**SAC 1 Progress and Evaluation of Recommendations**

**Clinical incident details**

|  |  |
| --- | --- |
| **CIMS Reference number:**  | **Site Name:**  |
| **Incident date:** Select date | **Investigation report submission date:** Select date |
| **PSSU notification date:** Select date | **Progress report submission date:** Select date |
| **Type of SAC 1 clinical incident:** *Choose an item.* **Evaluation report submission date:** Select date |
| *If ‘Other, please specify’ is chosen, please provide further detail.* |
| **Additional documents attached:** | [ ]  Yes | [ ]  No |

The information provided in the SAC 1 Clinical Incident Progress and Evaluation of Recommendations will remain confidential. 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.

Please submit this report as a PDF document via email: 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.

**Recommendations**

**Recommendation 1**

|  |  |
| --- | --- |
| **Recommendation title:** |  |
| **Progress Details** |
| **Progress completion date:** | Select date |
| **Progress evidence:** |  |
| **Evaluation Details** |
| **Evaluation completion date:** | Select date |
| **Evaluation evidence:** |  |
| **Additional Details** |
| **Is further quality improvement activity required?** | [ ]  Yes | [ ]  No |
| If yes, please describe the action taken or planned. |
| **Additional comments:** |

***Note:*** *For further guidance refer to* [*CIM Guideline section 5.6 and CIM Toolkit section 5*](https://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system)*.*

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

|  |  |
| --- | --- |
| **Recommendation title:** |  |
| **Progress Details** |
| **Progress completion date:** | Select date |
| **Progress evidence:** |  |
| **Evaluation Details** |
| **Evaluation completion date:** | Select date |
| **Evaluation evidence:** |  |
| **Additional Details** |
| **Is further quality improvement activity required?** | [ ]  Yes | [ ]  No |
| If yes, please describe the action taken or planned. |
| **Additional comments:** |

***Note:*** *For further guidance refer to* [*CIM Guideline section 5.6 and CIM Toolkit section 5*](https://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system)*.*