

To: CEOs, Clinical Directors and QA Managers

From: Renia Woods  
Director of Educational Services

Re: Quality Assurance Occurrence/Event Report and Action Plan Forms  
(Revised 12/2009)

Enclosed is your copy of the Quality Assurance Occurrence/Event Report and Action Plan Forms as developed by the Home Care Association's CQI Group. Special thanks go out to Joyce Teele, Lake Sunapee VNA; Barbara Morgan, NANA; Kathy Teuscher, VNA of Franklin who spearheaded this effort. On April 26,2000 the HCANH Board gave its approval to these forms.

Please review all the documents carefully. It was the intent of the committee to develop easy to use single-page forms that could be adapted to members' specific needs. These forms have been reviewed by Michael Lehman, Esq., of Sulloway and Hollis and the recommended changes made to ensure the confidentiality of the documents under RSA 151.13-b. His letter to the Association is included in this packet. **PLEASE NOTE: Changes made to the form may nullify the protection of the form from disclosure under RSA 151.13-b.** Agencies wishing to customize the forms to their specific needs may do so by utilizing the "Other" line in each of the categories. Also, these forms are available through e-mail for those who have access to power point. You will then be able to customize the report by inserting your agency name on the top of each form. You may also change the titles of the required signatures on the Action Plan form to conform to your agency's specific policy. If you have any questions, please call HCANH for clarification at (800) 639-1949 or (603) 225-5597.

Once these forms have been in use, it is the hope of the CQI Group to either form a study or do some benchmarking with other agencies. Regardless, agencies may use this form for internal benchmarking processes.

This has been an exciting and fulfilling project for the CQI Group and they have been very happy with the interest generated by the members. Please feel free to contact Renia Woods at the Home Care Association (603) 225-5597 with any questions or comments you may have.

# Home Care Association of New Hampshire CQI Committee

## Quality Assurance Incident/Unusual Occurrence Reports Instructions for Use

The Quality Assurance Plan, if it is part of the Quality Assurance Program for the agency, *should* be protected from discovery under state law RSA 151.13-b. An exception would be in the case of an action brought by a home health care provider to revoke or restrict a staff member's license, or a proceeding alleging repetitive malicious actions.

The Quality Assurance Incident/Unusual Occurrence Report and the Quality Assurance Action Plan can be stored together or separately according to agency preferences but *never* in the patient's record.

Never make copies of the reports.

The Quality Assurance Incident/Unusual Occurrence Report is completed by the employee per agency policy or as OSHA or other regulations require.

The employee writes a Clinical Note when appropriate, but *never* refers to the Quality Assurance Incident/Unusual Occurrence Report in the patient's medical record.

Topics such as how the incident could have been prevented, how the occurrence may be prevented from happening in the future, or a listing of witnesses should be a part of the Quality Assurance Plan, not the Quality Assurance Incident/Unusual Occurrence Report.

The Quality Assurance Plan is completed by the employee's supervisor or the Risk Manager per agency policy and procedure.

The reports are coded by agency staff for Quality Assurance purposes.

The Quality Assurance Incident/Unusual Occurrence Report form indicates that some additional documentation may be required, such as a Worker's Compensation First Report of Injury form, Medication/IV Incident form, Patient Communication form, Sentinel Event Report, etc. Follow agency policy and procedure under these circumstances.

If a Workers' Compensation First Report is necessary, it should always be filed in the employee's personnel file. Agencies may, at their discretion, place a copy of the Workers' Compensation report in the Quality Assurance file.

This form may not be changed but adapted to agency needs by utilizing the other line in each of the categories on the Incident Report and for the following circumstances only: 1. The form may be modified by customizing the Incident Report and the Action Plan with the agency's name on the top of each form. 2. Titles for required administrative signatures on the Action Plan may be changed to comply with agency policy.

Name of Agency: \_\_\_\_\_

REFERENCE# \_\_\_\_\_

OCCURRENCE/EVENT  
CODE: \_\_\_\_\_

**QUALITY ASSURANCE OCCURRENCE/EVENT REPORT**  
(Confidential pursuant to RSA 151.13-b)

**TO BE COMPLETED BY REPORTING EMPLOYEE**

Date of Occurrence/Event: \_\_\_\_\_ Time of Occurrence/Event: \_\_\_\_\_

Staff/Title: \_\_\_\_\_

Patient: \_\_\_\_\_ ID#: \_\_\_\_\_

Other Person(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Person(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

**OCCURRENCE/EVENT CODE (PLEASE CHECK APPROPRIATE BOXES)**

**1. Patient Relations**

- a. unsatisfied patient/family\*
- b. patient/staff disagreements/poor relationships
- c. answering service
- d. failure to respond to patient/family request for assistance, information or treatment
- e. breakage or damage to personal property of patient or family
- f. other\* \_\_\_\_\_

**2. Treatment Conditions**

- a. inappropriate/unsafe environment for home care
- b. lack of caregiver
- c. failure of family member to carry out procedures taught
- d. adverse or allergic drug reaction\*
- e. poor treatment results
- f. patient refusing treatment
- g. discharge against advice
- h. equipment malfunction\*
- i. other\* \_\_\_\_\_

**3. Practice Management**

- a. scheduling error/missed visit
- b. documentation missing/error
- c. lack of follow-up care
- d. failure to follow corporation policies/procedures
- e. other\* \_\_\_\_\_

**4. Staff Conduct**

- a. outspoken/rude behavior
- b. alleged theft
- c. patient abuse alleged\*
- d. acting outside scope of practice
- e. functioning while impaired
- f. poor physician/staff relationship
- g. failure to report an accident causing a hazard in the home
- h. other\* \_\_\_\_\_

**5. Patient Occurrence/Event**

- a. fall witnessed
- b. fall unwitnessed
- c. medication error\*
- d. misuse of equipment
- e. other\* \_\_\_\_\_

**6. Employee Occurrence/Event**

- a. back injury\*
- b. exposure to blood/body fluids\*
- c. exposure to chemical\*
- d. exposure to communicable disease\*
- e. fall\*
- f. needle stick/puncture\*
- g. other\* \_\_\_\_\_

**7.  Automobile Accident\***

**8.  Safety**

**9.  Other\* \_\_\_\_\_**

**BRIEF DESCRIPTION OF OCCURRENCE/EVENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did occurrence/event take place? \_\_\_\_\_

Nature of injury if any or results of occurrence/event: \_\_\_\_\_

Was a physician consulted? \_\_\_\_\_ If yes, give name, address, telephone number and instructions: \_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\* additional document may be required**

revised 12/2009

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Reference # \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**Quality Assurance Action Plan**  
(Confidential pursuant to RSA 151.13-b)

**Investigative Findings:**

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**Factors which influenced the occurrence/event and how could it have been prevented:**

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**Recommended Action:**

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**Action Taken:**

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Resolved  Yes  No

Additional document completed (list) \_\_\_\_\_

Program Manager/Supervisor \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Director of Clinical Services \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Executive Director/President, CEO \_\_\_\_\_ Date: \_\_\_\_\_  
Signature