



Investigation Outline for a Reportable Incident Non-Hospital Surgical Facility

MANDATORY NOTIFICATION

The Medical Director shall notify the College of Physicians & Surgeons of Alberta (Accreditation Department) within one working day after the discovery of a reportable incident. Contact the Non-Hospital Surgical Facilities Program Manager at (780) 969-5002.

Initial contact with the Program Manager shall be made within **one working day** and be followed up by a complete written report.

Facility Name: _____ Facility Number: _____

Medical Director: _____

Date CPSA Notified: Day: _____ Month: _____ Year: _____

DOCUMENTATION REQUIRED

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

1. This form signed by the Medical Director and the physician most involved in the case.
2. A copy of the patient's **complete** clinical record from the facility.

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

Please identify the type of incident:

- a) Deaths within the facility or within 10 days of the procedure
- b) Transfers from the facility to a hospital regardless of whether or not the patient was admitted
- c) Unexpected admission to hospital within 10 days of a procedure or anesthetic performed in the facility (see also discharge instructions to patients)
- d) Clusters of infections among patients treated in the facility.....
- e) Procedure performed on wrong patient, side or site

Investigation Outline - Reportable Incident

GENERAL INFORMATION (please print)

Date of Procedure: Day: _____ Month: _____ Year: _____

Date of Incident: Day: _____ Month: _____ Year: _____

Procedure performed by: Dr. _____ Medical Doctor Dentist Podiatrist

Anesthesia performed by: Dr. _____

Operation Proposed: _____

Operation Performed: _____

Person Completing This Report (Must be a regulated health professional): _____

Title: _____ Phone: _____

For Regional Health Authority contracted facilities only: Contract patient Yes No

PATIENT INFORMATION (please print)

Patient Identification Number: _____ Gender: Male Female Age: _____

ASA Classification: I II III IV BMI _____ Allergies: _____

Relevant contributing pre-operative history/physical/comorbidity:

Relevant medical/surgical/anesthesia consultation information:

Medications routinely taken by patient (prescriptions, OTC, herbal):

Medications discontinued preoperatively: _____

Investigation Outline - Reportable Incident

PATIENT INFORMATION (continued) (please print)

Medications given preoperatively:

Preoperative Patient Assessment Information (Day of Admission):

BP: _____ Pulse: _____ O₂ Saturation: _____ Temperature: _____

Blood work as applicable:

CBC: _____ HgB: _____ WBC: _____ INR: _____ Platelets: _____ Electrolytes: _____ (please attach lab results)

Any relevant diagnostic testing/imaging results:

ECG _____ Chest x-ray _____ CT _____ MRI _____ (please provide reports)

Anesthesiologist pre-op assessment: Unremarkable or

Additional comments if applicable _____

Surgeon pre-op assessment: Unremarkable or

Additional comments if applicable _____

Nurse's pre-op assessment: Unremarkable or

Additional comments if applicable _____

OPERATIVE DETAILS (please print)

INTRAOPERATIVE

Anesthetic type:

- General Anesthesia
- IV Sedation
- Major Regional Block
- Retrobulbar Block
- Local

Length of procedure: _____

Surgical Safety Checklist: Yes No

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OPERATIVE DETAILS (continued) (please print)

POST ANESTHESIA RECOVERY

Length of stay: _____ Uneventful or

Additional comments if applicable _____

Relevant information pertaining to complication (e.g. blood loss, decrease oxygen saturation, increased BP, wheezing, pain, etc.):

DISCHARGE

Post-operative instructions given verbally? Yes No

Post-operative instructions given in writing? Yes No

Facility contact information given in writing? Yes No

Emergency contact/access information given? Yes No

SUMMARY OF COMPLICATION

Provide a review of the complication with diagnosis and brief summary of events. Describe contributing factors to the incident, e.g. co-existing comorbidities, language barrier, clinical personnel issues, equipment failure, environmental issues, diagnostic testing, blood work, pathology anomalies, etc.:

MANAGEMENT OF COMPLICATION

Patient required same day return to facility operating room and discharged home same day? Yes No

Patient required to return to facility operating room at later date and discharged home? Yes No

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OPERATIVE DETAILS (continued) (please print)

Additional Comments:

Length of entire stay at facility: _____ Date and time of discharge from facility: _____

Patient required emergency transfer from facility to hospital? Yes No

Patient attended hospital following discharge from facility? Yes No

MANAGEMENT OF COMPLICATION

Date of attendance at hospital (includes ER stay or admission) _____

Date of discharge from hospital _____

Provide any relevant hospital information/findings obtained by the facility regarding patient hospital stay (obtained either directly from the patient, family members, surgeon, anesthesiologist, attending ER physician, any other specialist). Give details:

REQUIRED DOCUMENTATION

Please confirm that the following **required** documentation is being provided to the CPSA:

- A copy of the patient's full clinical record.

SUPPLEMENTAL DOCUMENTATION

- Actions taken by the facility to prevent future occurrences (e.g. policy changes, education, discharge documentation, equipment report), specify changes.

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OPERATIVE DETAILS (continued) (please print)

MEDICAL DIRECTOR COMMENTS

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

Signature

Date

Printed Name

Date

Physician most involved in the case - I have reviewed the content of this report.

Signature

Date

Printed Name

Date

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

Prepared for the Reportable Incident Review Committee (RIRC) and is privileged and confidential under Section 9 of the *Alberta Evidence Act*.