

CONFIDENTIAL
Sentinel Event Final Investigation Report

Hospital Name:	Hospital ID:	Sentinel Event Reference Number:
Date of sentinel event:	Date of notification:	Investigation report date:
Post mortem report:	<input type="checkbox"/> Received	<input type="checkbox"/> Pending

**The Investigation Report must have executive sign off before being sent to the
Office of Safety and Quality in Healthcare**

Executive Director / Director Medical Services	Name Signature	Date:
Director Safety & Quality / Clinical Governance	Name Signature	Date:
Chief Investigator	Name Signature	Date:

The information provided in the Sentinel Event Final Report will remain confidential.
Please return the Sentinel Event Final Report within 45 working days of initial notification of event by one of the following:

E-MAIL sentinel.events@health.wa.gov.au

FAX (08) 9222 4014

Contact the Office of Safety and Quality in Healthcare on (08) 9222 4080 if you have questions regarding this process or visit the Department website at <http://www.safetyandquality.health.gov.au>

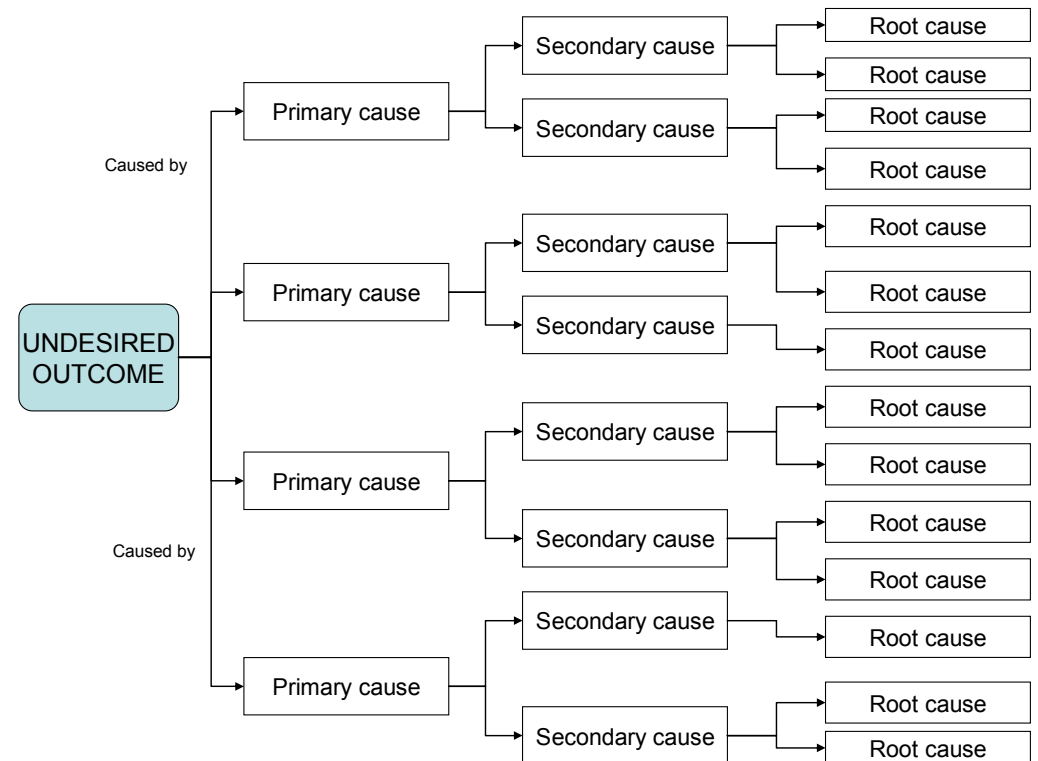
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THE EVENT

Please provide a description of the incident (it may be useful to also include a cause and effect diagram – example opposite):

CAUSE AND EFFECT DIAGRAM



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CONTRIBUTING FACTORS AND ROOT CAUSES																
1.	<div style="background-color: #f06292; padding: 2px;">Communication</div> <p>Were issues relating to communication a factor in this event? <i>If yes, tick the appropriate boxes and provide details:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Communication issues between staff</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Communication issues between staff and patient / family / carers</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Documentation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Patient assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Information not provided</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Misinterpretation of information</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Communication issues between staff	<input type="checkbox"/>	Communication issues between staff and patient / family / carers	<input type="checkbox"/>	Documentation	<input type="checkbox"/>	Patient assessment	<input type="checkbox"/>	Information not provided	<input type="checkbox"/>	Misinterpretation of information	<input type="checkbox"/>	Other	<input type="checkbox"/>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><u>Provide details:</u></p>
Communication issues between staff	<input type="checkbox"/>															
Communication issues between staff and patient / family / carers	<input type="checkbox"/>															
Documentation	<input type="checkbox"/>															
Patient assessment	<input type="checkbox"/>															
Information not provided	<input type="checkbox"/>															
Misinterpretation of information	<input type="checkbox"/>															
Other	<input type="checkbox"/>															
2.	<div style="background-color: #43a047; color: white; padding: 2px;">Knowledge / Skills / Competence</div> <p>Were issues relating to knowledge / skills / competence a factor in this event? <i>If yes, tick the appropriate boxes and provide details:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Staff training / skills</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Staff competency</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Staff supervision</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Use / not using / misuse of equipment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Staff training / skills	<input type="checkbox"/>	Staff competency	<input type="checkbox"/>	Staff supervision	<input type="checkbox"/>	Use / not using / misuse of equipment	<input type="checkbox"/>	Other	<input type="checkbox"/>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><u>Provide details:</u></p>				
Staff training / skills	<input type="checkbox"/>															
Staff competency	<input type="checkbox"/>															
Staff supervision	<input type="checkbox"/>															
Use / not using / misuse of equipment	<input type="checkbox"/>															
Other	<input type="checkbox"/>															

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3.	Work Environment / Scheduling		<u>Provide details:</u>
	Were issues relating to work environment / scheduling a factor in this event?	Yes <input type="checkbox"/>	
	<i>If yes, tick the appropriate boxes and provide details:</i>	No <input type="checkbox"/>	
	Work place design	<input type="checkbox"/>	
	Suitability of work environment	<input type="checkbox"/>	
	Environmental stressors	<input type="checkbox"/>	
	Safety assessments / evaluations / procedures	<input type="checkbox"/>	
	Shortage of beds / rooms / resources	<input type="checkbox"/>	
	Staff timetabling	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
4.	Patient Factors		<u>Provide details:</u>
	Were there issues relating to patient factors in this event?	Yes <input type="checkbox"/>	
	<i>If yes, tick the appropriate boxes and provide details:</i>	No <input type="checkbox"/>	
	Communication difficulties	<input type="checkbox"/>	
	Medical history / known risks	<input type="checkbox"/>	
	Patient's condition	<input type="checkbox"/>	
	Personal issues	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

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5.	Equipment		<u>Provide details:</u>
	Were issues relating to equipment (including the use or lack of use) a factor in this event? <i>If yes, tick the appropriate boxes and provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Suitability / availability / lack of equipment	<input type="checkbox"/>	
	Safety / maintenance	<input type="checkbox"/>	
	Appropriate use of equipment	<input type="checkbox"/>	
	Emergency provisions / back-up systems	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
6.	Policies, Procedures, Guidelines		<u>Provide details:</u>
	Were issues relating to policies, procedures and guidelines a factor in this event? <i>If yes, tick the appropriate boxes and provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Absence of relevant, up-to-date policies, procedures or guidelines	<input type="checkbox"/>	
	Implementation issues	<input type="checkbox"/>	
	Education / training	<input type="checkbox"/>	
	Issues in applying policies, procedures or guidelines	<input type="checkbox"/>	
	Absence of audit / quality control system	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

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7.	Safety Mechanisms		<u>Provide details:</u>
	Were issues relating to safety mechanisms a factor in this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<i>If yes, tick the appropriate boxes and provide details:</i>		
	Lack of appropriate safety mechanisms / systems in place	<input type="checkbox"/>	
	Breakdown of safety mechanisms	<input type="checkbox"/>	
	No evaluation of safety mechanisms	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
8.	Other		<u>Provide details:</u>
	If there were other factors involved in the incident which do not fall into the above categories, please provide details.		



Delivering a **Healthy WA**



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

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Contributing factors/ Description of item	Description of recommendation addressing contributing factor(s)	Personnel responsible for implementing recommendation	Outcome measure	Measure date	Executive concur Yes/No	Executive notes if No