

FACILITY INFORMATION

Facility name: _____

Medical director: _____ Submission date: _____

Patient identification (name or initials): _____

Person completing report:* _____ Role: _____

*Must be a regulated health-care professional.

Facility contact person: _____ Email: _____

MANDATORY NOTIFICATION

The medical director shall notify the College of Physicians and Surgeons of British Columbia within one business day after the discovery of the following reportable incidents:

- Death which occurred during or within 28 days of a procedure at a facility
- Unexpected admission to hospital within 28 days after a procedure at a facility
- Cluster of infections (more than one occurring on the same day, consecutive surgical cases, consecutive surgical days, same type of surgery)
- Surgery on the wrong body part or wrong patient or conducting the wrong surgery
- Loss or theft of a controlled drug or substance

Contact the NHMSFAP nhmsfap@cpsbc.ca.

The NHMSFAP Committee may review the circumstances with the medical director and may consult with other practitioners to determine the risk of harm to patients. If necessary, the committee may suspend the accreditation of any facility on a suspicion of continuing risk.

Date NHMSFAP notified (YYYY-MM-DD): _____

All patient safety incident forms and supporting documentation must be submitted to the program within 30 days.

REQUIRED INFORMATION

Please confirm that the following documentation is being provided to the NHMSFAP:

A narrative summary by the physician most involved in the case describing the incident, risk factors, outcome, and how it might be prevented in the future Yes No

A copy of the patient's full facility clinical record Yes No

Please note: A copy of the patient's full facility clinical record is not required (unless requested) for the following patient safety incidents:

- Return to the operating room for evacuation of hematoma (hospital or non-hospital facility)
- Surgical procedure greater than 6 hours (skin to skin time)
- Patient required to stay in a facility for more than 24 hours following a procedure
- Loss or theft of a controlled drug or substance
- Medical device reprocessing failure
- Near miss

TYPE OF INCIDENT

The reportable incident includes, but is not limited to, any recognized, unexpected or unusual event that puts the patient's life or well-being at risk.

Please identify the type of incident:

- Change in the type or site of surgery (including incorrect implant/prostheses implanted) Yes No
- Wrong side, wrong patient surgery Yes No
- Unplanned surgery arising as a complication of the planned surgery Yes No
- Surgical procedure greater than six hours (skin-to-skin time) excluding complex aesthetic face and neck surgery Yes No
- Infection requiring i) hospitalization, admission as an in-patient; ii) a second surgical procedure which occurs as a result of the procedure; iii) ongoing outpatient IV therapy Yes No
- Cluster of infections (more than one occurring on the same day, consecutive surgical cases, consecutive surgical days, same type of surgery) Yes No
- Occurrence of VTE arising within 28 days of a procedure in a facility Yes No
- Patient requiring a blood transfusion within 28 days of a procedure in a facility Yes No
- Unplanned return to the operating room Yes No

Procedure performed:

- Private case Health authority contract case Third party contract case
(e.g. ICBC, WorkSafeBC, RCMP, etc.)

Summary of complication

Provide a review of the complication with diagnosis and brief summary of events. Describe contributing factors to the incident, e.g. coexisting comorbidities, language barrier, clinical personnel issues, equipment failure, environmental issues, diagnostic testing, blood work, pathology anomalies, etc.

| Health-care professional | Surname | Given name(s) | CPSID/CDSID |
|--|---------|---------------|-------------|
| Physician, dentist or podiatrist performing the procedure: | | | |

2. Post-anesthesia recovery

Length of stay: _____

Provide any relevant hospital information/findings obtained by the facility regarding patient hospital stay (obtained either directly from the patient, family members, surgeon, anesthesiologist, attending ER physician, any other specialist). Give details:

SUPPLEMENTAL DOCUMENTATION

Please attach, as appropriate, any relevant supplementary documentation.

Facility response to incident

Attached

1. Patient post-op follow-up conducted by facility?

Yes No

Date(s) follow up was conducted: _____

2. Patient follow-up and progress notes provided by surgeon or attending physician?

Yes No

3. Patient follow-up information pending (give reason, e.g. remains in hospital, booked to see surgeon, specialist, etc.

Yes No

4. Actions taken by facility to prevent future occurrences (e.g. policy changes, education, discharge documentation, equipment repair). Specify changes:

Yes No

Medical director comments

MEDICAL DIRECTOR APPROVAL

I hereby certify that the information provided in this Reportable Incident Form has been reviewed.

Medical director signature: _____ Date: _____

The information in this form is collected under the authority of part 5, section A of the Bylaws under the Health Professions Act, R.S.B.C. 1996, c.183. The information provided will be used to process your incident report and is protected under section 26.2 of the Health Professions Act. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver, BC, V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll free in BC).

COLLEGE USE ONLY

Date received: _____ Date file closed: _____