

UCSC Student Health Center Incident Management Investigation Report Form

Facility Information: (Complete all information.)

Facility Name: _____ Laboratory Director: _____
 Address: _____ Phone: _____
 _____ Fax Number: _____
 City, State, Zip: _____

Person Reporting Event: _____ Date: _____

Reporting Information: (Complete all information.)

Incident Date: _____ Incident Time: _____	Patient(s) Affected: _____ Staff Affected: _____ Other(s) Affected: _____
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Event Type: (Check all appropriate event types)

Death related to treatment	Death related to medication error based on lab result	
Injury due to treatment	Failure in safety procedure	
Mis-identification of specimen	Procedures involving the wrong patient	
Mis-identification of report	Recurring complaints about phlebotomy or specimen collection	
Misdiagnosis based on laboratory report	Instruments or materials retained in or on the patient following a procedure	
Physical attack or abduction	Other catastrophic event (Brief description)	
Instrument and methodology failures		

Patient/Staff Information of Person Affected by Event: (Complete all information)

Name: Last _____ First _____ Middle _____
 Date of Birth: _____ Patient Identification Number: _____
 Current Status: (Mark One) Discharged _____ Hospitalized _____ Deceased _____ Unknown _____
 Treatment Date: _____

Person Responsible for Investigation of Event: _____
 Date of Investigation Report: _____
 Regulatory Agency to be Notified of Incident: _____
 Date of Notification: _____
 Ordering Physician to be Notified of Incident: _____
 Date of Notification: _____
 Person to be Notified of Incident: _____
 Date of Notification: _____

Brief Summary of Incident: (What happened, how was it handled, where did it happen and who was involved?)

Attach additional information on separate sheets as necessary, including all applicable laboratory reports.

Report of Investigation Findings: What did the true (root) cause investigation and analysis find?

- a. What factors are involved in the event? (Human, Equipment, Controllable Environment, Uncontrollable External factors)
- b. What systems or processes underlie these factors? (Human resource issues, information management issues, emergency and failure-mode responses, leadership issues, uncontrollable factors)

Patient Outcomes:

Corrective Action to be Taken as a Result of Investigation Findings: What will the facility do to prevent a recurrence of the incident?

Action Plan

True Cause/ Opportunity for Improvement	Action to Reduce Reoccurrence	Person(s) Responsible for Implementation	Date(s) for Implementation	Expected Results

Person Responsible for Findings: _____

Date of Review or Report: _____

Person Responsible for Communicating Findings to Staff: _____

Date of Communication Report: _____

Follow-Up Actions to be Taken: (Check all appropriate actions)

<input type="checkbox"/>	No Action Required	<input type="checkbox"/>	Refer patient testing	<input type="checkbox"/>	Revision of policy/procedure
<input type="checkbox"/>	Staff training and in-service	<input type="checkbox"/>	Resume patient testing	<input type="checkbox"/>	Staff competency assessment
<input type="checkbox"/>	Cease patient testing	<input type="checkbox"/>	Development of new policy/procedure	<input type="checkbox"/>	Communication of findings to laboratory staff

Corrective Action Monitoring:

Corrective Action follow-up and review by date: _____

Findings Inconclusive – monitor process Review by date: _____

Information is incomplete; follow-up to be completed by date: _____

Notes/Comments by Investigator:

Report Submitted by: _____

Date: _____

Report Approved by: _____

Date: _____

Attach additional information as necessary, including all applicable laboratory reports.