Ministry of Health
Quality and Accreditation Directorate

Confidential

INCIDENT REPORT FORM

Important Notes

- Information reported in this form is used for evaluating and improving the safety and quality of care and will be kept **confidential**.
- **Photocopying the completed form is not permitted.**

How to fill this form

- This incident report form is used for reporting patient related incidents only.
- Please fill all the required items related to the incident.
- The form is composed of five different sections:
  - In **Section I**, please write all the event related information.
  - In **Section II**, please write all the patient related information (if known).
  - In **Sections III** and **section IV**, select the item(s) most relevant to the incident.
  - **Please fill Section V,** the narrative description of the report; using simple words, legible handwriting and factual non-judgmental statements.
  - Your personal information in **Section VI** will be treated confidentially at all times.
- Score the incident using the severity assessment code (SAC) matrix and fill the table available below.
- Submit this report to the designated place according to the organization's policy.

Severity Assessment Code (SAC) Score

	Reporter Score			Analysis Team		
	Consequence	Likelihood	Score	Consequence	Likelihood	Score
Actual						
Potential						

Reviewed: **December, 2015**

Section I

Event Information

Name of Organization: ..... **Date of Event:** DD / MMM / YYYY

Type of Organization: ☐ **Primary** ☐ **Secondary** ☐ **Tertiary** **Time of Event:** ..... : ..... AM/ PM

Location of Event: .....

Type of Event

☐ **Sentinel event:** Unexpected occurrences involving death, serious physical or psychological injury or a process variation for which recurrence would carry a significant chance of serious adverse outcomes	☐ **Adverse event**: An incident that reached the patient and caused harm	☐ **No Harm event:** An incident that reached the patient but no noticeable harm resulted	☐ **Near Miss**: An incident that could harm the patient but did not reach him/her	☐ **Unsafe Condition**: Any circumstances that may compromise patient safety

Section II

Patient Information

Patient Name: ..... **Gender:** ☐ **M** ☐ **F**

CID* / DOB*: ..... **Nationality:** ☐ **KWT** ☐ **Non-KWT**

Medical Record #: ..... **Date of Admission /Encounter**: DD/ MMM/ YYYY

Mental capacity: ☐ **Alert** ☐ **Confused or disoriented** ☐ **Sedated** ☐ **Unconscious** ☐ **Mentally incompetent**

Section III

Stage of Service

Inpatient Service

☐ Pre-admission ☐ Admission ☐ Inpatient stay ☐ Referral/Consultation
☐ Transport of patient ☐ Discharge ☐ Post discharge

Outpatient Services

☐ Emergency Care ☐ Pre- Visit ☐ During Consultation ☐ Post-Consultation
☐ Referral ☐ Transport of Patient ☐ Follow up

Section IV

Nature of Event

I- Administration Related Incidents

☐ Appointments errors ☐ Information technology related events
☐ Patient flow through the healthcare system ☐ Management incident ☐**Other (Specify)**: .....

II- Medical Records Related Incidents

☐ Document missing or unavailable ☐ Delay in accessing document ☐ Wrong Patient document
☐ Unclear/ambiguous/Illegible documentation ☐ Incomplete Information in document
☐ Wrong information documented ☐ **Other (Specify)**: .....

III- Clinical and Surgical Related Incidents

Stage of Care

☐ **History taking** ☐ **Examination** ☐ **Diagnosis** ☐ **Intervention / Treatment**
☐ **Rehabilitation** ☐ **Prevention** ☐ **Other (Specify):** .....

Type of Incident

☐ Unavailable care ☐ Delayed care ☐ Incomplete/inadequate Care
☐ Omitted/missed care ☐ Misdiagnosis ☐ Improper performance or technique
☐ Wrong patient ☐ Procedure on wrong body part ☐ Post-intervention complication
☐ Retention of foreign object ☐ Failure to rescue ☐ D/I * of ASA1 patient
☐ Consent Related events ☐ Impaired skin / tissue integrity ☐ Patient fall
☐ Failure to follow standard clinical practice ☐ Failure to follow recommend administrative procedure
☐ Failure to alter medications for the procedure ☐ Failure to instruct patient how to prepare for the procedure
☐ D/I associated with discharge against medical advice ☐ Artificial insemination with the wrong sperm or wrong egg
☐ Maternal obsteteric Injury ☐ Maternal death in low risk pregnency
☐ Neonatal birth injury ☐ Neonatal death in low risk pregnency
☐ D/I due to neonatal hyperbilirubinemia ☐ Illegible or ambiguous documentation
☐ Incomplete documentation ☐ **Other (Specify):** .....

IV- Decubitus Ulcer

Patient had Decubitus ulcer risk assessment on admission ☐ Yes ☐ No

☐ **Patient admitted with Decubitus ulcer:** Grade: ..... Changed to grade: .....

☐ **Patient developed ulcer in organization:** Grade: ..... Changed to grade: .....

CID: Civil Identification **DOB:** Date of Birth **D/I:** Death or Injury related to the incident
ASA1: American Society of Anesthesiologist physical status classification class I

Section IV: Continued

V- Investigation Related Incidents

Type of Investigation

☐ **Laboratory Investigation** ☐ **Diagnostic Imaging** ☐ **Other (specify):** .....

Type of Incident

Ordering the Investigation

☐ Ordered investigation not available ☐ Needed investigation not ordered ☐ Wrong investigation ordered
☐ Investigation ordered for wrong patient ☐ Unnecessary investigation ordered ☐ Contraindicated investigation
☐ Ordered investigation at wrong time ☐ Incomplete or illegible request ☐ **Other (specify):** .....

Implementing the Investigation

☐ Failure to instruct patient to prepare for investigation
☐ Stat/ urgent investigation not processed urgently ☐ Investigation omitted/missed
☐ Failure to alter medications for investigation ☐ Wrong investigation / procedure preformed
☐ Delay in performing investigation
☐ Wrong patient investigated ☐ Wrong body part Investigated ☐ Procedure performed wrongly
☐ Wrong specimen obtained ☐ Specimen improperly collected or stored ☐ Old or inadequate specimen
☐ Specimen/patient sent to wrong facility ☐ Specimen lost ☐ Investigation done, but results lost
☐ Contrast related events ☐ Introduction of a metallic object into the MRI area
☐ Prolonged fluoroscopy ☐ **Other (Specify):** .....

Reporting the Results

☐ Results never received ☐ Failure to report test results timely ☐ Wrong patient report received
☐ Incomplete information on report ☐ Incorrect information on report ☐ Incorrect interpretation of results
☐ Previous results, images and specimens could not be found for comparison ☐ **Other (specify):** .....

Clinician Responding to the Results

☐ Failure to respond to test results ☐ Failure to respond to test results **timely** ☐ Responded **incorrectly** to test results
☐ **Other (specify):** .....

Notifying the Patient of the Results

☐ Failure to notify patient of the result ☐ Failure to notify patient of the result **timely**
☐ Test result given to **wrong patient** ☐ **Incorrect test findings** given to patient ☐ **Other (specify):** .....

VI- Product Related Incidents

Type of Product

☐ **Medication** ☐ **Gases** ☐ **Blood components** ☐ **Biological products** ☐ **Others:** .....

Stage of Product Management

☐ **Supply/ordering** ☐ **Storing** ☐ **Prescribing** ☐ **Transcribing** ☐ **Preparing**
☐ **Packaging** ☐ **Dispensing** ☐ **Administration** ☐ **Monitoring** ☐ **Other (specify):** .....

Type of Incident

☐ Product not available ☐ Product not ordered ☐ Wrong storage ☐ Expired product
☐ Contaminated Product ☐ Illegible /Ambiguous prescription ☐ Incomplete prescription ☐ Wrong product
☐ Wrong patient ☐ Wrong dispensing label ☐ Wrong formulation/presentation
☐ Wrong dose ☐ Wrong route ☐ Wrong time ☐ Wrong frequency
☐ Wrong rate/flow ☐ Contraindication ☐ Product not administered ☐ Adverse reaction
☐ Product was given but not signed for ☐ Transfusion reaction ☐ **Other (specify):** .....

VII- Device Related Incidents

Device Name: ..... **Serial #:** .....

☐ Equipment not available ☐ Inappropriate for the task ☐ Equipment Expired
☐ Incorrect setting of equipment ☐ Incorrect reading ☐ Contamination/unclean/unsterile
☐ Equipment malfunction ☐ Intravascular air embolism ☐ **Other (specify):** .....

VIII- Patient Protection / Behavior / Criminal Related Incidents

Aggressor: ☐ **Self Inflicted** ☐ **Staff Member** ☐ **Other Patient** ☐ **Visitor** ☐ **Other (specify):** .....

☐ Care provided by unlicensed provider ☐ Infant/Incompetent patient discharge to unauthorized person
☐ Patient abduction ☐ D/I associated with use of restraints or bed rails ☐ Breach of confidentiality
☐ Elopement of an incompetent patient ☐ Risky/reckless behavior ☐ Self-inflected injury
☐ Suicide ☐ Attempted suicide ☐ Physical assault
☐ Sexual assault ☐ **Other (specify):** .....

IX- Environment Related Incidents

☐ Electric shock ☐ Burn from any source ☐ Facility related incidents
☐ Infectious disease exposure ☐ Toxic /Hazardous material exposure ☐ Hotel service incidents
☐ **Other (specify):** .....

Section V

Detailed Description of Incident

Describe the incident: What, where, when, and how it happened?
(Include any preceding circumstances and resulting effect). (Attach additional pages if needed)

Was the patient condition evaluated after the incident? ☐ Yes ☐ No ☐ Not applicable ☐ Do not Know
What was the Result? (Attach additional pages if needed)

What action has been taken immediately after the incident (clinical/non clinical)? (Attach additional pages if needed)

Indicate the reason(s) that may have led to the event. (Think well as to the practicing team, their organization and distribution of tasks, equipment, communication, education and environmental factors) (Attach additional pages if needed)

Describe how this type of incident may be prevented in the future and any measures that have been or will be put in place as a result of the incident? (Attach additional pages if needed)

Section VI

Name and Signature

Reporter Name: Signature:	Job:	Date Completed: DD / MMM / YYYY Time Completed: DD / MMM / YYYY