

Introduction	1
Access to the Structured Review tab in SLS	1
Using the Structured Review tab in SLS	2
1. Select the type of investigation or review being conducted.....	2
2. Investigation Lead.....	2
3. Type of Adverse Incident or Sentinel Event	2
4. Date investigation commenced and due (other investigations / reviews)	2
5. Root Cause Analysis under Part 8	3
6. Timeframes for investigations.....	3
7. Extensions	3
8. Investigation progress notes.....	4
9. Reports arising from investigations	4
10. Using the Documents tab	4
11. Date investigation completed.....	5
12. Specific question set for Lookback review of Cluster incidents.....	5
Summary of timeframes for investigations or reviews	6
For further information	6

Introduction

The purpose of this Topic Guide is to provide information about the functions of the Structured Review tab. This includes changes to enhance this section of the SLS, which was formerly known as the SAC1 and SAC2 Investigation tab.

Patient incidents that are rated as Safety Assessment Code (SAC) SAC1 and SAC2 have had a harmful outcome for the patient and may require more formal investigation and Level 1 Open Disclosure.

The Structured Review tab assists authorised staff to record and monitor incident investigation after serious patient incidents. Investigations are required to be completed in a timely manner by the SA Health Patient Incident Management and Open Disclosure Policy Directive.

South Australia Health Incident/Event Investigation/Review Form

Date and Time	Structured Review
Management	This section has functions that assist the Investigation Lead or Incident Manager to record the type of investigation and actions arising from a formal structure of the patient incident. (Tool 4 – Reporting and management requirements for Safety Assessment Code (SAC) 1 and SAC 2 patient incidents flowchart)
Structured Review	

Access to the Structured Review tab in SLS

The Structured Review tab is only available to staff who have been given authorised access to this part of the Safety Learning System by the Department of Health and Wellbeing (DHW) Safety and Quality SLS Support Team because of their role and responsibility. Examples include Safety and Quality and Clinical Governance Staff, Risk Managers and Part 7 Committee Members.

To request access, complete the [Access Request Form](#) and contact your Local Health Network SLS Site Administrator.

Using the Structured Review tab in SLS

The questions in **red** are monitored for the status of structured investigations, to ensure that the legislative requirements for Root Cause Analysis under Part 8 of *Health Care Act 2008* (the Act) are met.

1. Select the type of investigation or review being conducted

Investigation/Review

Select type of Investigation/Review being conducted

Lookback review (for Cluster Incidents)

Investigation/Review conducted without protection

Review conducted under Part 7 of Health Care Act 2008

Root Cause Analysis under Part 8

- > A Root Cause Analysis (RCA) under protection from Part 8 of the *Health Care Act* can only be conducted for incidents that meet the definition of Adverse Incidents in the SA Government Gazette. This includes those designated as Sentinel Events. For additional information refer to SA Health [Root Cause Analysis webpage](#).
- > An investigation or review conducted without protection of the *Health Care Act* is discoverable. Methods of investigation include but are not limited to RCA methodology; ad hoc review; detailed clinical review; or medical record review.
- > A Review conducted under Part 7 of the *Health Care Act* is a review conducted by an authorised Part 7 committee and is not discoverable.
- > A Lookback Review is the investigation that is conducted for Cluster Incidents. Refer to the SA Health [Lookback Review Policy Directive](#). A Cluster incident is a type of adverse incident where there is a group or series of harmful incidents that are the result of one systemic error or issue, and that involves a systems failure or multiple systems failure that does or has the potential to place more than five patients directly at risk.

2. Investigation Lead

Investigation Lead

Complete the drop down box. The nominated person will require SLS log-in access.

3. Type of Adverse Incident or Sentinel Event

Select type of Adverse Incident or Sentinel Event

This section will appear for all investigation/review types. This allows the reviewer to select the Adverse Incident type or Sentinel Event definition (described in SA Government Gazette).

4. Date investigation commenced and due (other investigations / reviews)

This date field applies to all other reviews that are listed within the Structured Review tab. Enter the dates as appropriate. The date the investigation commenced is used for reporting purposes; this date **should not be altered** once entered.

<p>Date RCA commissioned</p> <p><i>An RCA done under protection of Part 8 of the Health Care Act must be commissioned within 14 days of the designated authority becoming aware of the adverse incident.</i> (dd/MM/yyyy)</p>	<input type="text"/>
<p>Date RCA commenced</p> <p><i>The RCA team must commence their investigation within 14 days of being commissioned.</i> (dd/MM/yyyy)</p>	<input type="text"/>

5. Root Cause Analysis under Part 8

See snip above.

An RCA done under protection of Part 8 of the *Health Care Act* must be commissioned within 14 days of the designated authority becoming aware of the adverse incident. The RCA team must commence their investigation within 14 days of being appointed. The date of appointment is the commissioning date.

For more information refer to [Root Cause Analysis webpage](#).

6. Timeframes for investigations

Date investigation/review report due	<input type="text"/>
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Enter the due date for the completion of the investigation and uploading of the final report. Refer to the Summary of timeframes, later in this document. An RCA must be completed, and the final reports uploaded, within 70 days of the commencement date unless DHW S&Q Unit has granted an extension.

If a Part 7 review is commenced or completed and it is determined that an RCA should also be conducted for the incident, enter the 'Date RCA commissioned' (allowing for up to 14 days of commissioning) and the 'Date RCA commenced'.

7. Extensions

All structured review incident investigations have a 70 day timeframe as per the [Patient Incident Management and Open Disclosure Policy Directive and Toolkit](#). This ensures that the findings and actions arising can be promptly put into place to improve the safety and quality of services. There are some circumstances that can require extended timeframes.

RCA timeframes are strict as they are prescribed by the *Health Care Act 2008*. The protection provided for an RCA will expire unless an extension is requested and approved. Any request for an extension must be requested at least 10 days prior to due date.

Other types of investigation/review can also be granted extensions through the same process as RCA's. Refer [Tool 4 – Reporting and Management Requirements for Safety Assessment Code \(SAC\) 1 and SAC 2 Patient Incidents Flowchart](#).

All requests for extensions must be emailed to the sentinel event mailbox HealthSentinelEvents@sa.gov.au for review

The 'Extensions' section in SLS can only be edited by DHW Safety & Quality team.

Extensions	
Has an extension been requested?	Yes
Date extension requested	<input type="text"/>
Was the extension granted?	Yes
Date extension granted	<input type="text"/>
Has a second extension been requested?	Yes
Date second extension requested	<input type="text"/>
Was the second extension granted?	Yes
Date second extension granted	<input type="text"/>

8. Investigation progress notes

Investigation Progress Notes	<input type="text"/>
Investigation Progress Notes history	

Use this field to record the progress of any investigation that is not being conducted under protection. SLS maintains a read-only record of the progress notes, including the date and name of the person entering the note. A note cannot be changed or amended after it has been entered.

9. Reports arising from investigations

Reports

- Attach any documents to the Documents tab.
- Each investigation/review must have a Clinical Incident Brief (CIB) attached.
- Root Cause Analyses (RCA) and Lookback Reviews must also have Reports 1 and 2 attached.
- Documents that relate to an RCA conducted under Part 8 of the *Health Care Act* 2008, or a Part 7 committee review, must be attached as Level 1 Secure documents.

Is the investigation complete with all reports attached?

Attach any documents using the functions of the Documents tab.

After an RCA the final reports (1 and 2) must be uploaded in fulfilment of the requirements of Part 8 of the *Health Care Act*. For additional information refer to: [Tool 1 - Root Cause Analysis \(RCA\) Reports and Documentation](#).

After a Lookback Review, Clinical Incident Brief(s) and report(s) must be uploaded in the documents section. For additional information refer to [Lookback Review Policy Directive](#).

By answering 'Yes' to the question 'Is this investigation complete, with all reports attached?' the incident manager is confirming that all components of the review are completed, and reports are uploaded.

10. Using the Documents tab

The Documents tab allows the manager to attach any evidence or supporting documentation to the incident report and to add extra security.

Documents
To restrict access to a document, attach it as a 'Level 1 secured document'. This means that it can only be viewed by designated Managers.

No documents.

Attach a new document

Save Cancel

Select 'Attach a new document' to add document.

Attachment details

* Link as

* Description

* Attach this file No file selected.

Save Cancel

From the 'Link as' list you can select 'Level 1 secured document' if appropriate, otherwise choose the relevant document type.

Reports arising from RCAs, Part 7 Committees, and any other sensitive documents must be saved as Level 1 secured documents. Additional access is required to be able to view Level 1 secured documents in the SLS. This additional access is available via your LHN or site administrator.

'Description' is a free text description that users with access to the document will be able to see

Select 'Browse' to locate the document on your local PC or network drive and then select 'Save' to upload it.

11. Date investigation completed

Enter the date on which all reports were uploaded, and there were no outstanding actions to complete. This must be prior to or the same as the Date investigation/review report due.

Date investigation completed (dd/MM/yyyy)

Must be within 70 days of commencement date

12. Specific question set for Lookback review of Cluster incidents

If 'Lookback review (for Cluster Incidents)' is selected as an investigation type, this section will appear.

Cluster Title

The Safety and Quality Unit will provide you with a Cluster Title once you have notified them of the cluster.

Once a cluster has been identified and a Lookback review is to be performed the following steps must be taken

- > Within 24 hours of cluster identification, the responsible LHN, SAAS or Statewide Clinical Support Service must email the Health:Sentinel Events mailbox (HealthSentinelEvents@sa.gov.au) to notify DHW Safety and Quality of the incident and request a Cluster title. DHW Safety and Quality will then create a new entry in the 'Cluster Title' field for the cluster and advise when it is available.
- > The nominated Cluster title should be used for the 'parent (main) incident', but not added to all reports for patients affected by the cluster incident.

Complete remaining fields.

Summary of timeframes for investigations or reviews

Note - A [Clinical Incident Brief](#) is required as soon as practicable or within 2 days of the incident being reported, or the cluster being identified.

Investigation Type	Investigation commenced	Investigation completed
Investigation/Review conducted without protection of the <i>Health Care Act</i>	Within 28 days from when the incident was first reported.	Complete within 70 days from the date the incident was first reported. Extensions can be requested
Review conducted under Part 7 of <i>Health Care Act 2008</i>	Within 28 days from when the incident was first reported.	Complete within 70 days from the date the incident was first reported. Extensions can be requested
Root Cause Analysis under protection from Part 8 <i>Health Care Act 2008</i>	Commission within 14 days of the designated authority being made aware of the incident. Commence RCA within 14 days of commissioning date.	Complete and upload reports 1 and 2 within 70 days from the date the RCA commenced Extensions can be requested
Lookback review (for Cluster Incidents)	Meet with Senior Executive(s) within 24 hours. Take action within 5 working days. Convene a steering group to plan and oversee the lookback review.	Complete within 70 days from the date the cluster was first reported. Extensions can be requested

For further information

[Link to website SA Health Patient Incident Management and Open Disclosure Policy Directive and Toolkit](#)

- > [Tool 4 – Reporting and management requirements for Safety Assessment Code \(SAC\) 1 and SAC 2 patient incidents flowchart](#)
- > [Tool 1 - Root Cause Analysis \(RCA\) Reports and Documentation Requirements.](#)

[SA Health Lookback Review Policy Directive](#)

[SA Health Root Cause Analysis Policy Directive](#)

[Health Care Act 2008 Part7 Committees Policy Directive](#)

[Patient Incident Management and Open Disclosure Policy Directive](#)

[Guide to using Patient Incident Management and Open Disclosure Toolkits](#)

For more information

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