

Occurrence/Incident Report

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Use this form to report occurrences for quality assurance monitoring, or any incident, problem, or situation encountered in the course of Health Services operations. Typical reporting includes listed occurrences, quality of care issues, facility/safety issues, or any event identified as needing review. Please return the completed form to the Director's office.

Report date _____ Report made by _____

Please check appropriate box (s):

- Campus health event (e.g. communicable disease, death of student)
- Activation of emergency procedures (resuscitation, 911 calls)
- Hospital transfers
- Possible medication or procedure error
- Quality of care issue raised by patient
- Quality of care issue raised by staff member
- Laboratory issue
- Other occurrence or incident _____

Date of Occurrence/Incident _____ Location _____

If patient involved: Patient name: _____ SID _____ Phone _____

Describe the occurrence, incident, or situation. Please note any other staff or patients involved or familiar with this situation (attach single sided pages as needed):

Has this incident been reported directly to any health center staff? _____ If so, to whom? _____

(optional) Suggestions for quality improvement regarding this occurrence, incident, or situation:

_____ By _____

Action Taken (attach single sided pages as needed):