Patient Safety Directive and Patient Safety Update Process Policy

1. Background

The Patient Safety Directive Process System is a WA Country Health Service (WACHS) area wide risk management and communication strategy which provides direction and information to regional operational areas, commensurate with the extent and evidence of the clinical risk identified.

2. Policy Statement

The process (see Flowchart page 3) is applicable to all regions within the WACHS.

Area wide Patient Safety Directives and Patient Safety Updates are to be issued by the Safety and Quality Department via the Global Email system following authorisation by the relevant Clinical Program Executive or Area Director.

Patient Safety Directives and Patient Safety Updates are written after assessment of risk at a regional and/ or area level and consideration of the available evidence at the time. The issuing of the alert or notice does not override the responsibility of individual healthcare staff to make decisions appropriate to local circumstances and the needs of patients, and to take appropriate professional advice where necessary.

Product recalls are out of the scope of this process. WACHS Safety and Quality are to be included in the communication process of product recalls and are available for further consultation as required.

3. Definitions

Patient Safety Directive	A communication which describes: • immediate actions required to be taken to address a safety issue • clear advice on the extent and evidence of the risks involved.
Patient Safety Update	A communication which highlights patient safety issues which are to be considered in the local context and / or provides advice on effective strategies to enhance patient safety.

4. Roles and Responsibilities

As outlined in the Flowchart page 3.

5. Compliance

Where a Patient Safety Directive or Update is issued, Regional Directors are to ensure that appropriate staff are delegated responsibility to undertake required actions, including monitoring and reporting on the progress of the required activity with a timeframe as defined in the directive.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in compliance with the Records Management Policy.

Patient Safety Directives and Patient Safety Updates are published on the WACHS intranet data and lesson sharing page.

7. Evaluation

Where a Patient Safety Directive is issued, the impact of the directive is to be monitored and evaluated at a whole of service or program level as appropriate.

This policy is to be reviewed every five years or sooner, if required.

8. Standards

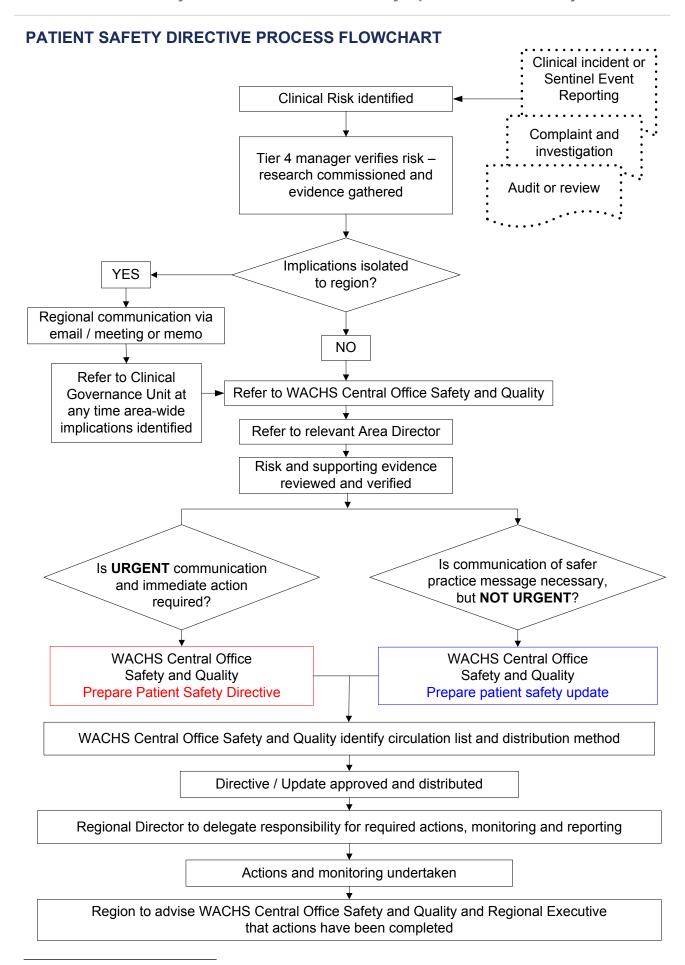National Safety and Quality Health Service Standards – 1.10

9. Policy Framework

Clinical Governance, Safety and Quality

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on request for a person with a disability**

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Directorate:	Medical Services	EDRMS Record #	ED-CO-14-91212
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PATIENT SAFETY DIRECTIVE PROCESS FLOWCHART

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                                                        ┌┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┐
                                                        ┊ Clinical incident or ┊
                          ┌──────────────────┐          ┊   Sentinel Event     ┊
                          │ Clinical Risk identified │◄──┊      Reporting        ┊
                          └──────────────────┘          └┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┘
                                    │                    ┌┄┄┄┄┄┄┄┄┄┄┄┄┄┐
                                    ▼                    ┊  Complaint and  ┊
                    ┌──────────────────────┐            ┊  investigation  ┊
                    │  Tier 4 manager verifies risk – │  └┄┄┄┄┄┄┄┄┄┄┄┄┄┘
                    │  research commissioned and       │  ┌┄┄┄┄┄┄┄┄┄┄┄┐
                    │     evidence gathered            │  ┊ Audit or review ┊
                    └──────────────────────┘            └┄┄┄┄┄┄┄┄┄┄┄┘
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- Clinical Risk identified
- Tier 4 manager verifies risk – research commissioned and evidence gathered
- (Input sources, dotted): Clinical incident or Sentinel Event Reporting; Complaint and investigation; Audit or review

Implications isolated to region?

- **YES** → Regional communication via email / meeting or memo → Refer to Clinical Governance Unit at any time area-wide implications identified
- **NO** → Refer to WACHS Central Office Safety and Quality → Refer to relevant Area Director → Risk and supporting evidence reviewed and verified

Then two decision branches:

- **Is URGENT communication and immediate action required?** → WACHS Central Office Safety and Quality **Prepare Patient Safety Directive**
- **Is communication of safer practice message necessary, but NOT URGENT?** → WACHS Central Office Safety and Quality **Prepare patient safety update**

→ WACHS Central Office Safety and Quality identify circulation list and distribution method

→ Directive / Update approved and distributed

→ Regional Director to delegate responsibility for required actions, monitoring and reporting

→ Actions and monitoring undertaken

→ Region to advise WACHS Central Office Safety and Quality and Regional Executive that actions have been completed