INGHAM GRN PEN NETWORK **BMAN** ☐ INPT TYPE SITE OF OCCURRENCE DATE OF OCCURRENCE LOCATION WHERE ITEM(S) FOUND ROUTE ADDRESS -NAME OF OWNER IF KNOWN CONFIDENTIAL The purpose of this confidential document is to assist McLaren Health Care Corporation in its effort to reduce morbidity/mortality and improve quality of care. These documents are produced for and on behalf of Performance / Quality Improvement committees. An occurrence is any happening which is not consistent with System procedures or routine patient care. (MCL 333.20175, 333.21513, 333.21515, 331.531, 331.533) DO NOT Document in the medical record facts that are pertinent to the continuity of care for the patient Check / complete all applicable boxes and sections; and Send this report to Risk Management. If employee is injured - complete the Healthcare Worker Incident Report. reference completion of report in medical record; store report in medical record; duplicate / copy report; or staple attachments ■ WALKING W/ ASSIST ☐ FROM TOILET / COMMODE OUTPATIENT WALKING W/OUT ASSIST FOUND ON FLOOR FROM CHAIR / WC ASSISTED TO FLOOR OTHER FROM BED / TABLE FALL VISITOR REPORTED □ LAPEER McLAREN HEALTH CARE CORPORATION OCCURRENCE REPORT OUTPT PROPERTY DAMAGE ESTIMATED VALUE \$ DELAYED DISPENSING ERROR WRONG TIME WRONG ROUTE WRONG DOSE MEDICATION PROCEDURE TRANSFUSION RELATED TRANSCRIPTION ERROR РО SIGNATURE OF SECURITY PERSON TIME (MILITARY) ☐ McLAREN DEPT / UNIT: □ VISITOR ₹ SQ FOUND PROPERTY MUST BE TURNED OVER TO SECURITY OR AT *LAPEER, TO QUALITY MANAGEMENT DO ☐ McLAREN MEDICAL GROUP **EXACT LOCATION OF FALL** OCCURRENCE INFORMATION DAY OF WEEK | PREPARED B ARTICLE MISSING OTHER: 7 ☐ COUNT / SPONGE / INSTRUMENT MOBILITY STATUS BED / FALL ALARM ON POSEY / RESTRAINTS ORDERED CALL LIGHT IN REACH SIDE RAILS IN USE CONSENT RELATED COMPLICATION TRANSCRIPTION ERROR NOT GIVEN MRONG PATIENT WRONG DRUG TREATMENT / PROCEDURE PUMP USED No TYPE OF OCCURRENCE VISITOR INFORMATION YES ☐ YES PROPERTY DEQUIPMENT NONE YES BRIEF DESCRIPTION MEDICATION PROPERTY FALLS NO NO NO NO NO NO ONE ☐ RECOVERED FOUND PROPERTY DEFINE SPECIFIC LOCATION: UNLIMITED GAIT DISTURBANCE HOME PHONE STATE PREPARED BY OWT D OTHER: UNKNOWN ONE ADMITTING DX OTHER: OTHER: EXTRAVASATION ADVERSE REACTION NOT ORDERED PHONE # CIRCLE ONE UP W/ ASSIST THREE OTHER: ☐ owr o FALL RISK PRIOR TO FALL MUSCLE STRENGTH DEFICIT SHOES HAZARDS SURFACE (PATIENT STAMP AREA) THREE FOUR WRONG TX/PROC WRONG PATIENT OMITTED STERILE FIELD OTHER **CONDITION OF** SECURITY NOTIFIED WORK PHONE *SECURITY NOTIFIED COMPLETE BEDREST YES NOT ASSESSED DATE OF REPORTING NARCOTIC DISCREPENCY AREA O YES

	FQUII	QUIPMENT		
☐ MALFUNCTION ☐ IMPROPER USE	IF SMDA: • KEEP PACKAGING • NOTIFY RISK MGMT		REPORTED TO BIOMED 🔲 YES	
☐ DEFECTIVE ☐ UNAVAILABLE ☐ OTHER:	• RETAIN EQUIPMENT	11311	REMOVED FROM SERVICE	s s
	ОТ	OTHER		
☐ AMA	NONCOMPLIANCE	☐ INAPPROPR	🗍 INAPPROPRIATE BEHAVIOR 🔲 CONTRABAND	RABAND
DOCUMENTATION	SAFETY / SECURITY ISSUE		CTION 🔲 INJURY	~
☐ HAZARDOUS MATERIAL	PROFESSIONAL CONFLICT			
PLEASE (PLEASE COMPLETE THE FOLLOWING FOR ALL FACTS ABOUT OCCURRENCE		OCCURRENCES	
BRIEF EXPLAINATION:			000000000	
	PATIENT / VISITOR DESCRIPTION OF OCCURRENCE	RIPTION OF OCCURRE	NCE	
INCLUDE QUOTES: (REMEMBER TO DOCUMENT PT / FAMILY QUOTES IN MEDICAL RECORD)	EDICAL RECORD)			
PT / FAMILY ATTITUDE AFTER OCCURRENCE:	RRENCE: UNAWARE	E COOPERATIVE	ANGRY THREAT OF	THREAT OF LITIGATION
	PATIENT / VISIT	PATIENT / VISITOR CONDITION		
	SEDATED	CONFUSED	UNCONSCIOUS	UNKNOWN
OLLOWING OCCURRENCE				
	FOLLOW UP	FOLLOW UP TREATMENT		
REFERRED FOR TREATMENT ONO	DESCRIBE			
X-RAY / TEST ORDERED ONO	RESULTS			
		WITNESSES		
☐ EMPLOYEE ☐ FAMILY ☐ OTHER:	ER:	□ EMPLOYEE □ F	FAMILY OTHER:	
SUPERVISORY	SUPERVISORY FINDINGS / CORRECTIVE MEASURES TO PREVENT REOCCURREN	MEASURES TO PREVEN	AT REOCCURRENCE	
PHYSICIAN NAME	NOTIFI	NOTIFICATION	BY WHOM	
MANAGER / SUPERVISOR NAME		TIME	BY WHOM	
OTHER		TIME	BY WHOM	
MANAGER SIGNATORE			DAIE	