

After Critical Event (ACE) Review

This information is privileged and confidential

Start
here

Step 1

COMPLETE the event information BEFORE the meeting:

Event Date:			ACE Meeting Facilitator: (Is the facilitator nursing, medical or other? (Please tick, do not use names)	
Event time:			<input type="radio"/> Nursing <input type="radio"/> Medical	
Event location:	Ward or Unit:	Room:	If other, please specify:	
Event Type (Tick all that apply)			Are MDT present at the meeting?	
<input type="radio"/> Respiratory <input type="radio"/> Trauma			<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Medical (includes cardiac or seizures) <input type="radio"/> Surgical			Please tick the teams represented	
<input type="radio"/> Psychological / Code Orange <input type="radio"/> Kōrero Mai Code Pink			<input type="radio"/> Nursing	
If other, please state event type:			<input type="radio"/> Medical	
			<input type="radio"/> Allied Health	
			<input type="radio"/> Pre hospital personnel	
			<input type="radio"/> Were there teams or members of a team involved who were unable to attend? If so which teams?	

Step 2

Once the team have gathered, the ACE Facilitator outlines the process for the review

READ the opening statements below:

<p>Acknowledge the team and thank them for their participation.</p>
<p>Tell the team: This is NOT an emotional debrief, but we know that a common understanding of the medical facts of the case often provides reassurance and perspective for those involved.</p>
<p>Outline what will happen:</p> <p>This should take about 10 minutes.</p> <p>The purpose of this review is to improve the quality of healthcare provided.</p> <p>Everyone's participation is welcomed and encouraged.</p> <p>We will start with an overview of the medical facts, please feel free to ask questions. Then we will discuss what went well and what we think could have gone better.</p> <p>All information discussed during this meeting is confidential. De-identified feedback from this meeting will inform Quality and Safety.</p> <p>If you feel you would like some additional support following this meeting, please let me know.</p>



The ACE documenter completes this form DURING the meeting

Step 3

Documenter records concepts discussed and ensures omission of individuals names

1. Meeting Start Time:		5. Was all the required equipment available?	
2. Ask the event manager to outline the medical facts/(or if a code orange event) the situation. <i>Allow time for discussion and questions to ensure team have a common understanding.</i>		<input type="radio"/> Yes	<input type="radio"/> No <i>If No provide details:</i>
3. What went well during our care for the patient and why? (Please tick all that apply, add comments as necessary)		6. If the same situation were to occur again, is there anything we would do differently?	
<input type="radio"/> Clinical care <input type="radio"/> Teamwork		<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Communication <input type="radio"/> Roles		<i>If Yes provide details:</i>	
<i>Details of above or other:</i>		7. Process and Systems Questions:	
4. On reflection, was there anything that did not go as intended? <i>Were there any surprises or did anything unexpected happen?</i> <i>Were there frustrations or things that obstructed care?</i>		How was care escalated (e.g. emergency bell/code call/Kōrero Mai)?	
		Was there a delay in help arriving? <i>If Yes provide details:</i>	<input type="radio"/> Yes <input type="radio"/> No
		Were the required personnel present? <i>If No provide details:</i>	<input type="radio"/> Yes <input type="radio"/> No
		8. Closing: Is there anything else anyone wants to discuss?	
		9. FACILITATOR reads the scripted closing statement: Thanks for your participation. If you as an individual feel you need emotional support, please don't hesitate to contact your CN/NUM/Manager/EAP/mentor/supervisor, or a senior supportive person in your area.	
		10. Meeting Finish Time:	

Step 4

Feedback loops

When teams identify good catch or risk, a Datix needs to be completed by the most appropriate person.		
Good catch identified <i>If Yes complete Datix</i>	<input type="radio"/> Yes	<input type="radio"/> No
Risk identified <i>If Yes complete Datix</i>	<input type="radio"/> Yes	<input type="radio"/> No
Additional support required? <i>If yes, inform senior nursing/medical team in confidence (e.g. email or in person)</i>	<input type="radio"/> Yes	<input type="radio"/> no

- The ACE documenter leaves a copy of the form with the Charge Nurse and the Nurse Unit Manager from the area of the critical event for their information / follow-up / action.
- Review occurs locally and within the Clinical Excellence programme.