

Patient Sticker if available

NORTHWEST COMMUNITY HOSPITAL

OCCURRENCE REPORT

Privileged and Confidential

All information provided on this form, including any appended materials, is furnished as a report to the Risk Manager as an agent of the Continuous Quality Improvement Council following initiation of Peer Review/Quality Control action and is Privileged and Confidential, to be used solely in the course of internal quality control or of medical study for the purpose of reducing morbidity or mortality, or for improving quality patient care, as provided in the IL Medical Studies Act (735 ILCS 5/8-2101 et seq.)

NOTE: CONFIDENTIAL REPORT – NOT PART OF THE MEDICAL RECORD – MAY NOT BE DUPLICATED

DATE of Occurrence _____ TIME of Occurrence _____ SPECIFIC Location (room number, hall, elevator, etc.) _____
 Outpatient Inpatient Employee Physician Visitor/Contractor

Name _____ Birth date _____ Sex _____ Phone Number _____

Address _____

Admit Date _____ Physician _____ MRN _____ Patient Number _____

A. OCCURRENCE

- EQUIPMENT**
- Breakage
 - Defective
 - Malfunction
 - Unavailable
 - Other _____

- FALL**
- Assist to chair/floor
 - Bed/Cart/Table
 - Chair/WC/Commode
 - Fall
 - Found on floor
 - Other _____

- I.V.**
- Accidental removal of line
 - Infiltration/Extravasation
 - Multiple attempts
 - Phlebitis/Cellulitis
 - Site/Tubing/Bottle not changed
 - Wrong rate
 - Wrong solution
 - Other _____

- LAB**
- Complications of draw
 - Delay reporting
 - Delay response
 - Lost specimen
 - Ordered, not done
 - Report error
 - Other _____

- MEDICAL TREATMENT**
- AMA
 - Change in condition
 - Elopement
 - Procedure complication
 - Unexpected death
 - Other _____

- MEDICATIONS**
- Admin/Tech error
 - Delayed
 - Missed dose
 - Multiple dose
 - Pyxis count wrong
 - Reaction
 - Wrong dose
 - Wrong drug/drug not ordered
 - Wrong route
 - Wrong time
 - Other _____

- NURSING**
- Order processing error
 - Treat/Procedure error
 - Other _____

- PATIENT**
- Breach confidentiality
 - Injury
 - Missing documentation
 - Missing item
 - Noncompliant
 - Patient/Family Complaint
 - Restraints required
 - Skin breakdown
 - Other _____

- PHYSICIAN**
- Failure to meet requirements
 - Rude to staff/patient/family
 - Unable to reach
 - Other _____

- PSYCH**
- AMA
 - Contraband
 - Elopement
 - Harm to self
 - Harm to staff/others
 - Restraints/Seclusion
 - Suicide/Suicide attempt
 - Transfer to medical unit
 - Other _____

- RADIOLOGY**
- Complication from procedure
 - Delay in reporting
 - Delay in responding
 - Incorrect report
 - Reaction to contrast
 - Test not done as ordered
 - Wrong patient
 - Other _____

- SAFETY/SECURITY**
- Contraband
 - Injury to others
 - Property damage
 - Security issue
 - Unsafe environment
 - Other _____

- STAFF**
- Complaint of patient/family
 - Injury/Illness
 - Missing item
 - Other _____

- TRANSFUSION**
- Improper/No consent
 - Reaction
 - Wrong blood
 - Wrong infusion rate
 - Other _____

- VISITOR**
- Complaint
 - Injury/Illness
 - Missing item
 - Other _____

B. INJURY

- No known injury
- Potential for injury
- Unknown
- Death
- Other _____

- Minimal injury**
- Abrasion
 - Adverse drug reaction
 - Aggravated pre-existing condition
 - Allergic reaction
 - Broken/missing tooth
 - Bruise
 - Burn, superficial
 - Contusion
 - Dislocation
 - Ecchymosis
 - Edema/swelling
 - Laceration, superficial
 - Rash
 - Skin breakdown
 - Skin tear
 - Strain/sprain
 - Other _____

- Moderate Injury**
- Abscess
 - Allergic reaction
 - Bleeding
 - Burn, 2nd degree
 - Cellulitis
 - Decubitus
 - Fracture
 - Hematoma
 - Infection
 - Laceration, deep
 - Loss of consciousness
 - Nerve impairment
 - Phlebitis, deep
 - Respiratory distress
 - Wound dehiscence
 - Other _____

- Severe Injury**
- Anaphylactic reaction
 - Amputation
 - Brain damage
 - Hemorrhage
 - Internal laceration
 - Paralysis
 - Perforation
 - Pneumothorax
 - Sensory impairment/loss
 - Other _____

C. PHYSICIAN NOTIFIED

- No
- Yes
- Name of physician _____
- Time called _____
- Orders (please attach)
- No orders received

D. FOLLOW-UP TESTING/TREATMENT ACTIONS TAKEN

- None
- Medication
- Surgery
- Transferred to _____
- X-Ray
- ADR to Pharmacy
- Equipment to BioMed
- Equipment to Risk Management
- Fall Analysis completed
- Patient Advocate notified X4390
- Other _____

COMMENTS (Objective Facts – Not Opinions) _____

Name and Title Person Preparing Report (Optional): _____ Date: _____

PLEASE ATTACH COPY OF ANY CHARTING OR DOCUMENTATION PERTAINING TO OCCURRENCE

Submit this Occurrence Report as soon as possible to the QMI Department – Risk Management
For serious occurrences call Risk Management directly, EXT 4396

