



**EVENT
REPORT
FORM**

DISSATISFIED PATIENT/FAMILY

Patient Safety/Risk Management Only

- Serious Event* (use other form)
- Incident* (use other form)
- Infrastructure Failure* (use other form)
- Other

*Confirmation date: ____/____/____

Name, MR# and Date of Birth of person involved

DIAGNOSIS AND/OR PROCEDURE AT TIME OF EVENT _____

Attending Physician: _____ **Advised** Yes No **Date of event** ____/____/____ **Time (military)** _____

Dept/Unit: _____ **Location of event:** _____

Age: ____ **Years** **Gender:** _____ **Type of Outcome/Injury:** _____
 ____ **Months** (if under 2 years) **Status:** Inpatient Outpatient Clinic Patient ED patient Swing Bed Visitor
 ____ **Days** (if under 1 month) Other (specify) _____

How was this event discovered? (Check all that apply):

- Assessment after event
- Report by family or visitor
- Report by patient
- Report by resident, fellow, or student
- Report by staff member
- Review of record or chart
- Witnessed/Involved

HARM SCORE (check one): N/A

Incident (No Harm):

- A Circumstances that could cause adverse event
- B-1 No harm: did not reach pt. because of chance alone
- B-2 No harm: did not reach pt. because of active recovery
- C No harm: reached patient
- D Monitoring required to confirm no harm

Serious Event (Harm or Death):

- E Temporary harm requiring treatment or intervention
- F Temporary harm requiring increased Length of Stay
- G Permanent harm
- H Near-death event
- I Death

BRIEF FACTUAL DESCRIPTION OF EVENT (Facts, no opinions): _____

Did event result in new orders for treatment by physician? Yes No. **If yes, describe patient's treatment:** _____

Individual preparing report: (print name) _____ **Dept** _____ **Date of report** ____/____/____

Contact Information (if different from above): _____

Did Health IT cause or contribute to this event? (If yes complete page 2) Yes No Unknown

DISSATISFIED PATIENT/FAMILY

Attitude: concerned inquiring mild very angry

Complaint:

- ◇ Accessibility/Timeliness
- ◇ Accommodation
- ◇ Attitude/Courtesy
- ◇ Billing Issue
- ◇ Dietary
- ◇ Loss
- ◇ Quality of Care
- ◇ Other (specify) _____

Physician Complaint:

- ◇ Accessibility/Timeliness (Physician)
- ◇ Accommodation (Physician)
- ◇ Attitude/Courtesy (Physician)
- ◇ Quality of Care (Physician)
- ◇ Other (specify) _____

Name of physician involved: _____

Staff Complaint:

- ◇ Accessibility/Timeliness (Staff)
- ◇ Accommodation (Staff)
- ◇ Attitude/Courtesy (Staff)
- ◇ Quality of Care (Staff)
- ◇ Other (specify) _____

Name of staff person involved: _____

Signature: Department Director/Supervisor (indicates review)

Date

Please forward to Risk Management or Patient Safety Officer (per Hospital Procedure) when complete.

DISSATISFIED PATIENT/FAMILY

Which Health IT Systems Cause or Contributed to the Event?

Administrative/Billing or Practice Management System (check all that apply):

- Coding/billing system
- Registration/appointment scheduling system
- Other (specify) _____
- Master patient index
- Unknown

Electronic health record (EHR) or component of EHR (check all that apply):

- Clinical decision support (CDS) system
- Computerized provider order entry (CPOE) system
- Pharmacy system
- Other (specify) _____
- Clinical documentation system (e.g., progress notes)
- Electronic medication administration record (e-MAR)
- Unknown

Miscellaneous (check all that apply):

- Automated dispensing system
- Laboratory information system (LIS)
- Unknown
- Human Interface device
- Radiology/diagnostic imaging system
- Other (specify) _____

HIT Contributing Factors:

Equipment/Device function (check all that apply):

- Image measurement/corruption issue
- Incorrect or inadequate test results
- Incorrect software programming calculations
- System returns or stores data that does not match patient
- Other (specify) _____
- Image orientation incorrect
- Incorrect or inappropriate alert
- Loss or delay of clinical data
- Unknown

Ergonomics, including human/device interface issue (check all that apply):

- Alert fatigue/alarm fatigue
- Hardware location issue
- Unknown
- Data entry or selection issue
- Information display or interpretation issue
- Other (specify) _____

Miscellaneous (check all that apply):

- Equipment/device maintenance
- Hardware failure or problem
- Security, virus, or other malware issue
- Unknown
- Failure of wired or wireless network
- Incompatibility between devices
- Unexpected software design issue
- Other (specify) _____

Device Identifier(s):

Device/Application Name: _____

Manufacturer: _____