

NSU Screening Provider Checklists

The NSU must be notified if there is:

- A severity assessment code (SAC) 1 or 2 event within two working days of event identification
- Actual harm or risk of harm to individuals within a screening programme
- Actual harm or risk of harm to staff
- Failure or misuse of equipment that may lead to harm of consumers
- Failure or malfunction of the information system that may lead to harm of consumers
- Breach of privacy or data security
- Systematic failure to comply with national guidelines and policy or local processes and protocols that may lead to harm of consumers.

Please use NHI number (not the name of the person/s involved) or a unique identifier code & state the screening programme. You may provide written communication via email or provide a copy of your organisational adverse events report to inform the NSU of an event.

This checklist is not a report to NSU – it is a tool to guide the NSU provider through an adverse event response process

Checklist 1: When a SAC 1 or 2 is identified, the screening provider may use the following checklist to inform NSU:

Checklist for NSU Providers	Yes/No	N/A	Comments
Notify NSU Programme Manager if the preliminary SAC is 1 or 2 within two working days of identification of event			
Implement the appropriate structure to coordinate the adverse event response according to your adverse event policy			
Assign a lead for response coordination if required			
Fact find, manage and investigate the issue with advice from your organisational quality and clinical/technical experts. Please ask NSU for guidance if required			
Coordinate effectively with other providers directly affected by the event (e.g. subcontracted providers)			
Provide update report/s to NSU on situational facts and progress with investigation			
Ensure there is an open disclosure process in place to support affected consumers			
Provide a report on the outcome of the investigation with findings, recommendations and corrective actions			

Checklist 2: Screening Provider Process for a screening programme adverse event notification and investigation

	Provider Action Checklist	Yes/No	N/A	Comments
Priority	Has a provisional severity assessment code (SAC rating) been completed?			
	Are there any immediate actions to minimise impact of the event and/or to maintain consumer safety? Are there immediate implications for other services or providers in the screening programme?			
	HQSC Adverse Event Brief (AEB) Part A form completed for SAC 1 & 2 events?			
	Provider investigation / review team arranged (Follow your organisation's policy for adverse events management)			
	Have NSU been notified?			
Communication	Has a communication plan been completed ~ a nominated spokesperson agreed?			
	Is it necessary to communicate with <u>other</u> screening consumers?			
	Are letters to other consumers required?			
	Do other screening providers need to be notified?			
	Has subject matter expert advice been sought?			
Investigation	Are corrective actions required? What is the timeframe?			
	Have safety priorities been identified?			
	Do causal factors need addressing with urgency?			
	What monitoring is required?			
	What reporting is required?			

	Provider Action Checklist	Yes/No	N/A	Comments
Reporting	Summary of incident and sequence of events			
	Investigation method is outlined with findings summary			
	Action plan / recommended further actions			
	Lessons learned to share with other providers			
	Evaluation of actions - any ongoing issues or risks?			
Open Disclosure - if required	Has an apology or expression of regret, been drafted and sent which includes a factual explanation of what happened?			
	Has there been an opportunity for the consumer, their whānau and carer(s) to discuss their experience of the adverse event, including been given an opportunity to discuss the potential consequences of the adverse event?			
	Has a clear explanation of the steps being taken to manage the adverse event and prevent recurrence been prepared?			
Event Closure	Does the final report have a satisfactory action plan, addressing each root cause, contributory factors, and recommendations?			
	Have priority actions been assigned for completion?			
	Are there any ongoing actions or recommendations for sharing lessons learned?			