



**FASTAFF
CLINICAL INCIDENT REPORT FORM**

Use this form to report any unexpected patient incidents related to patient care or treatment, even if there is no adverse patient outcome (this includes errors, safety hazards, injuries and sentinel events). This form is to be completed by FASTAFF personnel *in addition to* any reporting requirements of the facility/hospital. After completion, please return to FASTAFF by faxing to 888-928-3050.

Details of where incident was discovered

| | |
|---|-----------------------------|
| Identification of person affected by incident: | Location: |
| Name: | Hospital (include address): |
| Date of Birth: | Department/Unit: |
| Date & Time of incident: | |

Onsite Staff involved

| | |
|--------------|---------------|
| Name: | Title: |
| | |
| | |
| | |

Nature of incident [check appropriate box(es)]

| | | | |
|------------------------------------|-------------------------------|--|--|
| Malfunction Equipment / Monitors | Breach of Policies / Protocol | Failure to perform investigation | |
| Lack of Equipment / Monitors | Poor patient preparation | Delay in urgent investigation | |
| User error of Equipment / Monitors | Inappropriate request | Failure to interpret results | |
| Medication Prescription Error | Inappropriate / no escort | Wrong dose radiation | |
| Medication Dispensing Error | Breach in Confidentiality | Wrong site | |
| Medication Administration Error | Patient documentation issue | Wrong patient | |
| Extravasation | Patient positioning | Repeat dose unnecessarily | |
| Infection Control issue | Consent | Pregnancy not considered in radiation exposure | |

Patient Outcome [check appropriate box(es)]

| | | | |
|--------------------------------------|----------------------------|---------------------------|--|
| Death | Pain / Prolonged pain | Disruption to services | |
| Critical condition | Patient Distress | Unable to assess outcome | |
| Injury | Delay in treatment | Near miss by chance | |
| Ill health | Change to treatment | Near miss by intervention | |
| Temporary deterioration of condition | Prolonged stay in hospital | No adverse effect | |
| Transfer to higher level of care | Radiation over exposure | | |

Contributory factors [check appropriate box(es)]

| | | | |
|-------------------------------|--------------------|----------------------------------|--|
| Knowledge & Training | Poor communication | Poor documentation | |
| Staffing Issues | Distraction | Poor Handwriting | |
| Lack of appropriate equipment | Labelling | Use of abbreviations / shorthand | |
| Breach of Policy / procedure | Supplies | Storage | |
| Other: | | | |

Summary of what happened: (please state facts only and not opinion – attach separate sheet if necessary)

Ensure that all necessary steps have been taken to support and treat anyone injured and prevent injury to others.
Ensure medical records are factual and up to date.

Action Taken as a Result of Incident: (please give brief details-attach separate sheet if necessary)

Employee Acknowledgment

Employee Name:

Title/Position:

Acknowledgment - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge:

Employee Signature

Date

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Action Taken as a Result of Incident: (please give brief details-attach separate sheet if necessary)

Director of Credentialing

Date