Healthcare Center
Patient Care Improvement Report

(Do Not Use Addressograph)

1. Patient's last name: .....

2. Patient's First Name: .....

3. Date of Occurrence ..... __ __ / __ __ / __ __

4. **Location:**

☐ ER ☐ 2W ☐ 3W ☐ ICU ☐ 4S ☐ 4W ☐ ECF
☐ Rhb ☐ OR ☐ PACU ☐ HHC ☐ MM ☐ Xray ☐ Reg
☐ Lab ☐ 2N ☐ Onc ☐ Resp ☐ Ther ☐ ALZ ☐ Home
☐ Rx ☐ 2S ☐ CVL ☐ MOR ☐ MXR ☐ Park ☐ Other

5. **Treatment/Procedure Related:**

☐ Decub Ulcer ☐ IV infiltration ☐ Tx delayed ☐ Complication
☐ Wrong Pt/Proc ☐ Specimen ☐ Orders ☐ Other

6. **Communication Related:**

☐ Result delay ☐ Result missing ☐ Order/instruct ☐ Pt ID ☐ Chain command ☐ Info release ☐ Other

7. **OB Related:**

☐ Emergent CS ☐ Low apgar ☐ Seizure ☐ Shldr dystocia
☐ NB transfer ☐ Mom transfer ☐ NB comp ☐ Other

8. **Equipment Related:**

☐ Malfunction ☐ Not avail ☐ Other

9. **Fall Related:**

☐ Found on Floor ☐ Witnessed fall ☐ Transfer related ☐ Other

Answer for Falls Only

☐ Bed rest w/BRP ☐ Reach call light ☐ Bed low ☐ Non-skid footy
☐ Bed alarm ☐ Up w/assist ☐ Fall protocol ☐ Rails up x ___
☐ Up to chair ☐ Restraints ☐ Sitter ☐ Total bed rest

10. **Miscellaneous:**

☐ Pt complaint ☐ AMA/LWBS ☐ Injury, self ☐ Prop loss ☐ Trans to ICU ☐ Doc complaint ☐ Other

11. **Area and Type of Injury:**

☐ No injury apparent ☐ Head/Face/Neck ☐ Chest/Back ☐ Arm/Hand
☐ Abdomen ☐ Leg/Foot ☐ Sacrum ☐ Other Area

Further describe injury:

☐ Left ☐ Right ☐ Upper ☐ Lower ☐ Posterior ☐ Anterior

Further describe injury:

☐ Contusion ☐ Abrasion ☐ Burn ☐ Fracture ☐ Skin tear
☐ Hematoma ☐ Laceration ☐ Pain ☐ Other