

Thank you for taking the time to provide information regarding the recent incident. This information will be reviewed by our Clinical Director or Clinical Manager and the appropriate actions will be taken. Please provide the following information:

- The name of the Integrated employee(s) involved, the date of the incident, the facility name and the name of the supervisor on duty at the time of the incident.
- A brief description of what occurred.
- A clinical and professional assessment of the employee's overall performance. This information will be evaluated as part of our follow-up.

Once the incident report is received, our Clinical Director or Clinical Manager will review the report. The facility will be contacted for any clarification or additional information.

The Clinical Director or Clinical Manager will then take a statement from the employee. Based on the results of the investigation, appropriate action is taken which may include training, counseling, or suspension of employment. Appropriate reporting to governing bodies will be made. A final report will be forwarded to the facility at your request.

Our goal is to ensure that appropriate patient care and safety are provided at all times. Your input helps us make the best decisions regarding our staff.

Employee Name: _____

Incident Date: _____

Facility Name: _____

Supervisor: _____

Describe the incident (attach additional pages if needed)

CLINICAL COMPETENCY

Exceeds Expectations Meets Expectations Unsatisfactory

Demonstrates the knowledge and skills to provide age-specific care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs job responsibilities according to policy and protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritizes and performs tasks based on patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs necessary assessments and provides documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sound clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes appropriate infection control and safety techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL BEHAVIOR

Accepts supervision and guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates and works effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains good punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents a professional image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Designee Signature

Facility Designee Title

Facility Designee Printed Name