(To be filled in cases of any incidents & to be used by all categories of staff including doctors)

**Name of the Individual Involved: .................................................................Patient ID / Employee No:** ................................

**Location:**………………………………………………………**Date of Occurrence:……………………………………Time:.……………………….**

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| --- | --- | --- |
| **Nature of Incident (There can be more than one appropriate column/ chain of incidents, please tick all of them):** | | |
| **Fall/ Slip : Patient Staff Visitor** | | |
| **Administrative Related**  Billing Errors  Order Entry Errors  Missing Medical Record  Others................................... | **Requisition/ Reports Related**  Requisition Errors Incorrect Report  Report Lost/ Unavailable  Dispatching Error  Others........................... | **Laboratory Specimen Related**  Incorrect Labeling  Incorrect Sample Collection  Sample Lost  Others................................ |
| **Clinical Care Related**  Refusal of Treatment  Leaving Against Medical Advice  Orders not/ Incorrectly Carried Out  Orders given by Unauthorized Personnel  Violation of Patient Privacy  Sudden Changes in Patient’s Condition.  Injury to Patient  Code Blue Not Raised  No Response to Code Blue  Others.......................................... | **Medication Related**  Prescription Error  Unavailability  Incorrect Storage  Dispensing Error  Delay in Administration  Error during Administration  Drug Reactions  Incomplete/ Incorrect documentation  Contaminated/ Expired Medicine  Incorrect Labeling  Improper Packaging  Others.......................................... | **Surgery/ Procedure Related**  Incorrect Patient/ Site  Site Not Marked  Material/ Consumable/ Drug not available  Injury to Patient During Procedure  Others...................................... |
| **Consent Related**  Incorrect Consent Form/s Used  Incomplete Consent Form  Consent Not Taken  Consent Given by Unauthorized  Personnel  Others…………………………….... | **Needle Stick/ Sharps Injury**  Injury to Patient  Injury to Staff  Injury to Visitor  Splash of Hazardous Material  Others.......................................... | **Facility Related**  UPS Breakdown  Lift Breakdown  Generator Breakdown  Oxygen Cylinder Unavailability  No Response to the Complaints  Others.......................................... |
| **Equipment Related**  Equipment Malfunction  Equipment Accessories Missing  Damaged During Transfer/ Use  Unavailability of Equipments  Others.......................................... | **Software/ Hardware Related**  Computer Not Working  Information System Not Work Printer Not Available/ Not Working  No Response from IT Team  Others.......................................... | **Security Related**  Assault to Patient/ Visitor  Assault to Staff  Theft/ Loss  Absconding Patient  Unauthorized Personnel Entry  Others**....................................** |
| **Delays in/ from**  OPD Consultation Ambulance arrangement Lab/ Imaging Reports CT/ PET CT/NMD/ MRI Radiology Procedures Medical Record Billing Medicines from Pharmacy Drug Mixing Room Discharge Summary Doctors Visit Response from Biomed Engineer  Others.............................. | **Disaster:**  Fire  Electric Shock  Water Logging  Insect Swarm  Release of Hazardous Materials  Mob  Others………………………………………….. | **Requisition/ Reports Related**  RequisitionErrors Incorrect Report  Report Lost/ Unavailable  Dispatching Error  Others........................... |

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| **Narrative Description of Occurrence** (How the incident happened, be factual and specific. Use separate sheet of paper if required) | | | | |
| **Immediate Correction/ Corrective Action Taken by the Concerned Department:** | | | | |
|  | **Reported By** | **Supervisor**  **(/Equivalent)** | **Department Head** | **Form Received by**  **(QI)** |
| **Name** |  |  |  |  |
| **Designation** |  |  |  |  |
| **Signature** |  |  |  |  |
| **Date** |  |  |  |  |
| **Time** |  |  |  |  |
| Investigation Started On: Completed On: Reviewed by Appropriate Committee on: | | | | |
| Safety Committee Drug & Therapeutics Committee Infection Control Committee  Medical Record Committee Quality Committee | | | | |