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Incident report

THIS IS an example of the type of information you may wish to capture during the open disclosure process. It should not be used in addition to existing incident reports. Rather, you may wish to modify your existing Incident Report and incorporate additional information regarding open disclosure.

The form should be completed by staff members who have identified an adverse event, or who have been informed of an adverse event which has been identified by a patient or carer. This is a confidential quality improvement document and is not part of the medical record

PATIENT DETAILS

1. Patient's name: _____

2. MRN: _____

INCIDENT DETAILS

3. Adverse Event identified by: Staff Member Patient Carer

4. Date identified: _____ / _____ / _____

5. Date adverse event/incident occurred: _____ / _____ / _____

6. Date open disclosure initiated: _____ / _____ / _____

7. Location adverse event occurred: _____

8. Date adverse event/incident reported: _____ / _____ / _____

DESCRIPTION

9. Description of Adverse Event: _____

10. Further treatment required (Please specify) _____

11. Assessment of level of response: Low High If assessed Low level go to Section 17



FOLLOW UP ACTION

12. Action taken to date: _____

INVESTIGATION

13. Summary of Investigation:

Contributing Factors	Actions to Prevent Recurrence	Person Responsible	Date to be Completed

NEXT STEPS

14. Plan for preliminary follow up with patient : _____

15. Nominated contact for Open Disclosure Process:

Name: _____ Phone: _____

16. Patients nominated support person:

Name: _____ Phone: _____

17. Completed by:

Signature _____

Name: _____ Date: _____

