Government of **Western Australia**
Department of **Health**

WA Health Datix Clinical Incident Management System (CIMS)

Senior Staff User Guide

July 2018

Version 3.0

Disclaimer

All information and content in this material is provided in good faith by the Department of Health. Western Australia, and is based on sources believed to be reliable and accurate at the time of development. Due to changing system configurations, information provided in this User Guide may not be accurate at the time of reading and is only accurate as at the date of publication.

Please address any quality improvement suggestions to PSSU@health.wa.gov.au

Contents

WA Health Datix CIMS

The WA Health Datix CIMS is an online system used by WA Health staff to report clinical incidents. A clinical incident is defined as an event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a patient/consumer (WA Health CIM Policy). The strategic objective is to establish an integrated model of governance for the reporting of clinical incidents across public health organisations within Western Australia for patient safety and quality improvement purposes.

Clinical incidents are entered into Datix CIMS by a notifier using the Clinical Incident Notification Form. All WA Health staff have notifier access to Datix CIMS as a minimum and therefore any staff member is able to notify a clinical incident, either as user identified or anonymously.

Recommended Pre-Reading

The following user guides are recommended pre-reading:

1. Datix CIMS Notifier User Guide.

Available: http://intranet.health.wa.gov.au/hin/applications/cims.cfm

About this Guide

1. In this guide, the web-based Datix CIMS application, available to all WA Health staff, is referred to as *DatixWeb*.

2. For clarity, the following font formatting has been used:

    - Lavender - functions, menu items and buttons in DatixWeb.
    - Indigo - hyperlinks to sections within this user guide.
    - Teal – web and email addresses.

3. Points to note are depicted in a box:

4. A red box drawn on an image draws attention to particular DatixWeb functions or menu items discussed in the guide:

General Navigation Information

A number of features are common to many areas of the WA Health Datix CIMS.

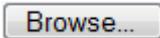| Item	Item title	Description
*	Mandatory Field	This indicates the field is mandatory and you are required to complete it prior to saving or submitting the form.
	Date field	Open the calendar to select a date or type in the date using dd/mm/yyyy.
	Pick list	Type the first few letters of the required value and the pick list will generate a list of possible matches to select from. Alternatively click the arrow and scroll through the alphabetical list provided.
	Free text field	Type text in to this field. Spell check function is available.
Add Another	Add another	Click on this to add an identical section without copying content.
Clear Section	Clear section	This enables the section within the form to be cleared of all entered data.
ABC	Spell check	Click to check your spelling.
	Pencil	Click to close spell check and return to entering text.
Help ? Help	Help Icons	Click to display additional information. Please note this may be general Datix help that is not specific to the WA Health system configuration.
	Round Radio Buttons	Round radio buttons allow a single selection only.
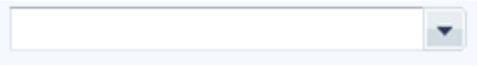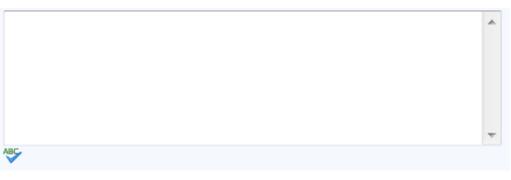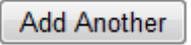
Item	Item title	Description
☑ ☐ ☑	Square Tick Boxes	Square tick box buttons allow multiple selections
	Delete	In a multi-select field, where more than one option can be chosen, highlight selected item, click icon to remove the selected value(s).
Browse...	Browse	Allows the selection of documentation to be attached.
Save Submit	Save/Submit	Save/Submit button located at the bottom of the 'Feedback notification form' or in floating menu (bottom left of page)
Search	Search	This allows a 'search' of the data to be conducted
Cancel	Cancel	The cancel function located at the bottom of the forms or in the floating menu (bottom left of page)

Timeout Feature

In order to maintain system security, the WA Health Datix CIMS will automatically end a session if it has been inactive for 15 minutes. Once the time limit has been reached, a message will appear on the screen advising that the session will be ended unless the option to "Extend session" is selected.

Alert

Your session has been inactive for more than 15 minutes. For your security, your connection will be logged out if there is no activity after one further minute.

If you do not wish to be logged out, click 'Extend session' and your session will be extended for a further 15 minutes.

Seconds remaining: 41

| Extend session | Log out |
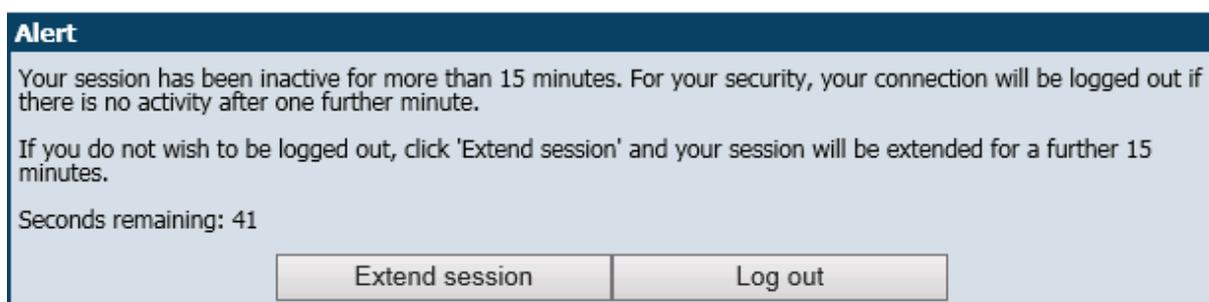
It is therefore recommended that users regularly save their work.

Record locking

When selecting a record that is already being accessed by another user, the system switches on a record-locking function, which will prevent you from making changes to the record.

A message at the top of the record will identify who the current user is:

> This record has been locked for editing by **CIMS Senior Staff (P cims_ss1 Demo.**
> Until this user is finished with the record, you will only be able to access it in read-only mode.

If a record has been inactive for a period of time and another user has requested access to the record, a message will appear on the current user's screen advising them of the request. The current user can choose to continue editing the record or to cancel any changes and leave the record. If 'cancel changes' is selected, or the current user is removed from the record automatically, any changes made since last saving the record will be lost.

Leaving a record without saving or cancelling it will result in the record being locked for other users (until the time limit has been reached). To exit a record you must either save or cancel to ensure that it closes properly and is made available to other users.

The communication function remains available to all users in locked records.

Logging out

To Log out of Datix CIMS, select the logout option at the top of the screen. Any unsaved work will be lost.

Accessing WA Health Datix CIMS

Window XP Computers	**Window 7 Computers**
To open the application on your computer screen,	To open the application use the Windows icon,
click Start	click
➔ Health	➔ Click All Programs, then click on Health
➔ Datix CIMS icon	➔ Datix CIMS icon

Datix CIMS will open in the default internet browser of the computer being used.

Although anyone can use the system anonymously to notify a clinical incident, users will only have higher levels of access assigned to their profile, for example senior staff, once they have logged in to Datix CIMS.

To log in click on "Login to Datix CIMS (User Identified)". The log in box will then appear. Use your HE number and computer password to log in to the system.

The Clinical Incident Management System landing page

Once logged in, the Clinical Incident Management System landing page will display, as below, the total number of notified clinical incidents within the clinical area/s a senior staff is assigned in six different status groupings, referred to by WA Health as the workflow status. A listing of clinical incident records within each workflow status can be viewed by clicking on the name of the workflow status or the number of records. Overdue records listings can be viewed by clicking on the displayed number of overdue records.

OPTIONS	STATUS
Add a new incident – click here to open a blank form to report a new clinical incident.	**New incident** – these are submitted clinical incidents that have yet to be investigated by the senior staff responsible.
My reports – click here to access the standard report suite and any user-specific reports saved.	**Snr staff evaluation/3rd Pty comment** – these are clinical incidents that are currently being investigated.
Design a report – click here to access individual design report suite.	**Dept/Service Head/Director comment** – these are clinical incidents that have been investigated and are under review by the Head of Department.
New search – click here to search for information within the database.	**SAC 1 investigation** – these are notified clinical incidents that have been rated as SAC 1 incidents and are currently being investigated.
Saved queries – click here to access previously saved queries.	**Closed** – these are clinical incidents that have been investigated and finalised.
Help – click here to access online help information. Note this information is not specific to the WA Health Datix configuration.	**Inactive** – these are reported incidents that have been deemed to NOT be an actual clinical incident.

Workflow Status listing pages

Opening the listing of one of the workflow statuses will display a summary of all clinical incident records in that workflow status under the below headings. There will be 20 records displayed per page. The records can be sorted by any of the column headings by clicking on the column heading. An individual record can be opened from this list by clicking on that record's details under any of the headings.

Clinical Incident Management Form

Once an incident is notified the "Clinical Incident Notification Form" is no longer accessible. Information from this form is transposed to the "Clinical incident details" page of the newly generated "Clinical Incident Management Form". This form is displayed when an individual record is opened.

CIMS Reference and Datix ID

Upon submission of a newly notified clinical incident, Datix CIMS will generate two unique identification numbers:

- CIMS Reference consists of the acronym CIMS followed by 5-6 digits. This is the identification number generally used by WA Health in correspondence. Communications sent through Datix CIMS will include this number in the title and the body of the automated message.
- Datix ID consists of 6 digits and is a system ID used in the recommendations/actions module and other system functions such as linking records. Communications sent through Datix CIMS will include this number towards the end of the included hyperlink.

Clinical incident details review

Allocation of senior staff

Senior staff will receive an automated email notification from Datix CIMS when a notifier submits a new clinical incident to the "Place of incident / Event" for which the senior staff is responsible. A senior staff may be responsible for one or many "Place of incident / Event" and multiple senior staff may be responsible for one "Place of incident / Event". This means multiple senior staff may be notified of the submitted clinical incident. A listing of all staff initially notified of the incident is located at the bottom of the "Clinical incident details" page.

Email notification sent following initial notification					
Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title

Senior staff are responsible for reviewing and progressing the clinical incident investigation. The email notification includes the generated CIMS reference number and a hyperlink to the incident record within Datix CIMS. Alternatively incidents for action by senior staff can be found under the "New incident" workflow status listing.

❓HINT❓

Senior staff have 48 hours to review and progress new incidents. An incident not reviewed within 48 hours will become 'overdue' and appear in the overdue count. Overdue incidents on each of the workflow status pages are marked with the symbol: ⚠️

It is important that senior staff adhere to this timeframe to ensure incidents are dealt with in a timely manner and measures are taken immediately to reduce risk to patients/consumers. It is also vital to allow appropriate notification of SAC 1 clinical incidents to the Department of Health Patient Safety Surveillance Unit within seven working days of occurrence as per the WA Health Clinical Incident Management Policy and to the Office of the Chief Psychiatrist within 48 hours as per the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist.
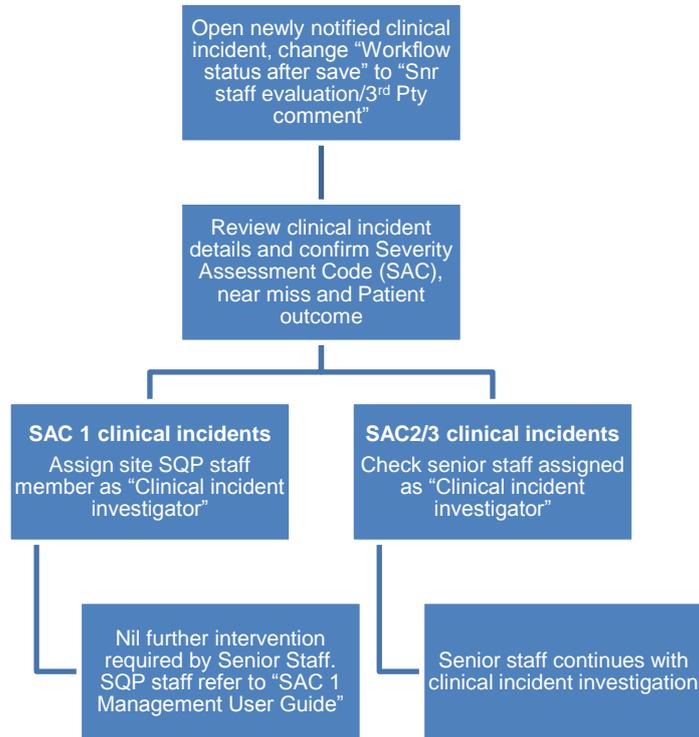
Initial steps for senior staff

Figure 1 - Initial steps for senior staff for newly notified incidents

Initial steps for the senior staff include:

1. Saving the incident with the "Workflow status after save" as "Snr staff evaluation/3rd Pty comment" to indicate to all users that the senior staff is in the process of reviewing the incident record.

This action will result in:
- the incident record moving from the "New Incident" workflow status grouping to the "Snr staff evaluation/3rd Pty comment" workflow status grouping;
- the clock counting the time taken for senior staff to review a new incident stopping and therefore preventing/ceasing an incident from being overdue in the "New incident" workflow status grouping; and
- the senior staff being automatically assigned as the "Clinical incident investigator", unless another Clinical incident investigator is selected prior to saving. Note the Clinical incident investigator can be changed at any point.

2. Ensure that information in Datix CIMS is accurate, factual, objective, and contains no names (only designations). Amend the information as necessary to meet CIM Policy requirements. See section Review clinical incident details below.

3. Confirm the Severity Assessment Code, indicate whether the incident was a near miss and report the patient outcome.

Clinical incident investigation
To allow for full evaluation of the clinical incident, ensure all results are available e.g. blood tests, x-rays.

Severity Assessment Code (Confirmed)
Used to determine the appropriate level of investigation, analysis, action and escalation of a clinical incident.

★ Severity Assessment Code (Confirmed) ⊙
- ○ SAC 1
- ○ SAC 2
- ○ SAC 3

★ Is this incident a near miss? [▼]

Describe the results of the investigation and findings

*Do NOT repeat a description of the clinical incident
*Be factual
*Do NOT second guess
*Do NOT include staff member names but do include their Designation

Patient Outcome

★ Patient outcome

Patient outcome refers to patient harm (physical or psychological) as a direct result of a clinical incident and not their underlying condition or illness.
- ○ Death
- ○ Serious harm
- ○ Moderate harm
- ○ Minor harm
- ○ No harm

Based on the confirmed SAC, required actions are to:

- ▪ SAC 1 confirmed
  Assign SQP staff member as "Clinical incident investigator" and save record. The "Workflow status after save" should remain as "Snr staff evaluation/3rd Pty comment" as this will allow SQP to review the incident and confirm SAC 1 status before generating a SAC 1 action chain (see SAC 1 Management User Guide for more details).
- ▪ SAC 2/3 confirmed
  Proceed with clinical incident investigation, and if necessary change senior staff assigned as "Clinical incident investigator". Senior staff is the primary investigators for SAC 2 and 3 clinical incidents within their "Place of incident / Event" of responsibility.

⊙**HINT**⊙

Patient outcome refers to patient harm (physical or psychological) as a direct result of a clinical incident and not their underlying condition or illness

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❓HINT❓

The SAC is the assessment of actual or potential patient harm caused by a clinical incident. There are three SAC categories:

- **SAC 1** includes all clinical incidents/near misses where **serious harm or death** is/could be specifically caused by health care rather than the patient's underlying condition or illness. In WA, SAC 1 also includes the eight nationally endorsed sentinel event categories.

- **SAC 2** includes all clinical incidents/near misses where **moderate harm** is/could be specifically caused by health care rather than the patient's underlying condition or illness.

- **SAC 3** includes all clinical incidents/near misses where **minimal or no harm** is/could be specifically caused by health care rather than the patient's underlying condition or illness

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4. Indicate if the patient was absent without leave. Fill in the additional fields if the answer is 'Yes'.

Was the patient absent without leave?	Yes
Date of return	
Time of return	
Assessment performed on patient's return	
Please state the patient's outcome (eg. physical, psychological). If the patient did not return, then please document in this field.	

5. Fill in the answer to the field Was a fetus harmed in this incident? Further fields will appear for further information to be collected if a fetus was harmed in the incident.

Was a fetus harmed in this incident?	Yes
Is this a multiple pregnancy? ❓	
Gestational age at time of the incident (weeks)	
Fetal outcome ❓	

Note: Incidents that result in death or serious harm to a fetus should be confirmed as SAC1 incidents.

Common mistakes to note regarding the fetal harm fields

Patient outcome vs fetal outcome

Note that a fetus will not have a UMRN and so the patient recorded in the incident is usually the mother. So if the patient against the record is the mother, then the patient outcome field should reflect the mother's outcome as seen in the screenshot below. If the mother did not pass away, then do not note death as the outcome (the fetus' outcome is recorded separately). You can see an example of this in the screenshots below.

Incorrect if the mother did not pass away but the fetus did:

Mother

Fetus

Correct if the mother did not pass away but the fetus did:

Mother

Fetus

Baby harm vs fetal harm

If a baby was delivered and then involved in an incident from health care provision, then the baby would be considered the patient. The baby's UMRN would be used to record the incident in Datix CIMS and the "*Patient outcome*" field would be used to record the baby's level of harm. The fetal harm question would be answered 'No' as seen in the example below:

Patient Outcome

★ Patient outcome

Patient outcome refers to patient harm (physical or psychological) as a direct result of a clinical incident and not their underlying condition or illness.

- ◯ Death
- ⦿ Serious harm
- ◯ Moderate harm
- ◯ Minor harm
- ◯ No harm

Was the patient absent without leave?	[dropdown ▼]
Was a fetus harmed in this incident?	No ▼
Did this incident involve patient care from another service?	[dropdown ▼]

Click here to access Guidelines for the investigation of clinical incidents across health service boundaries

6. If the clinical incident occurred at another site/service the notifying site that became aware of the clinical incident must contact the other site to ensure they are also aware of the clinical incident. Please note site-specific procedures may delegate this role to SQP staff. Contact your SQP department to determine local processes.

Did this incident involve patient care from another service?	Yes ▼
Click here to access Guidelines for the investigation of clinical incidents across health service boundaries	
Please state which site / service	[text box]
Name and position of the contact person Please state the name and position of the person who contacted you from the other site / service to inform you that a clinical incident had occurred	[text box]
Will a multi-site review be undertaken?	▼

WA Health utilises Severity Assessment Codes (SAC) to determine the appropriate level of analysis, action and escalation of a clinical incident according to harm caused to the patient/consumer. For more information on SAC and a definition of a near miss refer to the WA Health Clinical Incident Management Policy or Toolkit.

Review clinical incident details

The senior staff is required to verify the content of the notified clinical incident. This includes:

- Incident location is correct – NOTE changes to "Place of incident / Event" can lead to a change in "Clinical incident investigator" if it is changed to a location outside the current senior staff's allocated area of responsibility.
- The specific location where the incident occurred (e.g. bed / bay / bathroom).

<div style="border: 1px solid black; padding: 10px;">

HINT

There are a number of incident locations in the Datix CIMS Organisational Tree that relate to locations outside of WA Health. These organisations **do not use** Datix CIMS to manage clinical incidents and will not receive an automated email advising of the incident record. At an organisational level these are:

- Private hospitals/services such as St John Ambulance, Royal Flying Doctor Service etc
- Quadriplegic Centre
- QEII Trust
- Central Referral Service (Department of Health)
- Outpatient Direct (Department of Health)
- Office of the Chief Psychiatrist

It is the responsibility of the site that enters the clinical incident to ensure that all other sites or health services involved are contacted to determine the appropriate course of investigation and action. Please note site-specific procedures may delegate this role to SQP staff. Contact your SQP department to determine local processes. For further information please refer to the *Guidelines for the investigation of clinical incidents across health service boundaries* available at http://ww2.health.wa.gov.au/Articles/F_I/Guidelines-for-the-investigation-of-clinical-incidents-across-health-service-boundaries

</div>

- Checking "Was a patient involved in this clinical incident?" is marked "Yes". If no patient is involved in the incident senior staff should investigate whether the incident is actually a clinical incident as per the WA Health Clinical Incident Management Policy.
- Checking that the "Patient Type" selected by the notifier is correct.
- Check patient details of patient involved. If patient details have been manually entered by the notifier they will have a workflow status of "Unapproved".

The senior staff is required to approve the patient details:

- Click any of the listed patient details to open the contact details for that patient record.
- Update any necessary fields.
- Click "Check for matching contacts" at the bottom of the page. This searches the WA Health patient details databases linked to Datix CIMS. There will be two possible scenarios:

Patient details

Record/patient number	ID	Last name	First name	Date of birth (DOB)	Age	Gender	Aboriginal/Torres Strait Islander Descendant	Location	Status with respect to Mental Health Act	Workflow status
	1160581	unknown							Not a mental health patient	Unapproved

Create a new Person Affected link

Matching Patient Details available	No Matching Patient Details available
If all details match then select "Choose" then "Yes".	When no contact found or patient details do not match click "Cancel" then "Yes".
The patient details will be updated.	Change the approval status to "Approved" if you accept the patient details.
Click on the "Create new link" to link this patient record back to the clinical incident details.	Click on "Save" to link the patient details to the clinical incident and return to the incident details page.

- Date and time of incident are correct with time in 24 hour format.
- Current and relevant diagnosis/problems are factual and describe the patient's health/social status prior to the clinical incident occurrence including past medical history. This field should be de-identified for staff and patients.
- Treating Specialty is completed and accurate. This is the primary treating team for the admission/episode of care in which the clinical incident occurred.
- Questions relating to notification to interested parties and documentation of the clinical incident are accurate and up-to-date at the time of senior staff review.
- Selected "Type of Clinical Incident" classification tiers are accurate and appropriate and give an indication of the main issue of the clinical incident that caused/could have caused the most harm.
- Clinical incident details contain only objective information of the known facts of the clinical incident
    - Do not include staff names, only their designation/position
    - Avoid statements of blame
    - Do not second guess what happened.

❓ HINT ❓

If you have confirmed the clinical incident as a **SAC 1** clinical incident, **do not progress any further** with the investigation. Assign the relevant SQP staff member for your site as the "Clinical incident investigator" and save the incident. Leave the workflow status as "Snr staff evaluation/3rd Pty comment". An automatic notification will be sent to the SQP staff member.

The SQP staff member will coordinate a clinical incident investigation in line with the WA Health CIMS Policy and may contact you in the future for further information relevant to the clinical incident if required.

Clinical Incident Investigation

The "Clinical incident investigation" page of the "Clinical Incident Management Form" is where information collected in the course of investigation of a clinical incident is documented.

The WA Health Clinical Incident Management Toolkit provides further information on incident investigation methodologies, and can be accessed at:
http://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system.

The SAC rating of a clinical incident will determine the investigation process. SAC 1 clinical incidents require a Root Cause Analysis or equivalent investigation methodology to be undertaken, routinely coordinated by hospital/health service Safety and Quality Unit. SAC 2 clinical incidents require a clinical review or investigation using an appropriate methodology. SAC 3 clinical incidents require an investigation using aggregated analysis or a similar tool.

Senior staff will have already confirmed the Severity Assessment Code (SAC). This can be updated at any stage of the investigation as more information becomes available (unless already reported to PSSU as a SAC 1 – see Datix CIMS SAC 1 Management Guide). If an incident is upgraded to a SAC1, remember to change the clinical incident investigator to a relevant site SQP staff member and save the record.

Results of Incident Investigation

Following the investigation of a clinical incident, enter the relevant findings in the free text field. Findings should be de-identified of staff and patient details.

An investigation report can also be uploaded in the Documentation section. Select "Attach a new document" and follow the prompts for selecting a document. These steps are outlined in the 'Documentation' section.

Documentation
Documents
No documents.
Attach a new document
Save Cancel

Causative/Contributing Factors

The investigation of a clinical incident is used to establish the course of events and to identify the factors contributing to the incident's occurrence. Contributory factors become the basis for the development of clinical incident recommendations aimed at preventing or reducing the risk of re-occurrence of the incident.

Contributing Factors can include issues reflecting:

- Communication
- Knowledge / Skills / Competence
- Work Environment/Scheduling
- Patient Factors
- Equipment
- Policies, Procedures, Guidelines
- Safety Mechanisms
- Other Factors.

Results of the investigation should be entered for each of the contributing factors. The system will automatically default to "Unknown at this time" initially. Selecting "Yes" from the radio buttons will result in display of square tick boxes with further detail and a free text section. More than one causative/contributing factor square tick box can be checked. Where a causative/contributing factor has not been found to have influenced the incident, select 'No'.

Communication

Were Communication issues a factor? For IT system/clinical application incidents complete Communication and Equipment factors.	● Yes ○ No ○ Unknown at this time
Causative/Contributing Factor: Communication	☐ Between Staff ☐ Between Staff and Patient/family/carers ☐ Documentation ☐ Patient assessment ☐ Information not provided ☐ Misinterpretation of information ☐ Language interpretation ☐ Other
Communication details	

Notifications to Statutory / Other Bodies

There may be a statutory requirement to provide information regarding a clinical incident to other bodies. If applicable, indicate (by selecting the appropriate radio buttons) whether relevant bodies have been notified following the clinical incident. Incidents requiring notification include:

- Maternal deaths must be reported to the Executive Director, Public Health
- Perinatal and infant deaths must be reported to the Executive Director, Public Health
- Deaths of persons under anaesthesia must be reported to the Executive Director, Public Health
- Reportable deaths must be reported to the Office of the State Coroner
- Patient/consumer suicides and serious clinical incidents that occur in mental health services or in the community throughout WA must be reported to the Office of the Chief Psychiatrist.
- Abnormal or unplanned radiation exposure must be reported to the Radiological Council.

For further information on reporting requirements please refer to the Death in Hospital Form and Guidelines information circular (IC 0188/14) is available from:
http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13097

Information regarding statutory notifications and authorisations is available by calling 9222 2295 or go to the Public Health internet site:
http://www.public.health.wa.gov.au/3/287/3/statutory_notifications_and_authorisations.pm

Information regarding coronial reporting requirements is available from:
http://www.public.health.wa.gov.au/3/502/2/notifications_of_deaths.pm

Open Disclosure

Open disclosure is the open discussion of an incident that results in harm (or might result in future harm) to a patient/ consumer while receiving health care. The CIM Policy requires that open disclosure be undertaken following a clinical incident.

Qualified Privilege

Information and documentation created for the investigation of a clinical incident that is investigated in accordance with provisions of the *Health Services (Quality Improvement) Act 1994* (QI Act) may be prohibited from disclosure.

State Qualified Privilege is applicable ONLY to investigations conducted by an approved Quality Improvement Committee established under the QI Act. Datix CIMS is configured to ensure the application of the QI Act.

Check with your site SQP staff if you are unsure whether the incident is to be investigated under Qualified Privilege.

Recommendations

The development of recommendations is a **fundamental component** in clinical incident management. Recommendations provide the framework for action in improving or preventing adverse events from occurring. Recommendations arising from clinical incident investigations are to be **implemented and evaluated** within 6 months of the finalised investigation report. The Clinical Incident Management Toolkit provides further information on developing appropriate recommendations and frameworks for evaluation of recommendations.

To add a recommendation to Datix CIMS, click "Create a new action" in the recommendations section of the "Clinical incident investigation" form.

A new "Recommendation/Action Form" will be generated. This form exists in the recommendations module of Datix and links back to the specific clinical incident record in the

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CIMS. The recommendations module utilises the Datix ID as a reference number rather than the CIMS reference which exists only within the Clinical Incident Management System.

Reference	
Module	
Linked record ID	213599
Recommendation/Action ID	

Recommendation/Action Details

★ Severity Assessment Code (Confirmed)

This SAC rating must match the SAC rating (confirmed) as per the incident investigation

Causation Statement Summary

Summarise the cause of the incident. A cause is a deficiency, which if removed would probably have prevented or reduced the harm.

See CIMS Toolkit page 33 for examples of causation summaries.

★ Contributing factors

These are the factor/s related to THIS recommendation that contributed to the incident as identified by the incident investigation.

★ Recommendation title

This is a brief description of the aim of the recommendation.

★ Recommendation detail

Describe in detail what is planned. The recommendation should be SMART - **Specific, Measurable, Accountable, Realistic, Time related.**

See CIMS Toolkit page16 for an explanation of SMART recommendations.

★ Recommendation type

Select from the list the most appropriate description of your recommendation.

See CIMS Toolkit page 17 for examples of types of recommendations.

What will be measured / what will your outcome be?

See CIMS Toolkit page 15-20 for examples of outcome measures and evaluation methodologies.

How will this be measured?	
Priority	[▼]
Start date (dd/MM/yyyy)	24/02/2017 [📅]
★ Assigned To The recommendation should be assigned to the person with the authority to implement the recommendation.	[▼]

Implementation Details

Implementation due date Maximum total of 6 months to implement and evaluate recommendations. See CIM Policy for further information.	[📅]
Implementation complete date	[📅]
Implementation Evidence Enter a summary of the actions taken to implement the recommendation (e.g. checklist updated, new equipment purchased). Additional evidence can be attached to the recommendation as a document.	

Evaluation Details

Due date (dd/MM/yyyy) Maximum total of 6 months to implement and evaluate recommendations. See CIM Policy for further information.	[📅]
Complete date (dd/MM/yyyy)	[📅]
Evaluation Evidence Enter a summary of the evaluation of the effectiveness of the recommendation (e.g. summary of audit results). Additional evidence can be attached to the recommendation as a document.	
Executive concur with the evaluation of this recommendation?	[▼]
Senior Staff discussed recommendations and actions with the notifier?	[▼]
Is further quality improvement activity required? Please also refer to your local quality improvement system.	[▼]
Additional comments	

[Submit action] [Cancel]

The Recommendations/Actions module can also be accessed from the log-in landing page. This access method allows Third Party profile users, who have read-only access to CIMS, to access recommendations as well as Senior Staff and Head of Department users trying to access recommendations in Closed/Inactivated clinical incidents. It is therefore important to include the Datix ID as the reference number in communication to these users.

To access the Recommendations/Actions module, select 'Recommendations/Actions' from the CIMS landing page. Then select 'list all recommendations' or 'overdue Actions'.

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Module	Linked record ID	ID	Recommendation / Action Text	Assigned To	Outcome measure	Due date	Date completed
Clinical Incident Management System	222655	28202		CIMS SQP (Service) cims_sqp Demo		27/09/2016	
Clinical Incident Management System	222653	28194		CIMS SQP (Service) cims_sqp Demo		16/09/2016	
Consumer Feedback Module	22868	28206	Recommendation / Action Test - UAT testing for v14.0.11	Feedback Coordinator cfm_co1 Demo	Outcome measure - UAT testing for v14.0.11	31/08/2016	17/08/2016
Clinical Incident Management System	222655	28201		CIMS SQP (Service) cims_sqp Demo		26/08/2016	17/08/2016

Note: The information contained in this section is limited. For more detailed information including alternate ways of accessing recommendation records, and managing recommendation records in Datix CIMS please refer to the *WA Health Datix CIMS Recommendations User Guide* available at http://intranet.health.wa.gov.au/hin/applications/cims.cfm

Action chains and Declassification

WA Health use action chains and declassification requests for SAC 1 clinical incidents only. Site SQP are responsible for this functionality of Datix CIMS.

Senior Staff Details

Senior staff signoff occurs following the completion of an investigation into a clinical incident, including:

- The investigation of all contributory factors and development of appropriate recommendations
- Notification of any relevant statutory bodies
- The obtaining, where necessary, of third party comments
- Department / Service Head / Director review.

Senior Staff Details	
Name	
Designation	
Signature (HE number)	
Signature date	
Signature time (24 hour format)	

Standard Features

Third party comment

The Third party comment tab of Datix CIMS can be used to request advice or information from other WA Health officers in relation to a clinical incident. Note that only personnel with a *@health.wa.gov.au* email address can be invited to comment on an incident via the Datix Third party comment page. Datix CIMS includes four spaces for third party comments.

To obtain comments from WA Health employees:

- Click on the Third party comment page, begin typing the name of the staff member required and the drop down menu will generate available choices. Double click on the applicable staff member.
- The person requesting comment from a third party can enter text in the third party comment box, for example describing specific feedback that is being requested. (It may assist the third party to include instructions on how to overwrite or enter feedback beneath the request).
- Click save.

An email that includes a link to the incident record will be automatically sent to the staff member inviting comment. The **Third party** staff member will have read only access to the investigation pages and enters their feedback on the Third party comment page. Third parties have access to the Communication and feedback tab, and can email the requestor via this function that their comments have been entered.

Third party comment
If applicable, invite third party comment from relevant 3rd Party(s) or liaise with 3rd Party for comment, prior to determining contributing factors/recommendations e.g. Medical Practitioner, Pharmacy, Radiology, Allied Health, Pain Service, etc.

Invite third party comment from	

Third party comment 1
Please review this clinical incident and investigation and offer any additional relevant information.

Comment	
Name	
Designation	
Signature (HE number)	
Signature date	
Signature time (24 hour format)	

To obtain comments from non-WA Health employees two processes are authorised for use:

1. The incident record is printed from Datix and sent via registered post to the appropriate individual(s), or
2. The incident record is saved as an electronic file format and sent via email, using WinZip to password protect and secure the incident information (see steps below).

To obtain a print output of the incident record:

To save the incident record in an electronic file format for secure communication via email:

1. Click on the print icon of the incident record. This will generate a pop up web page containing the incident record.

2. Depending on the internet web browser used, the pop up web page is then saved in an electronic file format (for example as a .PDF or .XPS file).

3. Encrypt the electronic file using WinZip.
4. The encrypted file is then sent via email to the appropriate individual, with the email describing the feedback that is requested.

5. The password to access the encrypted file is sent in a subsequent email (Note: the password is **not** sent with the encrypted file).

6. The individual uses the password to decrypt the incident record for viewing.

Feedback returned to the requestor can be attached to the incident record using the Documentation function (see Documentation section). For example if feedback is received via email, the email message can be attached to the incident record.

Department /Service Head/Director

The Department / Service Head/Director page is used by a notifying site to capture any comments by the respective Department / Service Head/Director in relation to clinical incident. This page is used in conjunction with the Dept/Service Head/Director workflow status).

Department/Service Head/Director
Comment on recommendations made and actions taken to prevent recurrence. Do NOT repeat the senior staff evaluation

Field	
Comment	
Name	
Designation	
Signature (HE number)	
Signature date	
Signature time (24 hour format)	

Save Cancel

Department / Service Head / Director approval is required:

- For any recommendations and associated actions identified following an incident investigation.
- To change the workflow status of an incident to 'closed'; which signifies the completion of a clinical incident investigation.

On changing the workflow status to Department / Service Head / Director an alert will prompt the senior staff to utilise the Communication and Feedback functions of Datix CIMS (see section 'Communication and Feedback' below) to inform the department head that their approval is required.

❓HINT❓

Prior to changing the workflow status to Dept/Service Head/Director, a clinical incident investigation must have been completed.

Documentation

It is possible to attach electronic documents to an incident record. Once attached, these documents can be accessed by anyone who has permission to view the incident.

To attach a document:

1. Select 'documentation' from the clinical incident list.

2. Select 'attach a new document'.

Clinical incident details	**Documentation**
Clinical incident investigation	**Documents**
Third party comment	No documents.
Department/Service Head/Director	
Documentation	Attach a new document
Communication & Feedback	Save Cancel
Linked Records	

3. On the 'link as' drop down button, select the document type, such as 'letter' or 'agenda'.

4. Add a description of the document in the 'description' section.

5. Click the browse button to search for the document to be attached. Once found, double click to select it.

6. When returned to the document details screen, click on the save button to confirm the attachment.

Attachment details		
★ Link as		▼
★ Description		
★ Attach this file		Browse...
	Save Cancel	

Documentation			
Documents			
Created	Type	Description	ID
21/07/2016	Letter	Letter from Dr	43168 [edit]
Attach a new document			
	Save Cancel		

7. Repeat the process to attach other electronic documents.

Communication & Feedback

The communication and feedback page is used to facilitate all communication regarding a clinical incident. Emails can be sent from any incident record within Datix CIMS, providing an easy method of communicating incident information to other users within WA Health.

Emails sent via this page are recorded within Datix CIMS, with the message able to be read on the screen when the incident is open.

To compose an email:

1. Select the communiction and feedback page.

2. Begin to type the email address into the All users field and a list of staff member names will be generated.

3. Double click on the intended recipient name. To email multiple personnel repeat steps 2 and 3.

4. To send an email to a generic @health.wa.gov.au website (for example SAC1.events@health.wa.gov.au) type the address in the Additional recipients field.

5. Complete the body of the message ensuring the content is factual, professional and to the point. The body of the message includes a default standard template that includes a hyperlink to Datix CIMS and the clinical incident reference number.

6. Press Send Message.

HINT

Emails can only be sent to @health.wa.gov.au email addresses.

Linked records

The linked records function in Datix allows users to link related records within any Datix module. Examples of where this may be useful include:

- Inactivation of a duplicate record
- Consumer feedback relating to a clinical incident
- Clinical incidents involving the same patient that can be investigated jointly.

Clinical incident details	Linked Records
Clinical incident investigation	**No Linked Records.**
Third party comment	Link a record.
Department/Service Head/Director	
Documentation	Save Cancel
Communication & Feedback	
Linked Records	

Selecting "Link a record" will open the below "Link Details".

Link Details

★ Module	▼
★ Module Link ID	
Link notes	

Save Cancel

"Module" refers to the module within Datix, i.e. Clinical Incidents Management System or Consumer Feedback Module for WA Health. "Module Link ID" refers to the Datix ID and **not** the CIMS reference number. Reasoning for linking the records should be entered in "Link Notes".

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Audit trail

The audit trail function allows a user to view the historical changes to some fields, including clinical incident investigator, SAC and patient outcome. This function is available in the main menu by selecting 'Audit trail'. The Clinical Incident Management Form will reload showing available audit trail information.

The audit trail will show each change to particular fields, detailing which staff member made a change, when the change was made and what the value was changed **from**. For example in the record below, CIMS Senior Staff (P cims_ss1 Demo) changed the Severity Assessment Code (Confirmed) from "no value" to "SAC 3" on 01/12/2015 at 11:36am

Clinical incident details	
Clinical incident investigation	
Third party comment	
Department/Service Head/Director	
Documentation	
Communication & Feedback	
Linked Records	
Print	
Show DIF1 values	
Audit trail	

Severity Assessment Code (Confirmed)
Used to determine the appropriate level of investigation, analysis, action and escalation of a clinical incident.

★ Severity Assessment Code
(Confirmed) ❓
- ○ SAC 1
- ○ SAC 2
- ⦿ SAC 3

CIMS Senior Staff (P cims_ss1
Demo 27/07/2016 10:10:22   <no value>

To Do List

The To Do List function allows users to quickly identify actions they are responsible for to help ensure all required actions are completed in a timely manner. This function utilises the Datix ID rather than the CIMS reference number and includes actions from all available Datix modules.

To Do List	My Dashboard	Recommendations/Actions	Contacts	Admin	Logout
Clinical Incident Management System ∨	Consumer Feedback Module ∨				

To Do List - All
3 records found. Displaying 1-3.

	ID	Module	Name
All	222654	Incidents	
Overdue	28221	Recommendation	Complete the SAC1 Clinical Incide Root Cause Analysis or similar inve submit completed Investigation Re 28 working days). Close event.
Due today			
Due this week	26876	Recommendation	create recommendation against an LoadComplete Benchmark
Due this month			
Help			

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Closed records

A clinical incident is considered closed when:

- The investigation report for a SAC 1 clinical incident has been received by PSSU. However, if declassification is requested then the incident needs to remain open until the PSSU Senior Clinical Advisers have reviewed and decided on the declassification request.
- The local level investigation for SAC 2/3 clinical incidents have been completed.

As per the Clinical Incident Management Policy it is a continued requirement that all recommendations from approved declassified SAC 1 clinical incidents are still implemented and evaluated within the six month period.

Business rules for re-opening closed records

Datix CIMS users may be required to re-open a 'Closed' clinical incident record for a variety of reasons. These business rules apply when the purpose of re-opening the record is to continue an investigation or re-investigate an incident. They do not apply when the purpose is for administrative changes to the record (i.e. correcting typographical errors, omissions or incorrect information).

Re-opening closed records

When re-opening a closed record, the 'Closed date' field should only be updated when the record is being moved from closed to open i.e. changing the 'Workflow status' from 'Closed' to an active 'Workflow status'. The following steps should be undertaken:

1. Open a closed record. Remove the 'closed date'.

2. Change the 'Workflow status' from 'Closed' to either 'Snr staff evaluation/3rd Pty comment', 'Dept/Service Health/Director' or 'SAC1 Investigation'. Note: when the 'Workflow status' has been changed, the 'Closed date' field box disappears.

3. Click the 'save' button at the bottom of the page to ensure your changes are saved. The once closed record is now an active record.

Closing re-opened records

When closing a re-opened record, the following steps should be undertaken:

1. Open the record. Change the 'Workflow status' to 'closed'.

Workflow status	
Current workflow status	SAC1 investigation
★ Workflow status after save	SAC1 investigation
Place of clinical incident (Where did the clinical incident occur?)	New incident
	Snr staff evaluation/3rd Pty comment
★ Place of incident / event	Dept/Service Head/Director comment
Service Sub-Division	SAC1 investigation
	Closed
Service Division	Inactive

2. The closed date field box will appear. Enter a closed date.

Date Closed	
★ Closed date (dd/MM/yyyy)	

3. Click the 'save' button at the bottom of the page to ensure your changes are saved. The re-opened record is now once again 'closed' with a new closed date.

Inactive records

The workflow status of an incident can be changed to **Inactive** if;

- The incident is a duplicate of a record already notified within Datix CIMS
- The incident is in fact not a clinical incident
- The incident occurred at another location which has been contacted and it has been agreed that this other location will initiate a clinical incident investigation.

❓ HINT ❓

An explanation why inactivation has been selected is required to be included within Datix CIMS and SQP/HoD signature is required prior to status change. Saving the incident following the documentation of why inactivation was selected captures the date and designation of who inactivated the incident.

❓ HINT ❓

An inactivated clinical incident can be reopened if further investigation is warranted by changing the workflow status of the incident.

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Further Information

For further information with regard to managing a clinical incident please refer tothe Clinical Incident Management Policy and Toolkit which is located at the Safety and Quality website. http://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system

For information on searching and reporting on clinical incident data in Datix CIMS please refer to the Datix CIMS Searching, Reporting and Dashboard User Guide available at http://intranet.health.wa.gov.au/hin/applications/cims.cfm

Additionally, please contact your supervisor or Safety and Quality staff member for further assistance.