|  |
| --- |
| **CRITICAL INCIDENT REPORT FORM****INTERHOSPITAL TRANSFER OF CRITICALLY ILL PATIENT** |
| **DATE / TIME INCIDENT REPORTED** |       |
| **PERSON REPORTING INCIDENT** | **Name** |       |
| **Organisation** |       |
| **Contact Phone** |       |
| **Contact E-mail** |       |
| **CRITICAL INCIDENT NUMBER (OFFICE USE)** |       |
|  |
| **CRITICAL INCIDENT DATE / TIME** |       |
| **LOCATION OF INCIDENT** |       |
| **NEAS (or equivalent) TRANSFER NUMBER (if available)** |       |
| **INCIDENT TYPE** | **[ ]  Delayed Ambulance****[ ]  Communication - Ambulance Staff (including ambulance control)****[ ]  Communication - Referring Staff****[ ]  Communication - Receiving Staff****[ ]  Equipment problem – Critical Care Transfer Trolley****[ ]  Equipment Problem – other****[ ]  Traffic Accident****[ ]  Out of *“Transfer Group”* transfer****[ ]  Other – Please explain below** |
| **BRIEF DESCRIPTION OF INCIDENT** |       |
| **STAFF INVOLVED WITH INCIDENT** |       |
| **SEVERITY OF INCIDENT** | **[ ]  No obvious harm / Near miss / Insignificant****[ ]  Low harm / Minor****[ ]  Moderate harm / Temporary harm / Additional intervention required****[ ]  Severe harm / Major permanent harm / Major intervention required****[ ]  Death / Catastrophic** |
| **LIKELIHOOD OF RECURRENCE OF AN INCIDENT** | **[ ]  Almost certain****[ ]  Likely****[ ]  Possible****[ ]  Likely****[ ]  Rare** |
| **ACTUAL EFFECT ON PATIENT** | **[ ]  None****[ ]  Other, please specify**       |
| **ACTUAL EFFECT ON STAFF** | **[ ]  None****[ ]  Other, please specify**       |
| **CONTRIBUTING FACTORS** | **[ ]  Patient factors** **[ ]  Individual (Staff) factors****[ ]  Equipment factors** **[ ]  Task factors** **[ ]  Team factors** **[ ]  Organisational factors****[ ]  Environmental factors** **Comments about contributing factors:**      |
| **OWN TRUST CRITICAL INCIDENT FORM COMPLETED**  | **[ ] YES** **[ ]  NO** |
| **CONTACT DETAILS FOR FEEDBACK** | **NAME**      **TITLE / ROLE**      **ORGANISATION**      **TELEPHONE NUMBER**      **EMAIL ADDRESS**       |

Please email within **48 HOURS** of incident to:

Jan.malone@nhct.nhs.uk or sarah.gray13@nhs.net