Quality Assurance FORM

Event Report

**SECTION A:**

Reporter

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF OCCURANCE** | **DATE DISCOVERED/ INVESTIGATED** | **DATE EVR PREPARED** | **REPORTER ID# or NAME** |
|  |  |  |  |
| **PATIENT(S) INVOLVED** | **LAST 4 OF SSN** | **SECT/WARD/CLINIC** | **ORDERING PROVIDER** |
| BRAINARD JOHN |  |  |  |
|  |  |  |  |
| **INVOLVED STAFF** | **INST/DEPT** | **SECT/WARD/CLINIC** | **PHONE NO / EXTENTION** |
|  |  |  |  |
|  |  |  |  |
| **PROBLEM** (What happened to warrant this Event Report?)    Patient ID Error Specimen Labeling/Requisition Error: Specimen Type / Quality / Quantity:  INCORRECT INFO: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OTHER (Describe Below):  Brief Narrative of the Event: Order Number(s)/Accession Number (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**ACTION** Taken immediately to resolve the Event or Fix the problem (What was done immediately?)

🞎 CORRECTED/TESTING COMPLETED 🞎 REJECTED/TEST CANCELLED 🞎 REJECTED/RECOLLECTED

BRIEF Narrative:

**AFFIDAVIT STATEMENT**

***NOTE***: If allowing correction of Name/SSN or Site/Source (for AP/CY ONLY), “Affidavit Statement” below ***MUST*** be completed.

**\*\*\*\*\*CORRECTIONS IN NAME/SSN ARE NOT ALLOWED FOR ANY BLOOD BANK SAMPLE/WILL BE IMMEDIATLEY DESTROYED\*\*\*\*\***

CORRECT INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature, I attest that I am responsible for the **original labeling/requisition** of the item(s) described above. I attest that I can positively identify this specimen as belonging to the patient as stated above and/or as being from the site/source listed above and that an error occurred in the original labeling/requisition.

STAFF Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date correction made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CATEGORIZATION Error RESULT ORIGIN of Event/Error***

*(as applicable)*

Patient ID Error: 🞎 Lab Other 🞎 Reference Lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Spec. Label Error: 🞎 Lab 🞎 Other 🞏 Wrong Result Reported 🞎 CBOC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Handoff Communication 🞎 Testing Delayed 🞎 Ward/Clinic \_\_

🞎 Specimen Processing 🞎 Test Not Performed 🞎 Lab Section \_\_\_\_ \_\_\_\_

🞎 Specimen Collection 🞎 Incorrect Data Entry (details) 🞎 LIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Clerical Error 🞎 Patient Redrawn 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Safety Concern 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Procedural/Technical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B:**

QA Review

**SECTION C:**

Department Supervisor

**ANALYSIS** of the event/problem (What broke down/what went wrong?)

🞎 Procedural Error? 🞎 COPY to Facility Patient Safety Manger (MDP 00X)

🞎 COPY to Other Service (Nurse Manager, Chief of Service, Etc.)

DATE RESOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUTCOME/SOLUTION:** How can we prevent this from happening again?

🞎 Process Improvement/Change 🞎 Section Training 🞎 Employee **RE**training 🞎 Other (describe)

BRIEF description of the specifics:

Employee Signature: Date:

Employee Supervisor: Date:

Department Supervisor: Date:

P&LMS Lab Manager/QA/designee: Date:

P&LMS Medical Director / designee: Date: