

CRAIG HOSPITAL POLICY/PROCEDURE	
Approved: DD 11/06; SC, CIC, MEC, P&P 1/07; CC, P&P 6/07; 05/10; DD, MEC 09/11 P&P 10/11, 09/12	Effective Date: 04/84
Attachments: A Incident Flow Chart	Revised Date: 06/03, 3/05; 06/05; 02/06; 12/06; 6/07, 05/10, 09/11, 09/12
Forms: RI24F – Incident Report Form PR12F – Disclosure Tracking Log Form	Reviewed Date: 03/04

SUBJECT: INCIDENT REPORTS AND REPORTING TO THE COLORADO DEPARTMENT OF HEALTH

RATIONALE: To provide a reporting system for occurrences which are hazardous or potentially hazardous to patients, employees or visitors at Craig Hospital, and to promote a safe environment and system of care. To maintain a log of patient complaints for analyses and trending. To report incidents as required by law to the Colorado Department of Public Health and Environment (CDPHE) Health Facilities and Emergency Services Division (HFEMSD).

SCOPE: All Staff

POLICY:

- I. **Criteria for Completion of Incident Reports**
 - A. Any occurrence that threatens the safety or well-being of patients or visitors, or which results in an injury to patients or visitors, must be reported on *Incident Report Form (RI24F)*. Such incidents may involve falls, Code Blue, medications, lab, medical imaging, elopement, equipment/device, safety, privacy and other/miscellaneous.
 - B. Any “near miss”, an event that would have constituted an unintended event in the system of care with potentially negative consequences to the patient, but which was intercepted at the point of patient care service before it actually reached the patient.
 - C. Any significant deviation from policies and procedures or the normal routine of the hospital that could adversely affect quality of patient care.
 - D. Any patient complaint that warranted follow-up by a department director will be entered into the incident report database. Unresolved complaints are forwarded to the patient representative or hospital administration per policy RI 26 Patient Concerns or Complaints.
- II. Certain incidents are required by law to be reported to the CDPHE/HFEMSD

within one business day. These incidents as defined below will be immediately reported to the Vice President of Clinical Services or Vice President of Patient Care Services to complete the report to the CDPHE/HFEMSD.

- III. Any employee that has concerns about the safety or quality of care provided a patient in the hospital may report these concerns to the Joint Commission (1-800-994-6610), the CDPHE, or other agencies. Hospital employees have the right to speak out on behalf of a patient’s safety without fear of disciplinary action, retaliation, or loss of employment.**

PROCEDURE:

I. Completion of the Incident Report

A. Staff member observing the incident/near miss will promptly complete all information on the electronic ***Incident Report Form (RI24F)*** found on the “Forms” section on the Craig Intranet site within 24 hours (unless immediate notification is required. (see II)). The form will be submitted to administration when the staff members clicks the submit button.

- 1. If a patient is involved, the physician and nurse are notified as appropriate and the physician’s name is so indicated on the form.
- 2. Check the incident or near miss box and then check appropriate category of event. If the incident or near miss type is not listed, report as “other” and describe the type of incident/near miss in the “other” category.
- 3. Provide a brief description of the incident, near miss or patient complaint. Be factual on what is reported. Do not include personal opinions, feelings or suspicions. Do not place blame.
- 4. Complete the summary of medical condition/outcome, rating the patient’s condition following the incident on the severity scale.
- 5. For patient complaints, summarize the follow-up activity under the outcome section.

B. The physician, or his/her designee, informs the patient, or when appropriate, the patient’s family, about the outcomes of care, including unanticipated outcomes, as soon as reasonably possible.

II. In order to efficiently report specific occurrences (incidents) and data as required by regulations of the CDPHE, all hospital departments and staff need to communicate to the Vice President of Clinical Services or Vice President of Patient Care Services immediately, and submit an electronic Incident Report (Form RI24F).

A. The following occurrences are reportable to the CDPHE/HFEMSD:

1. Any occurrence that results in the death of a patient or resident of the facility and is required to be reported to the coroner as arising from an unexplained cause or under suspicious circumstances;
2. Any occurrence that results in any of the following serious injuries to a patient or resident:
 - a. Brain or spinal cord injuries;
 - b. Life-threatening complications of anesthesia or life-threatening transfusion errors or reactions;
 - c. Second or third degree burns involving 20% or more of the body surface area of an adult patient or resident or 15% or more of the body surface area of a child patient or resident;
3. Missing Person: Any time that a resident or patient of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety, or welfare at risk or, regardless of whether such circumstances exist, the patient or resident has been missing for eight hours;
4. Any occurrence involving physical, sexual, or verbal abuse of a patient or resident by another patient, resident, or employee of the facility or a visitor to the facility; If the abuse meets the occurrence standard, it must also be reported to the police, also see RI 35 Victims of Abuse and Neglect for more specific procedures in this area;
5. Any occurrence involving neglect of patient or resident, also see RI 35 Victims of Abuse and Neglect for more specific procedures in this area;
6. Any occurrence involving misappropriation of a patient's or resident's property. For purposes of this policy, "misappropriation of a patient's or resident's property" means a pattern of or deliberately misplacing, exploiting, or wrongfully using, either temporarily or permanently, a patient's or resident's belongings or money without the patient's or resident's consent, also see RI 35 Victims of Abuse and Neglect for more specific procedures in this area;
7. Any occurrence in which drugs intended for use by patients or residents are diverted to use by other persons;
8. Any occurrence involving the malfunction or intentional or accidental misuse of patient or resident care equipment that occurs during treatment or diagnosis of a patient or resident and that significantly

adversely affects or, if not averted, would have significantly adversely affected a patient or resident of the facility.

- B. The Vice President of Clinical Services or Vice President of Patient Care Services or their designee is responsible for reporting to the CDPHE/HFEMSD Internet Portal www.cohfd-egov.com all above occurrences by the next business day after the occurrence or after the facility becomes aware of the occurrence.
 - C. If the internet portal is not available, the CDPHE/HFEMSD occurrence reporting line 303-692-2900 may be used. The occurrence report would then need to be submitted by internet once available.
- III. Any report to the CDPHE/HFEMSD, law enforcement, community agencies, programs/or individuals will be recorded in the Disclosure Tracking Log Form (PR12F) and follow the procedures in policy *PR 12 Release of Health Information that does not require a Patient Authorization – State and Federal Laws*. A copy of the Disclosure Form will be sent to Health Information Management Department.
- IV. Incident Report Data Base
- A. Access to the incident report/near miss data base will be provided to directors, designated supervisors and administrative personnel.
 - B. Data will be entered into the incident database by Administration or Administrative Assistant Personnel.
 - C. Administration or Administration Assistant will forward the form and associated number from the database to the Department Director/Supervisor.
 - D. The Department Director/Supervisor will complete necessary follow-up and enter a summary in the outcome section of the database. They will also complete any follow-up screens as needed.
 - E. Patient identifiers are removed from the Incident Report Database at 6 months.
 - F. Monthly, quarterly and annual summary reports of the incident categories will be provided and periodically reviewed in the Safety Committee, Nurse Practice Council (Cor 0) Patient Experience Committee (patient complaints) and Quality Council for trends and opportunities for improvement

Incident/Near Miss Occurs

RI 24

