Incident Reporting and Management **Administrative Procedure # 775.A**

PURPOSE

To define the use of the UC Davis Health electronic Incident Reporting System and Internal Error tracking system for the department staff. To establish Department of Pathology and Laboratory Medicine standards and procedures for the review and reporting of errors and incidents to appropriate laboratory and hospital committees.

POLICY

Department of Pathology Laboratory Sections are required to identify, monitor, track, trend and provide corrective action plans for errors and incidents. Sections are required to document significant errors in the hospital incident reporting system. Sections will routinely discuss errors and incidents at their section and/or department meetings.

Department of Pathology utilizes two platforms for reporting and tracking incidents based on the severity and the involved parties:

- **RL Datix**, previously RL Solutions, is the Hospital electronic incident reporting system that is utilized to report any occurrence or near miss that may potentially or actually result in unanticipated injury, harm or loss to any patient, visitor, student, volunteer or employee. The incident report (IR) is not to be used as a disciplinary tool. An IR copy shall not be placed in a staff member's personnel file.
- **Pathology Error Tracking (PET)** Application is the tracking system used for tracking incidents that are internal and not necessarily requiring to be entered in the hospital electronic incident reporting system.

PROCEDURE

I. RL Datix (Previously RL Solutions)

A. Hospital incident reports should be written by laboratory personnel knowledgeable of the event and who have gone through incident report online training. Reports should be written as soon as possible after the event. The following types of laboratory events/occurrences should be documented in a hospital incident report:

1. Unlabeled or mislabeled specimen.
2. Significant delay in specimen testing or reporting of results (e.g. delay in reporting critical values, delay in testing CSF Gram stain).
3. Lost, damaged or unusable specimens (e.g. specimens left at PCN overnight due to courier error and too old for testing, specimen lost during transit from SESP to STC).
4. Reagent or supply recall after specimens have been resulted.
5. Transfusion Reactions (level of severity to be determined by Blood Bank Pathologist).
6. Serious errors resulting in or with potential to result in patient harm or potential harm (specimen collection error leading to patient admission to hospital or Emergency Room for evaluation/treatment).

7. Serious adverse and/or sentinel events.
8. Others as requested by department management.

B. Reporting an incident using the electronic incident reporting system:

1. Access the hospital electronic reporting system by typing "incident" at the address bar in Internet Explorer, click on the RL Datix/ RL Solutions icon on Citrix, or click on the RL Datix/ RL Solutions icon on your computer desktop or via web address below: http://intranet.ucdmc.ucdavis.edu/riskmanagement/Event_Reporting/index.shtml.
   a. All staff who are unfamiliar with the system should review the on-line tutorial. This tutorial can be accessed directly from the link noted above using Kerberos login.
2. Hospital incident reports are not to be used for the following events:
   a. Employee injuries (use Hospital Administrative Policy 1881: Workers' Compensation Policy).
   b. Employee exposures to blood or other potentially infectious materials (report vial Online Employee Exposure Reporting System)
   c. Department or interpersonal conflict (report to the department head or Human Resources); unless it meets the definition of workplace violence in UC Davis Health Administrative Policy 1616: Violence and Hate Incidents in the Workplace(select: "Safety/Security/Workplace Violence" on the icon wall in RL Datix, previously RL Solutions)
   d. Criminal activity that requires urgent Police response (see Police Reporting)
   e. Requests for emergency repair of medical equipment by Clinical Engineering (see UC Davis Health Administrative Policy 3359: Call-Back Clinical Engineering Services).
3. An incident report should include information necessary to give a complete picture of the problem, the involved party(ies) and list any immediate actions taken. The reporter should list the facts, should not place blame or fault, and should not use conjecture.

II. Pathology Error Tracker (PET) Application

A. Incident reports should be written by laboratory personnel knowledgeable of the event. Reports should be written as soon as possible after the event. This allows department to identify opportunities for improvement in laboratory processes/workflows. Below are examples of types of laboratory events/occurrences that should be documented:

1. Any incident internal to the department sections such as:
   i. Deviation from internal standard operating procedures/workflows that did not reach the patient.
   ii. Documentation of reagent related issues, equipment management, internal communication gaps.

B. Reporting an incident using the Pathology Error Tracker (PET) Application:
   1. Access the PET application using Citrix portal.
      b. All staff who are unfamiliar with the system should consult with their section supervisor. See Attachment 1 on how to enter an incident in PET.
   2. PET incident reports are not to be used for the following events:
      a. Employee injuries (use Hospital Administrative Policy 1881: Workers' Compensation Policy)
      b. Employee exposures to blood or other potentially infectious materials (report vial Online Employee Exposure Reporting System)
      c. Department or interpersonal conflict (report to the department head or Human Resources); unless it meets the definition of workplace violence in UC Davis Health Administrative Policy 1616 (select: "Safety/Security/Workplace Violence" on the icon wall in RL Datix, previously RL Solutions).
      d. Criminal activity that requires urgent Police response (see Police Reporting)
      e. Requests for emergency repair of medical equipment by Clinical Engineering (see UC Davis Health Administrative P&P 3359: Call-Back Clinical Engineering Services).
   3. An incident report should include information necessary to give a complete picture of the problem, the involved party(ies), list any immediate actions taken. The reporter should list the facts, should not place blame or fault, and should not use conjecture.

III. Reviewing an Incident Report (RL Datix)

1. Once the report is submitted, the appropriate Unit and Category Managers, Quality and Safety personnel, and/or Medical Directors will receive automatic alerts within one hour after the reporter submits the IR.
2. The Unit and/or Category Managers will review the report and forward to the appropriate supervisor for initial investigation. The Unit and/or Category Manager is responsible for ensuring the investigation is complete and accurate.
3. The Unit and/or Category Manager is responsible for completing the contributing factors and Outcome Actions taken.
4. The Category Manager is responsible for ensuring that all outcome actions are completed as stated. The Category Manager assigns severity and closes the report. Blood Bank department has additional Category Manager(s).
5. Unit managers and/or designee should complete an initial review of the Management Form as soon as practical but no later than three days.
   a. **The exception to this 3-day rule are certain events ranked as severe harm. These events must be responded to within 24-hours of detection. (Refer to Hospital Policy 1513)**

b. Severe harm events should be reported to Supervisor, Manager, Medical Directors, CLIA Laboratory Director and appropriate action must be initiated. (Refer to Hospital Administrative Policy 1513).

NOTE: In PET, incidents are reviewed and followed up by the respective section supervisors and/or the CLS specialists.

IV. Quality Improvement

1. The goal of reporting incidents/ nonconformance events/occurrences is to look at processes and identify systems that can be improved.
2. Laboratory sections work with Quality Assurance Specialists/Supervisor to establish processes for identifying, collecting and reporting errors and incidents.
3. The section supervisors, Quality Assurance Specialists, Quality Assurance Supervisor and Medical staff work together to identify, and initiate corrective and preventive actions plans to improve quality and prevent recurrence. Corrective action plans are implemented and monitored by section supervisors.
4. Section supervisors submit report to quality section for any quality improvement projects undertaken. Report format should include a brief summary of the problem, impact of problem, steps taken to correct the problem, results of any corrective action(s), and supporting documentation (e.g. charts and graphs before and after changes).
5. Staff are made aware of errors/occurrences in order to provide education, re-training and competency assessment as appropriate.
6. Quality Assurance tracks and trends hospital incident reports involving Department of Pathology and Laboratory Medicine.
7. Incident reports and adverse events are reported and discussed at the appropriate Pathology Quality Committees and hospital Quality and Safety Committees as necessary. Any trends noticed in non-conformance events are reviewed and discussed as well.
8. Department of Pathology also presents at Hospital Quality and Safety Hub at least annually and focus on significant department and hospital wide performance improvement projects.

REFERENCES

- UC Davis Health Administrative Policy 1440 Attachment: How to Conduct a Root Cause Analysis
- UC Davis Health Administrative Policy 1440 Attachment: RCA Instructions
- UC Davis Health Administrative Policy 1466: Incident Reports
- UC Davis Health Administrative Policy 1513: Reporting Serious Adverse Events and Provider-Preventable Conditions
- UC Davis Health Administrative Policy 1616: Violence and Hate Incidents in the Workplace
- The Joint Commission (TJC) National Patient Safety Goals (NPSG)

PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved Date	Approved by
7/94	G. Cooper	New	7/94	B. Andreos
11/96	C. Thibeau	Revised	11/96	E. Larkin
10/98	M. Mananquil	Revised	10/98	E. Larkin
10/99	V. Lumbang	Revised	10/99	E. Larkin
10/00	D. Wright	Revised	10/00	E. Larkin
10/01	D. Wright	Review	10/01	E. Larkin
10/02	D. Wright	Review	10/02	E. Larkin
10/03	D. Wright	Revised	10/03	E. Larkin
10/04	D. Wright	Revised	10/04	E. Larkin
10/05	D. Wright	Review	10/05	E. Larkin
9/06	D. Wright	Revised	9/06	Dr. Ralph Green
9/07	D. Wright	Revised	9/07	Dr. Ralph Green
4/08	D. Wright	Revised	4/08	Dr. Ralph Green
4/09	D. Wright	Reviewed	4/09	L. Howell
6/10	D. Wright	Revised	6/10	L. Howell
6/11	D. Wright	Revised	6/11	L. Howell
10/13	T. Cox	Revised: changed to RL Solutions	10/13	L. Howell
8/16	S. Okimura	Reviewed	08/16	L. Howell
07/18	N. Kaur	Revised: updated workflows	08/18	L. Howell Via OnBase
09/20	N. Kaur N. Sharma E. Karanja	Revised: Title, Added PET Application and instructions, updated name RL Datix, revised QA role. Merged and retired policy 762.A	9/20	L. Howell Via OnBase

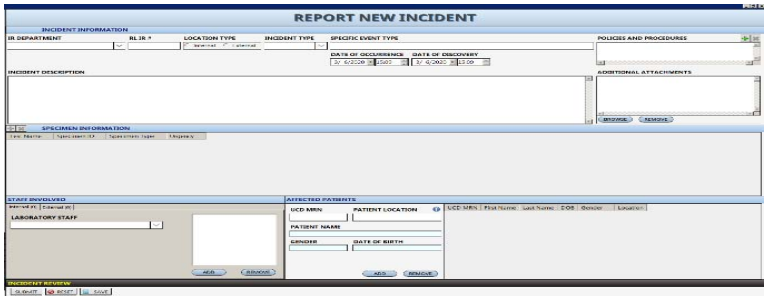
PET Training Document — Attachment 1

Report new incidents in PET using the following steps:

1. To access PET application, select **Citrix** and click on the **PET** icon:

PET

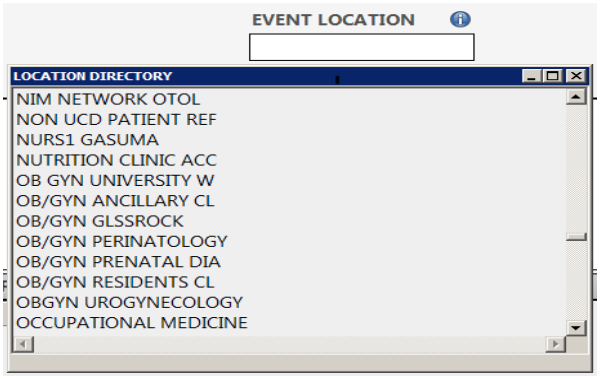
2. Click on **+ *New Incident*** to open the incident reporting page.



3. ***IR Department***: Select Department Section.

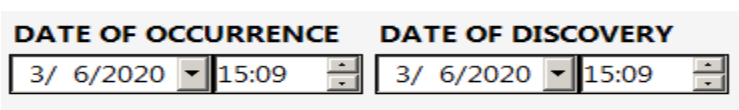
4. ***RL IR #*:** If applicable, enter the RL IR number obtained from submitting a hospital incident report using Hospital Reporting System.

5. ***Location Type:*** Click on Internal or External.
   a. ***External:*** Enter Event Location



6. Select incident type from the drop-down menu

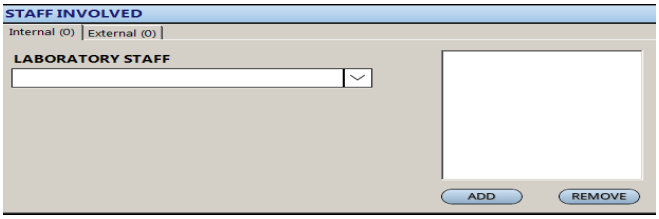
7. Enter ***Date of Occurrence*** and ***Date of Discovery***



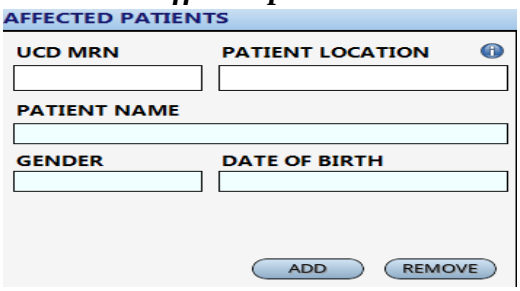
8. ***Incident Description:*** A free text area for user to report the event and any pertinent information. Be concise and to the point. If the event involves others, include their names so that they can be consulted. State the facts in a professional manner. Give a complete report from beginning to conclusion. This report will be reviewed by CLS Supervisor team, QA leadership and Medical Director. Reporter should just list the facts, should not place blame or fault, and should not use conjecture.

9. If applicable, insert ***Policies and Procedures*** and ***Attachments***

10. If applicable, enter names of ***internal or external staff*** involved



11. If applicable, enter information on ***affected patients***



12. ***Review*** incident and click ***Submit.***