

# Composition of Serious Adverse Event Review (SAER) Teams

## Forming a SAER team

Selection of appropriate SAER team representatives is an important consideration following serious incidents. SAER team membership is often discussed at the Preliminary Risk Assessment (PRA) meeting noting that it is the responsibility of the Chief Executive (CE) to appoint a SAER team. This team is usually composed of 3-5 members and will have a team leader, with SAER expertise who leads the team through the process of the review.

It is crucial that at least one SAER team member has essential clinical knowledge of the service where the incident occurred. It is also critical to ensure the right a mix of professionals. For example, an incident that occurred within a cardiology environment needs a medical and/or nursing cardiology expertise.

In addition, the following expertise must be included for relevant incidents:

- Suspected issues relating to Violence, Abuse and Neglect should include a PARVAN expert
- Aboriginal and/or Torres Strait Islander representative
- Culturally and Linguistically Diverse representative

It is also recommended that the SAER team include a member external to the facility/ service/ District/ Network where the incident occurred. It is important to consider the various services that may relate to the incident such as pathology, radiology, or eHealth NSW. Consideration should be given as to whether they should be included as SAER team members or if they should be for interview during the review. If there are difficulties finding suitable expertise for the SAER team, the CE or Director of Clinical Governance (DCG) can contact the Clinical Excellence Commission for guidance.

SAER team members should not:

- Have been directly involved in the incident or the care of the patient
- Have any personal connection with clinicians, patient or family involved in the incident
- Have a conflict of interest
- Be the manager of the department or unit where the incident occurred.

Once the review has started, if the expertise of a service or speciality team member is missing, the SAER team leader can discuss the appointment of an additional team member to the review team with the DCG.

More information can be found in the NSW Health Incident Management Policy ([PD2020\\_047](#)).

## Adding new team members for recommendations

Once the team has finalised its Findings report, a Recommendations report may be required. The CE can appoint any additional team members required to prepare this report. This may include:

- A clinician with knowledge of the specific service
- An expert in improvement, Redesign or Human Factors
- A manager from where the incident occurred to provide assurance that the implementation of recommendations will be supported.

It is important to include any service/ agency/ organisation that has designated responsibility for implementing a SAER recommendation. This will ensure recommendations are achievable. For example, eHealth NSW should be represented where recommendations about digital health tools such as the electronic medical record (eMR) are indicated.

If the person responsible for implementing the recommendation is not part of the review team, they must be consulted as part of the process. This will assist in the development of stronger and more achievable recommendations and help ensure that its implementation will be supported.

## Writing up the report

When writing the SAER Findings report, the team should include a reference to the professional background of who was included on the team. This description needs to be de-identified.

For example, "A SAER team was commissioned by the Chief Executive and included internal and external clinical experts in nursing, medical, cardiology and human factors who were not directly involved in the patient's care."