LICENCE CONDITIONS FOR

SERIOUS REPORTABLE EVENT QAC FOR NURSING HOME SERVICE LICENSEES

IMPOSED UNDER SECTION 13(1) OF THE HEALTHCARE SERVICES ACT 2020

1. Application

1.1. These licence conditions ("**LCs**") apply to all persons who have been licensed under the Healthcare Services Act 2020 ("**HCSA**") to provide a nursing home service (such persons referred to as "**Licensees**").

1.2. The defined terms used in these LCs shall have the meanings ascribed to them in the HCSA and any Regulations made thereunder, unless otherwise stated.

1.3. A breach of these LCs may result in regulatory action being taken against the Licensee under section 20 of the HCSA, including but not limited to –

a) suspension or revocation of the Licensee's licence(s);
b) shortening the term of the Licensee's licence(s);
c) a direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or
d) a direction requiring the Licensee to pay a financial penalty.

1.4. For avoidance of doubt, the requirements in these LCs are without prejudice, and in addition to the requirements imposed under the HCSA as well as any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder.

2. Definition of Key Terms

2.1. In these LCs, unless otherwise specified:

a) **"QAC"** refers to a quality assurance committee.

3. Serious Reportable Events

3.1. The Licensee shall establish written policies and procedures for identifying, reporting and reviewing serious reportable events (including but not limited to clinical adverse events that are identified to be of high risk in the Severity Assessment Code matrix set out in Appendix 1).

4. General Requirements for Serious Reportable Event QAC

4.1. The Licensee:

a) shall establish at least one Serious Reportable Event QAC to identify, monitor, evaluate and review serious reportable events occurring within the approved permanent premises of the Licensee that occurs in the course of providing a licensable healthcare service by the Licensee;

b) shall ensure that timely and appropriate training is provided to all Serious Reportable Event QAC members, and that all Serious Reportable Event QAC members have a working knowledge of these LCs;

c) shall appoint a Serious Reportable Event QAC supervisor employed by the Licensee for each Serious Reportable Event QAC;

d) shall ensure that on and from 18 December 2028[1], a Serious Reportable Event QAC supervisor has the required training and/or experience[2] in risk assessment, risk management, quality improvement and quality assessment in a healthcare setting;

e) shall ensure that a Serious Reportable Event QAC supervisor carries out the following: -

(i) reviews the activities of the Serious Reportable Event QAC based on periodic reports of the activities of the Serious Reportable Event QAC;

(ii) maintains written documentation of all Serious Reportable Event QAC activities; and

(iii) implements appropriate plans of action, including but not limited to measures to improve the quality and safety standards of the quality standards of the licensable healthcare service by the Licensee; and

f) shall maintain written documentation of each review conducted by the Serious Reportable Event QAC, including but not limited to the following:

(i) objective of the review conducted by the Serious Reportable Event QAC;

[1] Licensees are given until 17 December 2028 to ensure that the Serious Reportable Event QAC supervisor obtains the required training and/or experience to comply with paragraph 4.1(d).
[2] Required training and/or experience will include at least 5 years of training and/or experience in risk assessment, risk management, quality improvement and quality assessment in a healthcare setting.

(ii) relevant statutory provisions under which the review was conducted by the Serious Reportable Event QAC;
(iii) composition of the Serious Reportable Event QAC;
(iv) terms of reference of the Serious Reportable Event QAC;
(v) time that the Serious Reportable Event QAC took to complete the review;
(vi) number of times the Serious Reportable Event QAC met;
(vii) review process adopted by the Serious Reportable Event QAC;
(viii) report documenting findings and follow-up of recommendations of the Serious Reportable Event QAC; and
(ix) such records relating to any quality assurance or quality improvement activities, and the policy and procedures guiding the conduct of such activities.

5. COMPOSITION OF THE SERIOUS REPORTABLE EVENT QAC

5.1. Where there is a serious reportable event, the Licensee shall convene a Serious Reportable Event QAC that comprises three or more persons, including:

a) a Serious Reportable Event QAC supervisor, pursuant to paragraph 4.1(c) above;

b) a medical or nursing or allied health professional (including but not limited to a pharmacist); and

c) such other individual(s) as required by the HCSA, any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder[3].

5.2. Save for the Serious Reportable Event QAC supervisor, members of the Serious Reportable Event QAC need not be employed by the Licensee.

[3] For example, Licensees that are licensed to provide ambulatory surgical centre services are still required to adhere to the requirements on the composition of QACs set out in Regulation 9 of the Healthcare Services (Ambulatory Surgical Centre Service) Regulations 2023.

APPENDIX 1 – Severity Assessment Code Matrix

		Extreme	**Major**	**Moderate**	**Minor**	**Insignificant**
		Patients with **Death** unrelated to the natural course of the illness and differing from the immediate expected outcome of the patient management.	Patients with **Major permanent loss of function** (sensory, motor, physiologic or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of patient management or, any of the following: • Disfigurement • Surgical intervention required	Patients with **Permanent lessening of bodily functioning** (sensory, motor, physiologic, or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: • Increased length of stay or additional operation or procedure	Patients requiring **Increased level of care** including : • Review and evaluation • Additional investigations • Referral to another clinician	Patients with **No injury or increased level of care or length of stay**, will include near misses
Frequent (almost certain)	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)	High risk	High risk	Moderate risk	Low risk	Low risk
Probable (likely)	Will probably occur in most circumstances (several times a year)	High risk	High risk	Moderate risk	Low risk	Low risk
Occasional (possible)	Probably will occur or might occur sometime (several times a year)	High risk	Moderate risk	Moderate risk	Low risk	Negligible risk
Uncommon (unlikely)	Possibly will occur in 2 to 5 years	High risk	Moderate risk	Low risk	Negligible risk	Negligible risk

Rare	Unlikely to occur - may occur in special circumstances (may occur every 5 to 30 years)	Moderate risk	Low risk	Negligible risk	Negligible risk	Negligible risk