

Opportunity for Improvement (OI) Form

To be completed by QM

This form is to be used for non-conformances, near-misses, complaints, corrective and preventive actions as defined in the Opportunity for Improvement Procedure, QS-P-008. Please note that non-conformances directly relating to patients are to be reported according to QS-P-003 using RCH Riskman software system .

Please attach any objective evidence as applicable

OI NO:

Receipt Date:

Close-out Date:

SECTION 1 Summary of Event *(To be completed by person identifying and/or involved in the incident)*

Date, Time and location of Event:

Name & Sign:

Area:

Date Reported:

SECTION 2 Immediate Corrective Action *(To be completed by person(s) responsible for immediate corrective action)*

Name & Sign:

Area:

Date and Time of Action:

SECTION 3 Root Causes *(To be completed by the Area Manager)*

Underlying causes of the Event

Name & Sign:

Area:

Date:

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SECTION 4 Corrective and Preventive Action *(To be completed by Area Manager +/- QM)*

CORRECTIVE ACTIONS	ACTIONED BY	DATE COMPLETED
PREVENTIVE ACTIONS		

SECTION 5 Risk Assessment *(To be completed by QM)*

Risk Rating Matrix (Reference AS4360-2004)

LIKELIHOOD	CONSEQUENCES				
	Negligible 1	Minor 2	Moderate 3	Major 4	Severe 5
A (almost certain)	Medium	High	High	Very High	Very High
B (likely)	Medium	Medium	High	High	Very High
C (possible)	Low	Medium	High	High	High
D (unlikely)	Low	Low	Medium	High	High
E (rare)	Low	Low	Medium	Medium	High

Risk Rating: Likelihood x Consequence = _____

SECTION 6 Verification of Corrective and Preventive Actions & Summary *(To be completed by QM)*

VERIFICATION of CORRECTIVE ACTIONS	DATE COMPLETED
VERIFICATION of PREVENTIVE ACTIONS	DATE COMPLETED

Summary

TASK	NOTES	DATE COMPLETED
Audit for Effectiveness		
Tabled at Meetings		
Entered in Qpulse		
OTHER		

Close-out date: _____	Signed: _____
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