Information for interviewees contributing to a Root Cause Analysis (RCA) investigation conducted under Part 8 of the *Health Care Act 2008* (SA)

All references to RCA in this document mean an RCA conducted under Part 8 of the Act.

### RCA investigations

The purpose of an RCA investigation is to identify issues within the system that contributed to or resulted in the incident occurring and to provide recommendations for measures to prevent a recurrence of a similar incident. An RCA is not a tool for the investigating team to lay blame on staff in relation to the incident. It is designed to find system issues so that we can learn from the incident and improve the quality of the health system.

Every person involved in an incident will have a unique perspective of what happened. Information that you provide to a member of the RCA team will help the team develop an understanding of what occurred and why it occurred. It will assist in highlighting any system vulnerabilities that exist and the development of recommendations to prevent something similar from happening again.

If you have any suggestions about how to prevent a similar incident occurring in the future please mention these during the interview.

You can provide the RCA team with any information (including confidential information) that you have without the breaching any law or principle of professional ethics.

Information you provide to the RCA team member is protected and must not be disclosed to anyone else, except in a very limited number of circumstances that are imbedded in Part 8 of the Act. Even then you would not be identified as the person that provided the information.

Because of this protection when you are interviewed you cannot have a support person present. It is important that you remember this process is not about blame it is about improving the system.

Participation in an RCA (as a person being interviewed by the RCA team) does not prevent you from being asked questions relating to the incident in another context (e.g., court proceedings or a police investigation). However an RCA team member cannot be questioned about what you told them.

Please refer to the additional information below, which provides you with some extra detail.

If you still have questions you may want to read the SA Health Root Cause Analysis Policy Directive or discuss your questions with the RCA team leader prior to the interview.

### Information gained during an RCA is protected from disclosure

If the incident that is being investigated meets the definition of an adverse incident the RCA can be conducted under the protection of Part 8 of the *Health Care Act 2008* (SA).

An adverse incident is an incident that occurred during the provision of health services and falls within the class of incident specified by the Chief Executive by notice in the Government Gazette. The class of incident specified in the Gazette reflects incidents of a more serious nature or where the incident has ‘system wide safety implications’, namely one that involves a systems failure or multiple systems failure that does or has the potential to compromise the safety of a patient.

Why it is important that information gained during an RCA is protected

While there is support amongst health care professionals and consumers for open and positive participation in RCA investigations, some people may be discouraged from participating in a RCA because of concerns that:

- information generated by this activity may be used in litigation
- they may be embarrassed if information generated by the activities was disclosed
- legal action may be taken against them for participating in the assessment and evaluation of services provided by others.

---

To encourage everyone to be as open and forthright as possible during an RCA, legislation is in place in all Australian states and territories and at a Commonwealth level that protect the confidentiality of some information generated during certain quality improvement activities.

In South Australia that legislation is the Health Care Act 2008 (SA) the relevant part being Part 8 – Analysis of adverse incidents. Information gained during some other quality improvement can receive protection under Part 7 – Quality improvement and research.

**What does this protection mean?**

When an RCA is conducted under Part 8 of the Act any information gained by the RCA team must not be recorded, used or disclosed for any purpose other than as is necessary for the team to perform its activities. There are two exceptions to the protection, those being for the fulfilment of any reporting requirements prescribed by legislation or to the extent allowed by regulation.

If a person who is not a member of the RCA team is allowed, by the legislation to receive information protected by Part 8 they are subject to the same obligations as the RCA team not to give the information to anyone else.

**What information can be released?**

Any information or document that does not identify, either expressly or by implication, a particular person or particular persons may be released.

When the RCA is completed two reports are prepared.

Report 1 may be released, it contains a brief description of the incident based on facts known before the RCA was commenced and the recommendations that have resulted from the RCA, but no information that identifies any person should be included.

Report 2 is based on information gained during the RCA and contains protected information so cannot be released (except in the limited circumstance allowed by Part 8)

**Victimisation**

Part 8 of the Act clearly states that you must not be victimised by anyone because you have provided information to an RCA team. If you feel you have been victimised please let the RCA team leader or a member of your Safety and Quality/Governance unit know immediately.

---

For more information

SA Health
Safety and Quality Unit
Telephone: 08 8226 6539
www.sahealth.sa.gov.au/safetyandquality

For Public Use: I2-1A

www.ausgoal.gov.au/creative-commons

© Department for Health and Ageing, Government of South Australia. All rights reserved. FIS:16070.8 May 2016.