



INFRASTRUCTURE FAILURE

EVENT REPORT FORM

Patient Safety/Risk Management Only

Serious Event\* (use other form)

Incident (use other form)

Infrastructure Failure\*

Other

PA-PSRS#

\*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) Location/Person Not Applicable 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: Incident (No Harm):

Serious Event (Harm or Death):

- A Circumstances that could cause adverse event E Temporary harm requiring treatment or intervention
B-1 No harm: did not reach pt. because of chance alone F Temporary harm requiring increased LOS
B-2 No harm: did not reach pt. because of active recovery G Permanent harm
C No harm: reached patient H Near-death event
D Monitoring required to confirm no harm 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 / /

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

TYPE OF INFRASTRUCTURE FAILURE (Select One)

Table with 3 columns: Administration/Management, Criminal/Potentially Criminal or Illegal activity, and Emergency Services/Response. Each column contains a list of failure types with checkboxes and sub-items.

Signature: Department Director/Supervisor (indicates review)

Date

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

**INFRASTRUCTURE FAILURE**

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