

## QUALITY, SAFETY AND IMPROVEMENT INCIDENT / ISSUE REPORT

*This form is a single reporting document of all issues, incidents, hazards and breakdowns in our organisation and other health facilities when on-hire employees perform nursing duties. It is related to policy, procedure and function. This form is available to all staff, personnel and visitors. This form should be sent to the Company Director as soon as possible, thus the appropriate course of action should follow. This form may be raised in hard copy or electronically. Email to: [tanya@ausnursingnet.com.au](mailto:tanya@ausnursingnet.com.au)*

**ALL REPORTS WILL BE HANDLED WITH DISCRETION.**

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>		
<b>Reported by:</b>		<b>Position:</b>		
<b>Contact details (optional):</b>				
<b>Do you wish to receive a response (please circle) YES / NO</b>				
<b>Reply format request (please circle)</b>	Letter	Verbal	Email	Meeting
<b>Relevant details – Name:</b>				

Please tick area of report and classification for report

AREA OF REPORT	Please tick	CLASSIFICATION FOR REPORT	Please tick
Reception		Nurse incident/ accident	
Executive Offices		Client incident/accident	
Nurses		Patient complaint/ request	
Occupational Therapy		Medication incident	
Office		Staff report /complaint/request/accident	
Staff Rooms		Security –issues/incidents	
Clinical matter / Medicines		Finance/budget/ funding	
Phones		IT Communications software	
Patients Lounge		OHS	
Patient Home Bathroom (note which one)		Policy, Protocols Procedure breakdown	
Patient Kitchen		Equipment failure	
Patient Carers		Staffing issues	
Equipment Suppliers		Document /data or error	
In the Grounds		Risk management and/or hazard	
IT computers systems		Infection Control	
Security		Environment Control	
General Management issues		Carers	
Vehicles		Vehicle issue	
Other Please Specify:		Contracts and suppliers	
Breakdowns in procedures / protocol or policy, <i>please indicate</i>		OTHER:	

Doc ID	Title	Owner	Date Approved	Print Date
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<b>Date raised:</b>	<b>Issue reported – details:</b> (please give details of the complaint)						
<b>Sent to:</b>							
<b>Date :</b>	<b>Interim Action:</b> (Please indicate what you have done about the issue)						
<b>Received by:</b>							
<b>Risk rating</b> (circle appropriate)							
<b>Urgent</b>	<b>Refer to GM</b>	<b>Refer to Dept Mgr</b>	<b>Refer to meeting</b>	<b>Refer to BIC</b>			
<b>1=Extreme</b>	<b>2= High</b>	<b>3= Medium</b>	<b>2=Low</b>	<b>Progress action</b>			
<b>Indicate matter</b>	<b>Business Issue</b> <input type="checkbox"/> <b>Clinical Issue</b> <input type="checkbox"/>				<b>Progress</b>		
					<b>Yes</b>	<b>No</b>	
<b>Date:</b>	<b>Referred for review to:</b>						
<b>Authorised by:</b>	Agency Manager	<input type="checkbox"/>					
	Company Director	<input type="checkbox"/>					
	Operations	<input type="checkbox"/>					
	Board	<input type="checkbox"/>					
	Dispute Committee	<input type="checkbox"/>					
	Other	<input type="checkbox"/>	nominate: .....				
	Outside Party	<input type="checkbox"/>	nominate: .....				
<b>Date:</b>	<b>Response from referral received:</b> <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>						
<b>Authorised by:</b>	Reply format: <input type="checkbox"/> letter <input type="checkbox"/> verbal <input type="checkbox"/> email <input type="checkbox"/> meeting <input type="checkbox"/> on hold						
	Specific Details of response:						
<b>Date :</b>	<b>Corrective Action:</b>		<b>Tick</b>			<b>Tick</b>	
<b>Authorised by:</b>	Address Clinical issue			Policy/ protocol review			
	Arrange a meeting <i>Date &amp; Time:</i>			Change of standard operating procedure			
<b>Doc ID</b>	<b>Title</b>	<b>Owner</b>	<b>Date Approved</b>	<b>Print Date</b>			
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	Form update		Retraining of staff	
	Repair or new equipment		Contract Review	
	Reply to author of QSIR		Funding Review	
	Infection Control Issue		Risk Management Issue	
	Hospital Site Issue		OH&S Issue	
	Reply format: <input type="checkbox"/> letter <input type="checkbox"/> verbal <input type="checkbox"/> email <input type="checkbox"/> meeting <input type="checkbox"/> on hold			
	<b>Comments :</b>			
	<p>This is now a confirmed <b>NON conformance</b>:    Y <input type="checkbox"/>    N <input type="checkbox"/></p> <p><b>Continuing action required</b>                            Y <input type="checkbox"/>    N <input type="checkbox"/></p> <p><b>Further review of Outcome for Effectiveness :</b> Y <input type="checkbox"/>    N <input type="checkbox"/></p>			
<b>Date:</b>	<b>Signed off by :</b> .....			
<b>Authorised by:</b>	<b>Evidence Attached</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	<b>Case Closed</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	

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