

Please note that the following document was created by the former Australian Council for Safety and Quality in Health Care. The former Council ceased its activities on 31 December 2005 and the Australian Commission on Safety and Quality in Health Care assumed responsibility for many of the former Council's documents and initiatives. Therefore contact details for the former Council listed within the attached document are no longer valid.

The Australian Commission on Safety and Quality in Health Care can be contacted through its website at <http://www.safetyandquality.gov.au/> or by email [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)

Note that the following document is copyright, details of which are provided on the next page.

The Australian Commission on Safety and Quality in Health Care was established in January 2006. It does not print, nor make available printed copies of, former Council publications. It does, however, encourage not for profit reproduction of former Council documents available on its website.

Apart from not for profit reproduction, and any other use as permitted under the Copyright Act 1968, no part of former Council documents may be reproduced by any process without prior written permission from the Commonwealth available from the Attorney General's Department. Requests and inquiries concerning reproduction and rights should be addressed to Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

# Incident report

**THIS IS** an example of the type of information you may wish to capture during the open disclosure process. It should not be used in addition to existing incident reports. Rather, you may wish to modify your existing Incident Report and incorporate additional information regarding open disclosure.

The form should be completed by staff members who have identified an adverse event, or who have been informed of an adverse event which has been identified by a patient or carer. This is a confidential quality improvement document and is not part of the medical record

## PATIENT DETAILS

1. Patient's name: \_\_\_\_\_

2. MRN: \_\_\_\_\_

## INCIDENT DETAILS

3. Adverse Event identified by:     Staff Member     Patient     Carer

4. Date identified:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Date adverse event/incident occurred:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Date open disclosure initiated:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Location adverse event occurred: \_\_\_\_\_

8. Date adverse event/incident reported:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## DESCRIPTION

9. Description of Adverse Event: \_\_\_\_\_

---

---

---

10. Further treatment required (Please specify) \_\_\_\_\_

---

---

11. Assessment of level of response:     Low     High     If assessed Low level go to Section 17



**FOLLOW UP ACTION**

12. Action taken to date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATION**

13. Summary of Investigation:

Contributing Factors	Actions to Prevent Recurrence	Person Responsible	Date to be Completed

**NEXT STEPS**

14. Plan for preliminary follow up with patient : \_\_\_\_\_  
\_\_\_\_\_

15. Nominated contact for Open Disclosure Process:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

16. Patients nominated support person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

17. Completed by:

Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

