CARROLL COUNTY MEMORIAL HOSPITAL
Risk Management Policy

SUBJECT: **Incident Reporting Patient/Guest**
Effective Date:
Revised Date:

PERTAINS TO: **All CCMH Employees**

Number:

PURPOSE:

To provide a mechanism whereby incidents are identified, rated by severity, and addressed in an efficient and effective manner.

POLICY:

A Confidential Incident Report will be completed promptly and accurately by any employee involved in or discovering an incident, or having an incident reported by a patient or visitor.

PROCEDURES:

1. A Confidential Incident Report will be completed prior to the end of the shift. In addition, information regarding the incident/event is reported to employee's supervisor.
2. Information included on the incident report should be statements of observable facts.
3. Follow the Incident Reporting/Notification (Appendix A) for details and time lines for staff and leadership reporting.
4. The Director of Quality reviews the incident and forwards the report to the Chief Nursing Officer.
5. The Chief Nursing Officer and Director of Quality reviews the incident report and investigates the incident. Findings and actions taken are then discussed within 72 hours of the incident.
6. The Chief Nursing Officer and Director of Quality evaluates the incident report according to type and severity.
7. All incidents involving restraints, all level 3 and 4 incidents (including Healthcare Acquired Infections such as C-Diff and MDROs) require completion of a Root Cause Analysis (refer to Root Cause Analysis policy)
8. The Director of Quality categorizes and trends reported incidents.
9. The Director of Quality records aggregate information on appropriate reports and presents at the Quality meetings.

10. For additional steps and guidelines refer to Incident Reporting/Notification (Appendix A).
11. Follow individual state regulations regarding serious adverse event reporting as appropriate.

Appendix A

Incident Reporting/Notification

Employee (involved in or witnessing the event, or receiving report from patient or family)

All actions occur during shift.

- Notify immediately
    - Clinical Supervisor (ex., charge nurse) immediately
    - If employee is an RN notify:
        - Physician of any injuries requiring more than first aid
        - Obtain appropriate orders for continued care of patient
- Complete the following sections of the Incident Report prior to the end of the shift
    - Name and medical record number of patient involved
    - Type (ex. ,inpatient, outpatient)
    - Gender
    - Age
    - Current Diagnosis
    - Event Date
    - Report Date
    - Time of Event
    - Nursing Unit the incident occurred on
    - Type of Event
    - Location of Event (ex., patient room, bathroom etc.)
    - Nature of Injury
    - Injury Severity
    - Orientation and safety
    - Description of Special Events
    - Brief description of the event with pertinent details (treatment, drug, device etc)
    - Witnesses signature (if applicable)
    - Time physician was notified
    - Medical/nursing findings
    - Name and Title of person preparing report
    - Supervisor Signature
    - Submit the Incident Report to the Clinical Supervisor (ex., charge nurse or director of department)
- Other actions
    - Sequester any equipment involved in the event
    - Assure medical record documentation is complete and accurate

Clinical Supervisor (Charge Nurse. Supervisor responsible for the unit at the time of the adverse event)

Actions to be taken during shift.

- If patient has sustained an injury requiring more than first aid:
  - notify Member of the Leadership Council immediately
  - assure that physician has been notified
  - if patient injured due to a fall, assure that patient's family have been notified
- If equipment was involved, sequester
- Ensure documentation is accurate and complete

Actions to be taken prior to the end of shift.

- Review the Incident Report for accuracy
- Begin investigation
- Submit Incident Report to the Director of Quality

Additional actions and follow-up.

- Cooperate with and participate in investigation of significant events as requested.

Director of Quality

Upon receipt of the completed Incident Report

- Review Incident Report for accuracy
  - Assign type of incident based upon information provided in the Incident Report
  - Assign level of injury based upon information provided on the Incident Report

Within 72 hours of receipt of Incident Report

- Investigate incidents
  - Review the medical record
  - Obtain follow-up information
- Update Incident Report follow-up information
- Initiate a Root Cause Analysis for all Level 4 incidents and Level 3 or 4 incidents involving a fall with injury

CEO

Notification of a reportable Incident (all level 4's, Level 3 Falls)

- Notify HSG and Legal Representative immediately of a Level 4 incident (see Appendix B)
- Notify HSG and Legal Representative within 24 hours of a Level 3 or Level 4 incident
- If employee is involved, notify Regional HR Director within 24 hours

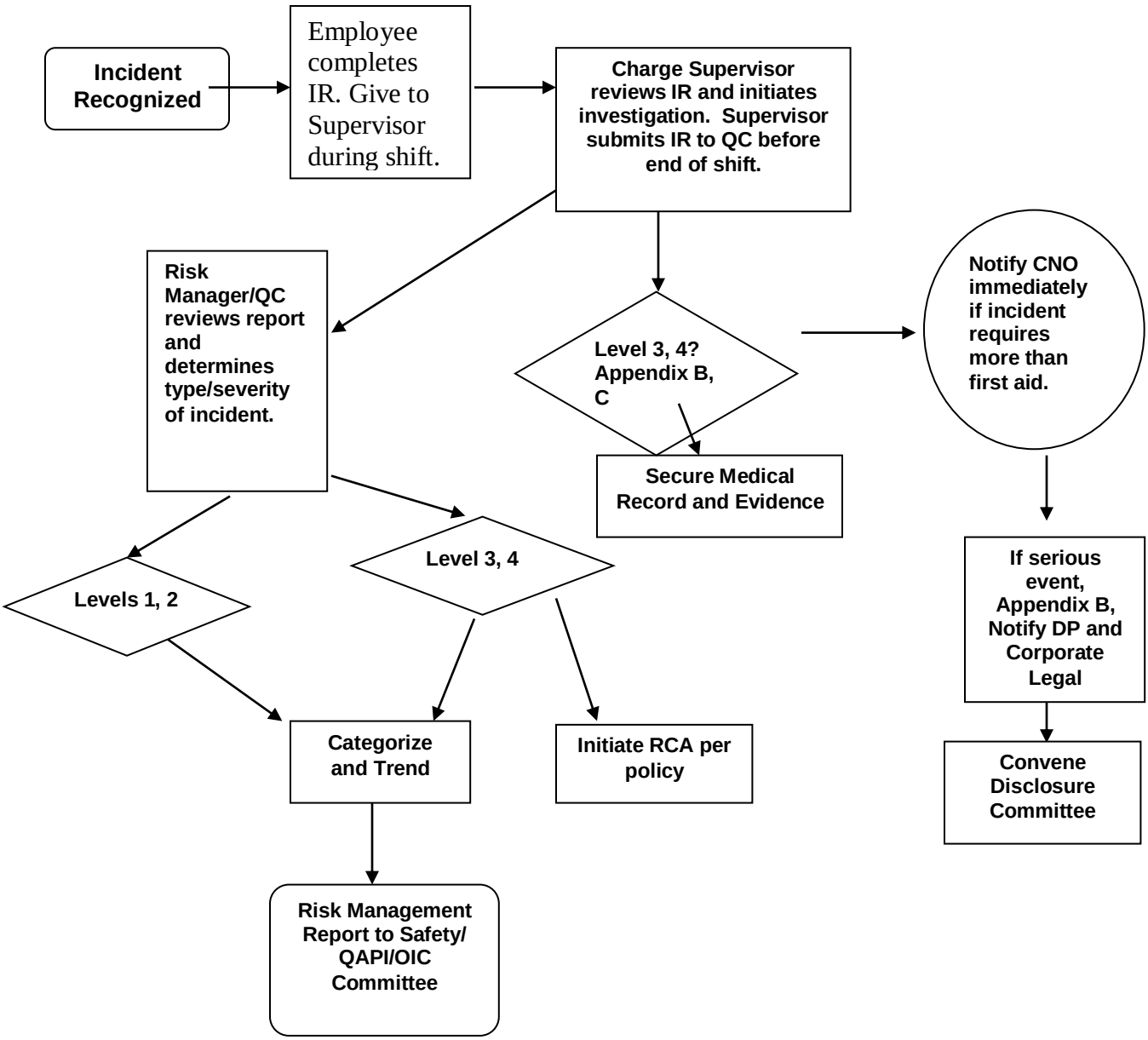
APPENDIX B

The incidents and events, which are listed below, shall be reported immediately by notifying the Chief Nursing Officer (CNO). The CNO will then notify the appropriate

Leadership team member (LTM) and the CEO. If the event occurs after business hours the CNO will be notified immediately.

1. Surgical Procedure on wrong patient, wrong site or wrong procedure performed.
2. Blood or bodily fluid exposure or incident related to HIV, ARC, or AIDS virus.
3. Foreign body retention.
4. Unanticipated kidney failure or septicemia.
5. Loss of hearing.
6. Loss of eyesight, including partial.
7. Cosmetic deformities.
8. Brain Damage.
9. Radiology and pathology interpretation different than initial diagnosis.
10. Burns.
11. Injury or death attributed to use of restraints.
12. Any event causing disability.
13. Severe internal injuries.
14. Fractures.
15. Amputation of any part of the body.
16. Unexpected death.
17. Unanticipated death or major permanent loss of function associated with a health care associated infection.
18. Loss of sensation.
19. Residual paralysis.
20. Unexpected active diagnosis of tuberculosis with associate exposure.
21. Health Care Acquired (Nosocomial) Wounds of a level 3 or 4. (This does not apply to a wound that has progressed from ma lower level)
22. Any incident in which a patient, family member or visitor of the premises (or any attorney on his or her behalf) threatens to pursue a claim or lawsuit or demands compensation.
23. Any incident in which prompt investigation by the hospital or its insurer would preserve evidence (i.e. product malfunction, vent failure, pulse oximeter alarm failure, Hoyer lift failures, physical conditions of the area in which a slip and fall takes place, etc.).
24. Any incident, which involves sexual misconduct of any sort or source involving patients or staff.
25. Any patient falls from bed, wheelchairs, restroom facilities, or otherwise that result in or have the potential to result in serious or permanent injury. You must include all diagnostic reports associated with post fall medical attention.
26. Any incident requiring the outside involvement of the local police or other federal or state agency.
27. Any incident which involves spinal cord injury or loss of any organ.

Appendix C


Incident Recognized
Employee completes IR. Give to Supervisor during shift.
Charge Supervisor reviews IR and initiates investigation. Supervisor submits IR to QC before end of shift.
Risk Manager/QC reviews report and determines type/severity of incident.
Level 3, 4? Appendix B, C
Notify CNO immediately if incident requires more than first aid.
Secure Medical Record and Evidence
Levels 1, 2
Level 3, 4
If serious event, Appendix B, Notify DP and Corporate Legal
Categorize and Trend
Initiate RCA per policy
Convene Disclosure Committee
Risk Management Report to Safety/ QAPI/OIC Committee