



**PLEASE COMPLETE THIS REPORT AND FORWARD TO RISK MANAGER WITHIN 24 HOURS.**

**Complete a Report of Event Form** within 24 hours whenever there is an unusual or unexpected occurrence that is not consistent with the routine operation of the health care facility or the routine care of the patient. Examples of when a form should be completed are listed below.

- Anesthesia/Obstetrics Maloccurrence
- Burn/Scald from Food or Hot Beverage
- Delay or Complication in Diagnosis or Treatment
- Elopement from the Health Care Facility
- Equipment or Instrument Malfunction
- Fall or Person Found on the Floor
- Foreign Body Retained or Missing from an Operative Site
- Lack of Consent or Inadequate Informed Consent
- Lost Belonging(s)
- Occurrence Involving Medication
- Self-Inflicted Injury
- Suicide/Attempted Suicide
- Problem with Transfer
- Violation of Patient's Rights

This list is not meant to be all-inclusive. Consult a risk manager/supervisor/administrator if you have any questions about when to complete this form.

**Any staff member** who discovers or is involved in an occurrence should complete the form and forward it to the administrative department responsible for risk management within 24 hours. This department will then forward the completed report to CNA Insurance HealthPro.

#### **When completing the form**

- 1) Use an addressograph when available
- 2) Write clearly using a ball-point pen
- 3) Be brief and objective
- 4) Be sure to clearly indicate the following:
  - a) Facility Name
  - b) Patient Name
  - c) Time of Event
  - d) Date of Event
  - e) Type of Event
  - f) Assessment
- 5) Provide specific information when the other category is checked.

Notify a supervisor/administrator/physician immediately of any injury and/or life-threatening event.

### **DETAILED PROCEDURE FOR COMPLETING THE RM/QA REPORT OF EVENT FORM**

Name of Health Care Facility – Print the name and address of the health care facility.

Patient's Name – Use an addressograph or print the name and address of the person involved in the event.

Identification Status – Check the box indicating the status of the person involved in the event.

Sex – Check the box indicating the sex of the person involved in the event.

Date of Birth – Provide data as indicated using digits only.

Event Date – Provide the date the event occurred. **This field cannot be left blank.**

Time – Indicate the time when the event occurred.

Pre-Event Status – Indicate the person's mental status before the occurrence.

Physician – Indicate the name of the primary treating physician.

Primary Diagnosis – Indicate the principle diagnosis.

Service – Specify the medical service the person was assigned, e.g., pediatrics, orthopedics.

Description of Event – Write a brief and objective description of the event. Include pertinent comments made by the person involved. **Do not write "see attached."**

Witness – Provide the complete name and address of the witness.

#### Location of Event

- Department or Service – Indicate the specific department or service where the patient was located at the time of the event, e.g., Medical Unit, Radiology, O.R., Physical Therapy.
- Specific Area – Check the box which describes the location where the event occurred.

Type of Event – Check **one** box that best describes the event. **For conditions of fall, check all that apply.**

Assessment – Check the box which best describes the injury sustained. **These findings should be reflected in the person's medical record.**

#### Follow-up

- Indicate the date the person was examined by a physician. Include the name and specialty of the physician.
- X-ray – Check the appropriate box. If yes, specify the x-ray study performed and include the pertinent findings.
- Treatment – Check the appropriate box. If yes, describe the treatment rendered and indicate the outcome.
- ED Referral – Check the appropriate box. If yes, specify the ED chart number and indicate the outcome.
- Transfer – Check the appropriate box. If yes, specify the receiving location of the patient and method of transportation, e.g., wheelchair, stretcher, ambulance, helicopter.

Person Completing Report – Print name and title, sign the report and include the date the report was prepared in the space provided.

Report Review – The person responsible for reviewing the report must sign the report and indicate the date it was reviewed.

The completed report must be forwarded to the administrative department responsible for risk management **within 24 hours** of the event.