|  |  |  |
| --- | --- | --- |
| Background Information | | |
| Practice code |  | |
| Date of review |  | |
| *(review notes between 4 and 1 month before this date for triggers)* | | |
| Reviewer (GP, GP Registrar) |  | |
| Trigger Information | | |
| Are the following triggers present in records during the review period? | Tally chart of triggers (this bears no relation to number of patient records reviewed or PSIs detected) | Total no. of triggers |
| 1) 3 or more consultations in any period of 7 consecutive days |  |  |
| 2) New significant diagnosis |  |  |
| 3) New allergy read code added |  |  |
| 4) Repeat oral/injectable medicine discontinued |  |  |
| 5) OOH/A&E attendance |  |  |
| 6) Emergency Hospital admission |  |  |
| 7) Haemoglobin <10.0 |  |  |
| 8) *Additional trigger to review (optional)* |  |  |
| Reviewing of patient’s record information | | |
| Review all triggering records (spending no more than 5 minutes per patient) to look for patient safety incidents (PSIs). However if a PSIs is detected please feel free to review the record for long enough to fully understand what caused it. If no PSIs are detected please read the examples of what constitutes a PSI again. Use the following grid to score the severity and preventability of each PSI | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Severity & Preventability Information | | | |
| **Severity Scale** | | **Preventability Scale** | |
| Potential to cause harm | 1 | Not preventable and originated outside primary care | 1 |
| Mild harm, inconvenience, follow-up or investigation to ensure no harm occurred | 2 | Preventable and originated in secondary care OR Not preventable and originated in primary care | 2 |
| Moderate harm (requiring intervention) | 3 | Potentially preventable and originated in primary care | 3 |
| Prolonged/substantial/permanent harm (including hospitalisation) | 4 | Preventable and originated in primary care | 4 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scoring system for the severity and preventability of Patient Safety Incidents | | | | | | | |
| **PSI** | **Brief description of PSI (including trigger number (*see ‘trigger information above*) age and sex of patient)** | **Severity**  **(1-4)** | **+** | **Preventability (1-4)** | | **=** | **Priority (max 8)** |
| 1 | ***Trigger number(s) as above****:* |  |  |  | | = |  |
| ***Write description of the PSI here***: | | | | | | |
| **PSI** | **Brief description of PSI (including trigger number (*see ‘trigger information above*) age and sex of patient)** | **Severity**  **(1-4)** | **+** | **Preventability (1-4)** | | **=** | **Priority (max 8)** |
| 2 | ***Trigger number(s) as above***: |  | + |  | | = |  |
| ***Write description of the PSI here*:** | | | | | | |
| 3 | ***Trigger number(s) as above***: |  | + | |  | = |  |
| ***Write description of the PSI here***: | | | | | | |
| 4 | ***Trigger number(s) as above****:* |  | + | |  | = |  |
| ***Write description of the PSI here***: | | | | | | |
| 5 | ***Trigger number(s) as above****:* |  | + | |  | = |  |
| ***Write description of the PSI here***: | | | | | | |
| 6 | ***Trigger number(s) as above***: |  | + | |  | = |  |
| ***Write description of the PSI here***: | | | | | | |

*n.b. if you have identified more than 6 PSIs please add another sheet to record these*

|  |  |  |  |
| --- | --- | --- | --- |
| Action and intended actions relating to PSIs | | | |
| Consider each PSI in turn, what actions did you take immediately during the review itself and what is/are the most appropriate next steps? Use this form to keep a record of how you will deal with each PSI or what steps you and your practice may take next. Examples of common intended actions include: SEA, formal incident report to National Reporting and Learning System, audit, feedback to colleagues, discussion with trainer, change a system or protocol. However, please feel free to write down your own solutions and ideas. | | | |
| **PSI number (from table on previous page)** | **Action(s) during review (e.g. updated coding, tasks sent to colleagues, contacted patient)** | **Intended Actions** | **When, who and how?** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| *n.b. if you have identified more than 6 PSIs please add another sheet to record actions* | | | |
| Learning points | | | |
| Did any personal or practice learning needs or points arise? (E.g. training needs, changes to systems) | | | |
|  | | | |