

Dental Pilot Project: Adverse Event Reporting

ADVERSE EVENT REPORTING:

A sponsor must report adverse events to the Oregon Health Authority program staff the day they occur as outlined in OAR 333-010-0460.

Adverse Event reports are prepared by project sponsor personnel with the intent that such reports will not contain information regarding the patient's identity. The information will be prepared as a brief anecdotal account to be submitted to the Oregon Health Authority.

These guidelines serve only to describe some occurrence requiring a written anecdotal account. The examples serve as a minimal starting point for common reporting of incidents/occurrences so that project sponsors will be cognizant of trainee performances for the purposes of effective monitoring. Your judgment as to what constitutes a deviation from the usual norm of practice for your category of trainee is important.

Examples

1. A patient care error that has been identified by the trainee, supervising professional or other professional within the community or practice site.
2. Comments regarding the provision of health care by the trainees which reflect satisfaction or dissatisfaction with the services rendered. This information may originate from the following sources:
 - A. Patients who have received services.
 - B. Relatives or friends of patients receiving services.
 - C. Community professionals such as physicians, pharmacists, dentists, nurses, health care administrators or others who may have knowledge of a trainee-patient interface.
 - D. Other staff members who are employed by the employment/utilization site.
 - E. Project sponsor staff having knowledge of trainee-patient interaction.

Instructions:

1. Contact Program Staff via telephone on the date of the incident at 971-673-1563.
2. Complete Adverse Event Reporting Form and follow submission instructions.

Title Dental Pilot Project:

Reporting Date:

Date of Incident:

Address of Incident:

Patients Gender: Male Female

Patients Age:

Incident Description: Be as specific as possible. Use separate sheets of paper if necessary.

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Provide a root cause analysis of the incident. Use separate sheets of paper if necessary.

Please identify actions that have been taken or plans of action to take to prevent similar adverse events from happening in the future.

Procedure Name(s) and CDT Code(s) Performed on involved patient:

Contact Name:

Email:

Project Manager Signature:

Date:

Instructions:

Download and Complete the Adverse Event Form PDF.

Submit the Completed Form via email to sarah.e.kowalski@state.or.us.

Attachments must be in PDF format.