

APPENDIX E

DC FORM 700-10A (10/05)

QUALITY REPORTING FORM
COLORADO DEPARTMENT OF CORRECTIONS

VMS Referral # _____

Type of Report: [] Med Error [] Quality Occurrence [] Dept. of Health [] Information only

Date of Occurrence: _____ Date of Report: _____ Facility: _____

Name and Title of Reporter, (optional): _____ (Office use only) Severity Code (0-4) _____

Name and DOC Number of Offender(s) Involved: _____

Check all that apply:

A. Access to Care Issue

- [] 1. Delay of care/services/DME
[] 2. Denial of care/services/DME
[] 3. Refusal of offender care

B. Treatment/Diagnosis Issue

- [] 1. Sentinel even _____ (sentinel event code)
[] 2. Incorrect diagnosis
[] 3. Incorrect treatment/procedure error
[] 4. Unplanned treatment or transfer resulting from previous action/inaction
[] 5. Unplanned return to OR
[] 6. Unplanned readmission (Hosp or Infirmary) within 30 days

C. Medication Issue

- [] 1. Prescribing error (provider) Code(s) _____
[] 2. Dispensing error (pharmacy) Code(s) _____
[] 3. Administration error (nursing) Code(s) _____
[] 4. Failure to receive medications ordered

D. Coordination/Continuity of Care Issue

- [] 1. Incomplete coordination of care/services
[] 2. Lack of follow-up
[] 3. Failure to obtain ordered lab, x-rays or tests

E. Utilization Issue

- [] 1. Premature discharge (Hosp or Infirmary)
[] 2. Prolonged hospitalization/delay of discharge
[] 3. Inappropriate level of care
[] 4. Inappropriate transfer

F. Outcome/Safety Issue/Offender Behavior

- [] 1. Unexpected death
[] 2. Suicide
[] 3. Suicide attempt requiring medical attention
[] 4. Self-Inflicted injury
[] 5. Preventable complication or infection
[] 6. Failure to treat

G. Professional Conduct Issue

- [] 1. Breach of confidentiality
[] 2. Abuse or neglect of offender
[] 3. Provider non-compliance with policy/regs
[] 4. Egregious provider conduct
[] 5. Failure to communicate diagnosis, condition or treatment

H. Scheduling/Appointment Issue

- [] 1. Specialty provider cancelled
[] 2. No Specialty provider appts available
[] 3. Transportation untimely/unavailable
[] 4. Scheduler did not schedule

Description of Incident and Actions Taken (*attach additional documents as available and necessary*)

Name of Provider Notified: _____ Date and Time Notified: _____

Action by Provider: _____

*See next page of this form for codes.

SEVERITY CODES:

0. No Quality Issue Identified
1. Track and Trend - Minor incidents are those which result in no injury or insignificant or non-disabling injury and do not require further treatment (including emergency room treatment) or hospitalization.
2. *Quality Issue - Moderate incidents result in the need for medical intervention and may require emergency room visit.
3. *Serious Issue – Requires written statement. Major incident resulting in, or potential for, adverse event.
4. *Death.

**Requires provider notification.*

MEDICATION OCCURRENCE CODES:

1	DRUG ADMINISTERED TO WRONG OFFENDER	7	ADMINISTERED DOSE NOT DOCUMENTED
1.1	Offender's name/ID not checked prior to administration	7.1	Emergency in progress
1.2	Orders entered on wrong MAR	7.2	Nurse interrupted or forgot
		7.3	MAR not available
		7.4	One time dose not on MAR
2	DRUG SHOULD HAVE BEEN AVOIDED	8	DRUG GIVEN BY INCORRECT ROUTE
2.1	Drug given without an order, order expired or D/C'd	8.1	Incorrect form taken from floor stock
2.2	Offender self-administered drug	8.2	Incorrect form dispensed by pharmacy
2.3	Offender NPO	8.3	Documentation/profiling error
2.4	Expired drug or solution		
3	DRUG ADMINISTERED TO OFFENDER WITH KNOWN ALLERGY	9	DRUG GIVEN AT WRONG TIME/OMITTED
3.1	Allergy history not present, or allergy not documented		<i>(More than 30 minutes early/late)</i>
3.2	Medication dispensed from pharmacy	9.1	Drug was not in med drawer/card
3.3	Medication taken from floor stock	9.2	Drug was not transferred with offender
		9.3	Order was not noted and/or entered on MAR
		9.4	Order sheet contained incomplete information
4	EXTRA DOSE OF DRUG ADMINISTERED	9.5	Documentation error
4.1	Previous dose not documented	9.6	Late lab draw
4.2	MAR was not checked prior to administration		
5	WRONG DRUG WAS ADMINISTERED	10	PHARMACY ERRORS
5.1	Verbal order taken incorrectly	10.1	Wrong offender listed on label
5.2	Order misread	10.2	Wrong drug dispensed from pharmacy
5.3	Wrong drug taken from stock or card	10.3	Wrong dose dispensed from pharmacy
5.4	Wrong drug dispensed from pharmacy	10.4	Wrong quantity of drug dispensed
5.5	Documentation error	10.5	Expired drug dispensed by pharmacy
		10.6	Mislabeled
		10.7	Refill denied - Order still current
		10.8	Other - Describe on front of page
6	WRONG DOSE/RATE WAS ADMINISTERED	11	NARCOTIC ERRORS
6.1	MAR not checked prior to administration	11.1	Narcotics not signed out
6.2	Order misread	11.2	Not counted upon arrival from pharmacy
6.3	Wrong dose taken from floor stock or card	11.3	Not counted by nurse at start; end; or cross-shift
6.4	Wrong dose dispensed from pharmacy	11.4	Unknown reason for incorrect count
6.5	Documentation error	11.5	Narcotics sent without sign-out sheets
6.6	Drug dose was mislabeled	11.6	Sign-out sheets sent without narcotics
6.7	Controller/pump set incorrectly	11.7	Narcotics not dispensed in timely fashion
6.8	IV rate set incorrectly (no pump used)		
6.9	Controller/pump equipment failure		
6.10	Dosage calculation error		
6.11	Offender/visitor adjusted IV		

SENTINEL EVENT CODES:

- | | | | |
|----|--|-----|---|
| 1 | Deaths | 13) | Drug overdose |
| 2 | Hospital readmission within 30 days | 14) | Electrolyte complications |
| 3 | Diabetic ketoacidosis | 15) | Septicemia and pulmonary embolus, unexpected outcome or adverse clinical results (e.g., additional services due to complications of initial treatment) |
| 4 | Diabetic hypoglycemia resulting in unconsciousness | | VMS = (SEPTICEMIA OR PULMONARY EMBOLISM WITH ADVERSE OUTCOME) |
| 5 | Ruptured appendix | 16) | Admission resulting from medication errors |
| 6 | Breast cancer with surgical procedure | 17) | Admission due to treatment misadventures |
| 7 | Bowel obstruction | 18) | Admission due to offender non-compliance |
| 8 | Uncontrolled hypertension resulting in identified end organ damage. VMS = (UNCONTROLLED HTN RESULT IN IDENTIFIED END ORGAN DAMAGE) | 19) | Life-threatening complications of anesthesia or life-threatening transfusion errors or reactions VMS = (ANESTHESIA OR TRANSFUSION ERROR WITH COMPLICATIONS) |
| 9 | GI catastrophes | 20) | Admission due to surgical complication |
| 10 | Gangrene | 21) | New ESRD case resulting in dialysis |
| 11 | Colon cancer | | |
| 12 | Adverse drug reactions requiring hospitalizations, specialty consultation or use of counteracting drugs such as corticosteroids or antihistamines
VMS = (ADVERSE DRUG REACTION REQUIRING HOSP, CONSLT OR DRUGS) | | |