



EARLY WARNING SYSTEM INDICATORS REPORTING FORM

EWS 24 HOURS INDICATOR REPORTING FORM

Name of health establishment			
Province			
District (where applicable)			
Private health group/network (where applicable)			
Level of care			
Nature of Incident	<input type="checkbox"/> Missing Minor		
	<input type="checkbox"/> Abscondment of a patient		
	<input type="checkbox"/> Suicide of an in-patient		
	<input type="checkbox"/> Unavailability of Radiological services		
	<input type="checkbox"/> Unavailability of hand washing soap		
	<input type="checkbox"/> Acts of harm to staff		
	<input type="checkbox"/> Acts of harm to patients		
	<input type="checkbox"/> Unavailability of water for > 24 hours		
	<input type="checkbox"/> Retained foreign object in a patient following a surgical/invasive procedure		
	<input type="checkbox"/> Wrong site surgery		
	<input type="checkbox"/> Procedure-related avoidable deaths		
Date of Incident			
Time of Incident			
Repeat incident (has the incident happened before?) Y/N	YES	NO	If yes, indicate date of previous incident

Source (method of detecting the incident)	Reported by health professional	Surveys on patient experience of care	Inpatient medical review	Review of record on follow-up	Complaints	Media	Public	Safety walk rounds
Location (department/ward)								
Short description of incident								
Immediate action taken								
Investigation Planned?	YES			NO				
Has the user been informed? where applicable)	YES			NO				
Is the user waiting for a response?	YES			NO				
Submitted by (Name)								
Designation								
Signature								