



Occurrence Data Request Form

Request by: _____

Date of request: _____

Date required: _____
(min 5 business days)

SELECT PARAMETERS FOR DETAIL REPORT:

LOCATION(S) / SITE(S)

List: _____

TIME PERIOD

Start: _____ End: _____

FREQUENCY OF REPORT

- One time only
- Recurring report: Notes/specification:
- Monthly _____
- Bi-annually _____
- Annually _____
- Other: _____

CATEGORY OF OCCURRENCE

- ALL
- Abusive/aggressive behaviour
- Falls
- Medication including IV medication
- Treatment / test / procedure
- Blood / blood product
- IV/TPN fluids
- Miscellaneous

WHO THE OCCURRENCE HAPPENED TO

- ALL
- Inpatient/resident
- Outpatient
- Visitor
- Employee
- Physician
- Student
- Volunteer
- Agency personnel
- Client in the community
- Other

PROGRAMS

- ALL
- Critical Care**
 - EMS
 - Emergency Room
 - Special Care Unit (ICU)
 - Outpatient Services / Ambulatory Care Clinic
- Medicine**
 - Chemotherapy
 - Dialysis
 - Medical Unit
 - Pediatrics
- Other program/department**
 - Medical Device Reprocessing
 - Other
- Surgery**
 - Obstetrics
 - Operating Room
 - Post Anaesthetic Care Unit
 - Same Day Surgery
 - Surgical Unit
- Support Services**
 - Administration/Office
 - Nutrition & Food Services
 - Housekeeping
 - Laundry
 - Maintenance
 - Recreation
- Seniors**
 - ETU/Rehab
 - Home Care
 - Personal Care Home
 - Transitional Care
- Health Information System**
 - HIS
- Mental Health**
 - Community Mental Health
 - Crisis Stabilization Unit
 - Karen Devine Safe House
- Pharmacy**
 - Pharmacy
- Rehabilitation Services**
 - Audiology
 - Occupational Therapy
 - Physiotherapy
 - Speech Language Pathology
- Lab and Diagnostics**
 - Diagnostics (CT, X-Ray etc.)
 - Lab
- Public Health-Healthy Living**
 - Families First
 - Healthy Baby
 - Healthy Living
 - Public Health Nursing
 - Unified Referral Intake System
- Primary Healthcare Integration**
 - Chronic Disease Education Team
 - Mobile Clinic
 - My Health Team
 - QuickCare Clinic
 - Teen Clinic

TABLES / GRAPHS

In addition to the Detail Report (sample in the Occurrence Data Request Guideline ORG.1810.SG.001) you may request tables or graphs to summarize/organize the data. Samples of the tables and graphs listed below are also found in the Guideline. If there is another way you would like to see the data sorted/organized, please describe in notes/comments.

- Count of category of occurrence by program
- Count of occurrences by hour
- Count of category of occurrences by month
- Count type of occurrence by category
- Count abusive/aggressive by name
- "Other" field narrative
- Type of occurrence with medication name
- Count of occurrences by client name

Notes/comments: _____

Summary reports showing numbers and simple graphs only (no details) can be generated by ANY data entry person. These reports are to be requested from site data entry staff only. Samples of these reports are found in the Occurrence Data Request Guideline ORG.1810.SG.001.

TO SUBMIT YOUR REQUEST:

1. Fill out the form
2. Save it on your desktop ending with the required date (e.g. Occurrence Data Request Form Jan 26,2017)
3. Attach the completed form to email and send to occurrencedatarequests@southernhealth.ca