

FRANCES MAHON DEACONESS HOSPITAL
621 3rd Street South
Glasgow, MT 59230

POLICY AND PROCEDURE

DEPARTMENT: Risk Management

POLICY: RM-600

SUBJECT: Incident/Unusual Occurrence Reporting

PURPOSE:

To establish guidelines for reporting unusual occurrences such as injuries, falls, medication errors, and procedure or treatment errors which affect patients/residents or visitors and to communicate information to appropriate members of the facility regarding unusual occurrences which may require investigation and/or resolution.

RESPONSIBILITY:

- Risk Manager
- Organizational Wide

DEFINITION:

An unusual occurrence is a potentially significant incident or event which is inconsistent with the normal or expected operation of the facility or one in which the potential for injury is sufficient enough to be considered an unusual occurrence.

POLICY:

The objective of the occurrence reporting system is to communicate information to appropriate staff regarding unusual occurrences which may require investigation and/or resolution.

PROCEDURE:

1. Unusual occurrences will be immediately reported by the person or persons most directly involved or by those who observed or discovered the occurrence.
 - a. Staff must expedite the communication of unusual occurrences to the facility Risk Manager. Occurrences involving serious injuries or death must be communicated immediately, these are considered to be Sentinel Events, follow Sentinel Event policy (RM-630). In cases where medical equipment fails, follow the Safe Medical Device Act policy (EOC-550).
 - b. Reporting will be done using the Risk Master Web Form for all events involving a patient or visitor which are not consistent with the routine care of a patient, service of a department, or operation of the hospital. This form is located on the FMDH Home Drive: Risk Incident Reporting Form
 - c. The Fall Evaluation Form (this is a nursing intervention in Meditech and auto-prints to the Risk Manager) will be used to report inpatient falls and the circumstances related to these falls.
 - d. The employee involved in, observing, or discovering the unusual occurrence is responsible for initiating a report of the event. Incident reports should be

submitted within a 24-hour period remembering that an unusual occurrence which is of a sensitive or urgent nature will be reported verbally to an immediate supervisor and to the Risk Manager via the incident reporting system.

- e. Events which seriously impact the patient's care must be reported IMMEDIATELY upon discovery to the patient's physician or the on-call physician.
- f. The Incident report form will be completed legibly and objectively, without extraneous comment, personal opinion, or conjecture. (*See the following Incident Reporting Do's and Don'ts*)
- g. The department supervisor or director will assist the Risk Manager in conducting the follow-up investigations as needed.
- h. The information is confidential and duplication (for use outside of reporting procedure) of any incident report is prohibited.
- i. Employees will refrain from discussing any unusual occurrence with, or in the presence of, other employees, patients, visitors or with others outside the hospital without first receiving direction to do so from the Risk Manager.
- j. As necessary and appropriate, significant findings, conclusions, actions and recommendations will be communicated to the appropriate levels of the organization through established mechanisms.
 - i. All incidents are evaluated and reviewed by the Quality Assurance Committee (QAC) (a sub-committee of the Medical Executive Committee (MEC) of Medical Staff).
 - ii. Summary reports of the findings from the incident reports reviewed by the QAC are forwarded to the Environment of Care Committee (EOC).
 - iii. Any incident report that triggers a Root Cause Analysis (RCA) will be reported to the MEC and EOC.

REVIEW AND REVISION STATEMENT: Review of this document will occur every two years or sooner as necessary. Review will be initiated by the Risk Manager.

Incident Reports:

Key Risk Management Tools Quick Reference Card

Incident Reporting DOs:

Include demographic information related to the incident:

- To whom did the incident occur?
- Where did the incident occur?
- When did the incident occur?
- Who witnessed the incident?

The narrative documentation is to include:

- Only the objective facts in a brief summary that answer "what, why, and how."
- Witnesses' names, addresses, and telephone numbers.
- Pertinent facts regarding physical surroundings (for example, floor was wet or dry; area was dark or well lit).
- Any exact words in quotation marks and attributed to the correct person.

Describe response to the incident:

- Who assisted the person involved in the incident?
- Was a supervisor notified?
- Was a physician notified?
- What was the extent of the injury?
- Was the person involved in the incident transported? If so, how?
- What was the mental status of the person involved in the incident?

Incident Reporting DON'Ts:

- Make a subjective analysis.
- Make conclusions or apologies, assign blame, or include hearsay or opinion.
- Make photocopies of the incident report.
- Place a copy of the incident report in the patient's/resident's record.
- Make reference to the incident report in the patient's/resident's medical record.
- Discuss the incident with anyone other than your risk manager, quality manager, insurer, or legal counsel.