The classification covers nine broad categories of patient assessment, staff factors, patient factors, equipment, work environment, information, communication, policies/procedures and coordination. The factors are listed below in order of frequency, from highest to lowest.

### Patient assessment
- **Physical**
- **Behavioural Observation**

This category covers initial assessment and ongoing monitoring of the patient’s physical and mental state for evaluation of patient risk. Behavioural assessment is particularly relevant in the case of patients who may be at risk of harming themselves.

### Staff factors training
- **Knowledge/skills/competency**
- **Supervision**
- **Staff allocation/scheduling/availability**
- **Other (eg: recruitment/appraisal)**

This category covers factors of a human resource nature, including inadequacies in knowledge or skills to undertake required duties or to deal with a situation that might be expected to arise. It includes training and continuing education (including training for tasks specific to the unit or procedure being performed).

### Patient factors
- **Co-morbidity**
- **Non-compliance**
- **Aggressive behaviour**

This set of factors covers situations where the patient’s clinical condition or their action or inaction impacts on the risk of adverse outcomes. Pre-existing morbidities may cause the patient to be of high risk of an adverse outcome.

### Equipment
- **Failure**
- **Availability**
- **Incompatibility**
- ** Appropriateness**

All contributing factors that relate to hospital equipment are covered under this heading, including design or operating faults, maintenance or calibration deficiencies or suitability for the purpose for which it is provided.

### Work environment
- **Physical environment**
- **Design/safety**
- **Security**
- **Facilities management**
- **Work culture**

This category includes factors arising from any aspect of the environment in which the hospital service is provided, including design and security. It includes management of external factors such as contracted services (eg pathology, maintenance or information technology).

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**Contributing factors classification**

### Information

<table>
<thead>
<tr>
<th>Availability of information</th>
<th>Clarity of information</th>
<th>Quality of information</th>
<th>Completeness of information</th>
</tr>
</thead>
</table>

This heading covers all factors related to documentation of information relating to a patient's care. It includes missing medical records and ambiguous or illegible documentation relating to the patient.

### Communication

<table>
<thead>
<tr>
<th>Staff – staff</th>
<th>Staff – patient</th>
<th>Staff – family/carer/advocate</th>
<th>Patient consent issues</th>
<th>Cultural diversity issues</th>
</tr>
</thead>
</table>

This category includes issues arising from lack of effective communication between staff, including across disciplines, units or hospitals, and between staff and patients or their family/carer/advocate. Staff-patient communication issues include medical or technical language problems, difficulties for non-English speaking patients and other culturally influenced impediments to understanding. It covers all forms of communication.

### Policies and procedures

<table>
<thead>
<tr>
<th>Availability of or clarity of procedures/guidelines</th>
<th>Failure to follow procedures/guidelines</th>
<th>Patient identification</th>
<th>Site identification</th>
</tr>
</thead>
</table>

This category includes any situation in which policies or procedures were not understood, not followed or not available.

### Coordination

<table>
<thead>
<tr>
<th>Coordination of care</th>
<th>Inter-hospital issues</th>
<th>Transportation issues</th>
</tr>
</thead>
</table>

This category deals with factors associated with coordination of patient care arrangements, whether immediate (e.g. transportation between sites) or longer term (e.g. a coordinated care plan involving community-based services).

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**For more information**

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