

This Matrix should be used in conjunction with Calvary Clinical Incident Management Policies/Guidelines and the WHS Hazard and Incident Reporting Procedure.

Step 1 - Identify the Consequence (the examples listed here are not exhaustive.)

		Consequence Table				
		SERIOUS	MAJOR	MODERATE	MINOR	INSIGNIFICANT
Clinical Consequence	Patient/Resident/Client	Patient/resident/client with death unrelated to the natural course of the illness and differing from the immediate expected outcome of the management or: The National Sentinel Events: <ul style="list-style-type: none"> Procedures involving incorrect patient or body part Suspected suicide in hospital or within 7 days of discharge Retained instruments or other material requiring surgical removal Medication involving the death of a patient/resident/client Intravascular gas embolism Haemolytic blood transfusion Maternal death or serious morbidity associated with labour and delivery Maternal death associated with labour and delivery Infant discharged to incorrect family 	Patient/resident/client suffering a Major permanent loss of function (sensory, motor, physiological or psychological) unrelated to the natural course of the illness and differing from the expected outcome of the management or any of the following: <ul style="list-style-type: none"> Suffering significant disfigurement as a result of the incident Patient at significant risk due to being absent against medical advice Threatened or actual physical or verbal assault of patient requiring external or police intervention. 	Patient/resident/client with permanent reduction in bodily functioning unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: <ul style="list-style-type: none"> Increased length of stay as a result of the incident Surgical intervention required as a result of the incident 	Patient/resident/ client requiring increased level of care including: <ul style="list-style-type: none"> Review and evaluation Additional Investigations Referral to another clinician 	Patient/resident/client with no injury or increased level of care or length of stay.
	Financial	Event is a critical financial loss that cannot be managed by the NCEO or National Board resulting in closure or significant reduction in a Service.	Event cannot be managed by the Service, requires NCEO or National Board approval.	Event that can be managed by the Service CEO.	Event can be managed within existing unit/department budget.	Event with minimal financial impact requiring no action or approval within local authority levels.
	Worker/Visitor/Contractor/Volunteer	Fatality of one or more persons	Severe irreversible disability to one or more persons	Extensive or multiple injuries Injuries requiring immediate treatment as in-patient in a hospital Electric shock	Workplace related injury/illness to a person requiring medical treatment and/or time off work/normal activity	Minor workplace related injury/illness requiring first aid or minor medical treatment
	Consumer/Customer/Community Feedback	Event leading to a major external review recommending closure of or significant reduction in a Service.	Event of a Health Care Complaints Commissioner investigation with recommendations requiring significant changes and/or resources; negative community or media attention requiring restorative community engagement.	Event involving investigation by the Health Care Complaints Commissioner with or without notification of regulatory bodies and/or resulting in negative media attention.	Event requiring investigation and/or formal response and resulting in procedural or policy change.	Event requiring minimal local action/response
	Accreditation/legislative compliance	Loss of accreditation/certification or legislative non-compliance resulting in closure or significant reduction in a Service. Conviction of Senior Executive or Board Director resulting in closure or significant reduction in a Service.	Loss of accreditation/ certification or legislative non-compliance resulting in sanctions and/or loss of community confidence and/or reputation.	Failure to achieve full term accreditation/ certification and/or high priority recommendations from accrediting/certifying body requiring timely action to maintain accreditation/certification. Legislative non-compliance requiring internal management.	Recommendations received following accreditation/certification process requiring action and/or additional resources.	Recommendations received following accreditation/certification process requiring minimal action.
Corporate Consequence	Environmental, Facility, Equipment	Major damage resulting in closure of facility and/or cessation of service	Collapse or partial collapse of a facility or structure Uncontained environmental event requiring: site wide evacuation; or temporary closure of the facility Hazardous/toxic substance release offsite with detrimental affects Major property or equipment damage (\$100K+) Unaccountable loss of scheduled drug medications requiring external notification	Uncontrolled: escape, spillage or leakage of a substance/gas; fire or explosion Significant property or equipment damage (between \$10K and \$100K) Large on-site spill contained with outside assistance, remediation work required	Moderate property or equipment damage (between \$1K and \$10K) On site spill contained (potential waste or water contamination) Scheduled drug register anomaly or incorrect storage requiring investigation	Slight property or equipment damage (less than \$1K) Minor contained spill, no environmental impact Scheduled drug register error corrected at the time of the incident

Step 2 - Determine the Likelihood of Reoccurrence

Likelihood	
FREQUENT (Almost certain)	The event is expected to occur: common or repetitive occurrence in our organisation; several times per year
PROBABLE (Likely)	The event will probably occur sometime; has happened at the service or more than once per year in our organisation
OCCASIONAL (Possible)	The event should occur at some time; once per 1 to 2 years; has happened in our organisation
UNCOMMON (Unlikely)	The event could occur at some time (infrequently); once per 2 to 5 years; heard of in industry
REMOTE (Rare)	The event may occur in exceptional circumstances; may happen every 5 years or more; never heard of in industry

Step 3 - Risk Matrix Calculate the SAC or Risk Rating

Consequence	CATASTROPHIC	MAJOR	MODERATE	MINOR	INSIGNIFICANT
Likelihood					
FREQUENT (Almost certain)	1	1	2	3	3
PROBABLE (Likely)	1	1	2	3	3
OCCASIONAL (Possible)	1	2	2	3	4
UNCOMMON (Unlikely)	1	2	3	4	4
REMOTE (Rare)	2	3	3	4	4

Step 4 - Notification required according to the Incident Risk/SAC Rating

Level 1 Extreme Risk - NCEO and NLT attention required	Level 2 High Risk - Service Executive Team attention required
<ul style="list-style-type: none"> • Staff notify manager on duty • Manager on duty confirms incident severity • Manager on duty notifies the service CEO?GM and Worksafe if a WHS incident • NLT notified by phone by manager on duty or CEO?GM <ul style="list-style-type: none"> - National Director Clinical Services if a clinical incident - National Director People Organisation and Development if a WHS incident - National Director for other SAC 2 incidents (property/legal/financial) • NLT member notifies NCEO as appropriate • NCEO is responsible for notifying the LCMHC Board • Incident entered into Riskman2 before end of shift the incident occurred (initial notification) • RCA Investigation (Clinical) or WHS investigation commenced 	<ul style="list-style-type: none"> • Staff notify manager on duty • Manager on duty confirms severity assessment • Manager on duty notifies the service CEO/GM and Worksafe if a WHS incident • NLT notified by phone by manager on duty or CEO/GM if appropriate <ul style="list-style-type: none"> - National Director Clinical Services if a clinical incident - National Director People Organisation and Development if a WHS incident - National Director for other SAC 2 incidents (property/legal/financial) • Enter incident into Riskman2 before end of the shift the incident occurred (initial notification) • A full investigation (Clinical - London Protocol/RCA or WHS Investigation) commenced
Level 3 Moderate Risk - Unit/Department Head/Area Manager action required	Level 4 Low Risk - All Employees
<ul style="list-style-type: none"> • Staff notify Unit Manager or Manager on Duty • Incident report entered into Riskman2 • Incident severity confirmed by unit/department manager • Management to assign responsibility for investigation (clinical) 	<ul style="list-style-type: none"> • Staff enter incident into Riskman2 before end of shift the incident occurred (incident notification) • Incident Reviewed and severity confirmed by unit/department manager • Management review commenced