

# SAPSE CONFIRMATION AND SAPSE REVIEW

Date: 10/02/23 Version: 1 Author: Allison Lamb Approved by: Lisa Smith

This QRG outlines the process to confirm a Serious Adverse Patient Safety Event (SAPSE) and the process to determine a SAPSE review for the Victorian Statutory Duty of Candour at Western Health.

This QRG should be read in conjunction with the Statutory Duty of Candour PPG, the [Determination of Clinical Incident Severity Rating \(ISR\) QRG](#), and the [Clinical Incident Management and Investigation PPG](#) at Western Health.

## SAPSE Huddle

All incidents that have been confirmed Incident Severity Rating (ISR) 1 or 2 by the Patient Safety Lead (PSL) will be discussed in a SAPSE Huddle.

The purpose of a SAPSE Huddle is to:

- determine if an incident is confirmed a SAPSE
- determine if further information is required in order to confirm a SAPSE
- determine the investigation format of a confirmed SAPSE
- determine attendees of the Statutory Duty of Candour (SDC) meetings for a confirmed SAPSE.

The PSL will initiate and facilitate the SAPSE Huddle.

The SAPSE Huddle will be comprised of the following membership:

- Patient Safety Lead (PSL)
- Patient Feedback Lead (PFL)
- Director of Best Care Operations
- Best Care Operations Manager
- BCC Team Lead (of the aligned Division)
- Deputy Chief Medical Officer
- Other (SDC Project Lead, if applicable)

## SAPSE Confirmation

A SAPSE is confirmed at the SAPSE Huddle by all attendees if the incident meets the following criteria:

- ISR 1 or 2
- Level of harm is moderate or severe
- harm experienced was unintended or unexpected

*Moderate harm* means harm that requires a moderate increase in treatment to a patient, such as an unplanned or unexpected return to surgery, but does not include harm that causes permanent damage or injury to an individual.

*Severe harm* means harm that causes a permanent lessening in the functioning of an individual that is unrelated to the natural course of a person's illness or underlying condition including harm that can lead to a person experiencing a permanent impairment or disability, or death.

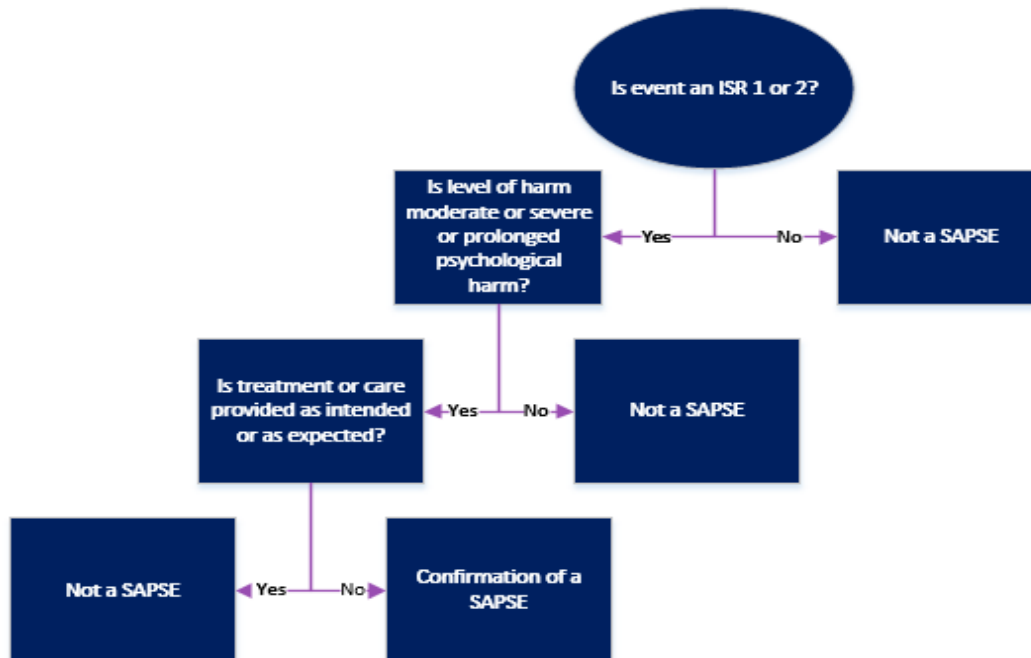
If the treatment or care provided was as intended or as expected, the incident may not qualify as a SAPSE, even if harm occurred.

If it is determined in the SAPSE Huddle that further information is required in order to confirm the incident meets the criteria of a SAPSE, the PSL will seek clarification and advice from the relevant Clinical Service Director (CSD).

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## SAPSE Confirmation Decision Tree



## Determining the Investigation Format for a Confirmed SAPSE

Once a SAPSE is confirmed, appropriate investigation format is determined as per the [Clinical Incident Management and Investigation PPG](#) and the criteria below.

A SAPSE that meets the following criteria will determine the investigation format to be a Protected SAPSE review

- Sentinel Event (or consideration of)
- High risk of litigation
- High reputational risk

*NOTE:* If a Protected SAPSE review is required, a panel will be appointed and relevant protections will apply. If a 'SAPSE review panel' is not formed to produce a 'SAPSE review report' in accordance with the Health Services Act 1988 and relevant regulations, it will not be a Protected SAPSE review or have relevant protections apply. It is important to note that a Protected SAPSE review' is not mandatory and does not need to be completed for all SAPSEs.

If the SAPSE is determined to require a Protected SAPSE review, the PSL will organise a Safety Huddle in line with the [Clinical Incident Management and Investigation PPG](#), and obtain endorsement from the CEO.

## Determining the Attendees of the SDC meetings

The following personnel are routinely required to attend the SDC meetings and will be nominated in the SAPSE Huddle by the Best Care Coordinator – Team Lead:

- HOU / DONM as per SDC PPG
- Treating Clinical Expert (Medical and /or Nursing)
- Dedicated Family Contact (DFC)
- Patient and / or Next of Kin
- Supportive Resource Personnel (Interpreter, Aboriginal Health Liaison Officer etc)

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## Notification

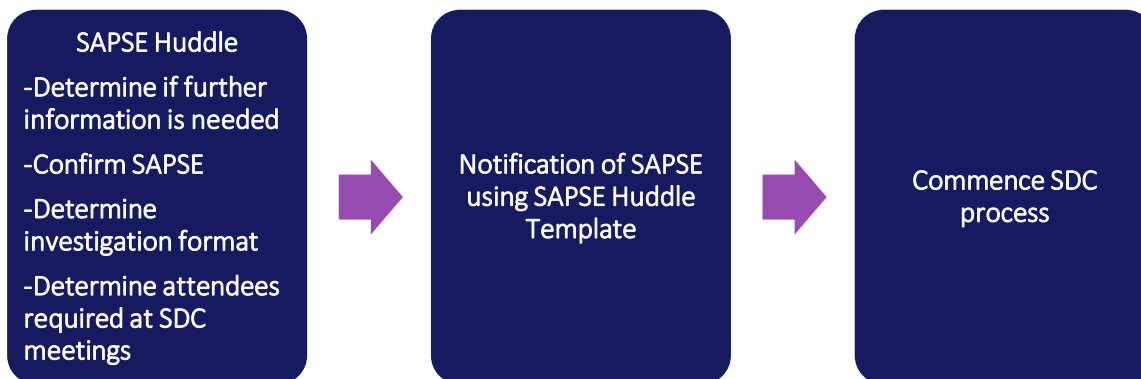
Following the SAPSE Huddle, the SAPSE Huddle template will be completed by the PSL and will be distributed by email to the following as notification of the confirmed SAPSE, the investigation format of the confirmed SAPSE and notification of the required attendees of the SDC meetings:

- Head of Unit (HOU) / Director of Nursing & Midwifery (DONM)
- Divisional Director
- Clinical Service Director
- Director of Best Care Operations
- Best Care Operations Manager
- PFL
- Best Care Coordinator (BCC) – Team Lead
- Deputy Chief Medical Officer
- Other (SDC Project Lead, if applicable)

The BCC- Team Lead will distribute the completed SAPSE Huddle Template as appropriate to the BCC- Investigation Lead and the Dedicated Family Contact.

## SAPSE Confirmation Workflow

The PSL commences the process by facilitating the SAPSE Huddle.



The SDC process commences and is coordinated between the DFC and the BCC Investigation Lead to ensure questions from the SDC meetings are included in the the investigation process and recommendations are communicated in the SAPSE report.

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## SAPSE Huddle Template

### SAPSE Huddle

Present	Name / Delegate	
Patient Safety Lead		
Patient Feedback Lead		
Best Care Coordinator Team Lead		
Best Care Operations Manager		
Director Best Care Operations		
Deputy CMO		
Other (SDC Project Lead if applicable)		
<b>Incident Summary – BCC TL</b>		
Patient URN		
Riskman ID number		
Date of event / Date of SAPSE Huddle		
Brief summary		
Confirmed Incident Severity Rating	ISR 1 <input type="checkbox"/> ISR 2 <input type="checkbox"/>	
Complaint / Feedback Received	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirmed SAPSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Review recommended	CIR – no panel <input type="checkbox"/> CIR - panel <input type="checkbox"/> / Protected review (SAPSE) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safety Huddle required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Actions</b>		<b>Responsible to Action</b>
Open Disclosure (as per SDC requirements)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Notification</b>		<b>Responsible to Action</b>
Riskman confirmation - SAPSE		
Completed SAPSE template distributed		
<b>Suggested Review Team (PSL)</b>	<b>Name / Role</b>	<b>Responsible for contacting</b>
BCC TL		
BCC Investigation Lead		
<b>Suggested SDC meeting attendees (PFL)</b>	<b>Name / Role</b>	<b>Responsible for contacting</b>
HOU		
DNM		
Dedicated Family Contact		
Clinical Expert		
<b>Discussion points:</b>		

Date: 3/2/2023 Version: 1.0 Author: Lisa Smith



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## Resources

SDC PPG

[Determination of Clinical Incident Severity Rating \(ISR\) QRG](#)

[Clinical Incident Management and Investigation PPG](#)

## Reference

[Victorian Duty of Candour Framework](#)

[Victorian Duty of Candour Guidelines](#)