### 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 _________________________________________

5) 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.  
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________