

QUICK SUBMIT  
CLEFT PALATE/  
CRANIOFACIAL  
SURGERY

Welcome to the WUSM Event Reporting System

To report your Patient Safety or Risk Management event, please complete the fields below. Fields marked with a green asterisk are required. To learn more, refer to the [Tutorial on How to Report an Event](#).

Please do not make any references to this ERS submission in the patient's medical record.

For help with ERS, please call or email WUSM Patient Safety: [Robin Wolman](#) at 314-747-6388

For help with a Risk Management event, please call or email WUSM Risk Management: [Meg O'Neill](#) at 314-362-4686

QUICK SUBMISSION

General Event Type \* SURGERY/PROCEDURE \*

Classification of Person Affected \* INPATIENT \*

Click the magnifying glass icon to look up the patient name.

WUSM MRN 10919927

Last Name \* ZTEST \*

First Name \* TESTPATIENT \*

DOB \* 02-10-2016

Attending Physician PATEL MD, KAMLESH

Event Date \* 08-07-2016

Always enter your home Department and Division - ask "Who am I?"

Site \* ST. LOUIS CHILDRENS HOSPITAL \*

Department \* SURGERY \*

Division \* SU PLASTIC SURGERY-PEDIATRIC \*

Location or Service PLASTIC SURGERY-PEDIATRIC

Specific Event Type \* return to OR during same admission \*

Type of Postop Complication Infection

Reported Event Severity \* 4-Severe Temporary Harm (additional procedure or surgery required) \*

Brief Factual Description \*

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