Event ID: _____

Initial Report Date (HERF Q1): _____

Patient Safety Event Report – Hospital:

H SUMMARY OF INITIAL REPORT (SIR)

Use this form after all other forms applicable to this event (incident or near miss [close call]) or unsafe condition reported on the Healthcare Event Reporting Form (HERF) have been reviewed. Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

1. What is the date of the summary of the initial report?

__ __ / __ __ / __ __ __ __
MM DD YYYY

2. Where did the event occur, or, if an unsafe condition, where does it exist? (PLEASE REFER TO HERF QUESTION 6) CHECK ONE:

a. ☐ Inpatient general care area (e.g., medical/surgical unit)
b. ☐ Special care area (e.g., ICU, CCU, NICU)
c. ☐ Labor and delivery
d. ☐ Operating room or procedure area (e.g., cardiac catheter lab, endoscopy area), including PACU or recovery area
e. ☐ Radiology/imaging department, including onsite mobile units
f. ☐ Pharmacy
g. ☐ Laboratory, including pathology department and blood bank
h. ☐ Emergency department
i. ☐ Other area within the facility
j. ☐ Outpatient care area
k. ☐ Outside area (i.e., grounds of this facility)
l. ☐ Unknown
m. ☐ Other: **PLEASE SPECIFY** _____

3. Who reported the event or unsafe condition? (PLEASE REFER TO HERF QUESTION 20) CHECK ONE:

a. ☐ Healthcare professional
b. ☐ Healthcare worker, including nursing assistant, patient transport/retrieval personnel, assistant/orderly, clerical/administrative personnel, interpreter/translator, technical/laboratory personnel, pastoral care personnel, biomedical engineer, housekeeping, maintenance, patient care assistant, or administrator/manager
c. ☐ Emergency service personnel, including police officer, fire fighter, or other emergency service officer
d. ☐ Patient, family member, volunteer, caregiver, or home assistant
e. ☐ Unknown
f. ☐ Other: **PLEASE SPECIFY**
_____

4. What is the type of healthcare professional? CHECK ONE:

a. ☐ Doctor, dentist (including student)
b. ☐ Nurse, nurse practitioner, physician assistant (including student or trainee)
c. ☐ Pharmacist, pharmacy technician (including student)
d. ☐ Allied health professional (including paramedic, speech, physical and occupational therapist, dietician)

5. Please describe any additional details about the event or unsafe condition discovered after completion of the HERF:

_____

_____

_____

_____

IF UNSAFE CONDITION — STOP — This form is complete.

IF NEAR MISS, ANSWER QUESTIONS 6 - 11

IF INCIDENT, ANSWER QUESTIONS 7 - 12

6. What prevented the near miss (close call) from reaching the patient? CHECK ONE:

a. ☐ Fail-safe designed into the process and/or a safeguard worked effectively
b. ☐ Practitioner or staff member who made the error noticed and recovered from this error (avoiding any possibility of it reaching the patient)
c. ☐ Spontaneous action by a practitioner or staff member prevented the event from reaching the patient
d. ☐ Action by the patient's family member prevented the event from reaching the patient
e. ☐ Other: **PLEASE SPECIFY** _____
f. ☐ Unknown

7. Was the event associated with a handover/handoff? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

8. Are any contributing factors to the event known? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

9. What factor(s) contributed to the event? CHECK ALL THAT APPLY:

Environment

a. ☐ Culture of safety, management
b. ☐ Physical surroundings (e.g., lighting, noise)

Staff qualifications

c. ☐ Competence (e.g., qualifications, experience)
d. ☐ Training

Supervision/support

e. ☐ Clinical supervision
f. ☐ Managerial supervision

Policies and procedures, includes clinical protocols

g. ☐ Presence of policies
h. ☐ Clarity of policies

Data

i. ☐ Availability
j. ☐ Accuracy
k. ☐ Legibility

Communication

l. ☐ Supervisor to staff
m. ☐ Among staff or team members
n. ☐ Staff to patient (or family)

Human factors

o. ☐ Fatigue
p. ☐ Stress
q. ☐ Inattention
r. ☐ Cognitive factors
s. ☐ Health issues

Other

t. ☐ Other: **PLEASE SPECIFY** _____

10. Was the event a National Quality Forum (NQF) Serious Reportable Event? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

ANSWER QUESTION 12

11. What was the applicable Serious Reportable Event? CHECK ONE:

Surgical or Invasive Procedure Events

a. ☐ Surgery or other invasive procedure performed on the wrong site
b. ☐ Surgery or other invasive procedure performed on the wrong patient
c. ☐ Wrong surgical or other invasive procedure performed on a patient
d. ☐ Unintended retention of a foreign object in a patient after surgery or other invasive procedure
e. ☐ Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient

Product or Device Events

f. ☐ Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting

g. ☐ Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended

h. ☐ Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting

Patient Protection Events

i. ☐ Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person

j. ☐ Patient death or serious injury associated with patient elopement (disappearance)

k. ☐ Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting

Care Management Events

l. ☐ Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)

m. ☐ Patient death or serious injury associated with unsafe administration of blood products

n. ☐ Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting

o. ☐ Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy

p. ☐ Patient death or serious injury associated with a fall while being cared for in a healthcare setting

q. ☐ Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting

r. ☐ Artificial insemination with the wrong donor sperm or wrong egg

s. ☐ Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen

t. ☐ Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results

Environmental Events

u. ☐ Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting

v. ☐ Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances

w. ☐ Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting

x. ☐ Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting

Radiologic Events

y. ☐ Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area

Potential Criminal Events

z. ☐ Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider

aa. ☐ Abduction of a patient/resident of any age

bb. ☐ Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting

cc. ☐ Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting

IF NEAR MISS STOP This form is complete.

12. How preventable was the incident? CHECK ONE:

a. ☐ Almost certainly could have been prevented
b. ☐ Likely could have been prevented
c. ☐ Likely could not have been prevented
d. ☐ Almost certainly could not have been prevented
e. ☐ Provider does not make this determination by policy
f. ☐ Unknown

Thank you for completing these questions.

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