

INCIDENT REPORT FOR PATIENT AND VISITOR

POLICY: Incident report data (eFeedbackNOW and associated documents) are confidential and completed as a notification, data management, trending, and prioritization tool for Quality Improvement (including Risk Management) in patient care and staff and visitor safety.

PROCEDURE:

1. Definitions

- A. "Patient safety incident" is any unexpected event not related to the patient's underlying condition or cure, regardless of cause or outcome, which compromised a patient's safety.
- B. "Close call" is a patient safety incident that did not reach the patient and may also be referred to as a "near miss".

2. Responsibility for Reporting

Any staff who is aware that a patient safety incident, including a close call, has occurred should report it.

3. Scope of Incident Report

- A. The [incident report](#) includes data in the software application and associated documents. This tool is for reporting patient and visitor incidents, compliments, and environment of care safety incidents.
- B. eFeedbackNOW should not be used for the following occurrences that have separate forms and may have other software programs:
 - 1) Occupational illness or injury
 - 2) Security and Fire Safety events
- C. The incident report is to be used at all licensed sites of Children's Hospital and Regional Medical Center.

4. Notification and Handling of Incident Report

A. STAFF/PHYSICIAN INPUTTER

- 1) Incidents including close-calls are to be inputted via eFeedbackNOW weblink that is accessible on Children's network desktops, clinical workstations, and mobile units.
- 2) If the incident is "significant" as deemed by Children's or area criteria, staff should immediately notify the manager or supervisor. See "Sentinel and Serious Events" policy and procedure.
- 3) Complete data collection including follow-up action and electronically submit the incident report.

B. MANAGER/SUPERVISOR TRIAGER

- 1) Manager/supervisor should review the incident as soon as possible and perform immediate appropriate actions. See “Patient Incident/Injuries Follow-up” policy and procedure.
- 2) If a sentinel or serious event may have occurred, see “Sentinel or Serious Event” policy and procedure and follow the steps for notification and follow-up. Also notify the director and others per established area protocol for this and other incidents.

C. Respond Centerpoint FOLLOW-UPPER

- 1) Respond Centerpoint users should promptly ensure inputting, accuracy, and completeness of incident report data for their areas. Administrators and other designated users may access incident reports from their computers.
- 2) Deadline for completion of follow-up is thirty (30) days from when the incident was reported.
- 3) Quality Improvement Department is custodian of Children’s eFeedback NOW (Respond, Inc.) application suite.

D. ANALYSIS AND TRENDING

- 1) Each area or applicable committee reviews and follows a single incident or clusters of incidents on an ongoing and trending basis for analyses and actions. If a matter involves more than one area or committee, efforts should be collaborative. Each area or committee may compile data and produce custom reports on its incident experience as a part of its QI activities.
- 2) Searches are available real-time based on currently inputted data, and MEC and hospital committees (e.g., Blood Usage, Pharmacy & Therapeutics, Safety, etc.) are responsible for identifying elements and time-frames for reports that may be saved and printed from the system at any time.

5. Retention of Incident Report Data and Information

Incident report software data and any associated documents (electronic and paper) are retained for three (3) years. Information and documents may be retained for a longer period of time in select cases.

6. Confidentiality

- A. The statement of confidentiality of information for Children’s PI Program applies to this incident report subpart. Materials generated for QI review are not subject to subpoena or discovery proceedings or introduction into evidence pursuant to sections 4.24.250 and 70.41.200 of the Revised Code of Washington. See “Confidential and Protected Quality Improvement Information and Documents” policy and procedures.
- B. Photocopies of an incident report may be made for use in QI review. Staff, employees, and agents performing these review functions should sign Children’s QI Confidentiality Agreement and shall maintain the confidentiality of all QI documents including incident reports.

- C. Staff should not refer to the incident report in the patient's medical chart. Inputting of the report, however, is not a substitute for documentation of patient care follow-up in the medical chart.
- D. The incident report should not be made a part of an employee's Human Resources file or a Medical Staff member's credentials file. The incident, however, may be independently considered by managers and administrators for Staff Performance Evaluation or by Medical Department Directors for reappointment.

Submitted by: Risk Management; Quality Improvement
Reviewed by: Risk Management; Quality Improvement
Revised by: Risk Management; Quality Improvement; Jaleh Shafii; Helen Kurre
eFeedbackNOW team (Jaleh Shafii, project manager; Ann Nakamoto, David Stallings, co-leads)

APPROVED BY:

<u>Pat Hagan</u>	<u>11/21/2003</u>
COO	Date
<u>Rich Molteni MD</u>	
Chair, MEC	
<u>Susan Heath RN MN</u>	
Nurse Executive	

ORIGINATED: Repealed QMM Version of 11/18/94

REVIEWED: 9/25/96

REVISED: 6/17/97; 10/14/99; 11/02/01; 03/21/02; 08/16/02; 11/21/03

Additional Key Words: Improvement of Organization Performance; Performance Improvement; Adverse Event; Sentinel Event; Occurrence; Intensive Analysis; Root Cause Analysis; Peer Review; Medical Malpractice Prevention Program; MMI; St. Paul; ORYX; Patient Safety; Culture of Safety; Error Prevention; FMEA; Blame-Free; Non-Punitive; Respond; Agent; Centerpoint; Inputter; Triager; Follow-upper; Analyzer

