WA Health Datix Clinical Incident Management System (CIMS)

SAC1 Management User Guide
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Version 4.0
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 improvement suggestions to PSSU@health.wa.gov.au
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Clinical Incident Management

Clinical incident management is the process of effectively managing clinical incidents with a view to minimising preventable harm.

A clinical incident is an event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a patient/consumer.

The WA Department of Health (DoH) Clinical Incident Management (CIM) Policy introduced Severity Assessment Codes (SAC), which are used to determine the appropriate level of analysis, action and escalation that occurs following a clinical incident. SAC ratings (SAC 1, 2 or 3) are based on the assessment of consequences associated with a clinical incident.

SAC 1 clinical incidents include all clinical incidents/near misses where serious harm or death is or could be specifically caused by health care rather than the patient’s underlying condition or illness. In WA, SAC 1 clinical incidents include the eight nationally endorsed sentinel event categories. For further information regarding the categorisation of SAC 1 clinical incidents (including sentinel events) refer to the CIM Policy available at http://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system

The focus of this user guide is the management of SAC 1 clinical incidents utilising Datix CIMS, including the specific reporting requirements to the DoH. Please refer to local hospital / health service resources to guide management of SAC 2 and 3 clinical incidents using Datix CIMS.

Recommended Pre-Reading

The following user guides are recommended pre-reading:

2. Datix CIMS Senior Staff User Guide.


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:
Managing SAC 1 clinical incident notification processes utilising Datix CIMS

The CIM Policy identifies specific notification, investigation and management obligations that WA Public Hospitals / health services must undertake in relation to SAC 1 clinical incidents. At the time of writing this user guide the CIM Policy requires hospitals/ health services to:

- Inform the DoH Patient Safety Surveillance Unit (PSSU) of a SAC 1 clinical incident within 7 working days of the incident occurrence.
- Complete investigations into SAC 1 clinical incidents within 28 working days of informing the PSSU of a SAC 1 incident.
- Implement and evaluate the effectiveness of any recommendations made in the investigation of a SAC 1 clinical incident within six months of the completed investigation.

The CIM Policy also specifies the process of declassification of a SAC 1 clinical incident, which occurs following an investigation identifying that healthcare factors were not contributory to the outcome of the incident.

Whilst hospital and health service safety and quality governance structures vary, Datix CIMS is configured to enable sites to effectively manage SAC 1 notification and management processes, so as to ensure compliance with CIM Policy requirements.

To understand Datix processes to support the CIM Policy, it is useful to consider the processes following entry of an incident into Datix CIMS to the notification of a SAC 1 clinical incident to the PSSU, contextualised in figure 1.

Step 1: A clinical incident is entered into Datix CIMS by a Department of Health employee.
Step 2: The hospital/health service determines that the clinical incident is a SAC 1 clinical incident.
Step 3: The hospital/health service informs the Patient Safety Surveillance Unit of the SAC 1 clinical incident.

Figure 1 - Informing the PSSU of a SAC1 clinical incident

**Step 1: A clinical incident is entered into Datix CIMS**

Clinical incidents can be entered into Datix CIMS anonymously, or by the notifier logging onto Datix CIMS. The *Datix CIMS Notifier User Guide* provides a step by step guide to notifying a clinical incident, and can be accessed at: [http://intranet.health.wa.gov.au/hin/applications/cims.cfm](http://intranet.health.wa.gov.au/hin/applications/cims.cfm)
Step 2: The hospital / health service determines that the clinical incident is a SAC 1 clinical incident

Upon the notification of a clinical incident into Datix CIMS, hospitals / health services must determine the SAC rating of the incident, which includes ascertaining if the incident is a SAC 1 clinical incident. This process may vary between health services, however Datix CIMS configuration, and agreement between Datix CIMS business users (for example concerning communication practices) accommodates local processes.

Figure 2 describes the key steps in the process that lead to a hospital / health service determining that a clinical incident is a SAC 1 clinical incident. Datix processes that align with each step are found in the respective sections, for example, Section 1 identifies how the notifier selects a SAC rating when notifying a clinical incident via Datix CIMS. ‘Key points’ in relation to each section are also provided.

Figure 2 - Process of determining an incident is a SAC1 clinical incident
Section 1. The Notifier selects a SAC rating for the incident

When entering a clinical incident into Datix, the Notifier must select a SAC rating appropriate to the clinical incident.

Following notification, an email is automatically sent via Datix CIMS to the Senior staff individual responsible for investigating or progressing the clinical incident. This is based on the notified ‘Place of Incident / Event’.

The email notification to Senior staff includes a CIMS reference number and hyperlink to login to Datix CIMS. (Refer to the Datix CIMS Senior Staff Guide for instruction on accessing a clinical incident in Datix, located at: http://intranet.health.wa.gov.au/hin/applications/cims.cfm).

A newly notified clinical incident has a workflow status of New incident. Senior staff members have 48 hours to ‘acknowledge and review’ new incidents, which ensures their timely investigation. This also assists the additional notification requirements to be met if the incident is a SAC 1 clinical incident.

Incidents not reviewed within 48 hours will be flagged ‘overdue’ and appear as overdue in Senior staff member’s New incidents count in the ‘Statuses’ section.

It is the Senior staff member’s responsibility to ensure that information entered by the notifier into Datix CIMS is accurate, factual, and objective, contains no staff names (only designations), and to amend the information as necessary to meet CIM Policy requirements.

Senior staff members are required to verify the content of a clinical incident, including:

- That the 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 outside your area of responsibility.
- The specific location where the incident occurred (e.g. bed / bay / bathroom).
- If a patient was involved in the clinical incident. If patient details have been manually entered into Datix by the Notifier, Senior staff are required to approve the patient details. To do so:
  - Open the patient hyperlink
  - Conduct a search – if a match is applicable select this and create a link, if not close the search, change the contact details status to approved and then return to the incident.
- That the date and time of incident are correct.
- Ensuring the selection in each Type of clinical incident classification tier (tiers 1, 2 and 3) is accurate.
The information entered into the free text fields to ensure it is factual and objective and:
  - Does not include staff names - only designation/position
  - Avoids statements of blame
  - Does not second guess what happened.

Senior staff members DO NOT change the SAC rating selected by the Notifier on the Clinical incident details page.

- If the Notifier has selected SAC 2 or 3, the Senior staff member continues to review and progress the investigation into the incident. (see Section 2: Senior staff member investigation of a clinical incident).
- If the notifier of a clinical incident has selected SAC 1, the Senior staff member must confirm the SAC rating and assign the incident to the appropriate Safety Quality and Performance or Clinical Governance Officer at their hospital or service (see Section 3: ‘Assigning a SAC 1 incident to a hospital /health service Safety and Quality / Clinical Governance Officer’).

### Section 1 Key Points:

Senior staff members must review clinical incidents entered into Datix CIMS within 48 hours.

Senior staff members do not change the SAC rating selected by the Notifier on the Clinical incident details page.

If the Notifier has selected SAC 2 or 3, the Senior staff member continues to review and progress the investigation into the incident.

If the Notifier has selected SAC 1, the Senior staff member must confirm the SAC rating and assign the incident to the appropriate Safety Quality and Performance or Clinical Governance Officer at their hospital or health service.

### Section 2. Senior Staff member investigation of a clinical incident

The Clinical incident investigation page within Datix is where information identified through the investigation of an incident, is entered.

In addition to confirming the Clinical incident details entered by the Notifier, Senior staff members are required to confirm the SAC rating (for example, confirm if the incident is a SAC 1, SAC 2 or SAC 3 incident), Patient outcome and whether the incident is a near miss. These fields are located at the top of the Clinical incident investigation page of an incident record.

If on review of the incident details the Senior staff member determines that the clinical incident meets the definition of a SAC 1 clinical incident, and not SAC 2 or 3 as selected by the Notifier, the incident must be assigned to the hospital/health service Safety and Quality/ Clinical Governance Officer. This process is described in section 3.

If the Senior staff member determines that the clinical incident meets the definition of a SAC 2 or 3 clinical incidents, the Senior staff member continues the investigation and management of
the incident. Consult local resources for further information regarding SAC 2 and 3 clinical incident investigation and management.

Section 2 Key Points:

On further review / investigation of a clinical incident the Senior staff member confirms the Patient outcome and SAC rating of the incident, and whether the incident is a near miss.

If on review of the incident details the senior staff member determines that the clinical incident meets the definition of a SAC 1 clinical incident, and not SAC 2 or 3 as selected by the notifier, the incident must be assigned to the hospital/health service Safety and Quality/ Clinical Governance Officer.

Section 3. Assigning a SAC 1 incident to a hospital /health service Safety and Quality / Clinical Governance Officer

The Workflow status of a clinical incident must be changed to SAC 1 Investigation, and the incident assigned to the appropriate Safety and Quality / Clinical Governance officer at the hospital / or health service if one of the two conditions below have been met:

- The Notifier has selected Severity Assessment Code 1 (SAC 1) when notifying a clinical incident, or
- The Senior staff member determines that the incident is a SAC 1 clinical incident.

Assigning the incident informs the hospital / health service Safety and Quality / Clinical Governance Unit via automated email, and enables further decision making processes to occur with respect to the appropriate investigation of the incident, including informing the PSSU.

Assigning a SAC 1 incident to a hospital /health service Safety and Quality / Clinical Governance Officer.

1. Go to the Workflow status drop down menu on the Clinical incident details page, and change the Workflow status after save field from New incident to SAC 1 Investigation.

2. Change the Clinical incident investigator to the nominated Safety and Quality or equivalent Officer for your hospital / health service / region tasked with the progression of SAC 1 clinical incidents. Select the officer’s name from the drop down box. Typing part of their name in the box will bring up a list of matching names.
3. Click the **save** icon (found in the bottom left corner of the web page)

Unless advised by the Safety and Quality / Clinical Governance Officer, no further editing or investigation is required by the senior staff member.

**Section 3 Key Points:**

The Workflow status of a clinical incident must be changed to SAC 1 Investigation, and the incident assigned to the appropriate Safety and Quality / Clinical Governance officer if

1. The Notifier has selected Severity Assessment Code 1 (SAC 1) when notifying a clinical incident, or
2. The Senior staff member determines that the incident is a SAC 1 clinical incident.

Assigning the incident informs the hospital / health service Safety and Quality / Clinical Governance Unit via automated email, and enables further decision making processes to occur with respect to the appropriate investigation of the incident, including informing the PSSU

**Section 4. The hospital Safety and Quality / Clinical Governance Unit determine that the incident is a SAC 1 clinical incident**

Hospital / Health service organisation structures / communication processes and business rules to determine that an incident is a SAC 1 clinical incident may vary significantly. For example Hospital A might require that potential SAC 1 incidents are determined by a group of Executive staff such as the Director of Clinical Services and Director of Nursing. Alternatively Health Service B might task the Clinical Governance Unit manager with determining if an incident is a SAC 1 clinical incident. Local practices should be identified by contacting the Hospital /Health Service Safety and Quality Unit.

To facilitate communication between hospital / health service officers Datix CIMS includes a **Communication and feedback** tab. This tab’s function is to generate emails regarding a specific clinical incident between staff (see Step 3: Communicating a SAC 1 incident to the Patient Safety Surveillance Unit). Emails sent via the Communication and feedback tab are logged within the specific Datix CIMS incident record, providing a convenient method of storing communication.

**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. SAC 1 clinical incident qualified privilege will be managed by hospital / health service Safety and Quality Units.

Safety and Quality Staff will determine if the investigation is to be investigated under Qualified Privilege.

![Is this incident using Qualified Privilege? Yes/No](image)

| Yes | No | N/A | Unknown |

**Section 4 Key Points:**

Hospital / health service business rules and local processes to determine an incident is a SAC 1 clinical incident may vary significantly.

Datix CIMS Communication and feedback tab can be used to facilitate local decision making processes.

**Step 3: Informing the Patient Safety Surveillance Unit (PSSU) of a SAC 1 clinical incident**

Once a hospital has determined that a clinical incident is a SAC 1 clinical incident, the PSSU must be informed, as per the CIM Policy. The Datix CIMS Communication and feedback tab, and the SAC 1 Action chains are utilised by hospitals /health services to inform the PSSU and to demonstrate compliance with CIM Policy requirements respectively. These functions are explained in sections 1 and 2 below.

Prior to communicating to the PSSU, fields within the Clinical incident investigation page **must be completed**, including:

- Severity Assessment Code (Confirmed) - SAC 1 should be selected
- Is this incident a near miss?
- Patient outcome
- Type of SAC 1 clinical incident (either ‘Sentinel event’ or ‘Other SAC 1 clinical incident’)
- The Sentinel event category or Other SAC 1 incident category
- Has the clinical incident notification to PSSU occurred following review of a patient death according to the Review of Death policy?
Other fields on the Clinical incidents investigation page that should be filled in are:

- Was the patient absent without leave?
- Was a fetus harmed in this incident?
- Did this incident involve patient care from another service?
If the answer is ‘Yes’ to the field ‘Was a patient absent without leave?’ further fields will appear for further information to be collected.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the patient absent without leave?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of return</td>
<td></td>
</tr>
<tr>
<td>Time of return</td>
<td></td>
</tr>
<tr>
<td>Assessment performed on patient's return</td>
<td></td>
</tr>
<tr>
<td>Please state the patient's outcome (eg. physical, psychological). If the patient did not return, then please document in this field.</td>
<td></td>
</tr>
</tbody>
</table>

If the answer is ‘Yes’ to the field, ‘Was a fetus harmed in this incident?’, further fields will appear for further information to be collected.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a fetus harmed in this incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is this a multiple pregnancy?</td>
<td></td>
</tr>
<tr>
<td>Gestational age at time of the incident (weeks)</td>
<td></td>
</tr>
<tr>
<td>Fetal outcome</td>
<td></td>
</tr>
</tbody>
</table>

**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:

[Image of screenshot showing incorrect entry]
**Correct if the mother did not pass away but the fetus did:**

| 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. |
|                   |  
|   | Circled: Mother |
|   | Fetus |
|   |  
|   | Was the patient absent without leave? |  
|   | Yes |
|   |  
|   | Was a fetus harmed in this incident? |  
|   | Yes |
|   |  
|   | Is this a multiple pregnancy? | Circled: Yes |
|   |  
|   | Gestational age at time of the incident (weeks) |  
|   | 35 |
|   |  
|   | Fetal outcome | Circled: Death |
|   |  
|   | Did this incident involve patient care from another service? |  
|   |  
|   | Click here to access Guidelines for the investigation of clinical incidents across health service boundaries |
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:

<table>
<thead>
<tr>
<th>Patient Outcome</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient outcome</td>
<td>o Death</td>
</tr>
<tr>
<td></td>
<td>o Serious harm</td>
</tr>
<tr>
<td></td>
<td>o Moderate harm</td>
</tr>
<tr>
<td></td>
<td>o Minor harm</td>
</tr>
<tr>
<td></td>
<td>o No harm</td>
</tr>
</tbody>
</table>

Was the patient absent without leave? 

Was a fetus harmed in this incident? 

Did this incident involve patient care from another service?

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

If the answer is ‘Yes’ to the field ‘Did this incident involved patient care from another service?’ further fields will appear for further information to be collected.

Did this incident involve patient care from another service?

Please state which site / service

Name and position of the contact person

Will a multi-site review be undertaken?
Depending on the nature of the clinical incident notification to other statutory bodies may also be required. Prior to informing the PSSU, notifying sites must complete questions within the Notification to Statutory /Other Bodies section on the Clinical incident investigation page (screenshots below).

<table>
<thead>
<tr>
<th>Notification to Statutory/Other Bodies</th>
<th>Have the relevant authorities/statutory bodies been notified, where appropriate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Advisory Committee on the Safety of Medicines informed?</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>* Therapeutic Goods Administration informed?</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>* OSH informed?</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>* Radiation Safety informed?</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>Other areas informed</td>
<td></td>
</tr>
<tr>
<td>* Executive Director, Public Health and Clinical Services informed for: maternal death</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>* Executive Director, Public Health and Clinical Services informed for: perinatal / infant death</td>
<td>☐ Yes  ☐ No  ☐ N/A  ☐ Unknown</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Executive Director, Public Health and Clinical Services informed for:</td>
<td>Yes, No, N/A, Unknown</td>
</tr>
<tr>
<td>death of persons under anaesthesia</td>
<td></td>
</tr>
<tr>
<td>Coroner informed for reportable deaths</td>
<td>Yes, No, N/A, Unknown</td>
</tr>
<tr>
<td>Chief Psychiatrist: Is this a mental health notifiable incident?</td>
<td>Yes, No, N/A, Unknown</td>
</tr>
<tr>
<td>Click here to access the Policy for Mandatory Reporting of Notifiable</td>
<td></td>
</tr>
<tr>
<td>Incidents to the Chief Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Other Bodies informed</td>
<td></td>
</tr>
<tr>
<td>Explanation as to why Statutory Requirement notification was not</td>
<td></td>
</tr>
<tr>
<td>completed (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Has the Open Disclosure process been initiated?</td>
<td>Yes, No, N/A, Unknown</td>
</tr>
<tr>
<td>Open Disclosure decision date</td>
<td></td>
</tr>
<tr>
<td>Staff member initiating Open Disclosure</td>
<td></td>
</tr>
<tr>
<td>Is this incident using Qualified Privilege? Yes/No</td>
<td>Yes, No, N/A, Unknown</td>
</tr>
<tr>
<td>Post Mortem Report Received?</td>
<td>None, Yes, No, N/A</td>
</tr>
</tbody>
</table>
Section 1. Communicating to the Patient Safety Surveillance Unit via ‘Communication and feedback’

Informing the PSSU of a SAC 1 clinical incident is achieved through the use of the Communication and feedback tab within Datix.

To inform the PSSU of a SAC1 clinical incident:

1. Open the specific clinical incident record and select the Communication and Feedback tab.

2. Select SAC1.Events@health.wa.gov.au from the All users field, and then double click the email address.

Health services may also require Notifiers to cc the respective health services Safety and Quality/Governance Unit at the same time as informing the PSSU.

This can be achieved by selecting from the ‘All users’ or adding an email address to the ‘Additional recipients’ field.

3. Construct the message in the Body of message field, for example: Please note the notification of a SAC1 clinical incident referred to in this email message.

4. Once the message has been composed, click ‘Send message’. This informs the PSSU of the incident.

5. Click ‘Save’ after the ‘message sent’ icon appears.
Section 2. SAC 1 Action Chains

SAC 1 Action chains within Datix CIMS provide a mechanism for hospitals/health services to demonstrate compliance with CIM Policy with respect to SAC 1 clinical incidents. SAC 1 Action chains include steps that must be 'completed' following informing the PSSU of a SAC 1 clinical incident, on submission of the investigation report into a SAC 1 clinical incident, and when the implementation and evaluation of recommendations arising from the investigation is completed.

A SAC 1 Action chain will appear within the Clinical incident investigation page of a clinical incident when the Patient details are approved, the Severity Assessment Code (Confirmed) is selected as SAC 1, and the Patient outcome field (found on the Clinical incident investigation page) is completed.

SAC 1 Action Chains appear as below:

<table>
<thead>
<tr>
<th>Step</th>
<th>Type</th>
<th>Description</th>
<th>Assigned To</th>
<th>Start date</th>
<th>Due date</th>
<th>Date completed</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify</td>
<td>Notify the Patient Safety Surveillance Unit (PSSU) within 7 working days.</td>
<td>CIMB Senior Staff (P cims_set1 Demo)</td>
<td>17/09/2016</td>
<td>26/09/2016</td>
<td>17/09/2016</td>
<td>Y</td>
</tr>
</tbody>
</table>
| 2    | Investigate & Submit | Complete the SAC1 Clinical Incident investigation using Root Cause Analysis or similar methodology 
                            & submit completed Investigation Report to PSSU (Due within 28 working days). Close event. | CIMB Senior Staff (P cims_set1 Demo) | 17/09/2016 | 27/09/2016 | Complete       | Y      |
| 3    | Implement     | Review SAC1 Clinical Incident Recommendations to ensure completion within 6 months. | CIMB Senior Staff (P cims_set1 Demo) |             |           |                |        |
| 4    | Evaluate      | Review evaluation of SAC1 Clinical Incident Recommendations within 6 months. | CIMB Senior Staff (P cims_set1 Demo) |             |           |                |        |

The function of each Action Chain is defined by the Description.

Action chain steps appear as 'assigned to' the Safety and Quality / Clinical Governance Unit Officer that was initially assigned the clinical incident.

The Start date and Due date fields are populated by Datix CIMS depending on when the incident was confirmed as SAC 1, and when the Date completed in the previous Action Chain steps are completed.
Table 1 below lists SAC 1 Action chain steps, and describes when each step should be ‘Completed’, in order to indicate compliance with the CIM Policy. The PSSU will complete Action chain steps 1, 2 and 4 in response to receipt of communication from hospitals/health services notifying the incident and advising that the investigation and evaluation components of the CIM process have been completed. It is the responsibility of hospitals/health services to complete Action chain step 3.

Health Service business rules vary with respect to local notification requirements. Please refer to local guidelines.

Table 1 - SAC1 Action Chain steps

<table>
<thead>
<tr>
<th>SAC 1 Action chain step</th>
<th>Responsibility for completing Step</th>
<th>When Step should be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Notify the Patient Safety Surveillance Unit (PSSU) within 7 working days.</td>
<td>PSSU</td>
<td>After communicating to the PSSU (via the Communication and feedback tab) to inform of a new SAC 1 clinical incident. The date completed is the date PSSU was informed.</td>
</tr>
<tr>
<td>2. Complete the SAC1 Clinical Incident Investigation using Root Cause Analysis or similar investigative methodology &amp; submit completed Investigation Report to PSSU (due within 28 working days). Close event.</td>
<td>PSSU</td>
<td>When the investigation report has been completed and entered into the incident record and after communicating this to PSSU (via the Communication and feedback tab). The date completed is the date PSSU was informed.</td>
</tr>
<tr>
<td>3. Review SAC1 Clinical Incident Recommendations to ensure completion within 6 months.</td>
<td>Site</td>
<td>When all recommendations arising from the investigation of the incident have been implemented.</td>
</tr>
<tr>
<td>4. Review evaluation of SAC1 Clinical Incident Recommendations within 6 months.</td>
<td>PSSU</td>
<td>When evaluation of the effectiveness of all recommendations arising from the incident has been completed and uploaded/entered into the incident record and after communicating this to the PSSU (via the Communication and feedback tab). The date completed is the date PSSU was informed.</td>
</tr>
</tbody>
</table>
To complete an Action Chain step:

1. Click the Complete button

2. A pop up box will appear. Enter text if appropriate then click ‘Apply’

3. The ‘Date completed’ field will populate with the date the step was completed.

**SAC 1 Action chains Key Points:**

The PSSU will complete Action chain steps 1, 2 and 4 in response to receipt of communication from hospitals/health services notifying the incident and advising that the investigation and evaluation components of the CIM process have been completed. It is the responsibility of hospitals/health services to complete Action chain step 3.
The Department of Health Clinical Incident Management Toolkit provides a useful resource to assist staff in undertaking the management of clinical incidents. The Toolkit can be accessed at http://ww2.health.wa.gov.au/Articles/A.E/Clinical-incident-management-system

The key steps to effective clinical incident management comprise:

1. Identification of a clinical incident, immediate action to reduce risk to the patient/consumer and undertake the Open Disclosure process.
2. Notification
3. Prioritisation of investigation
4. Analysis and investigation
5. Development of recommendations
6. Reporting of investigation outcomes
7. Feedback
8. Implementation of recommendations
9. Monitoring of recommendations

SAC 1 clinical incidents require the undertaking of an investigation utilising a robust methodology appropriate to the incident. SAC 2 clinical incidents require clinical review or investigation using an appropriate methodology, while SAC 3 clinical incidents require investigation using aggregated analysis or a similar tool. The CIM Toolkit provides examples of investigation methodologies.

Datix CIMS is configured to enable hospitals/health services to appropriately manage a clinical incident. The Communication and feedback tab, elements of the Clinical incident investigation page, and SAC 1 Action chain functions have been discussed earlier, with additional Datix functions related to the following pages; Clinical incident investigation, Third party comment, Department/Service Head/Director and Documentation, explored below.

Clinical incident investigation

In addition to housing information such as the incident category, SAC 1 Action Chains and fields relating to notification of other statutory bodies, the Clinical incident investigation page is where contributory/causative factors to the incident identified in an investigation and recommendations to address causative factors are detailed. The page also includes fields for sign-off of the investigation.

Causative / Contributing Factors

The investigation of SAC 1 clinical incidents is used to establish the course of events and to identify the contributing factors to the incident. Contributory factors become the basis for the development of recommendations to prevent or reduce the reoccurrence of same or similar clinical incidents.

Contributing Factors are grouped in Datix CIMS and can include issues reflecting:
- Communication
- Knowledge / Skills / Competence
- Work Environment / Scheduling
- Patient Factors
- Equipment, Information Systems / Applications
- Policies Procedures and Guidelines
- Safety Mechanisms
- Other Factors

Information with respect to each of the listed contributing factor groups is entered into Datix using the **Yes, No** or **Unknown at this time** radio buttons. If **Yes** is selected, additional fields enabling more specific information on contributing factors, including free text, appears (see example screenshot below (remember that tick boxes allow you to select multiple responses):

---

**Recommendations**

The development of recommendations is a fundamental component of 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 for effectiveness within six months of the finalised investigation. The CIM Toolkit provides further information on developing appropriate recommendations and implementation and evaluation methodologies.

Inputting Recommendations into Datix CIMS allows hospitals / health services to search and track Recommendations that are marked as outstanding. A Recommendation will become Overdue once the specified Due date for completion has passed.

**Note:** The information contained in this section is limited. For more detailed information about alternate ways of accessing recommendation records, and managing recommendation records
To add a Recommendation to an incident record click ‘Create a new action’ in the Recommendations section of the ‘Clinical incident investigation’ screen.

The Recommendation / Action Form will open:
**Note:** A recommendation may be assigned to a Third Party, for example a Committee such as the WA Medication Safety Group. If assigning Recommendations to a user with a Third Party Profile the user needs to be added to the incident via the ‘Invite Third Party comment’ box as well as the Recommendation being assigned to them. As the Third Party profile has read-only access to the investigation screen they will need to access the Recommendation through the Recommendations/Actions module.

For information about how to complete recommendations and alternate ways to access and manage recommendations in Datix CIMS please refer to the *WA Health Datix CIMS Recommendations User Guide* available at:


**Investigation Sign Off fields**

The Clinical incident investigation page contains Investigation Sign Off fields (see screenshot below) that provide the opportunity for appropriate officers / executives to enter their details, signifying the approval of the completed incident investigation. As local processes may vary as to when these fields are completed, and who completes them (reflecting potential delegation of duties), local guidance is advised.
Closed Incident
Department / Service Head / Director approval is required for an investigator to change the workflow status of an incident to ‘Closed’; which signifies the completion of a clinical incident investigation (the investigation report for the SAC 1 clinical incident has been entered in Datix and communication sent to the PSSU).

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’.

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

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.

**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 instruction 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.

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 secure the incident information.

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 all information in 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).
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 un-encrypt the incident record for viewing.

Feedback returned to the requestor can be attached to the incident record using the Documentation function (see Documentation, p.26). 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 tab (screenshot below) is used to enable the entering of comments regarding the incident investigation. As local processes may vary regarding the use of this Datix function, guidance from the appropriate Safety and Quality / Clinical Governance Unit is advised.
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. Example documents that might be considered for attaching include flow charts that detail the patient journey or guidelines referred to in the incident investigation.

To attach a document to an incident record:

1. Select Documentation from the left hand tab menu.

2. Select Attach a new document.

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 Attachment details screen, click on the Save button to confirm the attachment.
7. Repeat the process to attach other electronic documents

To access the document from the documents list, click on the description for that document, then select the open option.
Advising of delays in the completion of a SAC 1 clinical incident investigation

The CIM Policy specifies that hospitals/health services must complete the investigation into a SAC 1 clinical incident within 28 business days of informing the PSSU of the incident.

If an investigation is not anticipated to be completed within this timeframe (for example due to the absence of personnel integral to the investigation process) hospitals/health services are to inform the PSSU of the reason for the delay and provide an estimated date for completion of the investigation via the Communication and feedback tab.

The percentage of SAC 1 investigations completed within 28 business days of informing the PSSU is incorporated into the Health Service Performance Report (measure E2-2) and does not adjust for extensions to the timeframe for the completion of SAC 1 investigations.
Requesting declassification of a SAC 1 clinical incident

Following the investigation of a SAC 1 clinical incident, it may be determined that no causative factors contributed to the outcome and in fact the event was not preventable.

Hospitals/health services reaching these conclusions may request declassification of the incident by completing the Declassification request section located at the base of the Clinical incident investigation page (screenshot below). It is important to clearly explain the rationale for declassification.

When informing the PSSU (via the Communication and feedback tab) that the clinical incident investigation has been completed, include within the communication that declassification is being requested.

Declassification requests received by PSSU are reviewed in conjunction with the investigation report to determine if the clinical incident is to be declassified.

If a clinical incident is declassified, the CIM Policy requires hospitals/health services to continue to implement any recommendations that may have been developed by the investigation.

If a declassification request for a SAC 1 clinical incident is approved, the hospital/ health service is informed, and the incident record is then inactivated by the hospital/ health service by selecting the workflow status ‘Inactive’.

1. Select Inactive as the Workflow status after save
2. Select ‘Other reason’ as the reason for marking as inactive.

3. Within the Further Details section indicate that the incident has been declassified and approval communicated by the PSSU (entering the date this occurred).

4. Click Save, and the date the incident record was updated will be entered into Datix below the Further Details section. The name of the officer who completed this section will also be recorded.

**Note:** If a declassification request for a SAC 1 clinical incident is rejected, the hospital/health service is informed, and the workflow status of the incident record remains ‘Closed’. 
Accessing WA Health Datix CIMS

**Window XP Computers**
To open the application on your computer screen,

- click Start
- ➔ Health ➔ Datix CIMS icon

**Window 7 Computers**
To open the application use the Windows icon,

- ➔ Click All Programs, then click on Health
- ➔ Datix CIMS icon

**General Navigation Information**
A number of features are common to many areas of the WA Health Datix CIMS.

<table>
<thead>
<tr>
<th>Item</th>
<th>Item title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Mandatory Field" /></td>
<td>Mandatory Field</td>
<td>This indicates the field is mandatory and you are required to complete it prior to saving or submitting the form.</td>
</tr>
<tr>
<td><img src="image" alt="Date field" /></td>
<td>Date field</td>
<td>Open the calendar to select a date or type in the date using dd/mm/yyyy.</td>
</tr>
<tr>
<td><img src="image" alt="Pick list" /></td>
<td>Pick list</td>
<td>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.</td>
</tr>
<tr>
<td><img src="image" alt="Free text field" /></td>
<td>Free text field</td>
<td>Type text in to this field. Spell check function is available.</td>
</tr>
<tr>
<td><img src="image" alt="Add another" /></td>
<td>Add another</td>
<td>Click on this to add an identical</td>
</tr>
<tr>
<td>Item</td>
<td>Item title</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><img src="image" alt="Clear Section" /></td>
<td>Clear section</td>
<td>This enables the section within the form to be cleared of all entered data.</td>
</tr>
<tr>
<td><img src="image" alt="Spell check" /></td>
<td>Spell check</td>
<td>Click to check your spelling.</td>
</tr>
<tr>
<td><img src="image" alt="Pencil" /></td>
<td>Pencil</td>
<td>Click to close spell check and return to entering text.</td>
</tr>
<tr>
<td><img src="image" alt="Help Icons" /></td>
<td>Help Icons</td>
<td>Click to display additional information. Please note this may be general Datix help that is not specific to the WA Health system configuration.</td>
</tr>
<tr>
<td><img src="image" alt="Round Radio Buttons" /></td>
<td>Round Radio Buttons</td>
<td>Round radio buttons allow a single selection only.</td>
</tr>
<tr>
<td><img src="image" alt="Square Tick Boxes" /></td>
<td>Square Tick Boxes</td>
<td>Square tick box buttons allow multiple selections</td>
</tr>
<tr>
<td><img src="image" alt="Delete" /></td>
<td>Delete</td>
<td>In a multi-select field, where more than one option can be chosen, highlight selected item, click icon to remove the selected value(s).</td>
</tr>
<tr>
<td><img src="image" alt="Browse" /></td>
<td>Browse</td>
<td>Allows the selection of documentation to be attached.</td>
</tr>
<tr>
<td><img src="image" alt="Save/Submit" /></td>
<td>Save/Submit</td>
<td>Save/Submit button located at the bottom of the ‘Feedback notification form’ or in floating menu (bottom left of page)</td>
</tr>
<tr>
<td><img src="image" alt="Search" /></td>
<td>Search</td>
<td>This allows a ‘search’ of the data to be conducted</td>
</tr>
<tr>
<td><img src="image" alt="Cancel" /></td>
<td>Cancel</td>
<td>The cancel function located at the bottom of the forms or in the floating menu (bottom left of page)</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>If you do not wish to be logged out, click ‘Extend session’ and your session will be extended for a further 15 minutes.</td>
</tr>
<tr>
<td>Seconds remaining: 41</td>
</tr>
</tbody>
</table>

[Buttons: Extend session, Log out]
Further Information

For further information with regard to notifying a clinical incident please refer to the:


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