**Designated Clinical Investigators Final Report**

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| CAD Number: |  | |
| Clinical Incident Subject: |  | |
| Incident Date: |  | |
| National Ambulance Staff involved: | Name: | Clinical Category: |
|  | Other 1. |  |
|  | Other 2. |  |
|  | Other 3. |  |
| Contract: |  | |
| Event / Adverse Outcome / Complaint: |  | |
| Complaint Source: |  | |
| Complaint Issued Via: |  | |
| Information Sources: | Clinical Incident Assessment: | |
| Attached Statement/s from: | |
| Attached Interview/s of: | |
| Lead Clinical Investigator Name:  Designation: |  | |
|  | |
| Investigation team members  Name(s) and Designation(s): |  | |
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|  | |
|  | |
| Findings from Investigation Interview with National Ambulance Staff involved: |  | |
| **Documentation History:** | | |
| Appropriate documents enclosed: | Yes / No | |
| Documented History: | Yes / No | |
| Appropriateness of Documented History: | Accurate:  Concern: | |
| Documented Examination: | Yes / No | |
| Appropriateness of Documented Examination: | Accurate:  Concern: | |
| Documented Clinical Assessment and Management Plan: | Yes / No | |
| Appropriateness of Documented Clinical Assessment and Management Plan: | Accurate:  Concern: | |
| Appropriateness of Patient Assessment/Care: | Yes / No | |
| Documentation of Patient Assessment/Care: | Accurate:  Concern: | |
| Root Cause Analysis Complete | Yes/No | |
| Conclusion of Root Cause Analysis (QHF225) |  | |
| Overall Conclusion: |  | |
| Learning points: |  | |
| Recommendation for Corporate Risk Register: | Yes/No  If yes, Risk Type: | |
| Recommendations: | 1. | |
| 2. | |
| 3. | |
| 4. | |

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| **Designated Clinical Investigator Name:** |  |
| **Designation:** |  |
| **Signature:** |  |
| **Employee Number:** |  |
| **Date:** |  |