STANTON TERRITORIAL HEALTH AUTHORITY

POLICY/PROCEDURE

Category:	Incident Reporting	**PAGE NUMBER:**	1 of 3
Subject:	Reporting of Incidents	**DISTRIBUTION:**	Hospital Wide Manuals
CURRENT EFFECTIVE DATE: November 2013		**NEXT REVIEW DATE:**	November 2016

The success of the organization's risk management program is dependent on its sources of information. Information on the organization's risks is obtained from a variety of sources. The main source of risk management information in today's health care organizations continues to be incident reporting from front line staff.

SPECIAL POINTS

The individual witnessing or discovering the incident is the person responsible for completing the incident report. To respond effectively, the Unit/Departmental Manager must be made aware of the incident as soon as possible.

High Risk Incidents: There should be immediate telephone notification to the Quality/Risk Management Coordinator or Senior Manager On-Call (after hours) if an event involves significant injury to the patient or potential loss to the organization. **(Policy: I-0610 QRM: High Risk Incidents/Sentinel Events).**

DEFINITIONS:

High Risk Incident: A "high risk" incident is an event that causes or has the potential to cause an injury to a patient, volunteer, visitor, or student that:

- Involves unanticipated death or serious physical or psychological injury. Serious injuries specifically include loss of limb or function
- Requires immediate medical and/or administrative action to prevent further risks or similar incidents
- Involves legal or public relations implications

Examples of high risk incidents include, but are not limited to:

- suicide of a patient
- infant/child abduction from the organization
- physical assault
- blood transfusion involving the wrong blood product
- surgery on the wrong patient or body part

- missing patient
- missing medical records
- malfunctioning equipment causing negative patient outcome

Incident: An incident is defined as any event or circumstance not consistent with the routine operations of the organization or the safe and acceptable standards of patient care. An incident can be an error, an accident or a situation that could have, or has, resulted in an injury to a patient/visitor/volunteer/student or has caused damage to the facility's, or a third party's, property.

Near Miss: An event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death, or significant property damage, but did not actualize due to chance, corrective action, and/or timely intervention.

PROCEDURE:

1. This procedure pertains to patient/client incidents. Assess the patient/client following the discovery of an incident. Protect the patient/client/visitor from further injury.
2. Complete an assessment of the patient. Using discretion, notify the patient/client's attending physician during regular working hours or after hours should the patient's condition or situation warrant it. Describe the patient/client condition to the physician and obtain orders if required.
3. In the event that immediate attention to the patient/client is required and the attending physician cannot be reached, consult the Emergency Room Physician.
4. Notify the Unit/Departmental Manager, PCC if after hours, or designate of the incident by way of the incident report if there has been a minor injury or impairment in which the patient's function is altered temporarily.
5. Contact the Unit/Departmental Manager, PCC if after hours, or designate by phone of the incident immediately if there has been a major injury or impairment in which the patient's function is altered long term or permanently.
6. Before the end of the shift, the person witnessing or discovering the incident shall complete an incident report.
7. Complete the patient incident report using Risk Monitor Pro, patient incident reporting system. All **red** fields are mandatory, however reporting all information is best. Provide a factual description of the incident in the space provided for this. Document the facts of the event on the patient's chart.
8. Document the patient's condition and any nursing or physician assessments and interventions on the patient's chart. **Do not document** that an incident report has been

completed on the patient chart. The electronic incident reporting system will notify the Manager of the area that an incident has taken place once the incident has been submitted in Risk Monitor Pro (RMPRO ™).

9. Should the incident involve a child or person who is incapacitated, the Unit/Departmental Manager, PCC if after hours or designate, shall be contacted at the time of discovery of the incident in order that the family or next-of-kin can be notified.

Responsibility of the Manager or Designate:

1. Investigate and follow up each incident upon notification.
2. Should the incident involve a child or person who is incapacitated, the Unit/Departmental Manager, PCC if after hours or designate, shall be contacted at the time or discovery of the incident in order that the family or next-of-kin can be notified.
3. Contact the Quality/Risk Management Coordinator for input or assistance as required.
4. Complete the "Follow Up" section in RMPRO ™. This follow up is used to identify the problem, specify the action already taken, and recommend any corrective action and to include target dates for completion.

Responsibility of the Quality/Risk Management Coordinator:

1. Review all incident reports and the accompanying follow-up reports.
2. Discuss the incident with the Manager or designate if any clarification, further follow up, or further recommendations for corrective action(s) is necessary.
3. Report on a quarterly basis the statistics on all incidents to the Quality/Risk Management Committee, Patient Safety Committee, Departmental Managers and the Public Administrator.

DOCUMENTATION

All patient incidents are reported through the electronic incident reporting system, Risk Monitor Pro (RMPRO ™).

Reviewed and approved by AIDPCS NOV 7 2013
Chair, CPAC (Sign & Date)

Reviewed and approved by: Brenda Tilley NOV 7 2013
Chief Executive Officer (Sign & Date)