

DEPARTMENT: Risk Management

POLICY: RM-603

SUBJECT: Incident Investigation

PURPOSE:

To establish guidelines for investigating incidents; to aid in identifying and correcting contributing factors; and to enhance a safe and healthy environment for patients/residents; visitors and staff.

RESPONSIBILITY: Risk Manager and Organizational Wide

POLICY:

There shall be an ongoing program of incident investigation.

PROCEDURE:

1. Investigation Criteria: All incidents shall result in the generation of an incident report, which serves to initiate a minimal level of investigation by parties associated with the incident. The initial investigation is documented on the incident report, and the report is submitted to the facility risk manager. The risk manager will determine if an investigation beyond the initial incident report findings is warranted.
2. Investigation Initiation: An investigation may result from the review of incident reports or as occurrences are reported by patients, staff, visitors, or any other source. If it is determined that an investigation is necessary, the risk manager will assemble and advise all parties involved in the incident.
3. Investigation Process/Reporting/Documentation: The Risk Manager shall conduct the investigation in a timely and confidential manner following procedures and guidelines. Any recommendations resulting from the investigation shall be in writing. Any unsafe practices or conditions witnessed during the course of the investigation shall be immediately reported to the department manager where the incident occurred.
4. Upon completion of the investigation, the Risk Manager shall present findings to the Quality Assurance (a subcommittee of the Medical Staff Committee) Committee. The Risk Manager and/or Health Information Management Director shall maintain all documentation and information associated with the investigation.
5. Following the completion of the investigation and reporting to the Quality Assurance Committee (QAC), a summary report (not containing patient specific information) will be presented to the Environment of Care (EOC) committee. This report to the EOC from the QAC will contain plans for process improvement efforts (if applicable), as well as trend analysis of incidents.

REVIEW AND REVISION STATEMENT:

- This policy will be reviewed every two years or as necessary by the Risk Manager, CEO, and Board of Trustees.