

"Opportunities for Improvement" is any happening not consistent with the routine operation of the hospital or the routine care of a particular patient. It may be an occurrence or incident which might result in an accident.

OPPORTUNITIES FOR IMPROVEMENT FORM

LOG #

Forward Completed Form to Department Manager. One copy to Quality Management Department.

PART A. Status: ☐ Inpatient ☐ Outpatient ☐ Visitor/Family ☐ Employee ☐ Other (specify) _____

Date of Occurrence: 7-05-25 Time of Occurrence: 1900H Occurrence Location: 5th FLR ENT

If event involved employee - Staff Name: Romana Enka Cabiles Age: 37yrs Sex: F Emp#: 2844

If event involved patient - Patient Name: _____ Age: _____ Sex: _____ MR#: _____

If event involved visitor - Visitor Name: _____ Phone No.: _____

Address: _____

PART B. Occurrence Type (check boxes that apply)

INTRAVENOUS RELATED*

- ☐ Central Line
- ☐ Contrast Media Reaction
- ☐ Extravasate
- ☐ Occluded
- ☐ Precipitate
- ☐ Site Red/Swollen
- ☐ Tubing Leak
- ☐ Expired IV Fluid
- ☐ Additive Related
- ☐ Transfusion Reaction
- ☐ Other _____

BEHAVIOR

- ☐ Improper disposal of sharp
- ☐ AMA/Absconded
- ☐ Dissatisfied with care
- ☐ Patient Behavior
- ☐ Family/Visitor Behavior
- ☐ Staff Behavior
- ☐ Time In/Time Out Variation
- ☐ Non-Compliance
- ☐ Patient complaint
- ☐ Other _____

PROCEDURE VARIANCE

- ☐ Delays
- ☐ Missing Files, Notes
- ☐ Performed on Wrong Site
- ☐ Consent
- ☐ Patient Identification
- ☐ Wrong Patient
- ☐ Wrong Procedure
- ☐ Lost/Spoiled Specimen
- ☐ No Response
- ☐ Wrong File
- ☐ Procedure Cancellation
- ☐ Notes in Wrong File
- ☐ Inadequate/Inappropriate Entry
- ☐ No label/Addressograph
- ☐ Other _____

SECURITY VARIANCE

- ☐ Damage/Loss of Property
- ☐ Kidnapping
- ☐ Missing/Misplaced Drug Keys
- ☐ Prescription Alteration
- ☐ Security Problem
- ☐ Suicide attempt
- ☐ Other _____

HAZARD/SAFETY

- ☐ Burn
- ☐ Chemical Spill
- ☐ Electrical Shock
- ☐ Fire
- ☐ Gas
- ☐ Hazardous Waste
- ☐ Radiation Exposure
- ☐ Splash
- ☐ Water Spill
- ☐ Needle prick injury
- ☐ Other _____

EQUIPMENT/SUPPLIES

- ☐ Electrical Problem
- ☐ Not Working
- ☐ Improper Use
- ☒ Mechanical Problem
- ☐ Operator Not Qualified
- ☐ Wrong Equipment
- ☐ Missing Equipment
- ☐ Not Available
- ☐ Out of Stock
- ☐ Other ENT UNIT

ADVERSE DRUG REACTION (ADR) / MEDICATION OCCURENCE

☐ Medication missing ☐ Wrong patient

☐ Adverse side effects ☐ Others: _____

☐ Medication given but not charted

☐ Medication charted but not given

***please see Intravenous Related area**

☐ Duplication/extra dose given

Describe reaction (chronological sequence): _____

☐ Time variance (wrong time)

Response to treatment/Outcome: _____

☐ Wrong route

☐ Wrong dose

Reported by Name: Romana Enka Cabiles

ID No: 2844

Dept: ENT

Position: Staff Nurse

IMMEDIATE ACTION

Physician Notified ☐ Yes ☐ No

Did MD see patient ☐ Yes ☐ No

☐ X-ray

☐ Suture

☐ Blood Work

☐ Medication

Assessment/
Diagnosis

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Physician Name: _____

Date: _____

Page No. _____

OPPORTUNITIES FOR IMPROVEMENT FORM

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PART C. Describe the occurrence (state the facts). Use when necessary.

FACTUAL DESCRIPTION

The ENT Workstation is having a mechanical failure. (Low or weak water pressure).

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PART D. Severity Codes (Please check one).

- ☒ **Minor.** No injury or minor treatment, i.e. abrasion. No increased length of stay. No increased level of care.
- ☐ **Moderate.** Increased length of stay. Increased level of care.
- ☐ **Major.** Temporary/permanent lessening of body functions (sensory, motor, physiologic, or intellectual). Not related to the natural outcome of the patient's illness, underlying condition, or disfigurement. Surgical intervention required.
- ☐ **Sentinel/Catastrophic.** DEATH/MAJOR permanent loss of function (sensory, motor, physiologic, or intellectual), hemolytic transfusion reaction, surgery on wrong patient or body part.
- ☐ **Near Miss.** For potentially severe outcome.

PART E. ACTIONS.

PREVENTIVE ACTION

ACTION TAKEN BY INVOLVED DEPARTMENT		REFERRED TO QUALITY MANAGEMENT DEPT.	
referred to Biomed		Refer the incident to the	
to call ATCO		Biomedical engineer for	
		further investigation.	
Dept. Head: Christina Alotaibi		Quality Mgmt. Dept. [Signature]	
Date: 31/5/2025		Date: 31/5/2025	
ID No. 1021	Department: Nursing	Comments: [Signature]	

Department Managers: Forward completed forms to Quality Management Department

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فاكس: ٢٤٧٤٣٠١٩ / ٢٤٥٦٧٧٩٢ (+٩٦٥)

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س.ت. ٣٣٦٢١٨

SERVICE / INSTALLATION REPORT

No.: 63752

Customer	ALORF HOSPITAL	Equipment	ENT Workstation
	Jahra	Model No.	Futuent III
		Serial No.	111632045
Authorized Person		Manufacturer	Entemed
Customer Complaint	Water leaking from handpiece	Location	ENT, 5th floor
		Contract / Order No.	
Services / Check Carried out		<input type="radio"/> Installation	<input type="radio"/> Warranty
<input checked="" type="checkbox"/> Inspection / Cleaning	<input type="checkbox"/> Optics Checks	<input checked="" type="radio"/> Repair	<input type="radio"/> On Charge
<input checked="" type="checkbox"/> Calibration / Performance	<input type="checkbox"/> Pneumatic Checks	<input type="radio"/> Maintenance	<input type="radio"/> Contract
<input checked="" type="checkbox"/> Interface / Communication	<input type="checkbox"/> Hydraulic Checks	<input type="radio"/> Upgrade	<input type="radio"/> _____
<input checked="" type="checkbox"/> Safety Checks	<input type="checkbox"/> Operational Error	Time Spent	
<input checked="" type="checkbox"/> Electrical / Electronics	<input type="checkbox"/> Mechanical Checks		
<input checked="" type="checkbox"/> Accessories Check	<input type="checkbox"/> _____		

Remarks: Checked found water leaking from the handpiece. Found dusty particles in the valve, this is the reason due to leaking. Cleaned the valve and replaced the water filter on the workstation. Checked found the handpiece is working good.

1. Technical issue internal to the device

2. User to ensure external water filter cartridges are replaced regularly.

No.	Spare Parts Used	Part No.	Qty.

Service Engineer ATCO Service team ATCO Technology Co. Signature: Date: 11/01/25	Authorized Person Signature: Date: CONTROLLED COPY	Customer / User Signature: Date:
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Incident Investigation report

The quality department received an incident in 31/5/2025 that mentioned there is ENT work station hand piece low water pressure.

The quality department refer the incident to the biomedical engineer for further investigation.

The biomedical engineer came and investigate the problem and found there is a water leak and dust particles in the machine valve.

According to the attached biomedical engineer service report the investigation will start by using the **5 WHYS** methodology to identify the root cause to take the appropriate recommendations and action accordingly.

The problem is:

The ENT work station hand piece low water pressure

1ST WHY: there is hand piece water leak and dust particles in the machine valve

2ND WHY: the water filter (the one outside the ENT work station) not maintained and or changed

3rd WHY: The water filter was not inspected on a regular basis and repaired and or replaced (if required).

4th WHY: The water filter was not maintained according to the recommended service schedule.

5th WHY and the Root Cause: The regular water filter maintenance was not in the maintenance system. It was upon request by the department in case of any discoloration.

The recommendations:

- 1- Identify the biomedical machines connected to the water filter in all hospital departments.
- 2- Include a checklist for water filters in all hospital departments and clinics that contain water filters for purifying sediments, and ensure that the maintenance employee conducts a monthly inspection of all filters to ensure their cleanliness, maintenance, and replacement if necessary. (attached)
- 3- The biomedical engineer department will be the responsible to do monthly round to make sure the maintenance departments will be committed to the inspection criteria.

Ms. Kristina Corazon Marcelino
Biomedical Secretary

Mr. Edmon Ealdama
Safety Officer

Tareq Mansour
Quality Director

Ms. Marlene Hassan
Infection Control Practitioner

Ms. Christina Cueva
Nursing Director

Date: 3/6/2025

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LIST OF MACHINES CONNECTED TO WATER FILTER

	ENT DEPARTMENT
1	ENT WORKSTATION
2	ENT WORK STATION
3	ENT WORKSTATION
4	ENT WORKSTATION


	CSSD DEPARTMENT
1	AUTOCLAVE MACHINE
2	AUTOCLAVE MACHINE
3	WASHER DISINFECTOR
4	WASHER DISINFECTOR

	ENDOSCOPY DEPARTMENT
1	ENDOSCOPE WASHER

	LABORATORY DEPARTMENT
1	MILLIPORE

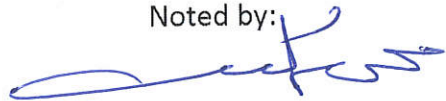
	LAUNDRY DEPARTMENT
1	WASHING MACHINE
2	WASHING MACHINE
3	WASHING MACHINE
4	WASHING MACHINE

Prepared by:


Engr. Jince Cherian
Biomedical Engineer

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Noted by:


Dr. Mahmoud El Badri
Accreditation Chairperson

Monthly biomedical machine connected to the water filter inspection list

Department / Clinic / Area: Total no of water filters:

No	Date	Time	Name	Signature	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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