



CLINICAL INCIDENT NOTIFICATION FORM
(To be completed by the Hospital / Health Service)

RiskCover
Forrest Centre
221 St George's Terrace
Perth WA 6000
Telephone: (08) 9264 3333

REPORT ONLY
CLAIM / POTENTIAL CLAIM

Department of Health
Legal and Legislative Services
189 Royal Street
East Perth WA 6004
Telephone: (08) 9222 4038

Hospital / health service (HHS)			
HHS Reference:		Risk Centre	
Staff Contact Name		Phone No	
Signature of staff contact		Notification Date	
Office of Health Review involved?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Does the incident involve a Non Salaried Medical Practitioner? (NSMP) No <input type="checkbox"/> Yes <input type="checkbox"/>
Coroner notified?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Legal opinion required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has a claim been made?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	By whom?
If yes, how was claim made?	Oral <input type="checkbox"/>	Letter <input type="checkbox"/>	Writ <input type="checkbox"/>

PATIENT DETAILS

Patient's Name	Family:	Given names:
Patient's Address		
Patient's Date of Birth		
Unit Medical Record Number	PUBLIC <input type="checkbox"/>	PRIVATE <input type="checkbox"/>
Date of Incident	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Is the patient deceased? No <input type="checkbox"/> Yes <input type="checkbox"/>	Is the incident childbirth related? No <input type="checkbox"/> Yes <input type="checkbox"/>	

CLAIMANT DETAILS (if different)

Claimant's Name	Family:	Given names:
Claimant's Address		Relationship:

CLAIM IDENTIFIER - MINC number assigned at DoH Teaching hospitals only please add:

INCIDENT/ALLEGATION TYPE: please rank in order of importance where 1 is the primary incident (up to 4)

___ 10 Diagnosis – missed <input type="checkbox"/> ; delayed <input type="checkbox"/> ; incorrect <input type="checkbox"/>	___ 60 Treatment—delayed
___ 20 Medication-related: type and dosage	___ 61 Treatment—not provided
___ 21 Medication-related: method of administration	___ 62 Treatment—complications
___ 30 Anaesthetic - epidural <input type="checkbox"/> , anaesthetic substances <input type="checkbox"/> , monitoring/resuscitation <input type="checkbox"/>	___ 63 Treatment—failure of treatment
___ 40 Blood/product-related (includes blood transfusions)	___ 64 Treatment—other
___ 50 Procedure (surgery) - failure to perform	___ 70 Consent (includes failure to warn)
___ 51 Procedure (surgery) - wrong procedure	___ 80 Infection control (includes instrument sterilisation HAI)
___ 52 Procedure (surgery) - wrong body site	___ 90 Device failure (includes problems with implanted devices)
___ 53 Procedure (surgery) - post-operative complications	___ 100 Other general duty of care issues
___ 54 Procedure (surgery) - failure of procedure	___ 110 Other - expand
___ 56 Procedure (surgery) - post operative infection	___ 120 Not yet known
___ 57 Procedure (surgery) - intra operative complications	
___ 59 Procedure (surgery) - other or not further defined	

Instructions for Completion of Clinical Incident Notification Form

Purpose of the Form: The RiskCover Fund Guidelines require all Hospitals/Health Services to notify RiskCover of all clinical incidents that are, or have the potential to become, actual legal claims against a Hospital/Health Service and/or Health Practitioner.

Who should complete the Form?: The Hospital/Health Service Medical Treatment Liability Claims Manager, or equivalent, is asked to complete the Form.

Completing the Form:

All dates should be entered in the DD/MM/YYYY format (eg 01/01/2007 for 1st January 2007).

Hospital/Health Service (HHS) Reference: If the Hospital/Health Service uses a system of recording claims, insert the reference number for the claim.

The Risk Centre is a number that identifies a place in the Hospital/Health Service (eg Operating Theatre). It is generated by RiskCover in consultation with the Hospital/Health Service and should be entered in the space provided, if known. Please leave this blank if the number is not known.

The Staff Contact Name is the name of the person completing the Form. As mentioned above, this is usually the Medical Treatment Liability Claims Manager, or equivalent. The name is requested to enable follow-up should further information be required.

The set of yes/no questions allows DoH Legal & Legislative Services (or, in the case of teaching hospitals, RiskCover) to identify the parties' notified/involved.

If a Non Salaried Medical Practitioner (NSMP) is involved with the claim, a separate Medical Treatment Liability Notification Form must be completed by the NSMP and provided to the Medical Director, or equivalent, at the Hospital/Health Service.

If an actual claim has been made, state who made the claim (eg name of Law Firm, Community Law Centre etc) and how the claim was made (eg orally, by letter or by service of a writ of summons).

The "date of incident" refers to the date on which the clinical incident occurred. This may not be easy to identify. When a series of events occurred over a period of time (eg repeated failure to diagnose a condition), the date on which the first event occurred should be recorded. Where there is a post-operative infection, the date of diagnosis of the infection is recorded, not the date on which surgery was performed. Alternatively, in the case of retained instruments or when a perforation occurs during surgery, the date of surgery is recorded, rather than the date of diagnosis.

The Unit Medical Record Number (UMRN) and the demographic information requested ensure the correct person can be tracked over the life of the claim.

The section for claimant details (if different): This section has been added to obtain details where the claimant is a person other than the patient (eg. the patient's parents, guardian or caregiver).

Claim Identifier: De-identified claims data are sent to a National database. The information is required to identify the types of claims that are occurring and being reported at State level. The teaching hospital staff member reporting the claim generates the Medical Indemnity National Collection (MINC) number. All other MINC numbers are assigned by DoH Legal & Legislative Services.

Incident/Allegation Type: When selecting incident/allegation type, please rank in order of importance (up to 4) where 1 is the primary incident.

Where should the Form be sent?: The Form should be sent to either the DoH Legal & Legislative Services (in the case of non teaching and rural hospitals/health services) or RiskCover (in the case of teaching hospitals/health services).

Important reminder: This Form may be disclosed to a claimant through the process of discovery in civil litigation or in response to an application under the *Freedom of Information Act 1992 (WA)*. It is important that requested information only is recorded on the Form.

February 2007