



**ANNUAL OCCURRENCE REPORT**  
**General and Special Hospitals**

This report must be submitted annually. The date of submission is based on the facility's license expiration date, or the anniversary of that date, but the report **should not** be submitted with the license renewal application. Please enter the total number of each of the following events that have occurred at your facility within the full 12-month period preceding the month in which your license expires (for example, if your license expires anytime in July, 2004, the Annual Occurrence Report should cover the period of July 1, 2003 through June 30, 2004). The total number of reported occurrences must include data from all locations under this license number, including any multiple location sites or outpatient clinics. This information will be completely de-identified 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.

Occurrence Description	Total Number
A medication error resulting in a patient's unanticipated death or major permanent loss of bodily function in circumstances unrelated to the natural course of the illness or underlying condition of the patient	
A perinatal death unrelated to a congenital condition in an infant with a birth weight greater than 2,500 grams	
The suicide of a patient in a setting in which the patient received care 24 hours a day	
The abduction of a newborn infant patient from the hospital or the discharge of a newborn infant patient from the hospital into the custody of an individual in circumstances in which the hospital knew, or in the exercise of ordinary care should have known, that the individual did not have legal custody of the infant	
The sexual assault of a patient during treatment or while the patient was on the premises of the hospital or facility	
A hemolytic transfusion reaction in a patient resulting from the administration of blood or blood products with major blood group incompatibilities	
A surgical procedure on the wrong patient or on the wrong body part of the patient	
A foreign object accidentally left in a patient during a procedure	
A patient death or serious disability associated with the use or function of a device designed for a patient that is used or functions other than as intended	

Facility Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Number of Licensed Beds: \_\_\_\_\_

Month Facility License Expires: \_\_\_\_\_

12-month reporting period covered by this report: From \_\_\_\_\_ To \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*\*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.