Question on Notice
No. 1701
Asked on 15 September 2016

MR LANGBROEK asked the Minister for Health and Minister for Ambulance Services (HON C R DICK) –

With reference to those wards outlined in Schedule 2A of the Hospital and Health Boards Amendment Regulation (No. 2) 2016 made under the Hospital and Health Boards Act 2011 (broken down by facility and acute adult ward outlined in the schedule)—

Will the Minister detail the number of SAC1, SAC2 and SAC3 incidents occurring for the period 1 July 2016 to 1 September 2016 and the period 1 July 2015 to 1 September 2015?

ANSWER:

I thank the Honourable Member for Surfers Paradise for his question.

The number of clinical incidents recorded by the Department of Health generally increases each year. This does not necessarily mean more incidents occur each year, but may reflect that more of them being reported.

For example, comparing from 2013 to 2014 – a period in which the Member served as a Minister – the number of incidents recorded increased by 3,732 to 27,323 incidents, representing a 15.82% increase.

I am advised that in the period 1 July to 1 September 2016, there were 5,475 incidents recorded with Severity Assessment Codes in wards outlined in Schedule 2A of the Hospital and Health Boards Amendment Regulation (No. 2) 2016 made under the *Hospital and Health Boards Act 2011*.

In the same period, outside of those wards, there were 8,073 incidents recorded in wards that were not defined in the regulation.

I am advised that the rate of growth in the defined wards was 4.21%, which is lower than the 5.79% rate of growth experienced in the wards that were not the subject of regulation in that period.

The Government has commissioned a formal evaluation of the Nurse To Patient Ratios policy initiative which will consider this and other information.

Please note that interpreting numbers of clinical incidents, the following should be considered:

- Clinical incident data is subject to change
- Not all clinical incidents are preventable
- Higher incident reporting rates are generally accepted as an indicator of a positive and transparent safety culture, rather than a marker of less safe care
- SAC 2 and SAC 3 clinical incidents are not mandatorily required to be reported

- Classification of an adverse patient outcome as a clinical incident does not describe ‘negligence’ or ‘fault’ on behalf of our staff or systems
- A degree of clinical subjectivity in deciding whether an adverse outcome is a clinical incident i.e. what is reasonably expected is different from one clinician to the next, as well as what is expected by the patient/family. For example, a death may not have been reasonably expected and therefore met the definition of a clinical incident, but is later determined to have been the result of an underlying condition. Consistent with best practice across the world, it is important to us to have a reporting system that captures a broad scope of adverse patient outcomes that could be potentially preventable so that we can continue to learn and improve.