



WHOLE HEALTH FOR YOUR WHOLE LIFE

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Incident Report (RM04-a)

Patient/Employee Name:	Date & Time of Event:	Location of Event <input type="checkbox"/> Ponderay <input type="checkbox"/> Bonners Ferry <input type="checkbox"/> VA <input type="checkbox"/> Priest River <input type="checkbox"/> Pediatrics <input type="checkbox"/> Administration
Date of Birth:	Date Reported:	
Phone #:	Address:	

This incident involved the following individuals: (check all that apply)

- Patient (Adult Child <18 yrs old) Guardian Family Member Employee Visitor
 Other

Type of Event: (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Adverse Drug Reaction | <input type="checkbox"/> Laboratory Related | <input type="checkbox"/> Medication Related | <input type="checkbox"/> Needle Stick/Sharp Injury |
| <input type="checkbox"/> Exposure to Blood/Body Fluids | <input type="checkbox"/> Radiology Related | <input type="checkbox"/> Fall | <input type="checkbox"/> Facility Physical Problem |
| <input type="checkbox"/> Equipment/Supply Problem | <input type="checkbox"/> Delay in: Diagnosis, Treatment, Referral | <input type="checkbox"/> Operative/Invasive Procedure Related | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Property Damaged, Destroyed | <input type="checkbox"/> Property Lost/Stolen | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Incident: (Provide concise, factual, objective details) If more space is needed please attach an additional page if needed.

Witness(es) who may be able to provide additional detail concerning this incident:

Name:	Contact Phone #:
Name:	Contact Phone #:

Name of Person Completing Form:	
Signature of Person Completing Form:	
Title:	
Department:	
Date:	

For Administrative Use Only:

Effect of this incident on the individual(s) involved: No Harm Sustained Harm Sustained
Severity Coding Category: 0 1 2 3 4 5 6 7 8 9

Action Plan:	
Date Resolved:	
Signature of Risk Manager:	Date:
Signature of CMO:	Date:

Occurrence Category	Result of Occurrence	Examples
Category 0	Circumstances or events have no capacity to harm	Property damage, missing property; narcotic discrepancy
Category 1	Circumstances or events that have the capacity to cause error or harm	Missing medical record, inappropriate behavior, professional conflict, biohazard spills
Category 2	An error occurred but the error did not reach the person (an error of "omission" does reach the person)	Averted medication errors – wrong med or label but not given to the patient. Test ordered on wrong patient, but not performed.
Category 3	An occurrence that reached the person but did not cause harm.	Wrong med that did not require any increased monitoring; dressing not changed; med not given or started on time or procedure not initiated – with no adverse outcomes. Wrong blood draw or x-ray on a patient; delays in procedures.
Category 4	An error occurred that reached the person and required monitoring to confirm that it resulted in no harm to the person and/or required intervention to preclude harm	Falls without injury, but person assessed, VS, neuro checks. BS after insulin, VS after wrong med, lost specimens
Category 5	An error occurred that may have contributed to or resulted in temporary harm and required intervention	Falls with abrasion, bumps, scratches, bruises. Injury of any kind. Wrong med or ADR that dropped BP or blood sugar or procedural complications.
Category 6	An error occurred that may have contributed to or resulted in temporary harm and required initial or prolonged hospitalization.	Fall with a fracture, significant procedural complication
Category 7	An error occurred that may have contributed to or resulted in permanent harm.	Burn with a scar, some complications
Category 8	An error occurred that required intervention necessary to sustain life	Anaphylaxis, significant blood transfusion reaction, cardiac arrest