This checklist is to provide factors to consider when planning a rigorous and fair review. The checklist begins after the team has been established. Tick the check box if the item has been addressed.

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| **Prior to review/investigation commencing** | | |
| **Item** |  | **Comment** |
| Have terms of reference for the review been received? | 🞏 | If no, consult with the body initiating the review. |
| Are the Terms of Reference (ToR) clear to the team? | 🞏 | If no, consult with the body initiating the review. |
| Does the team believe it has sufficient expertise to undertake the review in accordance with the ToR? | 🞏 | If no, consult with the body initiating the review. |
| Have conflicts of interest (real or perceived) been considered? | 🞏 | If conflicts of interest issues arise, consult with the body initiating the review. |
| Has the Terms of Reference been approved by the CEC Nominated Officer | 🞏 |  |

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| **Planning** | | |
| **Item** |  | **Comment** |
| Is there sufficient information to commence planning the review? | 🞏 | If no, seek further information from the body initiating the review. |
| Have the relevant medical records, physical evidence etc. been secured? | 🞏 | If no, consult with the body initiating the review. |
| Has time and resources (persons) been allocated to review the medical records and any physical evidence (including a visit to the site of the adverse event if necessary)? | 🞏 | Note: reviewing medical records can be more time consuming than it appears initially. |
| From the information known at the time of planning, have the relevant policies and procedures (state and local) and standards of care regarding the event been identified? | 🞏 | The team should be able to generate a suitable list. |
| Have the persons to be interviewed been identified and time allocated? | 🞏 | Allow between 30 and 60 minutes per interview |
| Have the interviewees been informed of the time and place of the interview in good time? | 🞏 | Normally about 48 hours’ notice in writing. |
| Has the recording of the interviews been considered?  Note: the interviewee needs to consent to tape recording the interview, either in writing or by asking for consent on the tape. | 🞏 | Taping interviews may influence what the interviewees say and is time consuming to transcribe and evaluate. Consider having a separate person taking notes of the interview. |
| Has the structure of the report and how it will be written been discussed? | 🞏 | A template has been provided as a guide to where the review is going. |

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| **Interviews** | | |
| **Item** |  | **Comment** |
| Is the location of the interviews in a neutral location, comfortable and free from interruption? | 🞏 | Interviewees need to be comfortable to talk about the matter freely. |
| How will the conduct of the interview (introductions, stating the purpose of the interview, questions etc.) create a supportive environment? | 🞏 | See also CEC SAER Interviewing PowerPoint module |
| Have all relevant persons been interviewed? | 🞏 | The team needs to consider all the evidence available. |

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| **Review/Investigation** | | |
| **Item** |  | **Comment** |
| Has all relevant evidence identified been examined? | 🞏 | Procedural fairness requires all evidence to be considered. |
| Has any evidence that is not available to the team been identified and recorded (eg an interviewee is on leave and not available for interview)? | 🞏 | Missing evidence must be considered by the team fairly and not make assumptions. |
| Has evidence that is contradictory or misaligned information (interviewees have a different interpretation of events) been corroborated where possible (eg verbal statements may be supported by written evidence) | 🞏 | Since the team’s findings will be based on a balance of probabilities then obtaining as many views on an issue may be helpful. |
| Has the care given been assessed against the relevant policies, procedures and standards of care applicable to the situation confronting the treating team? | 🞏 | Review reports are stronger if the care given is compared to applicable standards of care. |
| If the review concerns allegations against an individual or group of individuals, were they given an opportunity to provide their side of the story? | 🞏 | Required by procedural fairness. |
| Are there any mitigating circumstances? | 🞏 | Did the actions make sense on the day with the knowledge the actors had at that time? |
| Have you identified any positive features of the care given or any actions since the event? | 🞏 | No organisations are wholly bad and it is helpful to give positive feedback in the report, if appropriate. Remedial actions since the event should be noted. |
| Is all the evidence gathered been appropriately and securely stored? | 🞏 | Access may be needed if there are appeals or other processes. |

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| **Report Preparation** | | |
| **Item** |  | **Comment** |
| Can the findings of the team be supported by all the evidence available? | 🞏 | Reviews are evidence-based processes. |
| Are any deficiencies in evidence available identified in the report? | 🞏 | Fairness requires that gaps in the evidence be identified in the report. |
| Can all recommendations be supported by the findings? | 🞏 | There needs to be a direct correlation between the findings and the recommendations made. |
| Have all the specifications in the ToRs been addressed in the finding and recommendations? | 🞏 | The report must address all aspects of the ToRs. Where an element of the ToR cannot be examined by the team, consult with the body initiating the review prior to finalising the report. |
| If the findings and recommendations could lead to an action against a person or group of persons, is the evidence sufficiently robust to support such recommendations? | 🞏 | The level of satisfaction with the evidence in the report must be commensurate with the gravity of the consequences flowing from the findings. Where the actions proposed are more serious (e.g. termination) then the decision maker needs to be satisfied that the findings support actions. |
| If required, have follow-up meetings of the team been scheduled? | 🞏 | Easier to schedule before clinicians return to their day-to-day work. |
| Will the date for presenting the final report be met? | 🞏 | If not, consult with the body initiating the review as soon as you are aware the date will not be met. |