

Office Use Only			
Date Reported:			
How notified:	Letter		Email
	Phone		Media
	Fax		Other

reportable Event Brief

Section A: Please fill in all areas

Person filling in this form:

Name: _____
(Person most able to answer questions about this incident, eg. Quality & Risk Manager)

Position: _____

Contact Details: _____
(phone and/or email)

Organisation: _____

Type of provider: (tick all that apply)

DHB (District Health Board)		Private Medical / Surgical	
Mental Health		Pacific Health Provider	
Aged Care		Maori Health Provider	
Community Trust		NGO (Non-Government Org.)	
PHO (Primary Health Org.)		Disability Services Provider	
Other:			

Classification:

SAC 1		SAC 2	
-------	--	-------	--

Event Code: (excluding Mental Health)

1. Wrong patient, site or procedure		2. Suicide of an inpatient		4. Clinical management: (choose from options below)	
				4a. Diagnosis	
3. Retained instrument or swab		5. Medication error		4b. Treatment	
				4c. Monitoring / observations	
6. Falls with harm		7. Blood transfusion reaction		4d. Procedure associated incident or complication	
8. AWOL patient		9. Physical assault on patient		4e. Investigation	
10. Delays in transfer		11. Other		4f. Discharge or transfer	
				4g. Other	

Event Code: (for Mental Health only)

1. Death of a person subject to the Mental Health Act 1992. (please report these events to the Director of Mental Health)		2. Suspected suicide of an inpatient not subject to the Mental Health Act 1992		5. Clinical management: (choose from options below)	
				5g. Assessment	
3. Suspected suicide of an outpatient not subject to the Mental Health Act 1992 who is being actively managed by mental health services		4. Intentional self harm not resulting in death		5h. Treatment (including delayed and inadequate, and medication errors)	
				5i. Monitoring/observations (not performed and/or actioned)	
6. Physical assault involving notification to police		7. AWOL patient		5j. Discharge or transfer	
				5k. Restraint resulting in death or disability	
8. Special Patients – any breach of protocol		9. Adverse events precipitating media attention		5l. Other	
		10. Other			

Section B: Description of event and follow up

NB: Please ensure all information is anonymised.

Date of Event: _____ **DHB event reference#:** _____

Description of Event: (4-6 dot points. What is known about the incident at the time of this report?)

Recommendations / Actions taken to date: (4-6 dot points)

Follow up to date: (will/has the event been referred to the Coroner, police or media notified)

This Reportable Event Brief has been approved for transmission by the organisation's CEO (or designated manager) to the Ministry of Health who endorses the accuracy and content of the document:

Name

Signature

Position

Date

Please send completed forms to: Reportable Events Administrator (Kathryn Baker)
Email: reportable_events@moh.govt.nz
Fax: 04 816 4318