

Instructions for Completing an Event/Complaint Report

INTRODUCTION

These instructions are provided to assist in the reporting of events. These definitions are intended for the office practice to use as suggestions in order to maintain consistency in the reporting and tracking of events.

Purpose of the Event Report

The purpose of an event report is to notify the responsible individual within the physician/dentist office practice of all events with actual or potential injury to patients and visitors. The event report form also serves to document the event and provide a method to track and trend events over time so that improvements can be made.

What is an event?

An event is comprised of any happening that is not consistent with the routine or usual operation of the practice, i.e., any deviation from policy and procedure. Injury does NOT have to occur. A “near miss” or the potential for injury and/or property damage is sufficient for an event report to be completed.

When to do an event report?

An event report should be completed immediately following any unusual occurrence, once the persons involved have received the necessary treatment or attention if indicated. The report should also be completed for any deviation from the practice’s own policies and procedures. ONLY factual, objective information should be contained in the report. Documentation of blame or finger pointing is inappropriate.

Who should complete?

Completion of the report is the responsibility of the person with the most knowledge about the event or the person who witnessed the event. However, it is at the discretion of each practice to determine the most appropriate individual to complete the report, in accordance with the practice’s own policy and procedure.

After completing the form

Once completed, the form should be forwarded to the practice’s responsible individual within 24 hours of the event. These forms are for internal use only and should NOT be provided to the patient, visitor, or family member involved. The incident report form should NOT be photocopied once completed and should NOT be placed in the patient record. Documentation in the patient record should NOT reference a report was completed. Additional documents, such as corrective actions, should NOT be stapled to the event report. These instructions should NOT be stapled to the event forms.

GUIDELINES FOR COMPLETING THE FORM

It is recommended that the form be completed in the following order:

First: Complete Section 1.

Next: Complete Section 2.

Final: Complete Section 3.

Section 1 – General Information - Each section **must** be completed.

1. **Name, address, telephone number of patient/visitor involved in event**
2. **Date of event**
3. **Time of event** – indicate am or pm
4. **Type of person involved**
5. **Age, gender**
6. **Record #** - if applicable
7. **Reason for visit** –indicate why the individual was at the practice
8. **Location** - specify area that best describes the **PLACE** where the incident occurred

Section 2 – Type of Event - Check all that apply

1. **Bodily Injury** – Not resulting from a fall, procedure or equipment
 - a. **Chemical** (e.g. burn from prep solution, alcohol sponge, etc.)
 - b. **Hot Liquid** (e.g. burn related to a spill from coffee, soup, etc.)
 - c. **Electrical** (e.g. electrical shock that results in a burn)
 - d. **Heating Appliance** (e.g. heating pad, warming blanket, hoses, etc.)
 - e. **Exposure to Hazardous Material** (e.g. inhalation, ingestion, contact, exposure)
 - f. **Other** - any other bodily injury not defined above
2. **Equipment/Medical Device Related** - Complete questions describing equipment involved in Section 3 (device type, serial #, model #, and was device removed)
 - a. **Disconnected/dislodged** – (e.g. plug disconnected, catheter or tubing dislodged)
 - b. **Mechanical Issue** – (e.g. equipment malfunction)
 - c. **Electric Power Outage**
 - d. **Availability** – (e.g. equipment not available when needed)
 - e. **User Related** – (e.g. equipment used incorrectly or improperly, tampered with, improper equipment utilized for situation)
 - f. **Other** - any other equipment related event not defined above
3. **Fall**
 - a. **Dropped** (e.g. unexpected, sudden release of patient while being transferred from one place or position to another)
 - b. **Fainted** (e.g. witnessed/observed person experiencing a temporary loss of consciousness)
 - c. **While Ambulating** (e.g. witnessed/observed person falling while walking)
 - d. **Found on Floor** (e.g. witnessed/observed person in a lying or sitting position on the floor)
 - e. **Off Chair/Bed/Exam Table** (e.g. witnessed/observed person falling from chair/bed/table)
 - f. **Off Scale/Equipment** (e.g. witnessed/observed person falling from any equipment)
 - g. **Other** - any other equipment related event not defined above
4. **Medication Related** – **MUST** include the name of the drug and the dosage in the Brief Factual Description in Section 3).
 - a. **Adverse Reaction** (e.g. unfavorable response to any drug administered)
 - b. **Drug Selection** (e.g. incorrect drug ordered by prescriber or administered)
 - c. **Patient Identification** (e.g. administered to wrong patient)

- d. **Dosage** (e.g. incorrect dosage ordered by prescriber or administered)
 - e. **Route** (e.g. incorrect mode of administration)
 - f. **Prescription Pad Missing** (e.g. pad previously accounted for)
 - g. **Medication Missing** (e.g. drug not available when needed or drug previously accounted for)
 - h. **Other** - any other medication related event not defined above
5. **Patient Action Influencing Care**
- a. **Left AMA** (patient left against medical advice)
 - b. **Refused Treatment** (refusal of recommended treatment)
 - c. **Non-Compliance** (e.g. patient pattern of not showing for appointments or adhering to agreed upon plan of care)
 - d. **Left Without Being Seen** (e.g. left without being seen by a practitioner)
 - e. **Other** - any other patient action not defined above
6. **Patient Care Related**
- a. **Adverse Reaction** (other than medication related, any unfavorable response that caused or has potential to cause an injury, e.g. allergic reaction to latex)
 - b. **Procedure Related** (e.g. wrong site, incorrect procedure, incorrect preparation solution utilized, incorrect procedure technique)
 - c. **Medical Emergency** (e.g. respiratory/cardiac/diabetic/epileptic event)
 - d. **Tracking Consultations/Referrals** (e.g. failure to follow policy & procedure to ensure that recommended referrals are scheduled or done timely)
 - e. **Consent Related** (e.g. consent not completed correctly or in a timely manner, dated beyond allowable time frame in accordance with policy)
 - f. **Specimen Issue** (e.g. missing, destroyed, unusable)
 - g. **Reporting / Tracking of Test Results** (e.g. positive or borderline results not immediately communicated to practitioner, failure to follow policy & procedure to ensure that recommended tests are scheduled or done timely)
 - h. **Patient Monitoring** (e.g. monitoring not conducted in accordance with policy & procedure, incorrect monitoring)
 - i. **Infection Control** (e.g. infections, exposure to infectious diseases, sharps injury)
 - j. **Other** - any other patient care related event not defined above
7. **Other**
- a. **Missing/Damaged Property** (e.g. general power failure damages property)
 - b. **Patient Complaint** (e.g. patient experienced rude behavior by answering service staff member)
 - c. **Security Related** (e.g. office window found tampered with)
 - d. **Violence to Self or Others/Use of Weapon** (e.g. assault, suicide attempt)
 - e. **Communication Related** (e.g. failure to communicate plan of care with covering practitioner)
 - f. **Non-medical Emergency** (e.g. fire, flood)
 - g. **Payment/Billing Related** (HIPAA Business Associate agreement with any outside billing service not signed, bill sent to collection following patient event)
 - h. **Corporate Compliance** (e.g. cultural code of conduct breached, sexual misconduct, discrimination)
 - i. **Unauthorized Disclosure of Protected Health Information** (unauthorized viewing of patient record, discussion of health information in public environment)
 - j. **Other** - any other event not defined above

Section 3– Additional Information – Each section MUST be completed.

1. **Brief Factual Description of the Event, including Key Observations and Patient’s Statement if Not Witnessed by Staff** - Briefly state any supplemental, factual, objective information relating to this incident that is not determinable from use of the check boxes within the form. Quotes from the person involved should be written here. (e.g. Patient found on floor. Patient stated she “tripped on her shoelaces.”) If medication related name of medication and dosage **MUST** be indicated.
2. **Injuries and Parts of the Body Involved** (e.g. bruised right knee)
3. **Pre-existing Issues** (e.g. floor wet, floor dry, patient shoes untied, patient disoriented cognitively)
4. **Preventative Measures in Place Prior to Event** (e.g. inquired if patient allergic to latex, driveway salted by ABC contractor at 11:30 a.m.)
5. **Severity of Injury** - choose only one (the most serious at the time the event report is completed):
 - **Minor** - injury that does not require medical intervention, first aid only (i.e. contusion, abrasion, etc.)
 - **Significant** - injury that requires medical intervention or treatment (i.e. suturing, X-rays, medication, surgery, transfer to higher level of care, etc.)
 - **Death** - event contributed to or caused death
 - **Unknown** - unknown severity at time event report completed
 - **Not applicable** - event did not result in any harm
6. **Person Examined** (Yes, No, Declined)
7. **Treatment Provided** (Yes, No, Declined, Not Indicated)
8. **Treatment Provided by** - indicate whether first aid, emergency response personnel or, if medical treatment provided by staff or practitioner, indicate name. Specify treatment received such as CPR/Defib, dressing, medicated, sutured, X-rayed, or no further treatment.
9. **Equipment/Medical Device Involved** (indicate Yes or No, the manufacturer, model, Lot, & batch numbers, whether secured and removed from service, labeled “Not For Use”, and the location).
10. **Witnesses** - record the name and address of any witnesses to the event. If another staff member witnessed the event, record his or her name and document the practice’s address rather than home address.
11. **Authorities/Police Notified** – (e.g. prosecutor’s office, DYFS, Department of Health) – indicate Yes, No or Not Applicable. If notified indicate authoritative agency, date and time of notification.
12. **Family Notified** – (e.g. an elderly patient visiting the office alone, is treated by emergency response personnel for respiratory distress and is transported to the hospital) – include name, date, time notified.
13. **Name of Practice Manager/Physician/Dentist Director Notified** (include name, date, time).
14. **Staff Person Completing Report** (print name, title, sign and date).
15. **Practice Manager/Physician/Dentist Director Reviewing Report** (print name, title, sign and date). This individual is responsible for reviewing the information and assuring completeness of information.