## Serious adverse event review - Findings report template

## [*To be completed by the SAER team*]

|  |  |  |
| --- | --- | --- |
| **COVERSHEET** | | |
| Health Service – | | MoH RIB number – |
| Incident management system number – | | Health Service reference (optional) – |
| Date of incident – | | Date of incident notification – |
| Date of PRA – | | Review method – |
| Date report due to MoH – | | Date report submitted to the MoH – |
| Referral to agencies or committees – | | |
|  | | |
| Review decommissioned? Y/N | If yes, has a review been undertaken on systems issues? Y/N | |
| Contact – | | |

DESCRIPTION

Summarise what happened (1 paragraph)

Describe the sequence of events (1 to 2 pages)

ANALYSIS

Identify how the incident occurred.

Identify any factors that caused or contributed to the incident.

AREAS FOR REVIEW FINDINGS

Identify any procedures, practices or systems that could be reviewed for the purposes of a recommendations report.

If no areas for review are identified, state “none”.

SIGNATURE CE OR DELEGATE:

Date:

## INSTRUCTIONS FROM CHIEF EXECUTIVE OR DELEGATE [to be completed by *CE or delegate after considering the SAER team report*]

Y/N Findings can be shared verbally with the family

Y/N Prepare a recommendations report

If areas for review findings are identified, the Chief Executive (CE) or delegate must direct a recommendations report be prepared.

If not, the CE or delegate may (but is not required to) direct the preparation of a recommendations report.

Y/N Submit the findings report to the Ministry of Health (MoH).

Select ‘yes’ if no recommendations report is to be prepared.