PRISMA HEALTH UPSTATE LABORATORIES
OPPORTUNITY FOR IMPROVEMENT

EMPLOYEE’S NAME: _______________________
RECORDED BY: ____________ DATE RECORDED: _________

PATIENT’S I.D.: ________________________________________ DATE OF ERROR: _______________________

SITUATION:

CONTRIBUTING FACTOR(S):

POSSIBLE SOLUTIONS:

FOLLOW-UP:

EFFECT ON EMPLOYEE COMPETENCY:
None: _________
Results to be reviewed prior to reporting: _____________________________
Testing privilege suspended: _______________________________________

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<th>ACTION PLAN</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETION DATE</th>
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COMPETENCY FOLLOW-UP ACTION:
Reporting privileges reinstated: _______________ Date: _______________
May report with review first: _______________ Date: _______________
Privileges remain suspended: _______________ Date: _______________

EMPLOYEE’S COMMENTS: _________________________________________________________________________
_____________________________________________________________________________________________

JUST CULTURE FINDING: (REFER TO ALGORITHM PRACTICE TOOL) TYPE OF ERROR:

_____ Employee Not At Fault
_____ Human Error
_____ At-Risk Behavior
_____ Reckless Behavior
_____ Repetitive Human Errors
_____ Repetitive At-Risk Behaviors

Manager’s Signature: __________________________________ Date: _______________
Employee’s Signature: ________________________________ Date: _______________

* Note: This form is intended for education, trending, and tracking. It is not considered formal disciplinary action.

*Revised 5/19/2020  JAT