

Hospital/Facility Policy

Policy no:
Pages:
Developed By:
Approved By:

Policy Origin Date:
Effective Date:
Revised:

Sample

TITLE: Incident Reporting Policy

PURPOSE:

1. To accurately document an incident and staff response to it
2. To provide a nonpunitive environment conducive to reporting
3. To use data to analyze safety issues and identify trends so improvement can be implemented
4. To provide education and feedback to clinicians and staff to prevent and reduce future incidents

DEFINITIONS:

An **incident** is any unusual event not consistent with the routine operations of the hospital and its staff, or the routine care of a patient/visitor. An injury does not necessarily have to occur to report an incident. Examples of occurrences include, but are not limited to, the following:

- An accident, with or without injury
- Any situation which may result in injury or potential liability. This includes environmental safety hazards.
- Any situation indicating negligent action or lack of action
- Thefts or property damage occurring on the premises
- Employee work performance issues that jeopardize patient safety
- Equipment problems that have or could have caused harm to a patient, staff or visitor

If the incident is a potential sentinel event, then follow the Sentinel Event policy.

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PROCEDURE:

1. **Who should report & when to report:** The employee who has the most knowledge about the event should complete an incident report at the time of the incident or immediately thereafter.
2. **How to report:**
 - a. Complete the designated incident report form of the hospital/facility.
 - b. Notify Risk Management and immediate supervisor or the house nursing supervisor (after hours) as soon as possible.
 - c. For patient incidents, document the incident and follow-up treatment in the medical record. **The incident report is a confidential document and not part of the medical record.**
3. **In-patient incidents:**
 - a. Have the patient be examined by his/her physician. In case of emergency, any available physician can examine the patient and confer with the attending.
 - b. Complete incident report
 - c. In the medical record, document the incident and follow-up treatment.
4. **Out-patient incidents:**
 - a. Contact the appropriate clinic at which the patient has an appointment.
 - b. Advise the nurse or physician of the incident and ascertain if the physician can see the patient. If so, complete an incident report to the clinic for further completion and follow-up. If the clinic can't see the patient, send him/her to the Emergency Department for follow-up along with the incident report for completion and follow-up.
5. **Visitor incidents:** If a visitor is involved in an incident:
 - a. Contact the Security department to take a statement, and photograph the area, as soon as possible, if the incident involves an injury.
 - b. Complete an incident report that includes the names of witnesses, contact information, and any other pertinent information.
 - c. If the visitor is injured, he/she should be encouraged to be treated in the Emergency Department.
 - d. Notify Risk Management of the incident.
6. **Staff incidents:** Follow the designated employee policy for handling worker incidents.

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7. **Miscellaneous Incidents:** This includes, but is not limited to, any safety hazards, such as environmental hazards or equipment malfunctions.
 - a. **Enviromental hazard:** Complete an incident report and notify Security, Maintenance, Housekeeping, Safety Officer, and Risk Manager as appropriate.
 - b. **Equipment malfunctions:** When a device causes or has the potential to cause patient injury, an incident report should be completed. If it is a medical device, the hospital's equipment identification number should be noted on the incident report. If patient injury is involved, Risk Management should be notified. Preserve the equipment for Risk Management investigation.
 8. **Risk Management duties:**
 - a. Review each incident report for accuracy, completeness, objectivity and severity
 - b. Investigate circumstances surrounding an incident and follow-up on corrective actions
 - c. Collaborate with appropriate clinicians and departments regarding the incident
 - d. Ensure all incident report record keeping systems are properly maintained
 - e. Produce quarterly and annual statistics and reports for review by the Medical Staff, Administration and Hospital Committees
 - f. Conduct internal and external reporting as required
 - g. Provide staff education on the incident reporting program and any follow up actions needed to improve patient safety from an incident.
 9. **Department Managers' duties:**
 - a. Review and ensure completion of all of the department's incident reports within 48 hours of occurrence
 - b. Cooperate fully with Risk Management/Patient Safety and Quality Improvement departments in preventing re-occurrences of similar type events

REFERENCES

Agency for Healthcare Research and Quality. "Chapter 4. Incident Reporting." Agency for Healthcare Research and Quality. " Chapter 4, Incident reporting." <http://www.ahrq.gov/clinic/ptsafety/chap4.htm>. Accessed May 2, 2012.

Joint Commission. *Joint Commission Standards Manual e-dition*. <https://e-dition.jcrinc.com> . Accessed May 2, 2012.

The sample policy is provided as a source of information and is to be modified to fit the needs of your medical practice. It is not intended as legal advice. If legal advice is required, please contact an attorney.