## DETERMINATION OF CLINICAL INCIDENT SEVERITY RATING (ISR)

Date: 30/09/2022 Version: 1.0 Author: Erin Turnbull Approved by: Lisa Smith

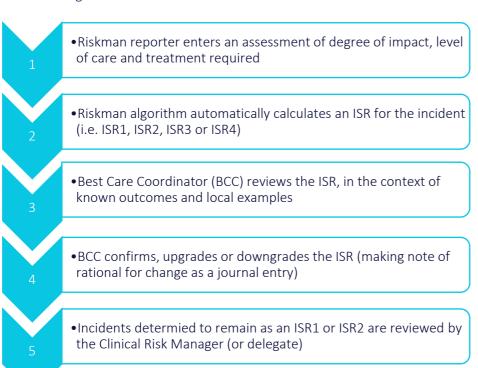
This QRG outlines the processes for accurate determination of the incident severity rating (ISR) for clinical incidents in RiskMan.

Incident Severity Rating (ISR) is a numerical rating of a clinical incident, used to determine the level of review required. RiskMan utilises an algorithm to automatically determine ISR based on assessments by the reporter in relation to degree of impact of the incident, level of care and treatment required following the incident.



### Confirmation of Incident Severity Rating Workflow

The following workflow should be followed to ensure consistent confirmation of ISR for clinical events



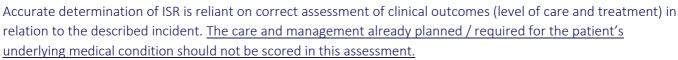




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## **Determination of Clinical Incident Severity Rating**



Supporting references are available in RiskMan to assist the reporter to assess and determine the impact/outcome of the incident via the "©" link. The following local examples may be used in conjunction with the RiskMan supporting references where uncertainty regarding severity rating exists.

#### Level of Harm Sustained

Level of Harm Sustained	Notes	Example
No harm – did not reach the person	SHOULD also be selected any for incidents confirmed to be a well-managed clinical events / where determined no incident occurred e.g. first presentation adverse drug reaction	Incorrect dose or type of medication prescribed in EMR, but not administered to the patient
No harm – did reach the person	SHOULD also be selected for any delay in referral, delayed escalation and delayed treatment where the overall trajectory of care did not change	Medication does is missed or delayed, without any ongoing harm to the patient
Harm – temporary (minor)	SHOULD also be selected when several temporary minor harms of the same type are related to one incident e.g. several small burns on both arms from self-harm event	The patient has <u>temporary</u> loss or reduction in functioning for one systems or body component e.g. Stage 3 pressure injury on patient's sacrum
Harm – temporary (moderate)	Do NOT score as moderate if any of the relevant harm is permanent	The patient has temporary loss or reduction in functioning for two or more systems or body components e.g. Fall in shower resulting in fractured neck of femur and skin laceration to scalp
Harm - permanent	SHOULD be selected even where harm relates to one body system only, if the harm for this system is permanent	An incident which results in <u>permanent</u> loss or reduction in functioning including complications of surgery/procedure/inpatient admission





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### Required Level of Care

Required Level of Care				
Required Level of Care	Notes	Example		
Current setting – no change	SHOULD be selected if a change in location was already planned/scheduled e.g. transfer from Birthing Suite to Woman's Ward	Remained on same ward in the hospital, with no change in frequency of observations		
Current setting - increased observations or monitoring	SHOULD be selected if the patient remained on the same site for additional monitoring e.g. transfer from Recovery to ICU for monitoring	Remained on same ward and/or same site with an increase in vital signs or investigations		
Internal/external transfer for diagnostic test or monitoring only	Does NOT include transfer to diagnostic department or for time limited monitoring if on the same WH site	A patient at Williamstown Hospital is transferred to Footscray Hospital for CTB		
Internal transfer for advanced/specialist care	Does NOT include change of ward / speciality care on same WH site	A patient in Grant Lodge is transferred to Footscray Hospital for orthopaedic review		
External transfer for advanced/specialist care	Does NOT include transfer between WH site	A patient on a Western Health campus requires		

#### **Actions Required**

Actions Required	Notes	Example
No treatment	CAN include change of location to facilitate medical review	Patient reviewed by medical staff post fall, but no treatment was required
Minor treatment	CAN include change of location for minor treatment	Patient required an additional blood test, simple dressings or analgesia following an incident
Intermediate treatment	Does NOT include care that was already insitu or planned prior to the incident e.g. reinsertion of urinary catheter if incident relates to dislodged urinary catheter during a fall	Patient required a CT/MRI, suturing, insertion of nasogastric tube, urinary catheter insertion, evacuation of haematoma, >5 physiotherapy sessions, MET/Code Blue resulting in O2 therapy, administration of anti-arrhythmic, or reversal of medications
Advanced treatment	Does NOT include care that was already insitu or planned prior to the incident e.g. transfer to surgery was already planned for a patient in ED, unrelated to a medication administration error	Patient required surgical intervention to treat lifethreatening haemorrhage or organ perforation, surgical/medical referral to treat injury, MET/Code blue resulting in advanced life support (e.g. rescue breathing, cardiac compressions, ventilation, treatment of anaphylaxis) insertion CVC or PICC line, emergency defib, pacemaker insertion, administration of noradrenaline/dopamine, haemofiltration/dialysis, insertion of an intraaortic balloon pump



