



# Clinical Incident Notification

(To be completed by the hospital/health service)

Report only  Claim/potential claim

## Department of Health details

Hospital/Health Service:	
Contact name:	
Phone:	Email:
Risk/cost centre:	Hospital/Health Service reference:
Does the incident involve a non-salaried medical practitioner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Office of Health Review involved?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Coroner notified?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Legal opinion required?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has a claim been made?	No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, how? Writ <input type="checkbox"/> Letter/email <input type="checkbox"/> Verbal <input type="checkbox"/>
By whom?	

## Patient details

Last name:	First name:		
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Public <input type="checkbox"/> Private <input type="checkbox"/>	
Address:			
Unit medical record number:	Date of incident:		
Is the patient deceased? No <input type="checkbox"/> Yes <input type="checkbox"/>	Was the incident childbirth related? No <input type="checkbox"/> Yes <input type="checkbox"/>		

## Claimant details (if not patient)

Last name:	First name:
Address:	
Relationship to patient:	

**Claim Identifier** MINC number assigned at DoH. Teaching hospitals only please add:

<b>INCIDENT/ALLEGATION TYPE: Please rank in order of importance where 1 is the primary incident (up to 4)</b>	
<input type="checkbox"/> 10 Diagnosis Missed <input type="checkbox"/> Delayed <input type="checkbox"/> Incorrect <input type="checkbox"/> <input type="checkbox"/> 20 Medication – related: type and dosage <input type="checkbox"/> 21 Medication – related: method of administration <input type="checkbox"/> 30 Anaesthetic – Epidural <input type="checkbox"/> anaesthetic substances <input type="checkbox"/> monitoring/resuscitation <input type="checkbox"/> <input type="checkbox"/> 40 Blood/product – related (includes blood transfusions) <input type="checkbox"/> 50 Procedure (surgery) – failure to perform <input type="checkbox"/> 51 Procedure (surgery) – wrong procedure <input type="checkbox"/> 52 Procedure (surgery) – wrong body site <input type="checkbox"/> 53 Procedure (surgery) – post-operative complications <input type="checkbox"/> 54 Procedure (surgery) – failure of procedure <input type="checkbox"/> 56 Procedure (surgery) – post-operative infection <input type="checkbox"/> 57 Procedure (surgery) – intra-operative complications <input type="checkbox"/> 59 Procedure (surgery) – other or not further defined	<input type="checkbox"/> 60 Treatment – delayed <input type="checkbox"/> 61 Treatment – not provided <input type="checkbox"/> 62 Treatment – complications <input type="checkbox"/> 63 Treatment – failure of treatment <input type="checkbox"/> 64 Treatment – other <input type="checkbox"/> 70 Consent (including failure to warn) <input type="checkbox"/> 80 Infection control (includes instrument sterilisation HAI) <input type="checkbox"/> 90 Device failure (includes problems with implanted devices) <input type="checkbox"/> 100 Other general duty of care issues <input type="checkbox"/> 110 Other – expand <input type="checkbox"/> 120 Not yet known

**Important:** this form may be disclosed to the claimant through the process of discovery in civil litigation or in response to an application under the *Freedom of Information Act 1992 (WA)*. It is important that requested information only be recorded on the form.



# Instructions for completion of the Clinical Incident Notification form

## Purpose

The RiskCover Fund Guidelines require all hospitals/health services to notify the Insurance Commission of all clinical incidents that are, or have the potential to become, actual legal claims against a hospital/health services and/or health practitioner.

## Who should complete the form?

The hospital/health service Medical Treatment Liability Claims Manager or equivalent.

## Completing the form

- All dates should be entered in the dd/mm/yyyy format.
- Hospital/health service reference number; if the hospital/health service uses a system of recording claims, insert the reference number for the claim.
- The Risk Centre is the number that identifies a place in the hospital/health service (e.g. operating theatre). It is generated by the Insurance Commission in consultation with the hospital/health service and should be entered in the space provided if known (otherwise leave blank).
- The staff contact name is the name of the person completing the form. Usually this is the Medical Treatment Liability Claims Manager or equivalent. The name is requested to enable any follow-up should further information be required.
- The set of yes/no questions allows DoH Legal and Legislative Services (or in the case of teaching hospitals, the Insurance Commission) to identify the parties notified/involved.
- If a non-salaried medical practitioner (NSMP) is involved with the claim, a separate Medical Treatment Liability Notification Form must be completed by the NSMP and provided to the Medical Director or equivalent at the hospital/health service.
- If a claim has been made, state who made the claim (e.g. name of law firm, community law centre etc.) and how the claim was made (e.g. orally, in writing or by services of a Writ).
- The 'date of incident' refers to the date on which the clinical incident occurred. This may not be easy to identify. When a series of events occurred over a period of time (e.g. repeated failure to diagnose a condition) the date on which the first event occurred should be recorded. Where there is a post-operative infection, the date of diagnosis of the infection is recorded, not the date on which the surgery was performed. Alternatively, in the case of retained instruments or when a perforation occurs during surgery, the date of surgery is recorded, rather than the date of diagnosis.
- The Unit Medical Record Number (UMRN) and the demographic information requested ensures the correct person can be tracked over the life of the claim.
- The section for claimant details (if different): This section has been added to obtain details where the claimant is a person other than the patient (e.g. the patient's parents, guardian or caregiver).
- Claim identifier: De-identified claims data are sent to a national database. The information is required to identify the types of claims that are occurring and being reported at state level. The teaching hospital staff member reporting the claim generates the Medical Indemnity National Collection (MINC) number. All other MINC numbers are assigned by DoH Legal and Legislative Services.
- Incident/allegation type: When selecting incident/allegation type, rank in order of important (up to 4) where 1 is the primary incident.

## Where should the completed form be sent?

- Non-teaching hospitals and rural hospitals/health services send the form should to DoH Legal and Legislative Services.
- Teaching hospitals/health services send the form to the Insurance Commission