

Story Telling Form

Patient Age: _____

Patient Gender: _____

Admitting Diagnosis: _____

Relevant Secondary: Diagnosis: _____

Month/Year of occurrence: _____

Facts of error event or near miss event: (sample: scheduled for right BTK amp – left amputated)

Contributing Factors/Root Causes: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Communication failures | <input type="checkbox"/> Training gaps |
| <input type="checkbox"/> Policy and procedures problems | <input type="checkbox"/> Documentation failures |
| <input type="checkbox"/> Staffing limitations | <input type="checkbox"/> Staffing Skill Mix |
| <input type="checkbox"/> Equipment failures | <input type="checkbox"/> Look/Sound alike products |
| <input type="checkbox"/> Lack of forced functions | <input type="checkbox"/> Patient ID failures |
| <input type="checkbox"/> Pump programming failures | <input type="checkbox"/> Illegible handwriting |
| <input type="checkbox"/> Safety alerts in computer system disabled | <input type="checkbox"/> Failure to question discrepancy |
| <input type="checkbox"/> Other: _____ | |

Detail on items identified:

Optional:
 We want to present our Organizations case
Org Affiliation: _____

Corrective Actions:

- Disclosure to patient/family
- Staff education and training
- Process or procedure redesign
- Equipment upgrade
- Better product labeling/ID system
- Better patient ID system
- Updated Policy/Procedures
- Documentation developed or added
- Staff empowered to stop and question
- Computer safety alerts activated
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Evaluation of action today

- Implemented Not Complete
- Implemented Not Complete
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How do you know if the changes made are sustained?

What are the barriers that have kept you from completing your corrective actions?
