

PLEASE PLACE PATIENT ID  
STICKER HERE

**Improve the Process Report General**

(Replaces hospital occurrence report and generic screen)

**This report is intended to identify opportunities for improvement within McLeod Health.**

This information is confidential/privileged Quality/Peer Review material and is pursuant to S.C. Code 40-71-10, 40-71-20, and to Federal Immunity under the Health Care Quality Improvement Act of 1986. This document should be disclosed only in the performance improvement process.

**DO NOT COPY REPORT**

Date of the event: \_\_\_\_\_ Time of the event: \_\_\_\_\_

Location of the event: \_\_\_\_\_ Room# \_\_\_\_\_ Facility: MRMC  MMC Darlington  MMC Dillon

Patient  Visitor  **If visitor:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone number: \_\_\_\_\_

When to complete: Any unwanted occurrence or event, (potential or actual) such as: Unanticipated outcomes or patient complications, failure to react to change in condition or critical need, an accident (fall, equipment failure, treatment error), inappropriate behavior by ANY caregiver, patient / family dissatisfaction.

Who was involved or has knowledge of event?

\_\_\_\_\_  
\_\_\_\_\_

What happened? (Please describe events leading up to incident if pertinent.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient condition after event:

\_\_\_\_\_  
\_\_\_\_\_

Action taken / Orders: \_\_\_\_\_

List all equipment and /or disposable supply that contributed or that was used during this event, include PM numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Keep any and all equipment and /or disposable supply, electrical or manual, that was used during this event. Where is equipment being kept/stored:** \_\_\_\_\_

Patient / Family aware? Yes  No

Physician notified? Yes  No  Date and Time: \_\_\_\_\_ Physician name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Print Name)

Director Review: \_\_\_\_\_  
Signature Date & Time

*Send to Clinical Effectiveness, (extension 2213) on the next business day following the event.  
9/27/04, 10/24/05, 08/09*

Event # \_\_\_\_\_  
Event Type \_\_\_\_\_  
Severity Index \_\_\_\_\_