

Adverse Incident Report Should Include the following information:

- 1) Brief narrative description of the adverse event: _____

- 2) Date of procedure(s) _____
- 3) Date and time of adverse event _____
- 4) State in which the facility is located _____
- 1) Specialty of the Physician(s) performing procedure(s) _____
- 6) Procedure(s)(CPT) _____
- 7) Diagnosis (ICD-9 codes) including co-morbid conditions _____
- 8) Type of anesthesia _____
- 9) Anesthesia provider title:
 MD Anesthesiologist
 CRNA
 MD performing procedure
 RN
 Other
- 10) Patient age _____
- 11) Patient gender _____
- 12) Was patient transferred to a hospital?
 Yes
 No

13) The facility is (check all that apply):

- State Licensed
- Medicare Certified
- AAAASF Accreditation
- AAAHC Accreditation
- JCAHO Accreditation
- Other
- None

14) Is adverse incident reporting required by the state in which the facility is located?

- Yes
- No

15) The adverse incident was reported to:

- Accrediting body
- State regulatory body
- Other _____
- Not reported

16) Date report was completed _____

17) Date report was filed _____

18) Outcome (example: death, loss of function) _____

Analysis

19) Root cause analysis completed? Yes No (skip to question 22)

20) If a root cause analysis was completed select all root cause categories that apply:

- Human factors** (Example: Fatigue of staff involved, personal problems where staff was not focused on job tasks, complex critical thinking requiring knowledge based decisions, not following documented policy and procedure, substance abuse, stress, boredom or staff rushing to complete the task.)
- Equipment factors** (Example: Were bio-med checks done and up-to-date? Was the equipment where it was supposed to be, was it functioning properly, were alarms, displays, and controls identifiable and/or operating properly, was the equipment set-up and performing in accordance with the manufacturer's recommendations? Was staff in-serviced on equipment?)

_____ **Controllable environment factors** (The organization has the ability to change by making process improvement changes. Example: Site was marked and the prep scrub washed off the marking prior to site verification. Site verification did not occur with all involved, per organizational policy and procedure (physician, nurse, anesthesiologist).

_____ **Uncontrollable environment factors** (The organization cannot change the factors that contributed to a breakdown in internal processes. Example: A power outage due to a lightning strike, flooding, auto crashing into building).

_____ **Other** (Are there any other factors that have directly influenced this outcome?)

21) Brief summary of findings: _____

22) Action Plan: Brief summary of the lessons learned and description of the corrective action(s) taken or to be taken. _____

