



BEST PRACTICES REPORT

Ambulatory Surgical Centers

This report may be submitted at any time during the year. Each facility must provide a minimum of one best practice report related to a reported occurrence per 12-month reporting 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 after the information is reviewed and compiled. Reports should be placed in an envelope stamped "CONFIDENTIAL" and mailed to: Pamela Adams, Facility Licensing Group, 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:** _____ Deleted: ¶

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

§243.054 of the Health and Safety Code prescribes confidentiality provisions and disclosure restrictions for the information submitted on this form