

Step One: Planning and Preparation

Name of Reviewer:			
Name of Practice:			
Profession:	☐ GP Partner	☐ GPST	☐ Locum/Sessional GP
	☐ Salaried GP	☐ Practice Nurse	
Date of Review: (in dd/mm/yy format)			
What Patient Group did you select records from?			

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.

Total

[illegible]

Please briefly describe the patient incidents that you detected. Next, judge the severity and preventability of each incident using the scales below.

Description of Detected Patient Safety Incidents*		Severity	Preventability	PRIORITY
1			+	=
2			+	=
3			+	=
4			+	=
5			+	=

***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	Preventability Scale
1 Any incident with the potential to cause harm.	1 Not preventable and originated in secondary care.
2 Mild harm: inconvenience, further follow-up or investigation to ensure no harm occurred.	2 Preventable and originated in secondary care OR not preventable and originated in primary care.
3 Moderate harm: required intervention or duration for longer than a day.	3 Potentially preventable and originated in primary care..
4 Prolonged, substantial or permanent harm, including hospitalisation.	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 ☐ ☐ ☐ ☐ ☐

Other: ☐ ☐ ☐ ☐

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?