical incident

Any physical/psychological incident that has, or could have (near miss), been attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness **that resulted in the transfer of person/s to another facility for a higher level of care.**

3. Applicability

This policy is applicable to all facilities licensed under Parts IIIA & IIIB of the *Private Hospitals and Health Services Act 1927* including private hospitals, private day hospitals (Classes A, B, C & D), private psychiatric hostels, private nursing homes, and private nursing posts. This policy does not supersede other legislative or agency reporting requirements.

4. Reportable critical incidents

Critical incidents are rare but impactful, persistent, repeated, or unresolved in nature and require a risk mitigation strategy to be implemented.

Examples of critical incidents include fire, reportable outbreak of infection, serious criminal acts, building or other structural damage or collapse, serious equipment failure, serious environmental hazard (e.g., chemical spillage) and major cyber/security breach.

The 'other' incident category stated on the critical/clinical incident form refers to issues such as the inability to comply with nursing/other staffing quotas; events where extraordinary actions are required to address a rare failure or non-compliance; breaches with licensed hours or operations and dispensations/conditions as they apply to the license; and an event that may pose a significant risk to patients, staff, and visitors.

5. Reportable clinical incidents *(exclusive of SAC 1's)*

Clinical incidents can and do occur while providing healthcare. By recording, investigating, analysing, and learning from these clinical incidents, future patient harm can be minimised. For the purposes of this policy, a reportable clinical incident is any clinical incident (other than a SAC 1) that can be attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness, **that required the person to be transferred to another facility for a higher level of care.**

5.1 Timeframes for notification

All licensed facilities are required to report **critical** incidents to LARU **within 48 hours** of the event/s occurring, and **clinical** incidents within **7 working days** of the incident occurring.

5.2 Incident management

All licensed facilities are required to have written protocols for managing critical and clinical incidents which include but are not limited to:

- Business continuity plan
- Management of the deteriorating patient (however titled)
- Policies and procedures that clearly delineate what actions are to be followed and by whom and identifies lines of responsibility for documenting, reporting, investigating, implementing, and evaluating any identified measures to prevent similar incidents.
- Relevant clinical and corporate committees are in place where critical/clinical incidents are tabled, reviewed, and risked assessed to ensure similar incidents are prevented.

At a minimum (where relevant), clinical committees with oversight are to include:

- Clinical advisory committee (however titled)
- Medical advisory committee; and
- Executive management committee (however titled).

5.3 Method of notification

A completed **critical/clinical incident report form** is to be forwarded to the Licensing and Accreditation Regulatory Unit via email: LARUReception@health.wa.gov.au within the timeframes indicated above.

6. Review

This **mandatory policy** will be reviewed as required to determine effectiveness, relevance, and currency. At a minimum it will be reviewed at least every three years.

Version	Effective from	Effective to	Amendment(s)
V1	18 November 2008	October 2012	Original version
V2	October 2012	June 2016	
V3	June 2016	June 2020	
V4	November 2020	Dec 2023	
V5	December 2023	Dec 2026	

The review table indicates previous versions of the mandatory policy and any significant changes.

7. Approval

Approval by	Vanessa Macdonald, Manager, Licensing and Accreditation Regulatory Unit
Approval date	28 October 2023

8. References

Department of Health, Western Australia. Clinical Incident Management Guideline 2019. Perth: Patient Safety Surveillance Unit, Patient Safety and Clinical Quality, Clinical Excellence Division.

This document can be made available in alternative formats on request for a person with a disability.

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