



BEST PRACTICES REPORT

General and Special Hospitals

This report may be submitted at any time during the year. Each facility will be requested to provide a minimum of one best practice report at the time of license renewal, or the anniversary of the licensing date, if one has not been submitted in the previous 12-month period. Only one best practice report is required; however, additional reports may be submitted. If the facility has no occurrences to report, then no best practice report is required. Please do not include any information that could identify individuals involved. The following information is the minimum required, although facilities are encouraged to provide additional information within their individual comfort levels, particularly related to contributing causal factors that may prove helpful to other facilities in improving patient safety. Additional pages may be included at the facility's discretion but are not required. Copies of best practice reports submitted to a recognized patient safety organization may be submitted in lieu of this form. This information will be completely de-identified, and the reports will be destroyed after the information is reviewed and compiled. Reports should be placed in an envelope stamped "CONFIDENTIAL" and mailed to: Jane Guerrero, Manager, Health Facility Licensing Group, Texas Department of State Health Services, Mail Code 2835. 1100 W. 49th Street. Austin, Texas, 78756.

1. What was the category of reportable occurrence that resulted in this best practice report?

2. Describe a best practice safety measure that was initiated as a result of the occurrence.

Include an explanation of how you have evaluated the effectiveness of the best practice and how it has improved patient safety.

Facility Name: _____ License Number: _____ Date Submitted: _____

****Refer to the Patient Safety website at <http://www.dshs.state.tx.us/HFP/safety.shtm> for more information on completing this form****

***** Confidentiality Notification *****

[§241.204 of the Health and Safety Code](#) prescribes confidentiality provisions and disclosure restrictions for the information submitted on this form.