



**Friendly Society  
Private Hospital**

Leading Healthcare for the Wide Bay

## CLINICAL GOVERNANCE PROCESSES

# Working together for patient safety

Managing complaints, compliments, clinical risk  
and clinical incident management.



# Working together for patient safety

**Managing complaints, compliments, clinical risk and clinical Incident Management.**

The Friendlies focus is on being the hospital of choice in Bundaberg, based on our excellent patient care and high levels of safety. Our process for managing complaints, compliments, clinical risk and incident management is outlined here. Further information can be found on our website or by contacting the Quality and Patient Safety Team on 07 4331 1576.

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Further copies of this document can be downloaded from The Friendlies website  
[thefriendlies.org.au/accredited-health-practitioner-application](http://thefriendlies.org.au/accredited-health-practitioner-application)

January 2023



# Accreditation

**The Friendlies, like all hospitals in Australia, are accredited under the National Safety and Quality Health Standards. In June 2022, and then again in September 2022, The Friendlies underwent comprehensive audits to ensure that we complied with the national requirements.**

The Friendlies is required to meet standards within the following categories:

- Clinical Governance
- Preventing and Controlling Infections
- Comprehensive Care
- Blood Management
- Partnering with Consumers
- Medication Safety
- Communicating for Safety
- Recognising and Responding to Acute Deterioration

Following the successful audit, The Friendlies have been accredited until the end of December 2025.

However, there are a number of 'met with recommendations' that are required to be responded to within 12 months. As a result, The Friendlies will be making changes to clinical governance and other frameworks within the organisation, including updating our credentialing process.

# How clinical incidents and complaints are categorised

The purpose of applying a categorisation to any incident or complaint is to ascertain what sort of review process is required and who and when to escalate report the incident to.

The Friendlies uses the Queensland Health Severity Code Assessment Matrix, as outlined below. Using the Severity Assessment Code (SAC) matrix, we are all able to understand the impact and severity the incident has.

## Severity Assessment Code (SAC) Rating Tool

| Rate severity of adverse events on ACTUAL outcome<br>(near misses are rated SAC 4)   |  |  |  |   |
|--|--|--|--|---|
| SEVERE   | MAJOR  | MODERATE   | MINOR  | MINIMAL   |
| Death or permanent severe loss of function <ul style="list-style-type: none"> <li>• not related to the natural course of the illness</li> <li>• differs from the immediate expected outcome of the care management</li> <li>• can be sensory, motor, physiological, psychological or intellectual</li> </ul> | Permanent major or temporary severe loss of function <ul style="list-style-type: none"> <li>• not related to the natural course of the illness</li> <li>• differs from the immediate expected outcome of the care management</li> <li>• can be sensory, motor, physiological, psychological or intellectual</li> </ul> | Permanent moderate or temporary major loss of function <ul style="list-style-type: none"> <li>• not related to the natural course of the illness</li> <li>• differs from the immediate expected outcome of the care management</li> <li>• can be sensory, motor, physiological, psychological or intellectual</li> </ul> | Requiring increased level of care including: <ul style="list-style-type: none"> <li>• review and evaluation</li> <li>• additional investigations</li> <li>• referral to another clinician</li> </ul> | <ul style="list-style-type: none"> <li>• No injury</li> <li>• No increased level of care or length of stay</li> <li>• Includes near misses</li> </ul> |
| <b>SAC 1</b>   | <b>SAC 2</b>   | <b>SAC 3</b>   | <b>SAC 4</b>   |   |

To help us better understand complaints and clinical incidents, a risk approach is applied. We ask questions that include, but may not be limited to:

- Is it a SAC1 or SAC2 event?
- Is this incident / complaint a risk to the reputation of The Friendlies and/or the professionals involved?
- Is there likelihood of a legal challenge? This may include whether it may be a criminal matter that the Queensland Police Service should be notified about.
- Is there financial risk to the organisation?

Once the SAC code has been determined, and the questions answered, the Quality and Patient Safety team determine the next steps.

The rating also influences what review we undertake.

# Choosing the right review

Once we have determined the SAC code and any other risks, we work to determine what review is most appropriate.

## Guidance tool for methodology to use for analysing adverse events

|   | Considered highly reventable | Root causes are likely to be identified | Multiple system cross sector involvement | Focus on human factors | Focus on quality improvement findings | Multifactorial complex patient issues | Triage tool but can stand alone |
|---|------------------------------|---|--|------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| <b>Root cause analysis (RCA)</b><br>A systematic process for identifying the root causes of a problem or event and describing an approach to responding to them.  | ✓                            | ✓                                       |  | ✓                      |                                       |                                       |                                 |
| <b>Systems analysis</b><br>The study of complex systems and their interacting parts; ideal to use when more than one provided/system involved.  |                              |   | ✓  | ✓                      | ✓                                     | ✓                                     |                                 |
| <b>London Protocol (HAIDS)</b><br>Method that provides a comprehensive and thoughtful/reflective analysis of clinical incidents and seeking areas for care improvement.   |                              |   | ✓  | ✓                      | ✓                                     | ✓                                     |                                 |
| <b>Adverse event review (human factors)</b><br>Seeks to identify contributing factors to the event using a human factors lens to ask the right questions.   |                              |   |  | ✓                      | ✓                                     | ✓                                     |                                 |
| <b>Chart review (Preliminary Event)</b><br>Review medical record to identify issues and make recommendations to address issue; can be used as a standalone review or diagnostic to trigger a more in depth methodology. |                              |   |  |                        | ✓                                     | ✓                                     | ✓                               |

If you would like to know more about these reviews, please contact the Quality and Patient Safety Team on 07 4331 1576. They will be happy to discuss the process with you and what can be expected.



# Other ways we work with the patient and their families

## REACH Call

The Friendlies uses the REACH system to support patients and their families and loved ones. If a family member, carer or friend is concerned about a change in condition of the patient, they can ask for a 'REACH Call'. For further information, please speak with the Quality and Patient Safety Team.

## Open Disclosure

**Open disclosure is outlined within the Clinical Governance standard within the National Safety and Quality Health Service standards - <https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure>. Open disclosure is the open discussion of adverse events that result in harm to a patient while receiving health care with the patient, their family and carers.**

The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry';
- a factual explanation of what happened;
- an opportunity for the patient, their family and carers to relate their experience;
- a discussion of the potential consequences of the adverse event; and
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

There are currently six staff at The Friendlies trained in Open Disclosure. Training for doctors is available and can be supported by The Friendlies.

To support our work in this area, The Friendlies submit data to the Australian Council on Health Care Standards (<https://www.achs.org.au>) clinical indicator report. We are benchmarked against other private and public hospitals. If you would like a copy of the report, please let the Quality and Patient Safety team know.

# How we manage the process

Following determination of the SAC code, any risks and the outcomes of any relevant reviews, the following process is undertaken. These processes are determined within Australian and Queensland legislation, the Australian Health Practitioner Regulatory Authority Guidelines and the Friendly Society Private Hospital By-Laws (which are further explained below).

| ISSUE                          | PROCESS   | REPORTING  |
|--------------------------------|---|--|
| <b>Patient complaint</b>       | <ul style="list-style-type: none"> <li>Lodged in RiskMan.</li> <li>Patient called for acknowledgement of feedback, further details collected and commitment given to follow up.</li> <li>Chart review undertaken by Quality and Patient Safety Team.</li> <li>Letter sent to doctor/health professional with copy of complaint from the Director, Clinical Services.</li> <li>Response from doctor/health professional read. Individual follow up from the Director, Clinical Services if further clarification is required.</li> <li>Written response, taking into account the doctor/health professional's response, prepared and sent to patient and copy given to doctor.</li> <li>Follow up phone call to patient/family.</li> </ul> | <p>SAC 1 or 2's are reported to:</p> <ul style="list-style-type: none"> <li>FSPH Board</li> <li>Chief Executive Officer</li> <li>FSPH Insurers</li> <li>Health funds as required</li> <li>Director, Medical Services</li> </ul> <p>All complaints are presented in the Patient Care Committee, including the outcome of further follow up.</p>   |
| <b>Patient Compliment</b>      | <ul style="list-style-type: none"> <li>Lodged in Riskman</li> <li>Letter, with copy of the compliment attached, sent to the doctor/health professional.</li> </ul>  | <p>All compliments presented in the Patient Care Committee.</p>  |
| <b>Clinical Incident</b>       | <ul style="list-style-type: none"> <li>Lodged in RiskMan.</li> <li>SAC rated (as per the process above).</li> <li>Information gathered from the patient, their family or supporter/carer.</li> <li>Inform treating doctor the case will be formally reviewed.</li> <li>Urgent chart review conducted for SAC 1 &amp; 2's undertaken by Quality Team.</li> <li>RCA's commissioned DCS.</li> <li>SAC 3 &amp; 4's reviewed by NUM's/ Line Managers.</li> <li>Review findings shared with treating team.</li> </ul>   | <p>SAC 1 or 2's are reported to:</p> <ul style="list-style-type: none"> <li>FSPH Board</li> <li>Chief Executive Officer</li> <li>Insurers</li> <li>Health Funds, as required</li> <li>Director, Medical Services</li> <li>Queensland Coroner</li> <li>Queensland Health</li> <li>Medical Committees</li> </ul> <p>SAC 3 and SAC 4 are reviewed by Line Manager/NUM's and findings shared with staff.</p> |
| <b>Mortality Review</b>        | <ul style="list-style-type: none"> <li>Director, Medical Services reviews all hospital deaths.</li> <li>All unexpected deaths are treated as a SAC 1 event.</li> </ul>  | <ul style="list-style-type: none"> <li>Coroner for unexpected deaths.</li> <li>Findings discussed at Morbidity and Mortality meetings and relevant medical committees, including the Medical Advisory Committee as required.</li> </ul>  |
| <b>Clinical Audit Findings</b> | <p>Audits undertaken and findings shared with relevant clinicians.</p>  | <p>Shared at Patient Care Committee and Medical Committees.</p>  |

# Legislation, by-laws and mandatory reporting

Doctors and health professionals practicing at The Friendlies are bound by legislation, the by-laws and the APHRA Guidelines. Further information can be found on the relevant websites, however, the following provides a concise summary of the requirements of credentialed professionals within this organisation.

## Friendly Society Private Hospital Health Practitioners' By Laws

When a health professional applies for credentialed status at The Friendlies, you accept the By Laws and commit to working within them. The By Laws can be found here (<https://thefriendlies.org.au/accredited-health-practitioner-application/>), however the following table provides a short overview.

- s5.1(b)** Non-compliance with the By-Laws may result in suspension, termination or imposition of conditions.
- s5.2** Accredited Practitioners, and all members of the FSPH Team, must comply with all policies and procedures within the organisation. Please note that any updates to policies and procedures will be notified to you via the regular email from the CEO. We will also provide you with access to the policies and procedures, including access to updated requirements.
- s5.5** We expect a high standard of professional and personal conduct from all our team, including Accredited Practitioners. Please familiarise yourself with the requirements of behaviour outlined within this section. Should you require further information about these requirements, please do not hesitate to contact the Director of Clinical Services on 4331 1577 or [sblake@fsph.org.au](mailto:sblake@fsph.org.au) to assist.
- s5.6** We value working closely and actively with our Accredited Practitioners. Section 5.6 requires that you notify the Facility Manager (defined as the Chief Executive Officer) of the FSPH regarding investigations, complaints, adverse findings, registration and professional indemnity.

Additionally, should your credentialing at any other facility, hospital or day procedure centre alter in any way, you are required to notify us (s5.6(e)).

Your wellness, physically and mentally, is important to us. Under s5.6(f), you are required to notify us should your health, or an addiction, be affecting your ability to practice. We commit to working with you to resolve any issues, however, require notification under this sub-clause so we can ensure ongoing safety of the patients and the FSPH team.

- s5.11** You are able to find an updated organisational chart on our website - <https://thefriendlies.org.au/about-us/meet-team/>



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- s6.1(b)** That, upon admitting patients, you are available to respond to the treatment and care of those patients, that you are available to be contacted and, failing that, you make arrangements for their care with another appropriate qualified and credentialed Health Professional.
- s6.1(c)** That you respond to calls and requests for your admitted patients in a timely manner, including after hours, so that they receive the care they need.
- s6.1(d)** That should you not be contactable, you have an arrangement with another appropriately qualified and credentialed Health Professional who is able to assist. Plus, that you notify the staff of the arrangement.
- s6.1(h)** Working within a multidisciplinary health care team benefits our patients, our team members and the services provided by the FSPH. Communication is key to the functioning of the team and the provision of high-quality services to our patients and broader community.
- s6.1(j)** Adequate instructions and clinical handover is required to ensure that our patients get the best care we can provide. Please ensure that you utilise the forms and systems provided. Please also note that the FSPH is committed to ongoing improvement of our systems and welcome your constructive feedback and engagement.
- s6.1(m)** We expect that you participate in reasonable on-call arrangements that will be arranged with you.
- s6.1(n)** You are required to adhere to the Discharge Policy and Procedure [CS 20.06] that can be found at `misrvnas\data\Public\1. FSPH Quality Management System\16. Clinical\Policies & Procedures\1. FSPH Clinical Practices Manual\20. Clinical Management`. Please note that written discharge summaries are required within 24 hours of the discharge of the patient. Copies to GP and FSPH for medical record.
- s6.4** At our most recent audit against the National Safety and Quality Health Services Standards, consent forms were considered with the performance of the FSPH receiving a 'not met' due to a number of consent forms not being signed by the Accredited Professional.
- Under this clause, you are required to obtain fully informed consent for treatment and to sign the form to provide evidence.
- s6.11** The FSPH is keen to expand our service delivery to our patients and the broader community, however, require that you obtain prior written approval before offering treatment outside of your scope.
- s12** Please note the conditions under which your accreditation may be suspended, terminated or conditions imposed. This section also outlines requirements of expiration and/or resignation.
- s13** Health professionals who have had their accreditation suspended or terminated can appeal the decision.

<sup>1</sup>For further information, please see: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

# Medical Practitioners Code of Conduct

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The Friendlies Medical Practitioners' Code of Conduct governs the practice of health professionals within our hospital. Based on standards, legislation, the by-laws and various medical standards, the Code of Conduct requires health professionals to practice within the following principles:

## **Providing good care**

In clinical practice, the care of the patient is your primary concern.

## **Working with Patients**

Relationships based on respect, openness, trust and good communication will allow you to work in partnership with your patients.

## **Working with other healthcare professionals**

Good relationships with medical colleagues, nurses and other healthcare professionals strengthens the doctor-patient relationship and enhances patient care and safety

## **Working within the healthcare system.**

Doctors have a responsibility to the effectiveness and efficiency of the healthcare system

## **Minimising risk**

Risk is inherent in healthcare. Good medical practice involves understanding and applying the key principles of risk minimisation and management in your practice

# Australian Health Practitioner Regulatory Authority (AHPRA) Guidelines for Mandatory Reporting

The AHPRA Guidelines provide clarity regarding mandatory reporting requirements under the Health Practitioner Regulation National Law 2009 (Cth). In Queensland, the Health Practitioner Regulation National Law (Queensland) outlines specific state-based requirements. Copies of the legislation and regulations can be found here - <https://www.ahpra.gov.au/About-Ahpra/What-We-Do>

It is important to note that the following individuals are required to make a mandatory notification:

- treating practitioners (a practitioner who is treating another practitioner);
- non-treating practitioners; and
- employers of practitioners.

The types of concerns that need to be reported are as follows:

| IMPAIRMENT   | INTOXICATION  | DEPARTURE FROM STANDARDS   | SEXUAL MISCONDUCT  |
|--|---|--|--|
| <b>Treating practitioners must report practitioners who:</b>                         |   |  |  |
| are practicing with an impairment, and place the public at substantial risk of harm. | are practicing while intoxicated by alcohol or drugs; and place the public at substantial risk of harm. | are significantly departing from professional standards; and place the public at substantial risk of harm. | have engaged in, are engaging in or might engage in sexual misconduct connected to their practice. |
| <b>Non-treating practitioners must report practitioners who:</b>                     |   |  |  |
| are practicing with an impairment, and place the public at substantial risk of harm. | are practicing while intoxicated by alcohol or drugs.   | are significantly departing from professional standards; and place the public at substantial risk of harm. | engage in sexual misconduct connected to their practice.   |
| <b>Employers of practitioners must report practitioners who:</b>                     |   |  |  |
| are practicing with an impairment, and place the public at substantial risk of harm. | are practicing while intoxicated by alcohol or drugs.   | are significantly departing from professional standards; and place the public at substantial risk of harm. | engage in sexual misconduct connected to their practice.   |

It is important to note that, when concerns have been identified, reporting is mandatory not discretionary.

# Reporting and tracking incidents: Riskman

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**The Friendlies uses the functions of Riskman to support a clinical governance system.**

We use Riskman to track and report on clinical incidents, staff injuries, mortality reviews, clinical risk, and clinical quality improvement programs. All these functions support the essential components of a robust clinical governance system.

Riskman includes the ability to journal messages out to staff and the ability to capture all review findings and manage the implementation of recommendations. Riskman is comprehensive clinical management system used in many hospitals in across Australia.

Riskman does not determine the review or outcomes of a process, rather allows The Friendlies team to report on, track and monitor matters as they arise.

Should you wish to understand how Riskman is used or whether there are any incidents within Riskman relating to your practice or patients, please contact the Quality and Safety Team who will be happy to provide you with a download of any relevant matters.

# Working with you

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The Friendlies is committed to working closely with our doctors, surgeons, anaesthetists and other health professionals in the spirit of collaboration. We are always prepared to provide more information and clarification. If you would like any information, please contact us on:



## **Mrs Jackie Emery**

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