

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
Healthcare Facility Regulation Division
Health Care Section
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REQUIRED HOSPITAL SELF REPORTS TO THE DEPARTMENT FORM
(Please Type Form)

FACILITY INFORMATION

Name of Hospital: _____

Hospital Type: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person Reporting Incident: _____ Title: _____

Contact Person(s): _____ Phone Number of Contact: _____

Fax #: _____ Email Address: _____

Patient /Reporting Information

Date _____ Time _____ a.m./p.m. Reported to HFRD

Date _____ Time _____ a.m./p.m. Incident Occurred

Date _____ Time _____ a.m./p.m. Hospital was Aware that Reportable Incident May have Occurred

_____ M/F _____
Patient Name Age Sex Date of Birth

_____ _____
Medical Record # Date of Admission

Diagnosis (all):

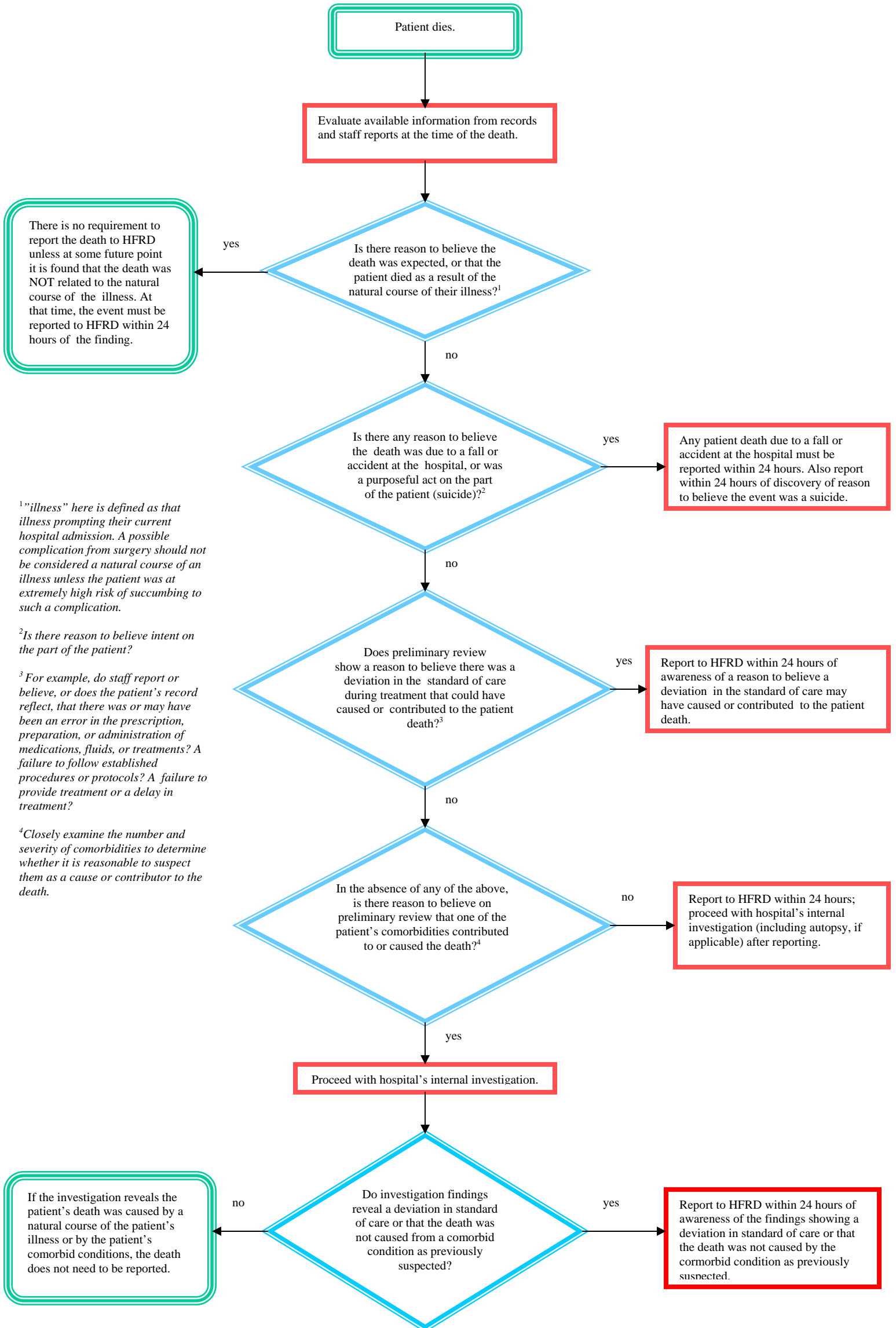
Type of Incident: Please check appropriate boxes. (Attach a copy of incident report if applicable)

- Any unanticipated patient death not related to the natural course of the patient's illness or underlying condition
- Any surgery on the wrong patient or the wrong body part of the patient
- Any rape which occurs in the hospital

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Sample Flow Chart for Decisions in Self-Reporting Unanticipated Patient Deaths

(Note: Every incident/event is unique. This document is only intended to provide guidance. If in attempting to evaluate your event, you continue to have doubt about whether or when to make a self-report, you may wish to go ahead and send the report, or call for assistance.)



¹"illness" here is defined as that illness prompting their current hospital admission. A possible complication from surgery should not be considered a natural course of an illness unless the patient was at extremely high risk of succumbing to such a complication.

²Is there reason to believe intent on the part of the patient?

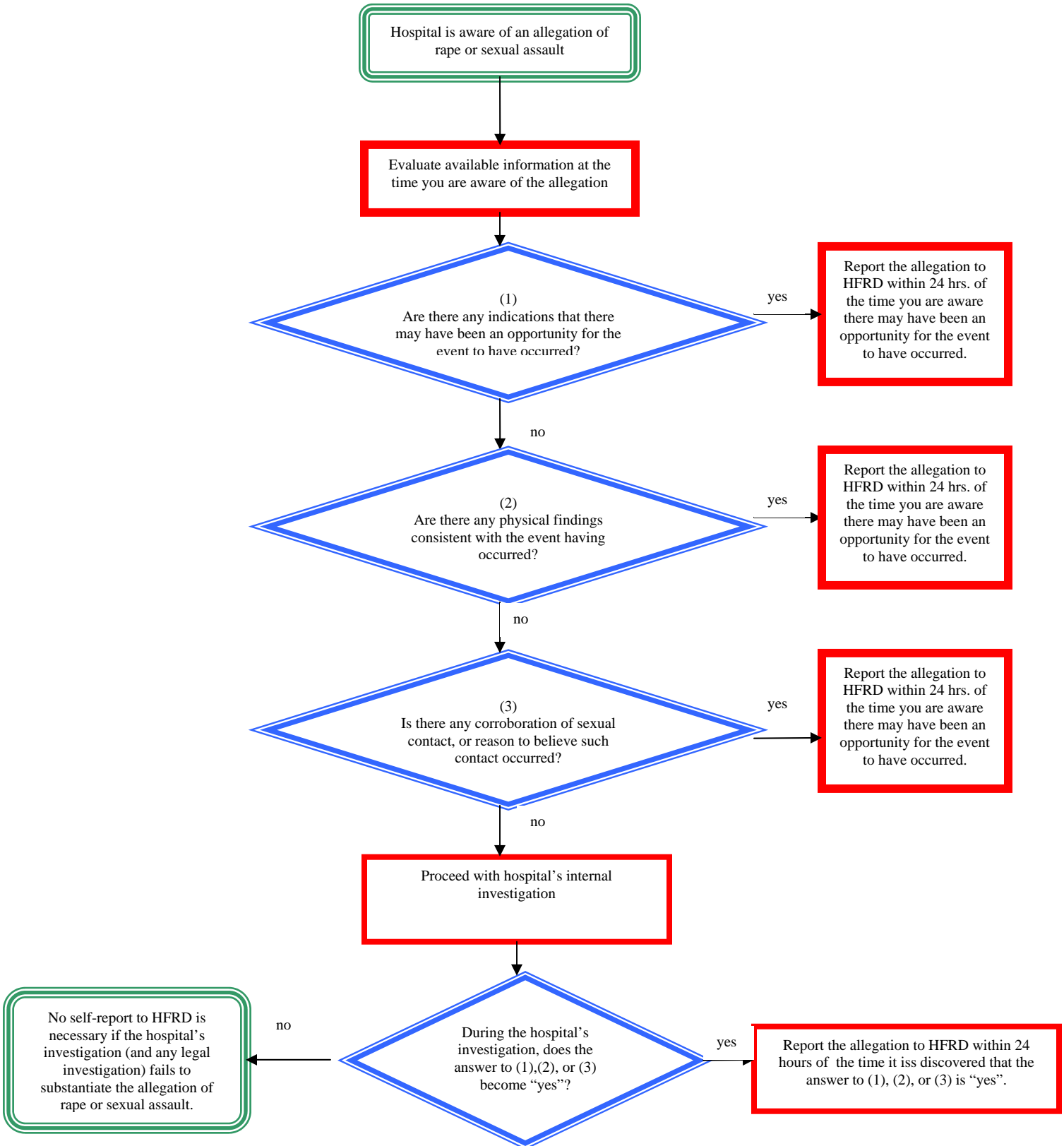
³ For example, do staff report or believe, or does the patient's record reflect, that there was or may have been an error in the prescription, preparation, or administration of medications, fluids, or treatments? A failure to follow established procedures or protocols? A failure to provide treatment or a delay in treatment?

⁴Closely examine the number and severity of comorbidities to determine whether it is reasonable to suspect them as a cause or contributor to the death.

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Sample Flow Chart for Decisions in Hospital Self-Reporting of Rape Allegations

Note: Every incident/event is unique. This document is only intended to provide guidance. If in attempting to evaluate your event, you continue to have doubt about whether or when to report a specific event, you may wish to go ahead and report, or call for assistance.)



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Sample Flow Chart for Decisions in Hospital Self-Reporting of Wrong Site Surgeries

