## **LAC+USC Risk Management Review Activities**

case Name:					Page I of 5	
Initiate upon opening of the case file and place in the case folder/file. When complete, scan and place in the electronic file.						
Review of Medical Records:						
Affinity			Affinity Clinic Transactions			
	□ N/A	□Yes		□ N/A	□Yes	
	•					
Centricity-Anesthesia	□ N/A	□Yes	Centricity - OB	□ N/A	□Yes	
CAIR	□ N/A	□Yes	CCIS	□ N/A	□Yes	
Wellsoft	□ N/A	□Yes	Photographs	□ N/A	□Yes	
Hand Written Notes	□ N/A	□Yes	Other: (See Documentation Guide)	□ N/A	□Yes	
Identification of Imaging/Graphs/Recordings:						
Xcelera(Cardiac Cath/Echo/Vasc)	□ N/A	□Yes	Muse (EKG)	□ N/A	□Yes	
Centricity (Fetal Monitoring)	□ N/A	□Yes	Olympus/Cori (GI)	□ N/A	□Yes	
Sunquest (Lab)	□ N/A	□Yes	BioLogic (Newborn Hearing)	□ N/A	□Yes	
Care Fusion (EEG/EMG)	□ N/A	□Yes	Nihon Kohden (Evoked Potential)	□ N/A	□Yes	
Sandman (Sleep Study)	□ N/A	□Yes	Synapse (Radiology)	□ N/A	□Yes	
Pen Rad (Mammo)	□ N/A	□Yes	Other:	□ N/A	□Yes	
Involved Staff/Witness Log: N/A Yes (see attached)						

CONFIDENTIAL: The information contained in this message and the attachment(s) is privileged and strictly confidential under State Law, including Government Code Section 6254(c) relating to personnel records, and Federal Law relating to the Patient Safety and Quality Act of 2005. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of this message.

Quality Improvem	ent Activ	ity: □ N/A □Yes	
Department		Activity	Comments
Interviews:	<b>I/A</b> □	]Yes	
Name	Date	Findings/Comments	

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Case Name:

Case Name:			MC 311 Attachn	nent A Page 3 of 5		
_	_					
Applicable Contracts:   N/A Yes						
Contract	Responsible	Сору	Comments			
	Administrator	(Y/N)				
	1					
		<u> </u>				
Relevant Policies and P	rocedures: N/A	□Ye	es			
Policy Procedure	Responsible	Сору	Comments			
	Administrator	(Y/N)				
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		'				
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	<u></u>	<u> </u>	<u>                                     </u>			
Fauipment/Supplies: N	Manufacturer/Model/	/Serial Nu	ımber/Sequestration/Location:	. 🗆 N/A 🗀	Yes	
	Manufacturer/Mod			Location	Sequestered	
Equipment, Supply	ivianunacturen, ividu	Ci/ Jeriai	"	Location	Y/N	
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Case Name:	MC 311 Attachment A Page 4 of 5					
RIALA's/Corrective Actions:						
Department			Corrective Actions			
		□ N/A	☐Yes, support doc's to file			
			□ N/A	☐Yes, support doc's to file		
			□ N/A	$\square$ Yes, support doc's to file		
			□ N/A	$\square$ Yes, support doc's to file		
Area File Reviews:						
Name			Corrective	orrective Actions		
			□ N/A	□Yes		
			□ N/A	□Yes		
			□ N/A	□Yes		
			□ N/A	□Yes		
Human Resources Referral:	□ N/A	□Y	'es Da	te referred:		
Actions:	□ N/A	□Y	'es Da	te review received:		
Credential File Referral:	□ N/A	□Y	'es Da	te referred:		

Actions:

☐ N/A ☐ Yes Date review received: \_\_\_\_\_

Case Name:	MC 311 Attachment A Page 5 of 5
Case Name.	IVIC 311 Attachment A rage 3 of 3

**Involved Staff/Witness Log:** 

Name	Employer	Status: Event/Now	Contact Information	Supervisor/Attending	File Review (Y/N/NA)	Action (Y/N/NA)