Assessors appointed by the Chief Executive are to complete a preliminary risk assessment (PRA) for reportable incidents (clinical Harm Score 1 incidents). The Chief Executive (CE) may also direct a PRA be undertaken for clinical incidents which may be due to serious systemic problems.

A NSW Health PRA report must be submitted to the CE within 72 hours of incident notification. The PRA report is privileged. Assessors are not to disclose information except for the purpose of the PRA.

This template can be used if completing the PRA in ims+ is not practicable.

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| --- | --- | --- | --- |
| **Incident number** |  | **Notification Date** |  |
| **Incident Date** |  | **Facility/Service** |  |
| **Date of meeting** |  | **Time of meeting** |  |
| **Incident notification attached** | Yes | | |

The *Health Administration Act 1982* requires an assessor to immediately advise the CE in writing if the assessor is of the opinion that the incident indicates there is a risk of serious or imminent harm to a person.

| **Issue** | **Action** | | **Response** |
| --- | --- | --- | --- |
| 1. **Description of Incident** | Assess the patient and describe immediate care provided, if patient not deceased. | | Specify: |
| Record the known factsof the incident. | | Specify: |
| Confirm the Harm Score.  The death or harm was not reasonably expected as an outcome of healthcare. | | 1 – Unexpected death or Australian sentinel event (ASE)  2 – Major harm  3 – Minor harm  4 – No harm or near miss |
| 1. **Immediate Clinical Risks identified and managed** | Is a person at risk of serious or imminent harm? | | Yes  No  If Yes, send written advice to CE immediately  Date: |
| Record any risks or hazards that require immediate action e.g. removal of equipment, CCTV footage preserved. | | Specify: |
| Actions taken to mitigate risks or hazards | | Specify: |
| 1. **Patient’s healthcare team** | Which members of the patient’s health care team have been notified of the incident? | | Tick all that apply:  Clinical team e.g. Consultant, Nurse Unit Manager  Team caring for patient when incident happened  General Practitioner  Others – specify: |
| 1. **Patient, Carer and Family** | Have the immediate needs of the patient, carer and family been addressed? | | Yes  No  Specify: |
| Has a staff member been assigned as a dedicated family contact (DFC)? | | Yes  No  Specify: |
| Will additional support be provided?  Notify TMF if out of pocket expenses paid | | Yes  No  Specify: |
| 1. **Open disclosure (OD)** | Has **clinician disclosure** been initiated within 24 hours? | | Yes  No  If no, what is the plan or reason? |
| Has the organisation offered an apology? | | Yes  No  If Yes, date of apology and name of OD lead:  If No, why not: |
| Is a **formal open disclosure** team required? | | Yes  No |
| 1. **Staff** | Has the staff wellbeing been considered? | | Yes  No  If yes, specify actions: |
| What support has been provided to staff directly or indirectly involved? | | Specify: |
| Have staff been informed of the next steps in the incident review process? | | Yes  No  If no, what is the plan: |
| Who will lead final staff feedback after the review is complete? | | Name, designation and contact details: |
| Has the organisation acknowledged distress and been visible to staff? | | Yes  No  If no, what is the plan: |
| Are there concerns about the conduct of any clinicians directly or indirectly involved in the incident? | | Yes  No  If yes, specify intended action: |
| **7.Complete reportable incident brief (RIB)** | Have the facts been clarified to complete the RIB? | | Yes  No |
| Who is writing the RIB? | | Name, designation and contact details: |
| **8.Proposed type of serious adverse event review (SAER) for CE consideration** | Proposed type of review | | Specify: |
| **Proposed Review team membership**  Consider leader, clinical experts, independent expert. | | Name and/or designation and contact details: |
| **9. The Organisation** | Is there an **immediate state-wide risk** that requires notification e.g. Safety Alert, Public Health Unit? | | Yes  No  If yes, specify: |
| **Communications** | Is there potential for **media interest?** | Yes  No |
| Who is the LHD/SHN contact for communications? | Name, designation and contact details: |
| Has the patient/ carer/ family agreed on information to be released? | Yes  No |
| Are clinical experts available to assist with communications? | Yes  No  Not applicable |
| Has a holding statement been prepared? | Yes  No  Not applicable |
| **MoH** | Should MoH advice / assistance be obtained (e.g. Legal Branch)? | Yes  No |
| **External Notifications** | Has the Coronial Checklist been completed?  Has the **Coroner** been notified? | Yes  No  Not applicable  Yes  No  Not applicable |
| Which organisations have been notified? | Tick all that apply:  Department of Communities & Justice  Treasury Manager Fund (TMF)  Therapeutic Goods Administration (TGA)  Child Protection  National Disability Insurance Scheme (NDIS)  SafeWork NSW  NSW Ombudsman  NSW Police  Aged Care  Other – specify: |
| **10. Other** | Other comments (if any) | |  |