

Writing incident reports

Victorian health incident information system (VHIMS)

A guide to completing incident reports

7-steps to an effective incident management process¹

Identification

Notification

Prioritisation

Investigation

Classification

Analysis
and action

Feedback

The *Victorian health incident management system policy guide* identifies seven steps in an effective incident management process. These seven steps are illustrated above.

All staff in Victorian health services and agencies have an important role in identifying and responding to incidents to maintain a safe environment. However, it is just as important to complete an incident report.

A well-completed report will promote an effective incident management process. This is a guide for staff on the elements and characteristics of a good incident report. Upon submission the notification step is complete.

Elements of a good incident report

A good incident report will ensure questions relevant to who, what, when, where, how and why are completed.

Your organisation policies and procedures should guide the level of detail required in the incident report; along with the appropriate use of personal information, and matters relating to privacy and confidentiality.

| Element | Question to describe the incident | Relevant VHIMS data entry label |
|-------------|--|---|
| Who | Who is reporting the incident? | <ul style="list-style-type: none"> Who is reporting |
| | Who was affected? | <ul style="list-style-type: none"> Who was affected |
| What | What happened? (Include incident type and de-identified details) | <ul style="list-style-type: none"> What happened → Summary and details |
| | What are the characteristics of the incident? | <ul style="list-style-type: none"> How classified → Primary incident type |
| | What initial actions did you take? | <ul style="list-style-type: none"> What happened → Immediate actions taken |
| | What is the incident severity rating (ISR) at the time of the incident report? | <ul style="list-style-type: none"> Incident assessment → Set severity rating |
| When | When did the incident occur? | <ul style="list-style-type: none"> When did it occur |
| Where | Where did the incident occur? | <ul style="list-style-type: none"> Where did it happen |
| How and why | Why and how did the incident occur? What factors contributed? | <ul style="list-style-type: none"> Incident assessment → Possible contributing factors |

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Characteristics of a good incident report

A good report is complete

A complete report will cover the; who, what, where, when, how and why. The emphasis placed on each of these questions will vary based on the type and complexity of the incident.

A good report is concise

It may seem contradictory to say that a report should be both complete and concise. However, concise means ensuring all the important details are included. Omit words that do not add value and interfere with readability.

For example:

Wordy – at this point in time, it has been determined necessary that we submit an incident report form.

Concise – we should submit an incident report.

A good report is specific

Vague reports do not give much information. Ensure the dates, times and content is specific.

For example:

Vague – the client had a high fever.

Specific – the client had a fever of 39°C.

A good report is factual and objective

Well-written incident reports are factual, fair and impartial. A fact is something real that can be either proved or disproved. Opinions and inferences should be avoided.

For example:

Inference – he was under the influence of alcohol as we smelt alcohol on his breath and his speech was slurred.

Factual/objective – blood tests confirmed the driver had a blood alcohol level that was twice the legal limit.

Opinion/subjective – the patient is an alcoholic.

A good report is de-identified where appropriate

In the 'what happened' *incident summary* and *details* fields in the incident report it is best to ensure all information is de-identified. For clinical or other in-scope incidents information in these fields will be sent to the Department of Health. Avoid using patient names, identifying information in the narrative fields.

Details identifying individuals may be included in the 'who was affected', 'who is reporting' and 'witness/others involved' fields of the incident report. Information in these fields is not sent to the Department of Health.

A good report is light on abbreviations

Including standard abbreviations in incident reports is acceptable. However, using too many abbreviations or using them inappropriately can detract from your description and make it hard to understand.

More information

More information on VHIMS and the roles and responsibilities of staff as described in the *Victorian health incident management system policy* can be found at <http://www.health.vic.gov.au/clinrisk/vhims>.

¹ Department of Health 2011, *Victorian health incident management policy guide* p.8 <http://www.health.vic.gov.au/clinrisk/vhims>.