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| --- | --- | --- | --- | --- | --- | --- |
| **Critical Incident Reporting Form**  Submit within 24 hours of the incident to [**quality@whaikaha.govt.nz**](mailto:quality@whaikaha.govt.nz) | | | | |  | |
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| **Provider details (To contact if we need more information)** | | | | | | |
| Organisation | | |  | HealthCERT | | | |
| *Enter full organisation name* | | |  | Does the service have five or more registered beds? | |  |
| Contact person |  | Contact phone |  | Contact email | | |
| *Enter your name* |  | *Enter your phone number* |  | *Enter your email* | | |
| Contact person’s title/role | | |  | NASC/EGL/FCS | | |
| *Enter your role* | | |  | *Select NASC* | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (To identify the disabled persons directly involved, location and classification of the incident)** | | | | | | | | | | | | | | | | | | |
| NHI of the disabled person/s | | | Disabled Person’s Name | | | | | | | | | Date of Birth | |  | Incident date | | | |
| *NHI* | | | *Enter person’s name* | | | | | | | | | *Select a date* | |  | *Select a date* | | | |
| *NHI* | | | *Enter person’s name* | | | | | | | | | *Select a date* | |  |  | | | |
| Incident location | | | | | | | | | |  |  | | | | | Location type | | |
| *Enter address or place name where incident occurred* | | | | | | | | | | | | | |  | *Choose a location type* | | | |
| Primary category | | | |  | | | | | | Secondary category (optional) | | | | | | |
| *Choose a primary category* | | | | | | | | | |  | *Choose a secondary category* | | | | | | | |
| Summary of event | | | | | | | | | |  | Follow-up and outcomes | | | | | | | |
| *Enter event summary* | | | | | | | | | |  | *Enter follow-up and actions* | | | | | | | |
| Select those at risk because of the event | | | | | | | | | |  | Factors that may have contributed to the event | | | | | | | |
| Client | |  | Family | | | | |  | |  | *Enter any insights* | | | | | | | |
| Management | |  | Organisational property | | | | |  | |  |
| Private property | |  | Public | | | | |  | |  |
| Public property | |  | Staff | | | | |  | |  | Disabled people’s perspective (provided with their consent) | | | | | | | |
| Other: | *Enter details of other risk* | | | | | | | | |  | *Enter any disabled people’s perspective sought on the incident* | | | | | | | |
| Agencies notified | | | | | | | | | | | | | | | | | | |
| Police called | |  | Date police called | | | *Select date* | | | | Police attended | | |  | | | WorkSafe notified | |  |
| FCS notified (for ID(CC&R) services only) | | | | |  | | Other: | | *Enter details of other agencies notified* | | | | | | | | | |

**Instructions on how to fill out the critical incident reporting form:**

* **Complete one form per critical incident**
* Please fill in all the requested information in the boxes. If there is any other person /s involved or impacted by the incident, then please include that person/s National Health Index number (NHI)
* Do provide NHIs of disabled people directly involved in the incident, but do not provide details of other people not involved or affected by the incident
* Add a description in the “Summary of event” box about the disabled people directly involved in the incident and others who have been affected by the incident
* Check boxes appropriately as required. If it doesn’t apply to your service, leave it blank
* Select from the dropdown list where it applies
* NHI of the client involved should be filled in. If you are unsure of the NHI, please refer to the client’s personal plan or contact [**quality@whaikaha.govt.nz**](mailto:quality@whaikaha.govt.nz) for further information
* Incident location details if known should be provided, for example at home, on the street or in car and select the location type dropdown appropriately. Do not provide an actual address if it was not the person’s home
* Select from the dropdown list of incident categories. If you are unsure of the categories, please refer to the definitions of the categories as provided on the Whaikaha website
* Provide as many details as possible for the summary of the event. Please include what follow-up actions were taken and the outcome of the incident including further support provided to the person
* Do not provide names or any other personal details of other people other than what is outlined above. Refer only to that person’s relationship to the subject person, if known
* Please provide any insights and learnings from the incident and proactive actions to prevent future incidents
* Please include any disabled person’s perspective about the incident as part of your learning or insights
* Tick or enter all the relevant agencies involved in the incident
* For incidents involving a person receiving services under the Intellectual Disability (Compulsory Care and Rehabilitation) Act (ID(CC&R) Act) please also notify the Forensic Coordination Service (FCS) and send this form to [**idccr@health.govt.nz**](mailto:idccr@health.govt.nz)
* Please fill in and submit this form in a word document as the text boxes can expand if required. **Do not send this form in PDF format**

**Why are we collecting this information?**

The Ministry collects and reviews information about the critical incidents of disabled people receiving Whaikaha contracted services to help support continuous improvement and better outcomes for disabled people. The information you provide will be used to help us do that.

The information that is reported to the Ministry on this form will be collected, stored, and used in accordance with the requirements of the Privacy Act and other relevant Acts of Law.

We are constantly improving our data collection and forms to collect better information to support providers and disabled people. If you have any suggestions to improve this form, please provide your feedback to **quality@whaikaha.govt.nz.**