

Patient Safety Incident Reporting Form



Patient Safety Incident Reporting System

This service is for healthcare professionals to report and review patient safety incidents that have occurred in primary care. The sole purpose is to improve patient safety by identifying the factors that commonly contribute to incidents and sharing solutions to prevent these incidents from occurring again.

This is an anonymous service, no information that could identify an individual is collected or stored.

What should I report?

A patient safety incident is any clinical or administrative incident that 'should not have happened', something to be avoided in the future. This includes incidents that could have or did, lead to harm for one or more patients.

How do I review reports?

The review section contains brief summaries of incident reports. These can be viewed online at www.bpac.org.nz/safety. The summaries include any comments made by your peers and you're welcome to add your own comments and observations.

Making a report

Please fill out the following form. Try not to use any information that may identify any individual. The information contained in this form will be moderated, entered into the bpac^{nz} Patient Safety Incident database and the form destroyed. This form can also be entered online at www.bpac.org.nz/safety

By submitting a report you are making an important contribution to the safety of patients and your colleagues, thank you.

For more information go to:

www.bpac.org.nz/safety



Part 1: Who was involved

Who is making the report:

General Practitioner Practice Nurse Pharmacist Other

Patient(s):

Single patient **OR** Multiple patients

Age:

Ethnicity:

Where did the incident occur:

The practice The Pharmacy Residential After hours Home visit

It would be helpful if you could classify the event by ticking the categories below: (Choose one super class then select one sub-class from each column)

Clinical process/procedure

- | | |
|---|--|
| <p>Process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Screening/prevention/routine checkup <input type="checkbox"/> Diagnosis/assessment <input type="checkbox"/> Procedure/treatment/intervention <input type="checkbox"/> General care/management <input type="checkbox"/> Tests/investigations <input type="checkbox"/> Specimens/Results <input type="checkbox"/> Detention/restraint | <p>Problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not performed when indicated <input type="checkbox"/> Incomplete/inadequate <input type="checkbox"/> Unavailable <input type="checkbox"/> Incorrect patient <input type="checkbox"/> Wrong process/treatment/procedure <input type="checkbox"/> Wrong body part/side/site |
|---|--|

Medication

Medication involved:

- | | |
|---|--|
| <p>Medication use/Process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescribing <input type="checkbox"/> Preparation/dispensing <input type="checkbox"/> Presentation/packaging <input type="checkbox"/> Delivery <input type="checkbox"/> Administration <input type="checkbox"/> Supply/ordering <input type="checkbox"/> Storage Monitoring | <p>Problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong drug <input type="checkbox"/> Wrong dose/strength of frequency <input type="checkbox"/> Wrong formulation or presentation <input type="checkbox"/> Wrong route <input type="checkbox"/> Wrong quantity <input type="checkbox"/> Wrong dispensing label/instruction <input type="checkbox"/> Contraindication <input type="checkbox"/> Wrong storage <input type="checkbox"/> Omitted medicine or dose <input type="checkbox"/> Expired medicine <input type="checkbox"/> Adverse drug reaction |
|---|--|

Documentation

- | | |
|--|--|
| <p>Document involved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Orders/requests <input type="checkbox"/> Medical records/assessments/consultations <input type="checkbox"/> Check lists <input type="checkbox"/> Forms/certificates <input type="checkbox"/> Instructions/policies/procedures/guidelines <input type="checkbox"/> Labels/identification bands/cards <input type="checkbox"/> Records of communication <input type="checkbox"/> Reports/results/images | <p>Problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Missing or unavailable <input type="checkbox"/> Delay in accessing <input type="checkbox"/> Wrong patient or wrong document <input type="checkbox"/> Unclear/ambiguous/illegible/incomplete |
|--|--|

Medical device/equipment

Type of device/property:

- Problem:**
- Poor presentation/packaging
 - Lack of availability
 - Inappropriate for task
 - Unclean/unsterile
 - Failure/malfunction
 - Dislodgement/misconnection/removal
 - User error

Behaviour

- | | |
|---|--|
| <p>Staff were:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Noncompliant/uncooperative/obstructive <input type="checkbox"/> Inconsiderate/rude/hostile/inappropriate <input type="checkbox"/> Risky/reckless/dangerous <input type="checkbox"/> Problem with substance use/abuse <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination/prejudice <input type="checkbox"/> Wandering/absconding <input type="checkbox"/> Intended self harm/suicide <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Physical assault <input type="checkbox"/> Sexual assault <input type="checkbox"/> Aggression toward an inanimate object <input type="checkbox"/> Death threat | <p>Patient was:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Noncompliant/uncooperative/obstructive <input type="checkbox"/> Inconsiderate/rude/hostile/inappropriate <input type="checkbox"/> Risky/reckless/dangerous <input type="checkbox"/> Problem with substance use/abuse <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination/prejudice <input type="checkbox"/> Wandering/absconding <input type="checkbox"/> Intended self harm/suicide <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Physical assault <input type="checkbox"/> Sexual assault <input type="checkbox"/> Aggression toward an inanimate object <input type="checkbox"/> Death threat |
|---|--|