



EMPLOYEE/AFFILIATE ISSUE

EVENT REPORT FORM

Patient Safety/Risk Management Only

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

Name, MR# and Date of Birth of person involved

Date of event \_\_\_/\_\_\_/\_\_\_ Time (military)\_\_\_\_\_

Dept./Unit:\_\_\_\_\_ Location of event:\_\_\_\_\_

If Affiliate:

- Affiliate Type: ☐Physician ☐Volunteer ☐Medical Student ☐Nursing Student ☐Other Student
☐Vendor/Contractor ☐Other (specify)\_\_\_\_\_

If Employee:

Employee Classification:\_\_\_\_\_ Employee Status: ☐Contingent/Casual ☐Current ☐Terminated

Employee/Affiliate ID:\_\_\_\_\_

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Staff Contact #:\_\_\_\_\_ Staff Department:\_\_\_\_\_

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

Type of Outcome/Injury:\_\_\_\_\_

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

Multiple blank lines for describing the event.

Individual preparing report: (print name)\_\_\_\_\_ Dept.\_\_\_\_\_ Date of report \_\_\_/\_\_\_/\_\_\_

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

TYPE OF EMPLOYEE/AFFILIATE ISSUE (Select One)

- ☐ burn ☐ overexertion
☐ caught in/on/or in-between ☐ repetitive motion injury
☐ exposure to blood/body fluid ☐ skin tear/cut
☐ fall/slip/trip ☐ strain/sprain
☐ illness at work ☐ struck against/contact with
☐ needle stick ☐ struck by/contact by
☐ other sharps issue ☐ other (specify)\_\_\_\_\_

Signature: Department Director/Supervisor (indicates review)

Date

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

**EMPLOYEE/AFFILIATE ISSUE**

**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:** \_\_\_\_\_