ST. PETER'S HOSPITAL

PATIENT IDENTIFICATION STICKER

PATIENT SAFETY EVENT REPORT

A Patient Safety Event is an unexpected occurrence which results in an adverse effect on the patient or has the potential for an adverse effect.

Medication events report on Medication Safety Report
Falls report on Falls Event Report

Patient Room #/ Department: _____
Date of Event: _____ **Time of Event:** _____
Location of Event: _____

Description of Event and Follow-Up Treatments/ Planned Evaluations:

Type of Event (Check ONE Box)

TREATMENT/PROCEDURE/DELIVERY RELATED

- ☐ Wrong patient/side/site/procedure or treatment
- ☐ Unplanned treatment/procedure or return to OR
- ☐ Procedure/treatment related injury/complication
- ☐ Transfer to higher level of care related to event
- ☐ Cardiopulmonary or Respiratory arrest *(unrelated to primary reason for admission)*
- ☐ Loss or impairment of limb/organ/body function
- ☐ IV infiltrate/phlebitis with physician intervention
- ☐ Hemolytic transfusion reaction
- ☐ New Tissue Trauma *(stage 3 or greater)*
- ☐ Burn *(2nd or 3rd degree)*
- ☐ AMI within 48 hours of procedure
- ☐ Retained Foreign Body
- ☐ Unexpected death
- ☐ Brain/CNS impairment
- ☐ Moderate sedation related event
- ☐ Anaphylaxis
- ☐ Birth-related injuries

EMBOLIC RELATED EVENTS

- ☐ New (hospital-acquired) DVT
- ☐ New (hospital-acquired) pulmonary embolism (PE)
- ☐ Air embolism

OTHER

- ☐ Breach in HIPAA/Confidentiality
- ☐ Alleged Abuse or Rape
- ☐ Radiation Misadministration
- ☐ Power outage/termination of services impacting patient care
- ☐ Fire
- ☐ Suicide/Attempted Suicide
- ☐ Elopement
- ☐ Infant abduction/discharge to wrong family
- ☐ Other

EQUIPMENT

☐ Equipment Malfunction during Treatment

Equipment/Device Name: _____
Manufacturer: _____
Model #: _____
Serial #: _____

Patient Outcome *(circle one)*

1. No change in patient condition
2. Injury or complication*
3. Death*

* If significant injury/complication or death, call **Patient Safety & QI Department *immediately* at 525-1230**

Contributing Factors

(circle one, if known)

POLICY/PROCESS

1. Procedure/protocol not followed
2. Procedure/protocol not effective

HUMAN RESOURCE FACTORS

3. Performance/Knowledge Deficit
4. Distractions
5. Shift Change
6. Staffing Level Related

ENVIRONMENT/EQUIPMENT

7. Unsafe/unsecured Environment
8. Unsafe Equipment
9. Emergency Situation

COMMUNICATION/INFORMATION

10. Patient Assessment/Monitoring
11. Communication Breakdown
12. Documentation Related

OTHER: _____

NAME (please print) OF PERSON COMPLETING REPORT* _____ **DATE REPORT COMPLETED** _____

*No blame will be allocated to employees or physicians following their reporting of unintended changes in health status, injury or harm.

Lawson # 200976

Significant and Sentinel Events Require Immediate Reporting to Patient Safety & Quality Improvement Department
Phone: 525-1230 Fax 525-1908
Refer to Event Reporting Policy AD-035 for examples of Significant/Sentinel Events.