



South Carolina Department of Labor, Licensing and Regulation
Board of Medical Examiners
 110 Centerview Drive, Suite 202, P.O. Box 11289
 Columbia, South Carolina 29211-1289
 (803) 896-4500



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I. OFFICE INFORMATION

 Name of office

 Street Address

 City Zip Code County

 Telephone

 Name of Physician or Licensee Reporting

 License Number

 Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

 Patient Name

 Age Gender Medicaid Medicare

 Locating Information

 Date of Office Visit

 Patient Identification Number

 Purpose of Office Visit

 Diagnosis

 ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

 Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other

Note: If the incident involved a death, was the medical examiner notified? Yes No
 Was an autopsy performed? Yes No

A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident.
(ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E-Codes)

Resulting injury
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check below)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure **if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Unexpected limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Useful Administrative Information

A. **Occupational Safety and Health Administration (OSHA)**

OSHA is a division of the US Department of labor and is responsible for the enforcement of the health and safety guidelines set forth in the OSHA Act of 1970. Practices are subject to OSHA Hazard Communications Standard of 1987 and the Blood Borne Pathogen Standard 29 CFR 1910 1030. Both standards have very specific requirements and require written policy manuals and formal training regarding the standards. Other applicable OSHA standards include Access to Employee Exposure and Medical Records, and Personal Protective Equipment. Copies of OSHA standards can be obtained by contacting the local office of the South Carolina Department of Labor.

B. **Americans with Disabilities Act**

Copies may be obtained by calling the Equal Employment Opportunity Commission at 1-800-669-4000 or e-mail <http://www.eeoc.gov>

C. **National Fire Protection Association- NFPA Life Safety Code**

Copies may be obtained by writing to:
National Fire Protection Association
One Batterymarch Park
PO Box 9101
Quincy, MA 02269-9101
(617) 770-4543

D. **Codes of Ethical Business and Professional Behavior**

American College of Surgeons
55 East Erie Street
Chicago, IL 60611-2797
(312) 202-5000

E. **American Society of Anesthesiologists**

520 North Northwest Highway
Park Ridge, IL 60068-2573
(847) 825-5586
<http://www.asa.hq.org>

F. **American Medical Association**

515 North State Street
Chicago, IL 60610
1-800-634-6922 or 1-800-621-8335

G. **The American Association of Nurse Anesthetists**

222 South Prospect Ave.
Park Ridge, IL 60068-4001
(847) 698-7050
www.aana.com

H. **The American Osteopathic Association**

142 E. Ontario Street
Chicago, IL 60611-2864
1-800-621-1773

Major Accrediting Agencies

American Association for Accreditation of Ambulatory Surgical Facilities, Inc. (AAAASF)

1202 Allanson Road
Mundelein, IL 60060
(847) 949-6058

Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)

9933 Lawler Avenue
Skokie, IL 60077-3702
(847) 676-9610

Joint Commission on Accreditation of HealthCare Organizations (JCAHO)

One Renaissance Blvd.
Oak Brook Terrace, IL 60181
(630) 916-5600

Clinical Laboratory Improvement Amendments of 1988 (CLIA)

Administrator, Health Care Financing Administration
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
(202) 690-6726
South Carolina - Region IV (404) 331-2361

Healthcare Facilities Accreditation Program (HFAP)

A Division of the American Osteopathic Association
142 E. Ontario Street
Chicago, IL 60611-2864
1-800-621-1773