

Holyoke Medical Center

CHAPTER: Improving Organization
Performance

POLICY # A6-004

SUBJECT: INCIDENT/OCCURRENCE – REPORTING OF

Page 1 of 2

Date Initiated: 10/31/90

Date Reviewed/Revised: 6/93, 5/06, 2/07, 10/07, 7/09, 7/10

Distribution: ALL HOLDERS OF ADMINISTRATIVE POLICY MANUAL

A. POLICY

It is the policy of the Holyoke Medical Center that all unusual occurrences and/or incidents, no matter how minor, be reported immediately. This would include any occurrence and/or incident involving patients or visitors. An incident is described as an event which is not consistent with the desired operations of the facility or care of patients. An occurrence is an unexpected patient medical intervention, an unexpected intensity of care change, or an unexpected healthcare impairment.

B. PURPOSE

To provide a mechanism where unusual occurrences and/or incidents will be documented immediately for any investigation and/or response that would be necessary by hospital administration.

C. PROCEDURE

1. Patient and Visitor Incidents and/or Occurrences.

- a. Any alleged accident, incident or occurrence involving a patient or visitor should be reported by the employee who has the most knowledge of that incident or occurrence. The information should be reported through Holyoke Medical Center's Intranet, Unusual Occurrence/Incident Report database within 24 hours. The incident should be reported to the Department's on-duty Supervisor/Clinical Coordinator for immediate supervisor follow-up and action, utilizing the Risk Management Follow-Up section of the database.
- b. Risk Management will review and, when necessary, request the Department Manager and/or Clinical Supervisor to investigate the occurrence and record their findings in the database. This follow up information should reach the Risk Management Department within five (5) days of the occurrence.
- c. **THE RISK MANAGEMENT DEPARTMENT MUST BE NOTIFIED IMMEDIATELY OF ALL INCIDENTS AND OCCURRENCES THAT RESULT IN SERIOUS INJURY OR HARM. THE ADMINISTRATOR ON DUTY (AOD) MUST BE NOTIFIED WHENEVER THE RISK MANAGEMENT DEPARTMENT IS CLOSED. PLEASE SEE "GUIDELINES FOR REQUIRED REPORTING OF SERIOUS INCIDENTS TO REGULATORY AND ACCREDITATION AGENCIES" (Policy #A6-005).**

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2. Risk Management Procedure for Handling Incident/Occurrence Reports

- a. When an Incident/Occurrence Report is received by Risk Management, it will be reviewed on that day by a member of the Risk Management Department.
- b. Any incident or occurrence that resulted in any potential or actual harm to a patient will result in an immediate review as directed by the Risk Management Department.
- c. Any Incident/Occurrence Report received needing a supervisory follow-up will be forwarded via email to the appropriate department head and/or designee for follow-up and corrective action. Instructions for follow-up will be included in the email as directed by the Risk Management Department.
- d. Any Incident/Occurrence Report that indicates patient injury and/or breach in hospital procedure or system will require a more in-depth investigation. A corrective action plan may be developed and implemented as deemed necessary and appropriate by the findings. The investigation and improvement planning will be conducted under the direction of the Risk Management department in conjunction with appropriate clinical staff.
- e. Incident/Occurrence reports will be reviewed by the Risk Management Department and/or Quality Improvement Department for trends with information being shared with the appropriate Vice President, department manager and Patient Safety Committee for review.

D. SPECIAL CONSIDERATIONS

It is most important that any accident, incident or unusual occurrence be documented immediately and fully. Full and immediate documentation allows for any investigation by hospital administration and/or an involved insurance company to occur while the facts are fresh in the memory of the individuals involved in the incident.