

PATIENT SAFETY EVENT INCIDENT REPORTING NOTIFICATION FOR PRIVATE SECTOR

A. INCIDENT PARTICULARS

Note: "Specialties involved" refers to any specialty involved in managing the patient.

Facility Code:	<input style="width: 100%;" type="text"/>	Date of Incident:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Time of Incident:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
24 Hour Clock												
H H M M												
<input style="width: 100%;" type="text"/>												

Unit/Dept. where Incident Occurred:	Location where Incident Occurred:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Specialties Involved:
<input style="width: 100%;" type="text"/>

B. PATIENT PARTICULARS

Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Type of Services:	Inpatient	<input type="checkbox"/>	Outpatient	<input type="checkbox"/>
NRIC/Passport No.:	<input style="width: 100%;" type="text"/>				Date of Birth:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Admission Diagnosis:	<input style="width: 100%;" type="text"/>								
Race:	<input style="width: 100%;" type="text"/>			Communication Problem with Patient:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Native Language:	<input style="width: 100%;" type="text"/>			Language Used to Communicate:	<input style="width: 100%;" type="text"/>				

C. TICK (✓) THE RELEVANT UNFORESEEABLE OR UNANTICIPATED INCIDENTS

Note: (1) "Patient" means a person accepted on either inpatient or outpatient basis and may include brought in dead (BID) patients.
 (2) "Child" means any person aged 12 years and below.

1. Deaths of patients of the private healthcare facilities or services by unexplained cause or under suspicious circumstances that are required to be reported to police.
2. Unforeseeable or unanticipated injuries by patients during the stay in the private healthcare facilities or services:
 - (a) brain or spinal cord injuries;
 - (b) falls resulting in fractures, concussions or lacerations extending beyond the epidermis into deep tissue or which threaten vital structures;
 - (c) life-threatening complications of anaesthesia;
 - (d) life-threatening transfusion errors or reactions; or
 - (e) second or third degree burns involving twenty per cent or more of the body surface area of an adult or fifteen per cent or more of the body surface area of a child.
3. Fires in the private healthcare facilities or services resulting in death or personnel injury.
4. Assault or battery of patients of the private healthcare facilities or services by employees including physical, mental or emotional abuse, mistreatment or harmful neglect of any patient.
5. Malfunction or intentional or accidental misuse of patient care equipment that occurs during treatment or diagnosis of patient of the private healthcare facilities or services and that was averted, or if not averted would have significantly adversely affected patients or employees of the private healthcare facilities or services.
6. Seroconversion to positive Hepatitis B or Hepatitis C while on course of dialysis treatment.

D. INCIDENT DESCRIPTION

Please **state facts and not opinion** on the following matters (if necessary, please use attachment):

- (a) A brief description of the incident;
- (b) Any harm (physical and emotional) suffered by patient; and
- (c) Summarise sequence of events leading to the incident.

E. STAFF RESPONSE AND CORRECTIVE ACTION TAKEN

Provide a brief description of any corrective action taken immediately following the event e.g. – (if necessary, please use attachment).

- Work flow/Process redesign
- Documentation changes
- Equipment/Facility upgrading etc.
- Change of policy – SOP addition/revision
- Equipment taken out of service
- Education to/Training of staff

F. REPORTING PERSON PARTICULARS (PERSON IN CHARGE OF FACILITY)

Name:

Tel. No.: Email:

Date:

G. For Official Use Only:

Date Received:

Incident Reference:

**H. For Official Use Only:
WHO IC4PS (Incident Classification for Patient Safety): Incident Type**

Incident Type	Tick (✓)
Clinical Administration	<input type="checkbox"/>
Clinical Process/Procedure	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Healthcare Associated Infection	<input type="checkbox"/>
Medication/IV Fluids	<input type="checkbox"/>
Blood/Blood Products	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>
Oxygen/Gas/Vapour	<input type="checkbox"/>
Medical Device/Equipment	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>
Patient Accidents	<input type="checkbox"/>
Infrastructure/Building/Fixtures	<input type="checkbox"/>
Resources/Organisational Management	<input type="checkbox"/>

**I. For Official Use Only:
Further Secretariat Action**

Name: Designation:

Date: