



Patient Safety Event Report – Hospital:



# H HEALTHCARE EVENT REPORTING FORM (HERF)

Use this form to report either a patient safety event or unsafe condition. The term event includes both an incident that reached the patient and a near miss (close call) that did not. Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

1. Report Date: \_\_\_ / \_\_\_ / \_\_\_  
MM DD YYYY

2. What is being reported? CHECK ONE:

- a.  **Incident:** A patient safety event that reached the patient, whether or not the patient was harmed.
- b.  **Near Miss:** A patient safety event that did not reach the patient.
- c.  **Unsafe Condition:** Any circumstance that increases the probability of a patient safety event.

3. Event Discovery Date: \_\_\_ / \_\_\_ / \_\_\_  
MM DD YYYY

4. Event Discovery Time: \_\_\_\_\_ HOURS  
 Unknown H H M M  
(MILITARY TIME)

5. Briefly describe the event that occurred or unsafe condition:

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6. Briefly describe the location where the event occurred or where the unsafe condition exists:

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7. Which of the following categories are associated with the event or unsafe condition? CHECK ALL THAT APPLY:

FOR EACH CATEGORY SELECTED BELOW, EXCEPT "OTHER", PLEASE COMPLETE THE CORRESPONDING CATEGORY-SPECIFIC FORM. ALL CATEGORIES INCLUDE REPORTING OF INCIDENTS. ANY CATEGORY WITH + ALSO INCLUDES REPORTING OF NEAR MISSES. ANY CATEGORY WITH \* ALSO INCLUDES REPORTING OF UNSAFE CONDITIONS.

- a.  Blood or Blood Product\*+
- b.  Device or Medical/Surgical Supply, including Health Information Technology (HIT)\*+
- c.  Fall
- d.  Healthcare-associated Infection
- e.  Medication or Other Substance\*+
- f.  Perinatal
- g.  Pressure Ulcer
- h.  Surgery or Anesthesia (includes invasive procedure)+
- i.  Venous Thromboembolism
- j.  Other\*+: PLEASE SPECIFY \_\_\_\_\_

