State of Kuwait
Ministry of Health

Quality & Accreditation Directorate

INCIDENT REPORT

Important note

Information reported in this form will be kept confidential

Information in this form is used for evaluating and improving patient safety and quality of care

Submit the report to the Hospital Quality Office, photocopying is not permitted

Note "DD" : Death or Disability related to the incident

Specify the Type of Event

☐ **Adverse event**: An event that reached the patient and caused harm	☐ **Near Miss**: An event that could harm the patient but it did not	☐ **Unsafe Condition**: any circumstances that compromise patient safety

Patient information

Date of event:……/……/…… **Time of Event:**……AM/PM

Hospital :…… **Location of Event :**……

Patient Name:…… **Medical Record #:**……

Nationality:…… **DOB:**…… **Gender:**……

Date of Admission:……/……/…… **Mental capacity of the patient:** ☐ Sedated ☐ Alert ☐ Unconscious ☐ Confused/disoriented ☐ Other:……

Nature of Event

I- Medication Related Events

Stage of medication related event

☐ Storing ☐ Prescribing ☐ Transcribing ☐ Preparing ☐ Dispensing ☐ Administration ☐ Others……

Type of error

☐ Wrong patient ☐ Wrong Drug ☐ wrong Dose ☐ Wrong rate ☐ Wrong Time ☐ Wrong route

☐ Wrong frequency ☐ Wrong labeling ☐ Drug interaction ☐ Drug Allergy ☐ Illegible or Ambiguous Prescription

☐ Expired Drug ☐ Drug not Given ☐ Drug given but not signed for

☐ Equipment related (complete section III) ☐ Wrong gas/contaminated gas

☐ Hemolytic Reaction due to ABO / HLA incompatibility ☐ Others:……

II- Clinical and Surgical Procedure Related Events

☐ Wrong Patient ☐ Wrong Procedure ☐ Wrong body part ☐ Improper performance/technique

☐ Omitted/Missed treatment ☐ Retention of foreign object ☐ Post operative complication

☐ Failure to rescue ☐ Death of ASA1 patient ☐ Maternal DD of low risk pregnency

☐ Obstetric trauma ☐ Death of a full term infant ☐ Birth truma to neonates

☐ DD due to neonatal hyperbilirubinemia ☐ DD directly related to hypoglycemia ☐ DD due to spinal manipulative therapy

☐ Others:……

III- Product/ Device Related Events

☐ Name & serial # :…… ☐ Equipment not available ☐ Equipment Expired

☐ Incorrect setting of equipment ☐ Incorrect Reading ☐ Contamination

☐ Intravascular Air Embolism ☐ Malfunction ☐ Others:……

IV- Patient protection Events

☐ Infant discharge to wrong Person ☐ patient disappearance

☐ Suicide/attempted suicide ☐ Others:……

V- Environmental Events

☐ Electric Shock ☐ Burn occurred from any source ☐ Patient Fall

☐ DD associated with use of restraints or bed rails ☐ Injury related to Facility Damage ☐ Infectious disease exposure

☐ Toxic /Hazardous material exposure ☐ Others :……

VI- 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 hospital Grade:…… changed to Grade:……

VII-Criminal Events

☐ Care provided by unlicensed provider ☐ Patient abduction ☐ Sexual assault ☐ Physical assault

☐ Others:……

VIII-Other events

☐ Consent not obtained ☐ Refusal of medical treatment ☐ Patient escape ☐ Self inflected injury

☐ Left against medical advice ☐ information related ☐ Others:……

INCIDENT REPORT

Detailed description of Incident

Did the patient get harmed by this incident? ☐ **Yes** ☐ **No**

Degree of Harm:

- [A] An event has the capacity to cause error
- [B] An error occurred but did not reach the patient
- [C] An error occurred, reached the patient, but did not cause harm
- [D] An error occurred, reached the patient, required monitoring to confirm no harm happened and /or required intervention to prevent harm
- [E] An error occurred, may have contributed to or resulted in temporary harm and required intervention.
- [F] An error occurred, may have contributed to or resulted in temporary harm and required initial or prolonged hospitalization
- [G] An error occurred that may have contributed to or resulted in permanent harm
- [H] An error occurred , required intervention necessary to sustain life
- [I] An error occurred that may have contributed to or resulted in patient death

Describe the incident, including what, where, when, and How, (Include any preceding circumstances, and resulting effect).
Attach additional pages if needed

Was the patient condition evaluated after the incident ☐ **Yes** ☐ **No**

What action has been taken immediately after the incident?

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

Name and signature (Confidential and optional)

Confidentiality Desired: ☐ Yes ☐ No	Name:	Job:	Date completed: Time completed: