Practice Assist
Strengthening general practice in WA

Template
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General Practice
Clinical Risk Management System

Practice name: Date:

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices,* 5th edition, indicators state:

- QI3.1A - Our practice monitors, identifies, and reports near misses and adverse events in clinical care.
- C3.1D - Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.

The aim of this policy is to accomplish the requirements of the above indicators and provide a systematic decision-making process to efficiently plan, assess, handle, monitor and document clinical risk. This will enable our practice to reduce patient safety incidents and deliver consistent quality care.

Clinical risk management is defined as the act of identifying perceived risks in medical practices, establishing the extent of the potential risk, planning possible responses to reduce or eliminate the risk and monitoring or evaluating the risk management process for continuous improvement.

Our practice's clinical risk management system is the responsibility of the following staff member:

This person will call on other staff members and subject matter experts to contribute to the practice's clinical risk management strategies.

Our practice nurtures a culture of open communication to identify, monitor and reduce clinical risk. All staff are encouraged to report mistakes or near misses and make suggestions to improve clinical risk management.

Clinical risk management is a standing agenda item at our practice staff meetings. Identified risks are recorded in the risk register for further consideration to develop strategies to reduce or eliminate the risk.

All staff will be made aware of the clinical risk management system as part of their induction.

Defining mistakes and near misses

- Mistakes are errors or adverse events that result in harm.
- Near misses are incidents that did not cause harm but could have.

Potential clinical risk areas

Clinical knowledge and skill

Potential clinical risks can be the result of:

- not keeping up to date
- not taking a thorough history and not conducting a thorough examination
- not documenting thoroughly in the patient's health record
- not being aware of personal limitations and referring patients on appropriately
- not investigating further if treatment isn't working
- not making use of protocols, checklists and diagnostic support aids
- not providing self-care
- not preventing and dealing with fatigue
- not reporting concerns when unsafe work practices are in place.

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Communication

Clinical risks can be minimised by:

- building a doctor-patient relationship based on trust and honesty
- listening to patients and showing empathy
- minimising interruptions during consultations
- managing unrealistic patient expectations
- communicating effectively with practice staff
- encouraging an environment in the practice where patients feel welcome and staff are skilled in all aspects of managing patients
- fostering strong relationships with colleagues and other health professionals involved in the care of patients
- keeping open channels of communication with the other health facilities that the practice interacts with (e.g. hospitals and radiology practices)
- managing adverse events or complaints in a way that does not leave patients feeling abandoned or ignored
- ensuring the consent process enables patients to understand the implications of proposed treatments, medications or procedures.

Systems

To decrease medico-legal risk, systems can be fine-tuned to improve the:

- complaints handling process
- tracking of tests and referrals
- recording of appointments, cancellations and failures to attend
- infection control practices
- recruitment, training and management of staff
- management of confidential and private information.

Potential risks to be considered

Clinical knowledge and skills of practitioners	Distractions (e.g. children in the consultation room)	Recruitment and employment
Inadequate health records	Interruptions during consultations	Inadequate skills of staff
Inadequate clinical handover	Tiredness	Inadequate induction
Medication errors	Uncomfortable temperature conditions	Staffing levels
Language and communication skills or barriers	Hunger	Lack of communication within the practice team
Mental and physical health of practitioners	Not being present minded	Breach of legislation/regulations
Practitioner-patient relationship	Running late	Low staff morale
Cultural barriers	Design, availability and maintenance of equipment	Not using three patient identifiers
Infection control processes	Equipment disruption/failure	Not confirming contact details
Recall and reminder failure	Inadequate practice policies and standards	Time schedule pressures

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Identifying risks

Our practice takes measures to identify risks through appropriate means by utilising the following tools:

- Checklists.
- Flow charts.
- Subject matter expertise.
- Surveys.
- Incident analysis.
- Brainstorming.
- Looking for common causes.
- Defining best practice of situations.
- Systems analysis.
- Third-party reports.
- Audit processes.
- Data trends.
- Functional/failure analysis.
- Patient feedback.
- Staff feedback.
- Staff performance reviews.

Clinical audits

Our practice routinely conducts clinical audits as a quality improvement tool to assess if current practices meet best practice. The process involves identifying any areas of concern within our systems and highlighting what is working effectively. Audits are conducted on at least a yearly basis covering the following areas:

- Patient health records.
- Professional development and training.
- Staff performance appraisal.
- Equipment maintenance.
- Patient feedback.
- Sterilisation, calibration and validation of autoclave.
- CPR training.
- Recalls and reminders (e.g. cervical screening).
- Doctor's bag contents.
- Chronic conditions audit (e.g. patients with diabetes should be assessed at least every 12 months).
- Data quality (e.g. recording of allergies, adverse reactions, smoking status).
- Vaccine potency.
- Infection control.

The findings of clinical audits will be compared to previous audits of the same topics. Outcomes will be discussed at team meetings and staff will be invited to contribute opinions and ideas for improvement. Successes will also be recognised.

Assessing risks

Our practice assesses risks by determining the likelihood of events occurring/recurring and the consequences of events occurring/recurring.

Factors to consider in relation to determining likelihood:

- The anticipated frequency of occurrence of the event.
- The working environment.
- The procedures and skills currently in place.
- Staff commitment, morale and attitude.
- History of previous events.

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Factors to consider in relation to determining consequences:

- Separating minor risks from major risks.
- The consequences of the risks occurring/recurring.
- The impact on patients.

Matrix for assessing risks

Our practice uses the following matrix to assess the level of risk.

Likelihood	Likelihood definition	Impact/consequences				
		No harm to patient	Minor and brief patient harm	Patient significantly but briefly affected	Patient significantly and adversely affected	Patient severely affected and may die
Very unlikely	No identified or known incidents	Low	Low	Medium	Medium	High
Unlikely	Few identified or known incidents	Low	Medium	Medium	High	High
Likely	Some incidents have been identified	Medium	Medium	High	Extreme	Extreme
Very likely	Several incidents have been identified	Medium	High	Extreme	Extreme	Extreme
Extremely likely	Multiple incidents have been identified	High	Extreme	Extreme	Extreme	Extreme

Risk action priority

Level of risk	Action
Extreme	Immediate action from senior management required to mitigate risk.
High and medium	Action required as soon as practical, do not ignore.
Low	Manage through lower level order risk control options.

Risk management strategies

Our practice's risk management strategies include:

- Eliminate or avoid the risk (e.g. do not offer a particular service or procedure).
- Tolerate or accept the risk.
- Reduce the risk.
- Transfer the risk (e.g. outsource sterilisation or change to single use instruments).

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How our practice monitors and reviews the effectiveness of risk management strategies:

- Keep adequate records.
- Check the number of incident reports. Are they changing in number and/or nature? What can that tell us?
- Report any adverse events.
- Maintain an event/near miss register and complaints register.
- Maintain a risk register and associated risk management plan.

How our practice communicates the purpose, development and progress of risk management strategies:

- Discuss at practice meetings and invite feedback from staff members.
- Document the discussions for practice records.

How our practice evaluates the outcomes of risk management strategies:

- Did the action achieve the desired result/outcome?
- Is the improvement sustainable over time?
- Is there anything else that can be done for this activity/initiative/project? Is it complete?
- Is the best possible care/service being provided?
- Are staff aware of any resulting changes?
- Is there any relevant additional feedback from the practice team or patients?

Risk register

Our practice maintains the following risk register which is reviewed and updated regularly.

Risk area	Risk description	Risk level

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Risk strategies log

Description of risk/s	Corrective action	Follow up action required	Date followed up	Date finalised
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

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Managing complaints

Our practice welcomes and acts upon feedback from patients. The reputation of our practice can be damaged by negative publicity associated with complaints, particularly considering the impact of social media.

Our practice strives to provide patient-centred service with quality outcomes. We acknowledge that there will occasionally be complaints from patients. We will try to resolve the issues within the practice team. If we can't resolve the issues, we will contact our medical defence organisation for advice before taking further action.

Our medical defence organisation's contact details are as follows:

When a complaint is received, it is recorded in our complaints log and the following process is implemented:

- Thank the patient for their feedback and acknowledge their right to make a complaint.
- Work with the patient to resolve the issue where possible.
- Provide a prompt and constructive response, including an explanation and, if appropriate, an apology.
- Ensure the complaint does not adversely impact on the patient's care. In some cases, it may be advisable to refer the patient to another practitioner or practice.
- Comply with laws, policies and procedures relating to complaints.

During the complaints process, it is important to consider the patient's cultural and/or language needs and offer an interpreter service if necessary.

If the complaint cannot be resolved between the patient and the practice, the patient can contact:

Health and Disability Services Complaints Office
Level 2, 469 Wellington Street, Perth 6000
Complaints and enquiries line: (08) 6551 7600
Free call from landlines: 1800 813 583
Email: mail@hadsco.wa.gov.au
Administration: (08) 6551 7620
Website: hadsco.wa.gov.au

References

- The Royal Australian College of General Practitioners Clinical risk management in general practice
- The Royal Australian College of General Practitioners Standards for general practices, 5th edition

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