

Reportable Events

Private Health Regulation Unit (PHRU)

Reportable events are required to be submitted under section 144(2)(a) of the *Private Health Facilities Act 1999*. The following events are prescribed in

1. [The Hospital and Health Boards Regulation 2012](#) and
2. [Australian Sentinel Events List \(version 2\) Specifications](#)
3. [Notifications to the Chief Psychiatrist associated with the Mental Health Act 2016](#)

Instructions:

This form contains interactive fields and must be completed on screen. Complete one form per patient/per reportable event.

Part A to be submitted **within 2 working days** of becoming aware of a reportable event.

Part B to be submitted within 90 days of being reported

Part A: Reportable event details

1. Name and address of the health facility in which the reportable event occurred	
2. Date reportable event occurred	
3. Reportable event identification number (allocated by facility)	
4. What was the reportable event type?	

a. Surgery or another invasive procedure being performed on the wrong site of a patient's body resulting in serious harm to the patient or the death of the patient
 b. Surgery or another invasive procedure being performed on the wrong patient resulting in serious harm to the patient or the death of the patient
 c. The wrong surgical or other invasive procedure being performed on a patient resulting in serious harm to the patient or the death of the patient
 d. The unintended retention of a foreign object in a patient after surgery or another invasive procedure resulting in serious harm to the patient or the death of the patient
 e. A haemolytic blood transfusion reaction caused by ABO incompatibility resulting in serious harm to the patient receiving the blood transfusion or the death of the patient
 f. The suspected suicide of a patient within an acute psychiatric unit or ward
 g. An error relating to a patient's medication resulting in serious harm to the patient or the death of the patient
 h. The use of physical or mechanical restraint resulting in serious harm to a patient or the death of a patient
 i. The use of an incorrectly positioned orogastric or nasogastric tube resulting in serious harm to a patient or the death of a patient
 j. The discharge or release of a patient who is a child under the age of 15 years to an unauthorised person
 k. A stillbirth; no sign of life after leaving the child's mother's body and who has been gestated for 20 weeks or more and weighs 400g or more
 l. Any death of a patient, or serious harm or other harm to a patient that is likely to be permanent, that was not listed above and was not reasonably expected to be an outcome of the health service provided to the patient

5. What was the patient outcome (choose more than one, if applicable)

<input type="checkbox"/> Death	<input type="checkbox"/> Serious harm that requires life-saving surgical or medical intervention	<input type="checkbox"/> Permanent or long-term physical harm
<input type="checkbox"/> Serious harm that shortens the patient's life expectancy	<input type="checkbox"/> Permanent or long-term loss of a physical function	
<input type="checkbox"/> Other, please specify:		

6. Describe the reportable event that occurred

Provide a factual account of the event including the patient's gender, age and the nature of the health service provide to the patient. State any immediate actions taken to prevent a reoccurrence.

7. Was the coroner notified?

Yes No Not applicable

8. Will an RCA be conducted?

Yes No Yet to be determined

9. Will a clinical incident analysis be conducted?

Yes No Yet to be determined

10. Other type of incident analysis?
e.g. Case review / chart review

This form was completed by

Name:

Position:

Contact number:

Email:

Submit form - Part A

Lock & Submit

Please retain an electronic copy of this form to complete Part B when required.

Part B: Reportable event review summary

To be completed after incident review and analysis. Part B to be submitted within 90 days of the event being reported

11. Name and address of the health facility in which the reportable event occurred			
12. Date reportable event occurred			
13. Reportable event identification number (allocated by facility)			
14. Type of review conducted			
15. Date review commenced		Date review completed	
16. Provide a brief response of how and why the incident occurred. OR attach a copy of your hospital RCA or clinical review to the completed Part B.			
17. What preventable barriers need to be strengthened or better implemented or actions to be developed.			
This form was completed by			
Name:		Position:	
Contact number:		Email:	
Submit form - Part B			

Please ensure you have completed all required fields above and click 'Lock and Submit' below.

Note: This will lock **Part B** against further editing for data integrity and open your email browser with an attachment of this form. Any additional supporting documents (where applicable) must be attached manually.

Lock & Submit