

## STATUTORY DUTY OF CANDOUR POLICY

Our Statutory Duty of Candour (**SDC**) policy is publicly available on our website and in induction packs for new personnel to help raise awareness about the importance of patient safety and to demonstrate our commitment to protecting patients from a Serious Adverse Patient Safety Event (**SAPSE**).

### Legislative Responsibilities

The Health Services Act 1988(VIC), AMD 2022, (the Act) requires relevant Victorian health service entities to apologise to patients and their families or carers when a patient has suffered a SAPSE.

### SAPSE Definition

SAPSE is defined as a serious adverse patient safety event in section 3(1) of the Health Services Act 1988, being an event of a prescribed class or category that results in harm to one or more individuals. A prescribed class or category is an event that:

- a) occurred while the patient was receiving health services from a health service entity; and
- b) in the reasonable opinion of a registered health practitioner, has resulted in, or is likely to result in, unintended or unexpected harm being suffered by the patient.

To avoid doubt, this includes an event that is identified following discharge from the health service entity.

### Management Responsibility

The General Manager is responsible for the management of SDC process at PSV.

### SDC Process

If a patient, under PSV's care, has suffered a SAPSE, the PSV will provide the patient with:

- a) a written account of the facts regarding the SAPSE
- b) an apology for the harm suffered by the patient
- c) a description of the PSV's response to the event
- d) the steps that PSV has taken to prevent re-occurrence of the event
- e) any prescribed information

#### **Stage 1: Apologise and provide initial information**

Legal Requirement 1: As early as practicable (and no longer than 24 hours) after the SAPSE has been identified by the PSV, we will provide a genuine apology for the harm suffered by the patient and initial factual information that is known at the time about the event (avoiding inferring blame, admitting fault or offering opinion).

Legal Requirement 2: PSV will take steps to organise an SDC meeting within 3 business days of the SAPSE being identified by the PSV.

#### **Stage 2: Hold the SDC meeting**

Legal Requirement 3: The SDC meeting will be held within 10 business days of the SAPSE being identified by the PSV.

Legal Requirement 4: PSV will ensure that it provides the following in the SDC meeting:

- a. an honest, factual explanation of what occurred in a language that is understandable to the patient;

- b. an apology for the harm suffered by the patient;
- c. an opportunity for the patient to relate their experience and ask questions;
- d. an explanation of the steps that will be taken to review the SAPSE and outline any immediate improvements already made; and
- e. any implications as a result of the SAPSE (if known) and any follow up for the patient.

Legal Requirement 5: PSV will document the SDC meeting and provide a copy of the meeting report to the patient within 10 business days of the SDC meeting.

### **Stage 3: Complete a review of the SAPSE and produce report**

Legal Requirement 6: PSV will complete a review for the SAPSE and produce a report outlining what happened and any areas identified for improvement. If the SAPSE is classified as a sentinel event, the PSV will also outline in the report clear recommendations from the review findings.

Legal Requirement 7: The report created from Requirement 6 will then be offered to the patient within 50 business days of the SAPSE being identified by the PSV. If the SAPSE involves more than one health service entity, this may be extended to 75 business days of the SAPSE being identified by the PSV.

### **Documentation and reporting**

Legal Requirement 8: PSV will ensure that there is a record of the SDC being completed, including clear dates of when the SAPSE occurred and when each stage of the SDC was completed.

Legal Requirement 9: PSV will report its compliance with the SDC as legally required.

## **Records Templates**

- a) SDC - Checklist for the process
- b) SDC - Initial meeting note template
- c) SDC - Meeting report template

## **Risk Management**

PSV has implemented the following risk control measures:

- a) Clinical Oversight Committee
- b) Training
- c) FM08 PSV INFORMATION BROCHURE-Patient Rights & Responsibilities
- d) FM118 Complaints Register
- e) MS100 Improvement Procedure
- f) FM15 SQE Incident or NC Investigation Report
- g) FM19 Nonconformance Register
- h) MS62 Hazards Register

## **Guiding Documentation**

- a) Health Services Act 1988(VIC)-vNov2022
- b) Victorian Duty of Candour Framework-vOct2022
- c) Victorian Duty of Candour Guidelines-vOct2022

## **Regular Review**

This policy and SDC process will be reviewed every two years and following significant incidents if they occur.



### **D Dawson**

Chief Executive Officer  
02 December 2022