



Government of **Western Australia**  
Department of **Health**

# Guideline for the Investigation of Multi-Site clinical incidents

**DECEMBER 2019**

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### For Further details

Patient Safety Surveillance Unit [https://ww2.health.wa.gov.au/Articles/N\\_R/Patient-Safety-Surveillance](https://ww2.health.wa.gov.au/Articles/N_R/Patient-Safety-Surveillance)  
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# 1. Introduction

A Multi-Site clinical incident is when, during a patient’s journey across Multiple health organisations, the different transitions in care and treatments received may have contributed to an adverse outcome for the patient. An investigation into a clinical incident which involves more than one **Site** is considered a **Multi-Site investigation**. *Site* is a term used in this document to indicate any organisation providing a health service that is involved with a clinical incident. While the outcome for the patient (such as death or serious harm) may become known at one Site, the clinical incident itself may have occurred at other Site/s providing care.

Characteristics of a Multi-Site investigation could include a change in geographical location (e.g. an incident occurred, care was in two different hospital locations) or have co-located health care Sites with different governance arrangements (e.g. blood test results were provided by a private service for the wrong patient, and the specialist at the co-located public service does not detect the error).

The *Health Services Act 2016* (HSA)<sup>1</sup> introduced new governance arrangements for the WA health system, establishing the Director General as the System Manager whilst Health Service Providers (HSPs) are responsible for the provision of health services as statutory authorities<sup>2</sup>. Engagement of multiple Sites investigating a clinical incident together has become an increasingly complex process as each public and private organisation may have different arrangements and obligations established via the HSA, contractual or licensing mechanisms ([see Section 5 for Applicability and Scope](#)). For a list of other defined terms, refer to the [Definitions](#).

## Note: How to use this guidance document with other Clinical Incident Management (CIM) Documents

This Guideline for the Investigation of Multi-Site Clinical Incidents (Guideline) should be read in conjunction with other documents below which guide the WA health system when managing clinical incidents. Note this Guideline is a supporting information document.

Document	Example
1. <b>The CIM Policy</b> sets out requirements which are binding under the HSA <sup>3</sup> for <b>Health Service Providers</b> . The language used within the Policy include terms such as ‘must’, ‘shall’, ‘require’ which indicate a mandated action.	This requirement can be very precise (“A final investigation report must be submitted to PSSU in 28 working days”) or general (“An investigation must follow recognised methodologies”).
2. <b>The CIM Guideline</b> is a non-mandatory Supporting Information document which provides supplementary information to assist organisations in meeting the Policy requirements.	The Policy states CIM must be managed in accordance with CIM Principles. There is further description of what these principles entail within the Guideline.
3. <b>The CIM Toolkit</b> is further supporting information which provide a further range of patient safety and incident management literature.	Discusses what sort of criteria can be used to determine an investigation method and further international resources for implementation.

<sup>1</sup> [https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13760\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13760_homepage.html)

<sup>2</sup> <https://doh-healthpoint.hdwa.health.wa.gov.au/directory/Governance%20and%20System%20Support/Pages/Health-Services-Act-2016.aspx>

<sup>3</sup> Health Services Act 2016 s26(2) (a) (c) (d)

## 2. Purpose

This Guideline provides a framework for Sites to engage in Multi-Site investigations.

## 3. Setting the scene

For complex clinical incidents involving a number of organisations, it is best practice to consult with all who have been involved with the care of the patient<sup>4</sup>.

In the circumstances of a Multi-Site clinical incident, it can be difficult to determine where the responsibility for the analysis lies and how exactly the analysis should be conducted.

A single incident can become complex quickly as it may involve several different Sites with varying contractual and governance arrangements such as<sup>5</sup>:

### 3.1. HSP Sites

**HSPs** – Sites under the governance of a Health Service Provider, as that term is defined in the HSA. An example is the Fiona Stanley Hospital Site, which is under the governance of the South Metropolitan Health Service (SMHS).

### 3.2. Non HSP Sites

**Contracted Health Entities (CHE)** – a non-government entity that provides health services to the State, under a contract/agreement. This can include:

1. **a public private partnership (PPP)** – as an example where a CHE such as Ramsay Health Care provides public health services at Joondalup Health Campus (JHC). In this example, the North Metropolitan Health Service (NMHS) is responsible for managing the public health services provided by Ramsay Health Care under the JHC contract.
2. **a contracted transport related health care provider** such as St John Ambulance or the Royal Flying Doctor Service.
3. **other non-government care services** such as Silver Chain, Health Direct.

**Privately operated health care providers** – non-government entities that provide health care to private patients, such as the private hospital St John of God Health Care Subiaco or Hollywood Hospital.

**Other care-related Sites** may include:

- Department of Health services such as the Central Referral Service
- WA Government agencies such as Department of Communities or Justice
- Other Sites in other jurisdictions

A shared systems approach to investigation and with arising recommendations and learnings from clinical incidents is important as failure within healthcare is usually complex with multiple causes and effective solutions is usually systemic. It avoids un-necessary duplication of resources and ensures a coordinated approach at multiple points across the health system and reduces variation of patient safety strategies<sup>6</sup>.

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<sup>4</sup> Government of Western Australia, Department of Health. Clinical Incident Management Policy 2019. [Internet]. Clinical Governance, Safety and Quality. 2019; will be available from <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality/Mandatory-requirements/Clinical-Incident-Management-Policy>

<sup>5</sup> Please note these examples and arrangement are accurate as of 25 September 2019.

<sup>6</sup> Government of Western Australia, Department of Health. Clinical Incident Management Guideline 2019. [Internet]. Clinical Governance, Safety and Quality. 2019; will be available from <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality/Mandatory-requirements/Clinical-Incident-Management-Policy>

## 4. Principles

Multi-Site investigations should be approached with a patient safety and quality improvement mindset as outlined in the CIM Policy principles.

In addition to these CIM Policy Principles (Transparency, Accountability, Probity/Fairness, Patient Centred Care, Open Just Culture, Obligation to Act and Prioritisation of resources)<sup>7</sup> it is critical that a “no blame” reporting culture is adopted and promoted, with a collaborative approach from the outset of the investigation.

## 5. Applicability and Scope<sup>8</sup>

The manner in which a Multi-Site investigation is undertaken, and whether express patient consent is required, will depend on identifying the governance arrangement and applicability of the CIM Policy to the Site as outlined in Section 5.1 - 5.4 and thus whether the investigation is limited to HSPs only, or includes a HSP and a Non-HSP Site.

As access to, and disclosure of confidential patient information may be required when undertaking an investigation, sites must follow the Patient Confidentiality Policy under the Legal Policy Framework and the need to obtain patient consent to fulfil clinical investigation requirements as necessary. Section 3.3 of the Patient Confidentiality Policy provides that disclosure of confidential patient information is permitted where “*the patient (or a person authorised to make decisions on their behalf) has given their consent to the proposed disclosure*”.<sup>9</sup>

Please note that this Guideline is a supporting document to guide multi-site investigations when it is applicable, not a document directing Sites to participate. Currently, private hospital licensing requirements to the Department of Health are applicable to **SAC 1 CIM processes** only. Sites may have different agreements in regard to CIM and as each agreement may differ, refer back to the site’s CIM license or contract to confirm clinical incident reporting requirements.

### 5.1. HSP Sites

As per the CIM Policy all HSPs identified as being involved with a clinical incident must participate in a collaborative investigation, recommendation and evaluation plan unless directed otherwise by their executives<sup>10</sup>. HSPs have the authority to provide clinical incident investigation services to one another pursuant to the terms of their service agreements under the HSA.

A HSP is authorised, pursuant to the terms of its service agreement under the HSA, to share confidential patient information with other HSPs for the purposes of a CIM investigation, without seeking express patient consent, in the following circumstances:

- (a) where the HSPs are undertaking the CIM investigation jointly; or
- (b) where the other HSP is undertaking the CIM investigation on behalf of the HSP.

Refer to [Appendix 1: Process Map 1](#) for further guidance.

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<sup>7</sup> Refer to the CIM Guideline for further description of CIM Principles.

<sup>8</sup> Please note these examples and arrangements are accurate as of 17 October 2019.

<sup>9</sup> <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Legal/Mandatory-requirements/Patient-Confidentiality-Policy>

<sup>10</sup> Government of Western Australia, Department of Health. Clinical Incident Management Policy 2019. [Internet]. Clinical Governance, Safety and Quality. 2019; Available from <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality/Mandatory-requirements/Clinical-Incident-Management-Policy>

## 5.2. Non-HSP Sites

### Contracted Health Entities (CHE)

For Contracted Health Entities, collaboration may be required to the extent that the CIM Policy and any other relevant document forms part of their contract. Express patient consent (or consent from a person authorised to provide consent in the circumstances) will be required to access and disclose patient information in investigations undertaken with CHEs.

Refer to [Appendix 2: Process Map 2](#) for further guidance.

### Private facilities

For private facilities collaboration in CIM is part of their licensing agreements. Currently, private hospital licensing requirements of the Department of Health are applicable to SAC 1 CIM processes only.

Express patient consent (or consent from a person authorised to provide consent in the circumstances) will be required to access and disclose patient information held by an HSP in investigations undertaken with private facilities.

Refer to [Appendix 2 Process Map 2](#) for further guidance

As CHEs and private facilities are organisations to which the Commonwealth Privacy Act applies – they will be subject to that Act when granting access to, and disclosing, confidential information.

## 5.3 Other Sites

Clinical governance arrangements can differ with Sites and thus affect how the CIM investigation will proceed.

Organisations should firstly gather information on the current clinical governance arrangements with the Site and re-confirm if the Site falls under one of the above HSP and Non HSP Site categories outlined. This will inform how the CIM Policy and thus investigation processes would apply.

If the Site does not fall under the above categories, review other agreements and mechanisms which may apply. For example:

- The Department of Communities which may be involved in cases of at risk children.
- The Department of Justice who have responsibility for patients who are incarcerated.  
The Western Australia Police who may be involved with patients who have absconded.

For these other sites, if there is an agreement or mechanism in place for information sharing for the purpose of clinical incident investigations then information sharing is in accordance with relevant legislation to the extent of the relevant legislative and policy requirements. For example, the Department of Communities and HSPs Health have Bilateral Schedules<sup>11</sup> and Mandatory requirements<sup>12</sup> in place to address interagency collaboration. If there is doubt, seek legal advice.

## 5.4 Sites out of scope

Some Sites do not have CIM clinical governance arrangements with the WA health system. Examples may include General Practice Organisations, Health Direct (a national public health

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<sup>11</sup> <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Services-Planning-and-Programs/Mandatory-requirements/Child-Health/Bilateral-Schedule-Interagency-Collaborative-Processes>

<sup>12</sup> <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Services-Planning-and-Programs/Mandatory-requirements/Child-Health/Guidelines-for-Protecting-Children-2015>

information service) or Aboriginal Community Controlled Health Organisations (ACCHS's). These Sites are encouraged to utilise the Guideline and any other WA health CIM documents to guide investigation as best practice however may have separate clinical governance policies which guide CIM.

If Sites are uncertain, contact the PSSU for advice on applicability of the CIM Policy and Multi-Site investigation processes. For further advice on the matter of patient confidentiality and the release of patient information for the purposes of clinical incident investigations, services should consult with their own legal counsel for advice.

## 6 Business rules for submitting a Multi-Site investigation report

The below business rules have been created to assist in Multi-Site investigations between different health services in WA. It is advised to follow this suggested process.

### 6.1 HSP Multi-Site investigations

1. When a Multi-Site joint investigation has been agreed upon to investigate a clinical incident, then all Sites should strive to reach consensus on:
  - a. the same chronology of events (patient story)
  - b. the same contributing factors
  - c. the same investigation analysis and outcomes
  - d. overall recommendations agreed to address the contributing factors.
2. An investigation involving any of the below scenarios should follow [Appendix 1: Process Map 1](#).
  - a. Different Sites under a single HSP
  - b. Different Sites from more than one HSP
  - c. A single Site from one HSP conducts an investigation on behalf of all Sites from other HSPs involved.
3. Any investigation with scenarios covered in 2a, b or c should submit one agreed endorsed final investigation report and recommendations to Datix by the Multi-Site investigation coordinator. *Note all HSPS would receive a copy of the same report to track recommendations.*

For Datix:

- a. There is one Datix record.
  - b. The owner of the Datix record is one nominated HSP.
  - c. With one report submitted for HSP Multi-Site investigations, one date will be recorded in Datix for the investigation submitted date. This is the date the owner of the Datix record submits any reports required.
4. PSSU will review the separate reports submitted and feedback on any gaps or risks. *Note it is encouraged to submit an agreed set of recommendations however one Site should not make recommendations on behalf of another Site if consensus has not been reached.*
  5. The date a Multi-Site investigation report is considered submitted and complete is when the owner of the Datix record submits the report and **all** the recommendations have been endorsed by the relevant delegated authorities and submitted to PSSU.

## 6.2 HSP and engagement with other Non HSP Multi-Site investigations

1. An investigation involving any of the below Sites should follow [Appendix 2: Process Map 2](#). Refer to the Site's specific contractual or licensing agreements to clarify any other additional requirements.
  - 1.1. Sites governed by one or more HSP and one or more CHE
  - 1.2. Sites governed by one or more HSP and one or more private licensed facilities
  - 1.3. Sites governed by one or more CHE and one or more private licensed facilities
2. Any investigation with scenarios covered in 1a, b, c should have the responsible clinical governance officer from each Site submit the agreed endorsed final investigation report with the following:
  - 2.1. the same chronology of events (patient story)
  - 2.2. the same contributing factors
  - 2.3. the same investigation analysis and outcomes
  - 2.4. overall recommendations agreed to address the contributing factors
  - 2.5. *endorse **only** the recommendations pertaining to their service.*

Note that this report can be the same report, the only requirement is that a separate copy of the endorsed report is submitted by each site's responsible clinical governance officer.

For Datix:

- a. There is one Datix record.
- b. The owner of the Datix record is agreed upon between Sites.
- c. Evidence of endorsed the investigation and recommendations from every Site should be submitted and attached within Datix and communicated to PSSU as per usual process.
- d. For investigation reports, each Site will submit a report. The investigation report continues to have:
  - i. the same chronology of events (patient story)
  - ii. the same contributing factors
  - iii. the same investigation analysis and outcomes
  - iv. overall recommendations agreed to address the contributing factors
- e. The recommendations endorsed and submitted for each report submitted will differ as Sites will only sign off recommendations pertaining to them.
- f. If it is a recommendation pertaining to one Site, this is entered into Datix as one recommendation in Datix.
- g. If it is a joint recommendation pertaining to more than one Site, this is entered as one recommendation in Datix.
- h. PSSU will continue completing Action chain steps 1, 2 and 4.

A case example and further information is shown in the [FAQ](#).

3. PSSU will review the separate reports submitted and feedback on any gaps or risks when there are conflicting separate reports.  
*Note it is encouraged to submit an agreed set of recommendations however one Site should not make recommendations on behalf of another Site if consensus has not been reached.*
4. The date a Multi-Site investigation report is considered submitted is when the owner of the Datix record has the report with endorsed recommendations by the relevant delegated authorities and submitted to PSSU. There still may be separate reports submitted on other dates before or after the owner of the Datix record has submitted which will be attached under 'documentation' within Datix.

### 6.3 Other

For any other scenarios, review the contractual arrangement and agreements regarding clinical governance requirements to conclude if the guidance document is applicable. Contact the PSSU for advice on applicability of the CIM Policy and Multi-Site investigation processes if a Site is unsure.

## 7 Multi-Site investigations: a step by step process

The following process serves as a step by step guide for those involved in Multi-Site investigations. Please note that each Site may have adapted/additional local procedures.

There are a number of investigation options to be considered where multiple Sites are involved in the care of the patient including:

- a. Joint investigation involving all Sites.
- b. Investigation by the Site where the clinical incident occurred with input from other Sites.
- c. Independent review to ensure objectivity and/or obtain expert opinion.

### 7.1 Notification

Typically, the last Site providing care will be responsible (*'the Multi-Site coordinator'*) for initiating and coordinating the administrative duties such as notification to the PSSU into Datix. They are also responsible for the initial review and engaging other Sites involved in the care of the patient in establishing the investigation first.

When a Site identifies a clinical incident, which may have occurred at other Sites, steps should be taken to inform other relevant organisations. A relevant<sup>13</sup> staff member should communicate to other Sites involved to:

- provide information about the adverse patient outcome.
- discuss concerns regarding the provision of care possibly contributing to the outcome.
- inform that a SAC 1 event has been identified and notified to the Patient Safety Surveillance Unit (Datix).
- discuss and plan the investigation of the incident.

### 7.2 Joint Investigation options

After notification and initial review it may become apparent that a joint investigation is required and agreed upon. The PSSU may be contacted for support where agreement cannot be reached regarding the process.

How Sites coordinate a joint Multi-Site investigation can differ and is up to the discretion of those involved. A Multi-Site review could look like:

- all parties are equally involved in the investigation.
- one investigation is conducted by one organisation, on behalf of all Sites involved.
- an external, independent investigation is undertaken on behalf of all Sites involved.
- an external Site who was not involved with the incident but has been requested to review another Site's clinical incident (i.e. NMHS requesting SMHS assistance).

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<sup>13</sup> Within a Site, this refers to the delegated team and structures which govern CIM. This may be (but not limited to)

- A line manager
- Delegated authority such as a Risk Manager or Safety, Quality and Performance teams
- Staff who oversee quality improvement activities.

### 7.3 Team members

Once consensus has been established from all service providers associated with the Multi-Site clinical incident, a team needs to be established to conduct the investigation. Members of the team should be invited based on their:

- capacity to represent their service.
- expertise appropriate to the clinical incident investigation.
- ability to lead their investigations within their own service.
- ability to instigate quality improvement initiatives.

Suggested roles to consider may include:

1. **Multi-Site coordinator:** A key contact for the incident.
2. **Responsible clinical governance officer:** the representative of that Site involved which coordinates responses on their Site's behalf
3. **Owner of the Datix Record:** The Site which the Datix record is assigned to (e.g. Fiona Stanley Hospital).
4. **Handler of the Datix Record:** the individual at the Site who enters the data into Datix, the state-wide enterprise CIMS.

### 7.4 Process

1. Each Site should be provided with:

- For multi-site investigations involving HSP and Non HSP sites only-
- Evidence of patient consent to:
  - the Non-HSP Site personnel's access to the relevant HSP's patient information; and
  - disclosure of the relevant HSP's patient information to Non-HSP Site personnel for the purpose of undertaking a CIM investigation with a non-HSP Site.

*Note: The Multi-Site coordinator, responsible clinical governance officer or whomever is deemed as most appropriate may start the process of obtaining the appropriate patient consent. When open disclosure processes are initiated, this may be a natural time to also obtain patient consent. This should align with any relevant and applicable Mandatory Policies such as the Patient Confidentiality Policy and legislation regarding granting access to and disclosing confidential information such as the Commonwealth Privacy Act.*

- A letter of engagement from the coordinating Site regarding:
  - participation in the investigation.
  - suggested nominees/representatives.
  - ground rules for the investigation process.
  - Scope of the investigation - for Non HSP Sites who are not familiar to CIM, members should be inducted to and briefed on the expectations and scope of a clinical incident investigation. Sites can refer to the CIM Guideline 2019 "Principles" and "Incidents out of Scope" for further information. It is important for Sites to be aware that clinical incident investigations continue separately to any other concurrent processes and that investigations are not to be used as a method to investigate staff misconduct.
  - letters of confidentiality as required
- Relevant clinical documentation and a chronology of events (as known) developed by the last Site to provide care with input from other Sites where appropriate.
- Any other supporting documents.

2. Within a specified, agreed time frame each Site should conduct its own analysis relating to any events that occurred within its own Site.

At this stage, each should focus on identifying any specific system level improvements that could be made.

3. All Sites will then attend a joint Multi-Site investigation panel review session at which:

- The event as a whole will be outlined and discussed, with input from each Site, the aim of which is to clarify the details and confirm the chronology of the events.
- System level vulnerabilities will be identified and agreed upon.
- Planned quality improvements will be outlined.
- Each Site will be invited to comment on emerging issues/perspectives, planned recommendations and quality improvements.

4. Subsequent to the joint review session, each will have the opportunity to review and refine any recommendations they intend to implement and share these to those involved in the panel.

5. A further meeting may take place at which Sites will share their final plans. At this point, the responsibility of these recommendations (one individual Site or a shared one) will be agreed.

6. Each Site involved will produce a final investigation report. The final report can share the following:

- the same chronology of events (patient story)
- the same investigation analysis and outcomes
- the same agreed set of contributing factors and recommendations
- *endorse **only** the recommendations pertaining to their service.*

7. The PSSU will review and provide feedback as required. This may include any gaps in the recommendations between services.

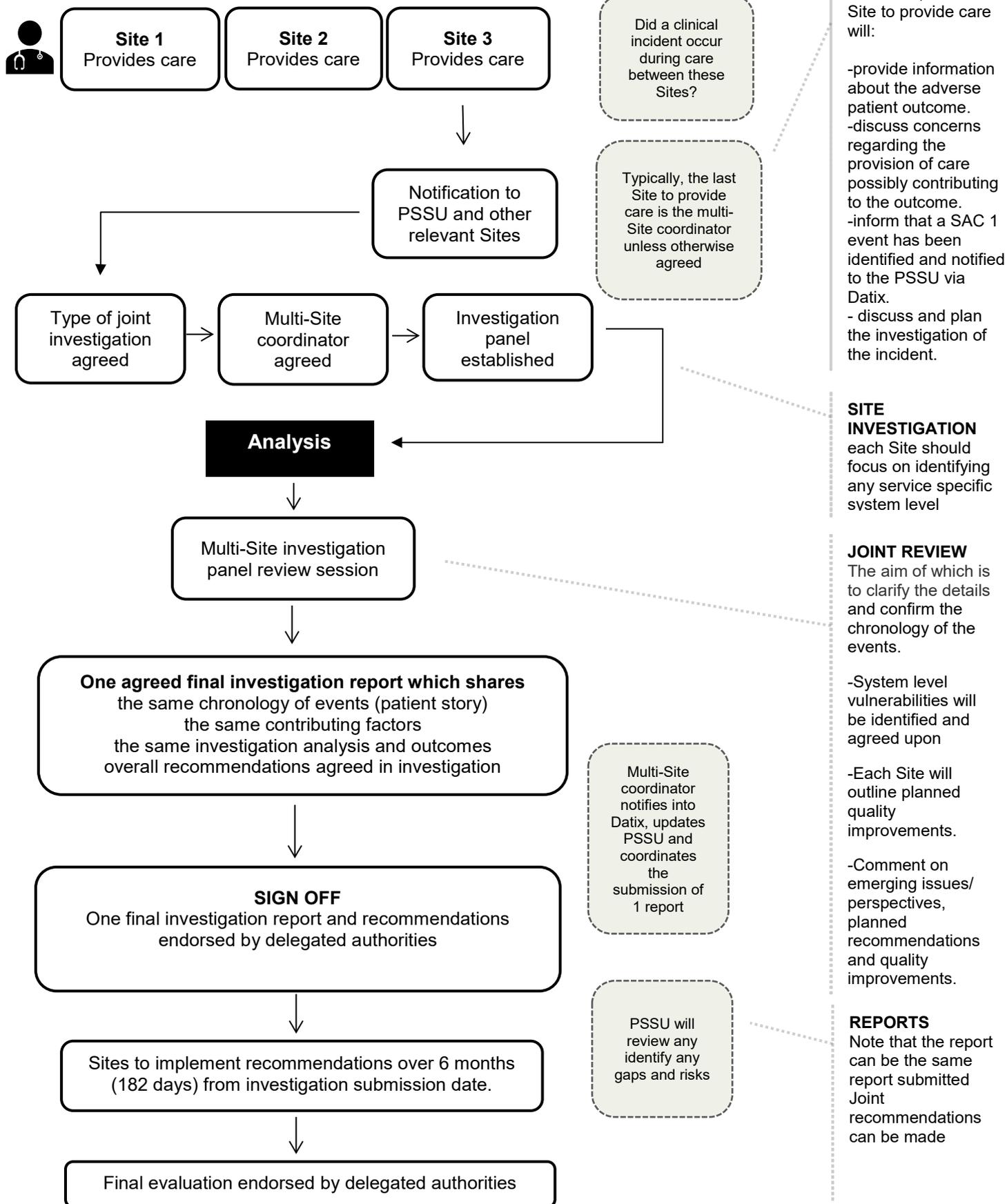
8. As per CIM Policy, evaluation on the implementation of recommendations will be sent to the PSSU within 6 months (182 days) of the investigation report submission. Sites will take responsibility for tracking their own implementation.

For Datix: Note that currently, an Evaluation report and Action Chain can be complete with outstanding recommendations. This is because there is one report submission date and subsequent evaluation /implementation dates in Datix, currently based on the submission of the report from the Datix owner. If a site submits their report and enters recommendations later than the Datix owner's, the dates will reflect this within the recommendation.

# Appendix 1: Process Map 1

For multi-Site investigations structures involving

1. One single Health Service Provider
2. More than one Health Service Provider
3. One Health Service Provider investigates on behalf of all

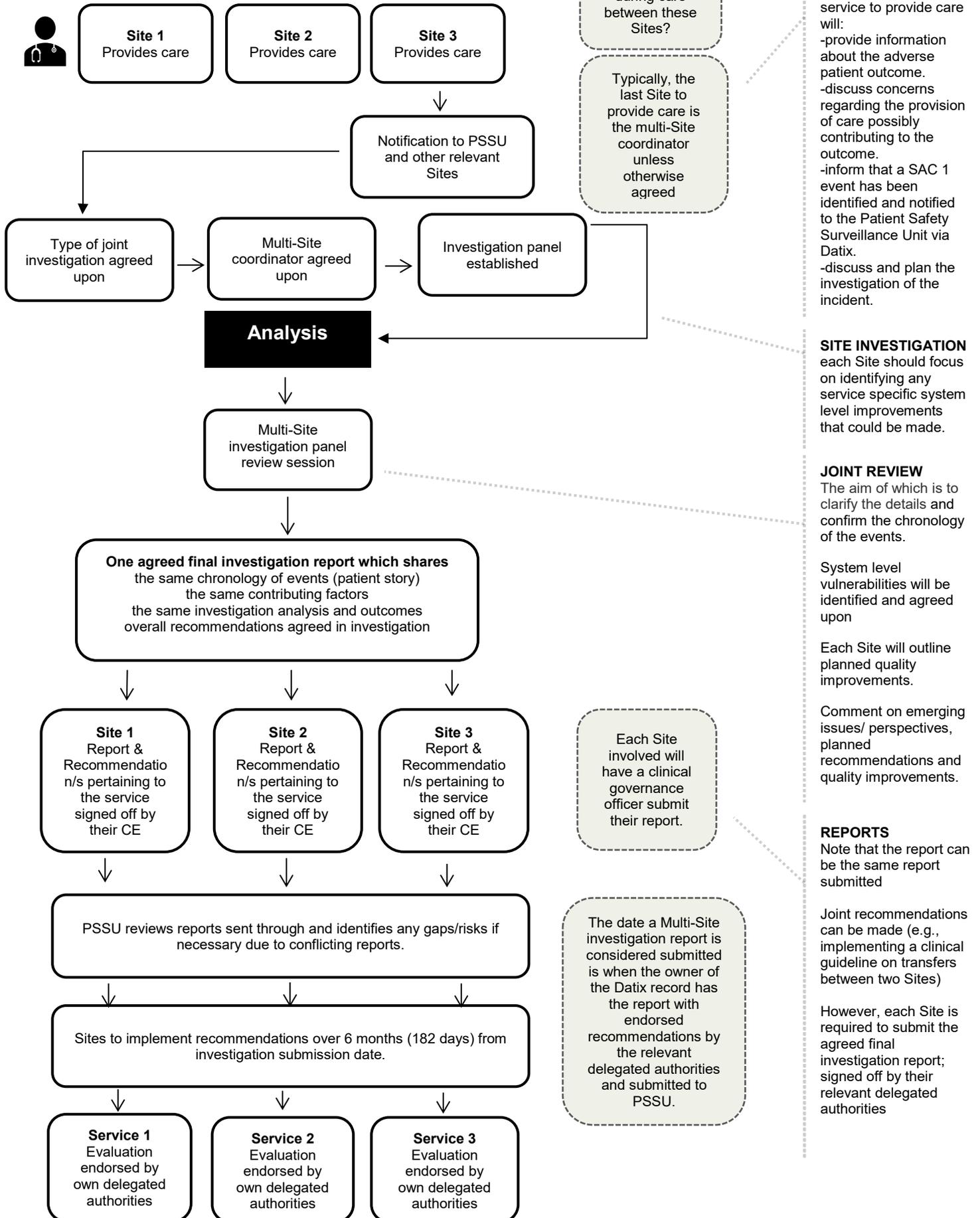


\*See Section 5.1. Whilst not required, if there is doubt obtain patient consent.

## Appendix 2: Process Map 2

For multi-Site investigations structures involving

- 4) Health Service Provider and Contracted Health Entity
- 5) Health Service Provider and private licensed facilities



## Frequently Asked Questions (FAQ's)

### 1. Why is this occurring?

- Guidance is being provided to assist Sites in undertaking CIM investigations in accordance with law. This document provides information about when and how a Multi-Site investigation may be conducted.
- Health Service Providers can provide clinical incident investigation services to one another pursuant to the terms of their service agreements under the HSA.
- Service agreements under the HSA do not apply to private licensed facilities or Contracted Health Entities. Accordingly, patient consent must be obtained to share patient information when an HSP is to engage with a private licensed facility or a CHE in a Multi-Site investigation.

### 2. How does it work - one shared report with separate endorsed recommendations?

- All Sites who are involved need to sign off on the same investigation report which covers analysis of the contributing factors and summary recommendations. After this page has been signed off, each Site needs to have endorsement on their specific recommendations.
- The Sites can choose whatever method to enable the above. A few suggestions include:
  - a. **One** report can be circulated with each separate page for the delegated authority to sign off on recommendations pertinent to their Site. The authority can sign off on their page of recommendations and leave the other pages blank to be passed on to the next Site and so forth until it is all signed off and sent to PSSU.
  - b. A **copy of the same report** can be sent to each Site by the MS coordinator. The delegated authority signs off on recommendations they are responsible for and endorse on their page, leaving other pages blank. The responsible clinical governance officer will submit it to PSSU.

### 3. What happens if it is a joint recommendation?

- It can be joint recommendation to share (e.g. implementing a new clinical guideline between the two services to be drafted by both services).
- However, the endorsement (sign off) of the report and recommendations pertaining to that service has to be signed by each Site's delegated authority in their own report.
- This will mean that the same, shared recommendation will be signed by both organisations. See below for further Datix changes.

### 4. What happens if there is disagreement between Sites in regard to the investigation report?

- PSSU may advise and support the Sites to reach a consensus on investigation and recommendations. Please note that it is not the intent to assume a regular role reviewing multi-site investigations. PSSU's involvement is in regard to circumstances such as conflicting reports between Sites where matters are unresolved and/or Sites have exhausted all options to reach a consensus within a report.

### 5. When there are separate reports being submitted, which date will be used within the Datix system for reporting?

- The dates for notification, investigation and evaluation of the Multi-Site incident will continue to be recorded against the Site who owns the Datix record.
- With one report submitted for HSP Multi-Site investigations, one date will be recorded. This is the date the owner of the Datix record submits any reports required. For example, if SMHS is the owner of the Multi-Site investigation then the date the clinical governance officer from SMHS submits the report is the date acknowledged and will go against this Site's report count.

- The same business rule for multi-site investigation submissions applies also for engagement with Non HSP Sites. One date will be recorded which is the date the owner of the Datix record submits any reports required. In this case, if a private entity is the owner then the date acknowledged will go against the private entity's report count.
- It is important that Sites continue to accurately indicate in the Datix record that the investigation is a multi-site investigation.
- Please note that any external indicators that are derived from Datix (such as E2.2) will go against one Site- the owner of the Datix record.

## **6. What changes in Datix need to happen when submitting reports?**

- As investigation and recommendations are all still shared, the only change within Datix business rules is to accommodate for private Sites and CHE's submitting the endorsed recommendations only pertaining to them.
- Please note the below proposed changes. As much detail has been provided however please visit the [PSSU's Datix User Guides](#) to check for any further business rules since this document has been published.
  - a. There will be a field in Action ("assigned to") which may be amended to reflect differing authorities.
  - b. There will be a field in evaluation regarding executive sign off ("executive concur with the evaluation of these recommendations"). This field will be amended to reflect executive sign off from each Site.
  - c. PSSU administrative fields may be added to assist in tracking multiple multi-Site reports. .
  - d. Separate reports will be uploaded into the documents section. This may mean the same investigation report (with separate endorsed recommendations) from different entities may be in in one record.
  - e. Recommendations will be entered into the recommendations module as per standard practice. For private entities, as PSSU enters their data into Datix this will also be entered by PSSU.

## **7. What does Patient Consent for a Multi-Site investigation look like?**

As each Site differs in the way it meets requirements for the disclosure of patient information please refer back to your own Site's policy and legal procedures to meet any relevant Policies such as the Patient Confidentiality Policy and other Acts such as the Commonwealth Privacy Act (if applicable). A good place to start would be to review open disclosure processes within the Site which is a natural place to discuss a clinical incident and obtaining consent to investigate at the same time.

**With all these changes, what does it look like? May we please have a case example with actions for Datix?**

### **CASE EXAMPLE FOR DATIX**

A SAC 1 Multi-Site investigation between Site A (HSP Site) and Site B (Non HSP Site - private facility) with 3 recommendations: recommendation 1 is for the Site A (HSP), number 2 to Site B (the private), number 3 is shared.

Recommended Actions:

- a. Sites agree who will be the owner of the Datix record, in this example it is the HSP Site A.
- b. One Datix record created for this Multi-Site investigation.

### **NOTIFY IN DATIX**

- c. The HSP Site notifies the confirmed SAC 1 to PSSU.
- d. PSSU completes Action Chain 1 (Notify).

### **INVESTIGATION**

- e. Two investigation reports are submitted to PSSU within 28 working days, cc'ing relevant Sites involved a copy.
- f. This should not be an issue as the investigation and outcomes have been discussed at joint investigation session/s.
- g. If there is a risk that there may be conflicting reports, please discuss with PSSU.

### **INVESTIGATION REPORT AND DATIX**

- h. The HSP Site report is an endorsed copy of the agreed investigation report and outcomes. They would only endorse recommendations **1 and 3**.
- i. The private Site is an endorsed copy of the agreed investigation report and outcomes. They would only endorse recommendations **2 and 3**.
- j. Each Site is responsible for entering their recommendation into Datix. The owner of the Datix record enters the shared recommendation. In this case Site A enters Recc. 1, Site B enters Recc. 2 (which is PSSU) and Site A enters the Recc 3.
- k. PSSU completes Action Chain 2 (Investigate and Submit). The date entered will be the date the owner of the Datix record submits the report if they are not submitted at the same time. In this case, it will be the date the HSP site submits their report as they are the owner of the Datix record.

### **IMPLEMENT**

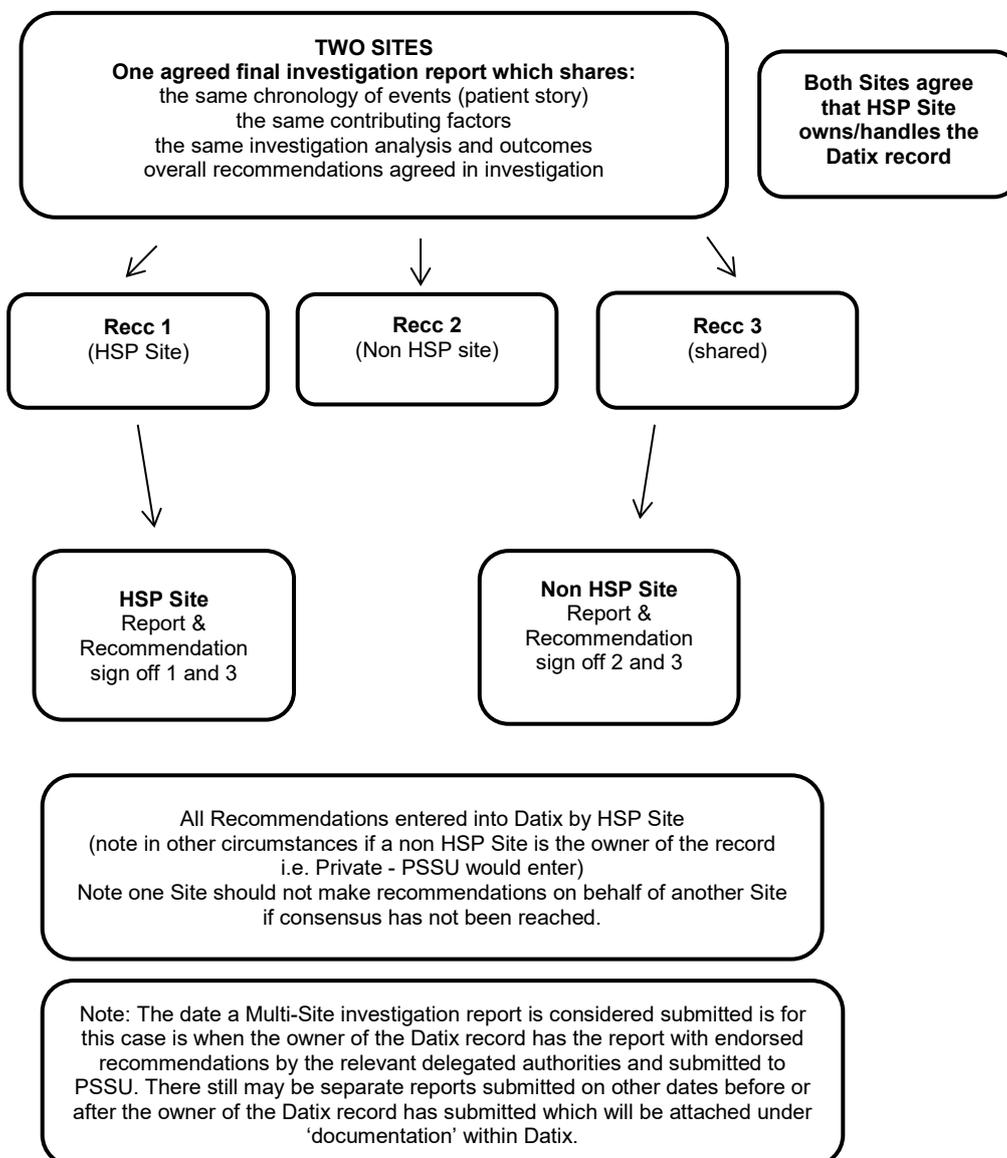
- l. HSP Site A coordinates with the Private Site B regarding process and enters information and completes Action Chain 3 (Implement) at their discretion

### **EVALUATE**

- m. The HSP Site would complete evaluation details in Datix within the 3 recommendations in Datix and inform PSSU of the completed evaluation.
- n. The private Site would also inform PSSU of any completed evaluations.
- o. PSSU completes Action Chain 4 (Evaluate). The date entered will be the date the owner of the Datix record submits the report if they are not submitted at the same time. In this case, it will be the date the HSP site submits their report as they are the owner of the Datix record.



### CASE EXAMPLE FOR DATIX: VISUAL FLOWCHART



## Definitions

<b>Clinical incident</b>	<p>An event or circumstance resulting from health care provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient.</p> <p>Clinical incidents include:</p> <ul style="list-style-type: none"> <li>• <b>Near miss:</b> an incident that may have, but did not cause harm, either by chance or through timely intervention.</li> <li>• <b>Sentinel events:</b> a subset of serious clinical incidents that has caused or could have caused serious harm or death of a patient. It refers to preventable occurrences involving physical or psychological injury, or risk thereof.</li> </ul> <p>Please note there is a list of nationally endorsed sentinel event categories which can be reviewed in the CIM Guideline. The WA CIM Policy for reporting SAC 1 events is broader than the national list - near misses are also to be reported in the WA health system.</p>
<b>Clinical governance officer</b>	<p>The nominated individual/s from an organisation which represents the Site's involvement of a clinical incident, particularly for Multi-Site investigation processes in this document. This may be (but not limited to):</p> <ul style="list-style-type: none"> <li>- The Risk or Safety Quality and Performance Manager</li> <li>- Any delegated authorities who oversee Multi-Site investigations</li> </ul>
<b>Contracted Health Entity (CHE)</b>	<p>A non-government entity that provides health services under a contract or other agreement entered into with the Department CEO on behalf of the State, a Health Service Provider or the Minister.</p>
<b>Health Service</b>	<p>A service for maintaining, improving, restoring or managing people's physical and mental health and wellbeing.</p>
<b>Health Service Provider (HSP)</b>	<p>Health Service Providers (HSP) are governed by Health Service Boards and/or a Chief Executive. Each Health Service Provider is responsible and accountable for the delivery of safe, high quality, efficient and economical health services to their local areas and communities.</p> <p>Currently they include:</p> <ol style="list-style-type: none"> <li>1. Child and Adolescent Health Service</li> <li>2. North Metropolitan Health Service</li> <li>3. South Metropolitan Health Service</li> <li>4. East Metropolitan Health Service</li> <li>5. WA Country Health Service</li> <li>6. PathWest</li> <li>7. Quadriplegic Centre</li> <li>8. Health Support Services</li> </ol>
<b>Multi-Site coordinator</b>	<p>This is the nominated individual who coordinates the investigation between two Sites. This is up to the discretion and agreement between Sites involved what the MS coordinator actions.</p> <p>The MS coordinator may also be the owner and handler of the Datix record (i.e. enter all information required into Datix).</p>
<b>Severity Assessment Code (SAC)</b>	<p>The SAC rating is the way clinical incidents are rated in the WA health system. Clinical incidents are categorised using the SAC rating to determine the appropriate level of analysis, action and escalation.</p>
<b>Site</b>	<p>An organisation providing a health service. The term Site can apply to either private facilities, a CHE or an HSP.</p>

<b>WA system</b>	<b>health</b>	The WA health system is comprised of (a) the Department; and (b) health service providers; and (c) to the extent that contracted health entities provide health services to the State, the contracted health entities.
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