



## Investigation Outline for a Reportable Incident Cardiac Exercise Stress Testing

**Please telephone the College of Physicians & Surgeons of Alberta (Quality of Care Department) at (780) 423-4764 or 1-800-561-3899 within one working day after discovery of a reportable incident.**

### MANDATORY NOTIFICATION

*Please identify the type of incident:*

- a) Deaths within the facility .....
- b) Cases requiring cardiopulmonary resuscitation within the facility.....

### DOCUMENTATION REQUIRED

*Within two weeks, please submit via courier or fax (780-428-2712):*

1. This form signed by the Medical Director.
2. A copy of the patient's clinical record.
3. A **NARRATIVE SUMMARY** by the physician most involved with the case describing the incident, action taken, possible risk factors and outcome.

The Registrar will review the circumstances with the Medical Director and may consult with other practitioners to determine the risk of harm to patients. If necessary, the Registrar may suspend the accreditation of any facility on a suspicion of continuing risk.

### GENERAL INFORMATION (please print)

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Date of the Incident: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Test performed by:  Medical Doctor: Dr. \_\_\_\_\_

Physician Dr. \_\_\_\_\_

Patient Identification Number: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Gender: Male  Female  Age: \_\_\_\_\_

Type of test proposed: \_\_\_\_\_

Type of test performed : \_\_\_\_\_

Person Completing This Report: \_\_\_\_\_ Title: \_\_\_\_\_

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

# Investigation Outline - Reportable Incident

## DESCRIPTION OF THE EVENT (please print)

1. Describe **what** happened; brief details of events.

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2. Describe **where** it happened. (Describe the exact location in the facility, if appropriate)

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3. What was the outcome of the transfer (e.g. diagnosis, length of stay, sequelae, etc.)?

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## HISTORY OF THE EVENT

4. Describe contributing factors to the incident.

a. Patient (coexisting disease conditions, language barriers)

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b. Personnel (e.g. number, training, experience, performance)

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c. Equipment (list any equipment that may have played a role in the incident)

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d. Environment (e.g. noisy, crowded)

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# Investigation Outline - Reportable Incident

## FACILITY RESPONSE TO THE EVENT

5. If this incident had progressed without corrective action, what might the outcome have been for the patient?

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6. What prevented this incident from becoming more serious?

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7. What steps have been taken to prevent future occurrences? (e.g. change to policy or procedures)

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**Medical Director - I have reviewed the content of this report.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**Please send via courier or fax to (780) 428-2712**

Prepared for the Medical Facility Accreditation Committee (MFAC) and is privileged and confidential under Section 9 of the *Alberta Evidence Act*.