UHC Safety Intelligence™

Powered By Datix

Front Line Reporter Basics

START

***Who was affected by the event:**

- ○ Patient
- ○ Staff
- ○ Visitor
- ○ Unsafe Condition

Only applicable to Patient/Staff/Visitor

***Type:**

- ○ Patient
- ○ Visitor
- ○ Employee or member of staff

Last Name:

First Name:

Only applicable to Patient

***Medical Record Number:**

***Subtype (or Patient Status):**

- ○ Inpatient
- ○ Outpatient
- ○ Unknown

***Date of Birth:**

***Gender:**

- ○ Male
- ○ Female
- ○ Unknown

Date of Admission or Ambulatory Encounter:

Does patient have Hispanic or Latino ethnicity? (Hidden by default)

- ○ Yes
- ○ No
- ○ Unknown

Race: (Hidden by default)

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or other Pacific Islander
- ○ White
- ○ More than one race
- ○ Unknown

Encounter Number: (Hidden by default)

Patient's principal diagnosis code: (Enter ICD-9-CM Code) (Hidden by default)

Patient's principal procedure code: (Enter ICD-9-CM Code) (Hidden by default)

EVENT BASICS (applicable to all)

***Event Type/Category/Subcategory:**

***Event Discovery Date/Time:**

Event Occurrence Date/Time:

***Primary site/location where event occurred:**

Other site/location or service (if applicable):

Clinical Service:

Was the event related to handover/handoff?

- ○ Yes
- ○ No
- ○ Unknown

Was health information technology (HIT) implicated in this event?

- ○ Yes
- ○ No
- ○ Unknown

How did you learn about the event?

- ❑ Assessment after event
- ❑ Report by another staff member
- ❑ Report by family or visitors
- ❑ Report by patient
- ❑ Review of record chart
- ❑ Witnessed/Involved
- ❑ Other

Describe the event in your own words:

Describe any factors contributing to the event, lessons learned, and/or recommendations to prevent recurrence:

*Extent of Harm:

- ○ Harm caused
- ○ Reached the individual
- ○ Near miss

*Harm Score:

Harm caused

- ○ 9 Death
- ○ 8 Severe
- ○ 7 Permanent harm
- ○ 6 Temporary harm

Reached the individual

- ○ 5 Additional treatment
- ○ 4 Emotional distress or inconvenience
- ○ 3 No harm evident, physical or otherwise

Near Miss

- ○ 2 Near miss
- ○ 1 Unsafe condition

*What prevented the near miss from reaching the patient?

- ○ Fail-safe into the process and/or a safeguard worked effectively
- ○ Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient)
- ○ Spontaneous action by a practitioner or staff member (other than person making the error) prevented the event from reaching the patient
- ○ Action by the patient or patient's family member prevented the event from reaching the patient
- ○ Unknown
- ○ Other

How long after the incident was harm assessed (approx.)?

- ○ Within 24 hours
- ○ After 24 hours but before 3 days
- ○ 3 days or later
- ○ Unknown

Was any intervention attempted to prevent, reverse or halt the progression of harm?

- ○ Yes
- ○ No
- ○ Unknown

Which of these interventions (rescues) were performed? (Check all that apply):

- ❑ Transfer, including transfer to a higher level of care area within facility, or transfer to another facility, or hospital admission (from outpatient)
- ❑ Monitoring, including observation, physiological examination, laboratory testing, phlebotomy, and/or imaging studies
- ❑ Medication therapy, including administration of antidote, change in pre-incident dose or route
- ❑ Surgical intervention
- ❑ Respiratory support (e.g., ventilation, tracheotomy)
- ❑ Blood transfusion
- ❑ Counseling or psychotherapy
- ❑ Unknown
- ❑ Other intervention (specify):

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Nature of Injury: (Hidden by default)

- Abrasion
- Allergic reaction
- Aspiration
- Bite
- Blister
- Bruise
- Thermal burn
- Electrosurgical Burn
- Cellulitis
- Compartment Syndrome
- Contusion
- Dental injury
- Dislocation
- Edema
- Extravasation
- Fracture
- Hematoma
- Hemorrhage
- Infection
- Infiltration
- Laceration
- Pain
- Phlebitis
- Pulmonary embolism
- Punctured
- Rash
- Retained foreign body
- Scratch
- Skin tear
- Ulcer
- No injury
- Other

Who was notified (by the front line reporter)?

- ❑ Covering physician
  Date: / Time:
- ❑ Patient or family designated contact
  Date: / Time:
- ❑ Employee health
- ❑ Human resources
- ❑ Nurse
- ❑ Manager/supervisor
- ❑ Risk management (by phone)
- ❑ Security/police
- ❑ Other (specify)

Was anybody else involved in this event?

- ○ Yes
- ○ No

How was this person involved in the event?

- ○ Claimant
- ○ Complainant
- ○ Employee/member of staff directly involved
- ○ Investigation lead
- ○ Perpetrator
- ○ Person injured
- ○ Witness
- ○ Other

Type:

- ○ Patient
- ○ Visitor
- ○ Employee or member of staff

Reporter Role:

Registered Nurse	Security
Charge Nurse	Volunteer
Float Nursing Staff	Care Tech
Nurse's Aide	Unit Secretary/Clerk
Nurse Practitioner	Manager
Nursing Student	Lab/radiolog, Tech
LPN	Laboratory Coordinator Supervisor
CRNA	Specimen patholog, Coordinator
Pharmacist	Phlebotomist
Pharmacy Resident	Mental Health Counselor
Pharmacy Student	Clinic Director
Pharmacy Technician	LCSW
Physician – attending staff	Dietician/dietary aide
Physician-resident intern fellow	Paramedic/EMT
Physician Assistant	Patient relations representative
Medical Assistant	Social worker
Medical Student	Chaplain
Midwife	PT/OT
Respiratory Therapist	Infection Control practitioner
Radiation Therapist	Anonymous
Technologist technician (lab x-ray, etc.)	Other (specify)

MRN: (for Patient only)
Subtype: (for Patient/Staff only)
Last name:
First name:
DOB: (for Patient only)
Gender: (for Patient only)
Job Title: (for Staff only)
Contact phone number:
E-mail address: (for Staff only)

Last Name:
First Name:
Contact phone number:
Your email address (ensure this is completed if you would like to receive acknowledgement of report submission):