**LOG # ___________**  
**Hospital**  
**EVENT REPORT FORM**  
**Forward Completed Form to Department Manager**  
**For Risk Management/Quality Improvement Purposes Only**

If event involved patient:  
Patient Name:  
Age:  
Sex: M F MR #:  
Visitor Name:  
Address:  
Phone No:  

For employee injury, complete Employee Incident Report Form.

**A. TYPE OF EVENT:**

<table>
<thead>
<tr>
<th>Treatment/Procedure:</th>
<th>Operating Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubation</td>
<td>Cancelled Procedure/Delay</td>
</tr>
<tr>
<td>Adverse Reaction</td>
<td>Content Missing</td>
</tr>
<tr>
<td>Wrong Patient</td>
<td>Break in Sterile Technique</td>
</tr>
<tr>
<td>Dispensing Error</td>
<td>Unanticipated Return to OR</td>
</tr>
<tr>
<td>Patient Identification</td>
<td>Incorrect Sponge/Needle Count</td>
</tr>
<tr>
<td>Deviation from Established Procedure</td>
<td>Unanticipated patient injury (burn/mae/reaction)</td>
</tr>
<tr>
<td>Consent Problem</td>
<td>Prep Problem</td>
</tr>
<tr>
<td>Dietary Problem</td>
<td>Other (Explain)</td>
</tr>
<tr>
<td>Omission</td>
<td></td>
</tr>
<tr>
<td>Delay</td>
<td></td>
</tr>
<tr>
<td>Unidentified/Missing Specimen</td>
<td></td>
</tr>
<tr>
<td>Other (Explain)</td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT ACTIVITIES:**

- Assault/Violence/Threat of  
- Dissatisfied Patient/Family  
- Patient Left After Care Began - No AMA Form Completed  
- Patient Refusal/Non-cooperation  
- Other (Explain)

**PATIENT FALLS:**

- Bed  
- Bedside Commode  
- Chair/Stretcher/Table  
- Faint  
- Found on Floor  
- Rehabilitation Activity  
- While Ambulating  
- Other (Explain)

- Previous Fall?  
- Patient fall?  
- Patient left?  
- Situational in use?  
- Sitter required?  
- Other Restraints?  
- WET  
- DRY

**Bed Position:**  
- HIGH  
- LOW  
- Flat Risks  
- YES  
- NO

**PATIENT CONCERNS:**  
- Billing  
- Service  
- Other

**ENTER ADDITIONAL INFORMATION IN SECTIONS E AND F ON REVERSE SIDE OF THIS FORM.**

**COMMUNICATION/DOCUMENTATION**

- Computer Order Error  
- Mislabeled Chart/Form  
- Reporting of Test Results  
- Code of Conduct  
- Transcription  
- Other  
- Paging/Phoning

**EQUIPMENT/PRODUCT/DEVICE**

- Care/Maintenance  
- Disconnect/Detach  
- Other  
- Not Available  
- Tampered With  
- Malfunction/Defect  
- Improper Use

**IF EVENT INVOLVED EQUIPMENT, COMPLETE SECTION J OF THIS FORM AS WELL.**

**LABORATORY SPECIMEN** (For Lab Use Only)

- Improper Labeling  
- Mislabeled Specimen  
- Specimen Transport Problem  
- Improper Specimen  
- No Requisition  
- Unlabeled Specimen  
- Incomplete Orders  
- No Signature/No Date  
- Reg/Spec. Mismatch  
- Lab Error  
- No ID Basic  
- Time delay in processing  
- Sample Mix-Up  
- Other Patient ID Problem  
- Technical Error  
- Revert/Reporting Problem  
- Transcription Error  
- Phlebotomy Complications  
- Patient Injured (hematoma, etc)  
- Patient ill/Incapable, etc
**MISCELLANEOUS**
- Ambulating/Other Accident
- Non-patient threat to staff safety
- Property Damaged
- Needle/Sharps Stick (non-employee)
- Other
- Theft/Missing Property
- Fire

**B. IDENTIFICATION** (circle one): 1) Inpatient 2) Outpatient 3) Visitor 4) Other

**C. DATE OF EVENT** / **TIME OF EVENT** (Use military time)

**D. LOCATION**

**E. Brief Objective Description** (Factual information only. Note any apparent injuries):

**F. Brief Subjective Description** (PATIENT/VISITOR statement quoted):

**G. Witness(es):**

**H. Immediate corrective action taken:**

**I. Severity of Injury** (circle one):

1) No apparent injury (no injury of any type is noted)
2) Minor (injury is temporary and does not cause further complications). Example: abrasion
3) Major (Injury is serious, causing considerable discomfort requiring extended treatment of or life threatening)
4) Death (use if the patient dies and this may be directly attributable to the incident)
5) Not applicable
6) Unable to determine (use if impossible to determine the extent of the injury related to the incident.

**J. Safety Devices** If the event involved equipment, write the equipment control/serial number and present location:

Do not discard disposable equipment; save packaging if possible.

**Was equipment tagged and removed from service?**  YES  NO  Date and time:

**Was equipment in use on a patient at the time of failure?**  YES  NO

**K. Factual information of the Patient Event Recorded in Medical Record?**  ___Yes  ___No  ___N/A

**L. Referred for Treatment?**  ___Yes  ___No  ___Refused  ___Not Indicated  ___Not Applicable

**M. Name of Physician Notified (if applicable):**

**N. Date/Time:**

**O. Signature of Person Reporting Incident**

**P. For Department Manager Use Only**  Briefly describe follow-up investigation:

**Department Manager Signature**  **Date**

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CONFIDENTIAL – NOT A PART OF PATIENT MEDICAL RECORD
Safety Policy  Title: Patient/Visitor Event Reporting  

I. POLICY
It is the policy of Hospital to communicate information via the Event Reporting system to appropriate members of staff regarding unusual events involving patients or visitors that require investigation and/or resolution.

II. PURPOSE
The purpose of this policy is to define the procedure for reporting unusual events such as injuries, falls, procedure and/or treatment errors and equipment errors which affect patients or visitors.

III. DEFINITIONS
Event - a potentially significant incident or event which is inconsistent with the normal or expected operations of the hospital. The potential for injury is sufficient to be considered an event; actual injury need not occur, however.

IV. SCOPE
This policy applies to all staff on all shifts at all locations, including off-site facilities and treatment centers.

V. PROCEDURE
1. Events involving patients and/or visitors will be reported as soon as possible or within 24 hours by the person or persons most directly involved in the event, or by those who observed or discovered the event.

2. The event must be reported on the Event Report (Attachment A). The information on this report is confidential and duplication of the report is prohibited. These forms are available in all departments, the Safety Manual, the Administrative Personnel Policies Manual and from Quality Management and/or Risk Management.

3. Employee/volunteer accidents/illnesses/injuries should be reported via the Employee Incident Report form (see Administrative Personnel Policy Manual Section VII #17). Employee incidents related to property loss will be reported to Facilities Services.

4. The employee or employees involved in, observing, or discovering the event is responsible for initiating the Event Report.

A. An event which is of a sensitive or urgent nature should be reported verbally to the employee’s department manager who will communicate it to Quality Management.

B. Unusual events relating to patients or visitors will be reported using the Event Report form.
i. The report will be completed legibly and objectively, without extraneous comment, personal opinion or conjecture.

ii. Employees will refrain from discussing any event with or in the presence of employees, patients, visitors or others outside the hospital. Refer to the Confidentiality Policy (Administrative Personnel Policy Manual Section VII #29).

5. The department supervisor and/or manager will receive and review all Event Report forms generated by his/her staff.

6. Follow-up investigation taken by the department supervisor and/or manager at the time he/she first receives the Event Report form will be noted on the form.

7. After review and initial investigation by the department manager, forward all Event Reports to the Director of Quality Management. Forward all Event Reports received, regardless of apparent significance of patient outcome.

8. Further follow-up investigation, as deemed necessary, will be conducted by Quality Management and/or Risk Management in cooperation with unit/department management and staff.

9. As necessary and appropriate, significant findings, conclusions, actions and recommendations will be communicated to Hospital Administration and the Board of Directors through established mechanisms.

Approved: ________________

Preside