

## Step One: Planning and Preparation

**Name of Reviewer:**

**Name of Practice:**

**Profession:**  GP Principal  GPST  Sessional GP  Salaried GP  Practice Nurse

**Date of Review:** (in dd/mm/yy format)  /  /  **Review Period:** (e.g. 3 calendar months)

**What Patient Group did you select records from?**

## Step Two: Review of Records

Please aim to review **25** records from the chosen patient group. Tick one box (✓) next to each trigger, each time you find it in one of the records. The number of boxes is **NOT** related to the number of records.

**Trigger** (a 'prompt' that may indicate a safety incident)

**Total**

Trigger	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total
≥ 3 consultations in 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New 'high' priority read code added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New allergy read code added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Repeat' medication item discontinued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Out of Hours / A&E attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hb <10.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
eGFP reduction ≥ 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional Trigger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Review of Findings

Please briefly describe the patient incidents that you detected. Next, judge the severity and preventability of each incident using the scales below and then add the two scores in the 'priority' column.

#### Description of Detected Patient Safety Incidents\*

Severity Preventability PRIORITY

	Description of Detected Patient Safety Incidents*	Severity	Preventability	PRIORITY
1	<input type="text"/>	<input type="checkbox"/>	+ <input type="checkbox"/>	= <input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	+ <input type="checkbox"/>	= <input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	+ <input type="checkbox"/>	= <input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	+ <input type="checkbox"/>	= <input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	+ <input type="checkbox"/>	= <input type="checkbox"/>

\*Patient Safety Incident: "Any incident that caused harm, or could have caused harm to a patient as a result of their interaction with health care" (The definition encompasses error, harm, adverse event, significant event and near miss)

#### Severity Scale

- 1 Any incident with the potential to cause harm.
- 2 Mild harm: inconvenience, further follow-up or investigation to ensure no harm occurred.
- 3 Moderate harm: required intervention or duration for longer than a day.
- 4 Prolonged, substantial or permanent harm, including hospitalisation.

#### Preventability Scale

- 1 Not preventable and originated in secondary care.
- 2 Preventable and originated in secondary care OR not preventable and originated in primary care.
- 3 Potentially preventable and originated in primary care..
- 4 Preventable and originated in primary care.

### Step Three: Reflection, Action & Improvement

**A. Please describe any Actions/Improvements made DURING the review** (e.g. updated coding, reviewed prescribing)

**B. What do you plan to do NEXT as a result of the trigger review findings?** Use the 'priority' scores as a guide if relevant. Tick as many action boxes below as appropriate for each detected incident. Write a brief description of the planned actions or add any actions not covered by the suggestions below.

#### Specific Actions

1 2 3 4 5

Please describe:

Significant event analysis

Audit

PDSA Cycle

Feed back to colleagues/GP Trainer

Make a specific improvement(s)

Add to Appraisal documentation

Submit a formal incident report

Update or develop a protocol

**C. Please describe identified Personal, Professional or Practice Team Learning Needs:**

**Personal:**

**Professional:**

**Practice Team:**

**Please add any comments about the trigger review process**

Approximately what length of time (in hours) did the review and completing this report take?  minutes