

Quality Improvement Document-Non Discoverable

Department of Medicine
Quality Improvement Program

Voluntary Medical Error/Near Miss/ Adverse Event Reporting Form

Date:

Patient:

MRN:

Person reporting:

Type of Error/Event (Circle)

Drug Error Procedure Error Lab Error Communication Error Mistaken Identity

Drug Reaction Procedure Complication Infection Fall/Injury

Narrative: (Summary)

Root Cause (Circle): System Dysfunction Protocol Violation Poor Communication
Knowledge Deficit Poor Judgment Improper execution
Fatigue Time Constraint Idiosyncratic

Recommended Action/Investigation:

**Send this report to Dr. Haburchak, QI director, Department of Medicine
within 1 day of recognition of the event**