

Performance Improvement Event Reporting Form

Medical Record Number: _____

Patient Name: _____

Date of Admission: _____

Date of Occurrence: _____

- | | |
|---|--|
| <input type="checkbox"/> Accidental Device Removal | <input type="checkbox"/> Myocardial Infarction |
| <input type="checkbox"/> Acute Renal Failure (new onset) | <input type="checkbox"/> PMG Variation |
| <input type="checkbox"/> Acute Respiratory Distress syndrome | <input type="checkbox"/> Pneumonia/VAP |
| <input type="checkbox"/> Catheter Associated Urinary Tract Infection (not present on admission) | <input type="checkbox"/> Procedural Complication |
| <input type="checkbox"/> Catheter-Related Blood Stream infection | <input type="checkbox"/> Pulmonary embolism |
| <input type="checkbox"/> Decubitus ulcer | <input type="checkbox"/> Self-Extubation |
| <input type="checkbox"/> Surgical site infection | <input type="checkbox"/> Severe Sepsis / Septic Shock |
| <input type="checkbox"/> Deep vein thrombosis (DVT) or thrombophlebitis | <input type="checkbox"/> Stroke or CVA |
| <input type="checkbox"/> Delayed Diagnosis (Injury identified after Tertiary survey) | <input type="checkbox"/> Unplanned Admission to ICU or Return to ICU |
| <input type="checkbox"/> Drug or Alcohol withdrawal syndrome | <input type="checkbox"/> Unplanned Intubation |
| <input type="checkbox"/> Significant Event (i.e. Falls, cardiac arrest/Code Blue, etc.) | <input type="checkbox"/> Readmission |
| <input type="checkbox"/> Extremity compartment syndrome | <input type="checkbox"/> Unplanned return to the OR |
| | <input type="checkbox"/> Undertriage |
| | <input type="checkbox"/> Issue with OR availability |
| | <input type="checkbox"/> Radiology discrepancy |

Comments/Details (additional room on back):