EBMT Frankfurt 2019

Case Submission Form for **Corrective and Preventive Actions** Session

Case submitted by:

|  |  |
| --- | --- |
| Name: |  |
| Hospital: |  |
| City & Country: |  |
| Contact email: |  |

Please describe the case, providing the critical information needed for discussion

|  |  |
| --- | --- |
| What motivated the need for action (see below)? |  |
| * For a donor selection case, describe the relevant donor history/test results)
* For an unforeseen event associated with procurement, processing, storage or distribution, describe what happened
* For an adverse occurrence to a recipient please provide: Who was harmed, time to detection, alerting signals, symptoms, evidence of occurrence, responsibilities
* Other
 |  |
| What essential resources were necessary to implement the CAPA? Consider human resources, technology, infrastructure, communication etc. |  |
| Were the actions taken at the start sufficient to ensure long-term impact OR were further measures required? If so, describe. |  |
| How have you continued to monitor the impact of the CAPAs after more than 12 months? |  |
| Approximate costs (if known)? |  |
| What were the key learning points? |  |
| In retrospect, what would you have done differently? |  |
| Where do you see your solution in 2-3 years’ time? |  |

Send the complete form to raquel.espada@ebmt.org