

PATIENT LABEL

HELP CHAIN ALERT

Please call your manager/supervisor

And administrator on call

VISITOR CONTACT INFO

NAME

PHONE #

When did the event/issue happen? DATE _____ TIME _____

What happened? FACTS ONLY NO OPINIONS PLEASE

Did the issue/event reach a patient/visitor? YES NO

IF YES, did harm occur to a patient/visitor? YES NO

RECEIVED _____

SCANNED _____

IF YES, what was the harm?

IF YES, what was done to help the patient/visitor?

Best staff member(s) to contact for additional information: _____

THANK YOU FOR ALERTING US!

PLEASE ROUTE TO QUALITY SERVICES WITHIN 24HOURS

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