	MTI - HAYATABAD MEDICAL COMPLEX	Doc. No.	HMC-QAD-F-36
	QUALITY ASSURANCE DEPARTMENT	Version No.	00
	INCIDENT REPORT FORM	Doc Date	01-01-2024

Initiator		Request No:	Date
Name (Originator):			
Relevant Unit			
Patient MR / Emp. ID			

Category of Event

Reporting Source	Classification of Problem (Mild, Moderate, Severe, Death)
☐ Patient / Attendant	☐ Sentinel event/serious event/ Major Non-Conformance
☐ HMC clinical staff (Doctor/Nurse/Technician)	☐ Incident /error /adverse event / Minor Non-Conformance
☐ HMC Support Department staff	☐ Observation / Preventive Action / Near Miss
☐ Regulatory / Media / Others External Parties	☐ Opportunity for Improvement / Suggestion /Recommendation

Possible cause of the Event

Cause of the Event	Cause of the Event
☐ Medication errors	☐ Violation of IPSGs(Patient Safety Goals)
☐ Communication Error	☐ Patient Factor
☐ Equipment/IT failure	☐ Clinical negligence
☐ Diagnostic errors	☐ case of Harassment
☐ Safety/Security/Facility related incidents	Any other

Location of the Event

Location	Location
☐ OPD	☐ ICU
☐ Ward	☐ OT
☐ Counter	☐ Emergency Department
☐ Admin Offices	☐ Entrance/Exit

Description of Problem / Incident / Improvement Opportunity

Initial Review

HOD Remarks/Comments *If agreed,* *Assigned to (Name & Designation of Responsible Person/Team):*	**Forwarded to HD/MD** ***(Remarks /Comments):***
Initial Target Date for Completion of Required Actions: ***Signature /Date***	Initial Target Date for Completion of Required Actions: ***Signature/Date***
REVIEWED BY QA DEPARTMENT	**DATE:**

Root Cause Analysis	
(For Sentinel and adverse events)- Why it occurred? *Reason 1:* *Reason 2:* *Reason 3:* *Reason 4:* *Reason 5:*	
Conducted By:	**Date:**
Proposed Solution	
Correction/Containment/Improvement Action	**Corrective/Preventive Action**
What was the immediate action for improvement / to prevent the concern / incident from continuing?	*What is the action taken to prevent the concern / incident from recurring by eliminating root cause of problem (if applicable)?*
Responsible Person/Team:	**Date:**
Verification of Appropriate Actions Taken (Follow-Up)	
☐ **Corrective / Preventative Action taken is satisfactory** *Remarks (if any):*	☐ **Corrective / Preventive Action taken is** not **satisfactory** *Remarks (if any):*
Responsible Person/ Functional Head:	**Date:**
BOG/MD/HD/DN/QA	**Date:**
New Target Date (in case Action is Not Satisfactory):	