



College of Dental Surgeons of Saskatchewan

Critical Event and Reportable Incident

Report Template

A critical event and reportable incident is a serious or adverse health or procedural event that was unexpected or unanticipated and did not necessarily result from known risks inherent of the procedure that occurred during the provision of any authorized practices.

A reportable incident is an unexpected and unanticipated event that may result in the need for transfer of the care of a patient to another provider, a non-hospital surgical facility, or hospital.

It is mandatory that such critical and reportable incidents be reported to the Registrar by a written report from the responsible registrant in a timely manner, within 48 hours of the incident, in an attempt to identify and mitigate potential risks and harms.

The mandatory reporting is for quality assurance purposes only, is confidential, and is prohibited from being used as evidence in professional conduct or legal proceedings but may be utilized for educational purposes to the membership in a redacted format.

The Quality Assurance Committee (QAC) will:

1. Investigate and review the incident with the registrant;
2. Assist the registrant with best practices to mitigate the repetition of the incident;
3. Maintain a register of critical incidents;
4. And provide an annual report of critical incidents to the Council.

The intention of critical incident reporting is to lead to improvements in patient care and safety and encourage trust in the health care system through transparency.

Please fill out all the applicable information below that relates to your Critical Event or Reportable Incident:

Name of Patient:

Name of Guardian (if applicable):

Age:

Gender:

Date of Procedure:

Medical History of Patient:

Name of Witness(es) to the Incident:

Type of Procedure:

Nature of the Incident:

Management of the Incident:

Analysis of reasons for the Incident:

Proposed Actions to mitigate the repetition of such incidents in your clinic/facility:

I, Dr. _____ hereby certify that the above information is true and correct to the best of my knowledge.

Date

Signature of Dentist