**SAC 1 Clinical Incident Investigation Report**

**Clinical incident details**

|  |  |
| --- | --- |
| **CIMS Reference number:** | **Site Name:** |
| **Incident date:** Select date | **Investigation report due date:** Select date |
| **PSSU notification date:** Select date | **Investigation report submission date:** Select date |
| **Type of SAC 1 clinical incident:** *Choose an item.* | |
| *If ‘Other, please specify’ is chosen, please provide further detail.* | |

**Executive endorsement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Executive Director / Director Medical Services / Equivalent** | | | | | |
| Name: |  | Signature: |  | Date: | Select date |
| **Director Safety & Quality / Clinical Governance / Equivalent** | | | | | |
| Name: |  | Signature: |  | Date: | Select date |
| **Chief Investigator** | | | | | |
| Name: |  | Signature: |  | Date: | Select date |

**The Investigation Report must have executive sign off before being sent to the Patient Safety Surveillance Unit**

The information provided in the SAC 1 Clinical Incident Investigation Report will remain confidential.

Please submit this report as a PDF document within 45 working days of initial notification via email: [Events.SAC1@health.wa.gov.au](mailto:Events.SAC1@health.wa.gov.au).

Contact the Patient Safety Surveillance Unit on the above email if you have questions regarding this process or visit the website <https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes> for further information regarding clinical incident management.

**Description of clinical incident**

*Please provide a summary of the incident including a detailed patient journey:*

**Investigation findings**

*Please describe the results of the investigation and findings/conclusions:*

**Causative/Contributing Factors**

**Communication**

|  |  |
| --- | --- |
| **Were issues relating to communication identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Between Staff | Between Staff and Patient/family/carers |
| Documentation | Patient assessment |
| Information not provided | Misinterpretation of information |
| Language interpretation | Other, please specify |
| **Details**: | |

**Knowledge/Skills/Competence**

|  |  |  |
| --- | --- | --- |
| **Were issues relating to knowledge/skills/competence identified as a factor?** | | |
| **Yes** | | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | | |
| Staff training/skills | Staff competency | |
| Staff supervision | Use/not using/misuse of equipment | |
| Other, please specify | | |
| **Details**: | | |

**Work Environment/Scheduling**

|  |  |
| --- | --- |
| **Were issues relating to work environment/scheduling identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Work place design | Suitability of environment |
| Environmental stressors | Safety assessments/evaluation/procedures |
| Shortage of beds/rooms/resources | Staff timetabling |
| Other, please specify | |
| **Details**: | |

**Patient Factors**

|  |  |
| --- | --- |
| **Were issues relating to patient factors identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Communication difficulties | Medical History/known risks |
| Patient’s condition | Personal issues |
| Other, please specify | |
| **Details**: | |

**Equipment, Information Systems/Applications**

|  |  |
| --- | --- |
| **Were issues relating to equipment, information systems/applications identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Suitability/availability/lack of equipment | Safety/maintenance |
| Appropriate use of equipment | Emergency provisions/back-up systems |
| Suitability/availability/lack of system/application | Appropriate use of system/application |
| Other, please specify | |
| **Details:** | |

**Policies, Procedures, Guidelines**

|  |  |
| --- | --- |
| **Were issues relating to policies, procedures and guidelines identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Absence of relevant policies/procedures/guidelines | Implementation issues |
| Education/training | Issues in applying policies/procedures/guidelines |
| Absence of audit/quality control system | Other, please specify |
| **Details**: | |

**Safety Mechanisms**

|  |  |
| --- | --- |
| **Were issues relating to safety mechanisms identified as a factor?** | |
| **Yes** | **No** |
| *If yes, please tick the appropriate boxes and provide details.* | |
| Lack of appropriate safety mechanisms/systems in place | Breakdown of safety mechanisms |
| No evaluation of safety mechanisms | Issues in applying policies/procedures/guidelines |
| Other, please specify | |
| **Details**: | |

**Other Factors**

|  |  |
| --- | --- |
| **Were issues relating to other factors identified?** | |
| **Yes** | **No** |
| *If there were other factors involved in the incident which do not fall into the above categories, please provide details.* | |

**Recommendations**

**Recommendation 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recommendation Title:** |  | | | | |
| *If this is a* [*multi-site investigation*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes)*, which site does this recommendation pertain to?* | | | | | |
| **Causation Statement Summary:** |  | | | | |
| **Contributing factors:** | **1:** *Choose an item.* | | **2:** *Choose an item. (Optional)* | **3:** *Choose an item. (Optional)* | |
| **Recommendation detail:**  *See* [*CIM Guideline 7.6.*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes) *for guidance.* |  | | | | |
| **Recommendation type:**  *See Appendix 1 for more detail.* | *Choose an item.* | | | | |
| **What will your outcome be?** |  | | | | |
| **How will this be measured?** |  | | | | |
| **Implementation due date:** | *Select date* | **Evaluation due date:** | | | *Select date* |

***Note:*** *Following the submission of SAC 1 investigation report, a progress report must be submitted to the PSSU within 6 months (182 calendar days) to advise the status of each endorsed recommendation. An evaluation report must be submitted to the PSSU within 12 months (365 calendar days) with evidence of implemented recommendation actions. For further information, refer to the* [*CIM Guideline section 6.6.*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes) *.*

**Recommendation x *– remove section if not required; copy for additional recommendations***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recommendation Title:** |  | | | | |
| *If this is a* [*multi-site investigation*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes)*, which site does this recommendation pertain to?* | | | | | |
| **Causation Statement Summary:** |  | | | | |
| **Contributing factors:** | **1:** *Choose an item.* | | **2:** *Choose an item. (Optional)* | **3:** *Choose an item. (Optional)* | |
| **Recommendation detail:**  *See* [*CIM Guideline 7.6.*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes) *for guidance.* |  | | | | |
| **Recommendation type:**  *See Appendix 1 for more detail.* | *Choose an item.* | | | | |
| **What will your outcome be?** |  | | | | |
| **How will this be measured?** |  | | | | |
| **Implementation due date:** | *Select date* | **Evaluation due date:** | | | *Select date* |

***Note:*** *Following the submission of SAC 1 investigation report, a progress report must be submitted to the PSSU within 6 months (182 calendar days) to advise the status of each endorsed recommendation. An evaluation report must be submitted to the PSSU within 12 months (365 calendar days) with evidence of implemented recommendation actions. For further information, refer to the* [*CIM Guideline section 6.6.*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes)

**Declassification:**

|  |  |  |
| --- | --- | --- |
| **Does the Investigation Panel request declassification of this incident?** | Yes | No |
| *If yes, please outline the rationale for the requesting declassification:* | | |

***Note:*** *Declassification is the process where a SAC 1 clinical incident investigation report is reviewed by the PSSU, and it is determined that there are no health care contributing factors and the event was not preventable. If the incident is determined not to meet the definition of a clinical incident (harm resulting from health care delivery), declassification processes can be initiated and the incident inactivated.*

*For further information, refer to the* [*CIM Policy section 3.5.3*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes) *and* *[CIM Guideline section 6.5.3](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes).*

**Appendix 1: Recommendations/Actions Hierarchy**

|  |  |  |
| --- | --- | --- |
| **Action Strength** | **Recommendation/Actions Category** | **Example** |
| **Stronger Actions** | Architectural/physical plant changes | Replace revolving doors at the main patient entrance into the building with powered sliding or swinging doors to reduce patient falls. |
| New devices with usability testing | Perform heuristic tests of outpatient blood glucose meters and test strips and select the most appropriate for the patient population being served. |
| Engineering control (forcing function) | Eliminate the use of universal adaptors and peripheral devices for medical equipment and use tubing/fittings that can only be connected the correct way (e.g., IV tubing and connectors that cannot physically be connected to sequential compression devices or SCDs). |
| Simplify process | Remove unnecessary steps in a process. Standardize on equipment or process Standardize on the make and model of medication pumps used throughout the institution. Use bar coding for medication administration. |
| Tangible involvement by leadership. | Participate in unit patient safety evaluations and interact with staff; support the RCA2 process; purchase needed equipment; ensure staffing and workload are balanced. |
| **Intermediate**  **Actions** | Redundancy | Use two RNs to independently calculate high-risk medication dosages. |
| Increase in staffing/decrease in workload | Make float staff available to assist when workloads peak during the day. |
| Software enhancements, modifications | Use computer alerts for drug-drug interactions. |
| Eliminate/reduce distractions | Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps. |
| Education using simulation-based training, with periodic refresher sessions/observations | Conduct patient handoffs in a simulation lab/environment, with after action critiques and debriefing. |
| Checklist/cognitive aids | Use pre-induction and pre-incision checklists in operating rooms. Use a checklist when reprocessing flexible fibre optic endoscopes. |
| Eliminate look- and sound-alikes | Do not store look-alikes next to one another in the unit medication room. |
| Standardized communication tools | Use read-back for all critical lab values. Use read-back or repeat-back for all verbal medication orders. Use a standardized patient handoff format. |
| Enhanced documentation, communication | Highlight medication name and dose on IV bags. |
| **Weaker Actions** | Double checks | One person calculates dosage, another person reviews their calculation. |
| Warnings | Add audible alarms or caution labels. |
| New procedure/ memorandum/policy | Remember to check IV sites every 2 hours. |
| Training | Demonstrate the hard-to-use defibrillator with hidden door during an in-service training. |

For further information, refer to the [*CIM Guideline section 6.6.1.2*](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes)*.*