

EXCEPTION REPORT

DATE _____ YOUR NAME _____

Use this form to report incidents that constitute exceptions to the policies, procedures and protocols established or proposed for the Apollonia Dental Centers. Route this form to the Professional Director or the Operations Director via your Team Captain or your Team Coordinator.

TYPE OF INCIDENT REPORTED: Clinical Exception Clinical Support Exception Administrative Exception

INCIDENT

BRIEF DESCRIPTION OF THE EXCEPTION: _____

HOW DID THIS INCIDENT RISK OR IMPACT PATIENT CARE: _____

HOW DID THIS INCIDENT RISK OR DAMAGE PATIENT RELATIONS: _____

HOW DID THIS INCIDENT RISK OR CAUSE FINANCIAL LOSS: _____

RESPONSE

WHO FIRST DISCOVERED THE EXCEPTION? _____

WHAT REMEDIAL ACTIONS WERE TAKEN? _____

HOW WELL WAS THIS SITUATION HANDLED? _____

RECOMMENDATION

WHAT DO YOU THINK WOULD PREVENT THIS FROM HAPPENING AGAIN? _____

EXCEPTION REVIEWED BY: Operations Director Professional Director

- Exception not likely to recur – no action recommended
- Exception fits a pattern that may recur – warrants a mention at next CANI meeting
- Exception is likely to recur and is covered by an existing Agreement – Agreement to be reinforced at next CANI meeting
- Exception is likely to recur and is a Point Demanding Agreement – Agreement to be developed at next CANI meeting
- Exception is a significant departure from and existing Agreement, and demands employee discipline

- Appropriate action taken on _____
- Exception Report Closed

Comments: