

State Trauma Incident Notification and Review Form

Date of referral: ___/___/___

This form should be used to notify of any situations where patient management/ outcome is considered worthy of review.

Patient de-identified issues may be clinical, service or system-related, and may be tabled at the WA Trauma Director Committee meeting for further review and discussion.

This review process should not replace any formal (CIMS) or informal site-based review

Brief overview of incident:

Incident examples (but not restricted to):

Clinical:

- MET
- Unplanned return to theatre
- Transfer ICU/HDA from general ward
- Intubation/respiratory support (CPAP, BiPAP) etc required
- Cardiac Arrest
- PE/DVT
- Death
- Other (Please state)

Hospital Service:

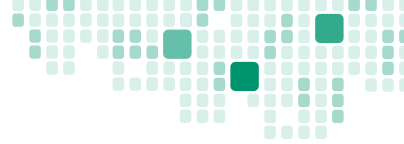
- Trauma Team Activation (TTA) Criteria Met – Team not called/Delayed
- Other

System:

- Helicopter should have been considered for primary/secondary retrieval
- Significant delays at referring hospital (country or metro)
- Inter-hospital/pre-hospital management issues (e.g. inappropriate escort/referral/non-compliance with bypass protocol etc)
- Other

Please complete and email to Trisha Hardman, Senior Project Officer, State Trauma Office:
StateTraumaOffice@health.wa.gov.au

NB This document is for audit use only and is not to be filed in the patient's medical record.



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Date of review: ___/___/___

Members Present:

Name:	Designation:

Problems Identified

Problem 1	
Problem 2	
Problem 3	
Problem 4	
Problem 5	

Types of outliers for identified problem	Problem 1	Problem 2	Problem 3	Problem 4	Problem 5
Delay in Treatment					
Delay in Medical Response					
Delay to Theatre					
Delay in Diagnosis					
Inaccurate Diagnosis					
Incorrect Technique					
Inaccurate Judgement					
Inadequate Documentation					
Complication					
* Other -					

*Denotes specify 'Other'

Place of care identified problem occurred	Problem 1	Problem 2	Problem 3	Problem 4	Problem 5
Other Hospital					
Pre Hospital					
Resus Room					
Emergency Department					
Operating Theatres					
Ward					
* Other -					

*Denotes specify 'Other'

Incident Outcome Level (Based on Severity Assessment Codes –SAC)	Problem 1	Problem 2	Problem 3	Problem 4	Problem 5
SAC 1					
SAC 2					
SAC 3					

*Denotes specify 'Other'



Vital Signs (major trauma if any one of the following present)

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Name:	Designation:
SAC 3 (Minor or no Harm)	<ul style="list-style-type: none"> Increased level of care (minimal) Minor/no harm resulting in an increased LOS up to 72 hours Not disabling, or recovery without significant complication or permanent disability
SAC 3 Actions	<ul style="list-style-type: none"> Notify Unit Manager within 24 hours Local investigation using aggregated analysis or similar tool
SAC 2 (Moderate Harm)	<ul style="list-style-type: none"> Increased level of care Extended LOS (72 hrs to 1 week) Recovery without significant complication or permanent disability
SAC 2 Actions	<ul style="list-style-type: none"> Notify Unit Manager/Director within 24 hours Local investigation using clinical review as a minimum requirement
SAC 1 (Serious Harm or Death)	<ul style="list-style-type: none"> Permanent total disability Increased level of care (significant) Extended LOS (>7 days) Significant complication and/or significant permanent disability
SAC 1 Actions	<ul style="list-style-type: none"> Immediately notify Executive and initiate OD process SAC 1 Notification to DoH (&OCP if applicable) within 7 working days Investigate – RCA or equivalent. Report to DoH within 45 working days

SAC 1 Notification Form Completed: Yes No N/A

Review of Management

WATDC Conclusion	Patient Management Appropriate	Practice is not Routine. Patient Management Appropriate	Practice is Unexpected. Observe for Trend	Questioned Practice is Unacceptable / Inappropriate
(Tick Applicable Box)				

Comments & Recommendations:

Review of Management

Action Required (e.g. feedback, education)	By Whom	Date Required by

Evidence of Action (Closing the loop):