

Instructions for Completing the ESRD Self Report Form

State of Georgia Office of Regulatory Services Health Care Section

The form is designed to be used to notify the Office of Regulatory Services (ORS) of reportable incidents and for the action taken by the facility to identify and address any opportunity to improve care related to the incident. A separate letter to notify ORS of such incidents is NOT required. A completed form with all requested information may allow our surveyor staff to review the incident without requiring additional information or copies of medical records.

Directions for completing the ESRD Incident Reporting Form

Please consider typing or printing the information if your handwriting is sometimes difficult for others to read. Be as complete as you can: complete information may allow our staff to review the incident without contacting you for more information. Use a separate report for each incident: a patient who has a cardiopulmonary arrest, is hospitalized and dies is one incident; three patients who are seriously injured by malfunctioning equipment are three incidents.

What should be reported:

1. Any unanticipated patient death not related to the natural course of the illness or the patient's underlying condition occurring at the facility or as a direct result of treatment received in the facility; or
2. Any serious injury resulting from the malfunction or intentional or accidental misuse of patient care equipment; or
3. Exsanguination while at the facility; or
4. Any patient dialyzed with another patient's dialyzer where the facility reuses the hemodialyzers; or
5. Any deviation in fulfilling the patient prescription which results in a significant adverse patient outcome; or
6. Any sexual or physical assault of or by a patient, which is alleged to have occurred in the facility.

Do not report planned hospitalizations post treatment for diagnostic workup, access revision, elective or unrelated surgeries or patients sent to the hospital before treatment is initiated for a condition they have when they come to the facility.

Facility Information:

Include the name, address, phone number, fax number, e-mail address, as well as the type of facility (stand alone peritoneal dialysis or hemodialysis clinic). The license number is on your facility license. The contact person(s) listed will be the person(s) ORS will contact should a follow-up phone call be needed.

Reporting Information:

Record the date and time you are reporting the incident to ORS, the date and time you

became aware of the incident, and the date and time the incident occurred, circling am or pm. Check which event you are reporting on the form.

Patient's current condition:

Refers to the condition at the time the report is completed. If the patient is re-hospitalized unrelated to the incident, mark "in-hospital", and include an explanation in the narrative. Check all of the listed events that apply to the incident.

Directions for page 2:

Appropriately check all category of staff involved in the incident. Provide a brief summary of the reportable incident: describe what happened, who was involved (ie: RN, PCT, MD) and what action was taken at the time of the event. For example "The RN charge nurse was notified by the PCT before treatment that this patient complained of shortness of breath. The RN assessed the patient and called the MD. The nurse was directed to begin treatment to attempt to remove excess fluid. The treatment was started at 8:20 am. At 9:10 am the patient became more SOB and the MD was called again. Patient was noted to stop breathing: CPR initiated and 911 called. (Code sheet and treatment record attached)".

Immediate Corrective or Preventative Action Taken:

Provide a brief narrative of your evaluation of the actions taken in regard to the incident. For example: "Discussed incident with RN on duty and MD. Both agree that assessment was accurate and dialysis treatment was indicated. Arrest was handled effectively and competently, 911 called immediately with response in 4 minutes by ambulance. Patient had been adequately ventilated by staff". Include any action you will take as a result of this review, which could include but not be limited to: inservice & monitoring, revision of policy/procedure, development of policy/procedure, no action required, etc.

Sign and date the form and print your name and title. Return the form via fax to (404) 657-8934. Do not put any information in the box entitled "For Department Use Only".

Thank you for your cooperation.