UW Medicine - Pathology

100-05-01-15

Incident Reporting Policy

Adopted Date: 10/18/07 Revision Date: 5/20/13

PURPOSE

To ensure that all adverse and/or potential incidents/events that may occur to either patient material or personnel are reported using the UW Medicine incident reporting system (PSN) or The Lab Information System (PowerPath).

SCOPE

For all staff, residents/fellows, and faculty.

POLICY

Incident/accident Reporting:

Incident/accident reports or quality assurance reports are used to document any unusual incident of injury/accident involving an employee or a patient. It is our opportunity to report to our department and/or to the appropriate risk management, situations that could be potentially harmful to good patient care. All Pathology faculty, residents/fellows, and staff are expected to promptly report adverse events/incidents and potential events/incidents. All Pathology faculty, residents/fellows, and staff may also report issues and complaints to CAP if they have a concern not addressed by laboratory management. The department and/or organization is strictly prohibited from harassing or taking punitive action against an employee in response to a complaint or concern made to CAP or other regulatroy organization regarding laboratory quality or safety. (refer to Admin policy: http://www.washington.edu/admin/rules/policies/PO/EO31.html

All incidents may be reported within the UW Medicine PSN System. Users unfamiliar with accessing the PSN application should notify their supervisor or immediate direct report.

- Event indicators which require entry to Patient Safety Net may include but may not be limited to:
  - Employee Injury
  - Mislabeled specimens
  - Security issues
  - Hazardous substance spills
  - Damage to hospital/lab property
  - Safety issues
  - Quality issues
  - Other indicators may be reported using this form at the discretion of the individual division directors or supervisors
  - Specimen integrity (contaminated, wrong collection container, etc.)
  - Lost/delayed specimens
  - Procedure not performed when requested on requisition

- Laboratory results reported in error
- Communication challenges
- Testing requested inappropriate (duplicate order, wrong test ordered, etc.)

➢ Event indicators which require entry into Powerpath under the Specimen Adequacy Recorded located in the Req Data Tab. include but may not be limited to:

- Specimens submitted with deficient request information
- Intra- laboratory errors

All incidents/accidents must be reported to the supervisor or direct report immediately. Incidents that place employee or patient safety at risk are to be reported to hospital administration for proper corrective action.

PSNs are reviewed by faculty and/or Lab Directors monthly. Incidents with a University HealthSystems Consortium (UHC) harm score of ≥4 are expedited for immediate director review.

A UHC harm score of 4 is defined as an event having reached the patient, resulting in mild and transient anxiety or pain or physical discomfort without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing including phlebotomy, and/or imaging studies). Distress/inconvenience since discovery and/or expected in future as a direct result of event

UWMC Pathology Chief of Service:
(Signature and Date)

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Kim Simmons 6/2011