**SAC 1 Evaluation of Recommendations**

**Clinical incident details**

|  |  |  |
| --- | --- | --- |
| **CIMS Reference number:** | **Site Name:** | |
| **Incident date:** Select date | **Investigation report submission date:** Select date | |
| **PSSU notification date:** Select date | **Evaluation report submission date:** Select date | |
| **Type of SAC 1 clinical incident:** *Choose an item.* | | |
| *If ‘Other, please specify’ is chosen, please provide further detail.* | | |
| **Additional documents attached:** | Yes | No |

The information provided in the SAC 1 Clinical Incident Evaluation of Recommendations will remain confidential. Recommendations arising from clinical incident investigations must be implemented and evaluated within 6 months (182 calendar days) of the investigation report submission.

Please submit this report as a PDF document via email: [Events.SAC1@health.wa.gov.au](mailto:Events.SAC1@health.wa.gov.au).

Contact the Patient Safety Surveillance Unit on the above email if you have questions regarding this process or visit the website <https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes> for further information regarding clinical incident management.

**Recommendations**

**Recommendation 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation title:** |  | | |
| **Implementation Details** | | | |
| **Implementation completion date:** | Select date | | |
| **Implementation evidence:** |  | | |
| **Evaluation Details** | | | |
| **Evaluation completion date:** | Select date | | |
| **Evaluation evidence:** |  | | |
| **Additional Details** | | | |
| **Is further quality improvement activity required?** | | Yes | No |
| If yes, please describe the action taken or planned. | | | |
| **Additional comments:** | | | |

***Note:*** *For further guidance refer to* [*CIM Guideline section 5.6 and CIM Toolkit section 5*](https://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system)*.*

**Recommendation x *– remove section if not required; copy for additional recommendations***

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation title:** |  | | |
| **Implementation Details** | | | |
| **Implementation completion date:** | Select date | | |
| **Implementation evidence:** |  | | |
| **Evaluation Details** | | | |
| **Evaluation completion date:** | Select date | | |
| **Evaluation evidence:** |  | | |
| **Additional Details** | | | |
| **Is further quality improvement activity required?** | | Yes | No |
| If yes, please describe the action taken or planned. | | | |
| **Additional comments:** | | | |

***Note:*** *For further guidance refer to* [*CIM Guideline section 5.6 and CIM Toolkit section 5*](https://ww2.health.wa.gov.au/Articles/A_E/Clinical-incident-management-system)*.*