FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
<u>ADMINISTRATION</u>

FLOYD ℠

TITLE: Patient Incident Reporting Using On-Line rL Solutions	Policy No.: AD-03-005
Purpose: To provide instructions for the completion of confidential on-line reports of incidents involving patients, and patient care delivery within the Floyd Health System.	**Developed Date:** 6/96 **Review Date:** 7/2000 **Revised Date:** 11/96, 7/00, 4/03, 10/03, 2/08, 5/09, 3/12, 10/14, 2/19 **Review Responsibility:** Risk Manager, Accreditation/Compliance Coordinator, Safety Officer, Director of Quality Management, Director of Pharmacy, EOC Committee, Executive VP; Chief of Patient Services, Legal Counsel
Reference Standards and Performance Guidance: The Joint Commission Standards:	

Policy:

All clinical employees are expected and encouraged to report unusual or unexpected incidents that may occur in the course of patient care delivery within the FLOYD Health System. Incident reporting is an internal patient safety activity that allows the FLOYD Health System to perform more extensive reviews of reported incidents and to track and trend reported issues to identify opportunities for improving future care delivery. Incident reporting should be performed as outlined in the following procedures.

FLOYD Health System performs incident reporting within its Patient Safety Evaluation System for submission to a patient safety organization (PSO) in accordance with federal Patient Safety and Quality Improvement Act of 2005. Under this federal law all incident reports are considered confidential and privileged to the FLOYD Health System.

Incident reports generated pursuant to the policy are part of FLOYD's Health System's overall Peer Review and Quality Assurance Process and are thus confidential and exempt from disclosure to third parties.

Implementation:

For purposes of this policy, the following outlines the types of incidents that should be reported using the procedure outlined in this policy.

- ♦ patient falls
- ♦ any occurrence which appears to be inconsistent with the routine operation of the hospital
- ♦ incidents that appear inconsistent with the routine patient care delivery
- ♦ unanticipated incidents that results in a transfer to a higher level of care or extended length of stay

- ♦ equipment failures
- ♦ infection control and prevention concerns
- ♦ blood transfusion related occurrences
- ♦ sudden onset of any unexpected medical condition, i.e., cardiac arrest, loss of consciousness, seizure, etc.)
- ♦ any incident a physician asks to be reported
- ♦ medication incidents, as further explained below
    - ♦ medication incidents include errors that reach the patient as well as "close calls," when an error is caught before a medication is administered to a patient.
- ♦ Medication instances include the following scenarios:
    - ♦ Adverse drug reactions
    - ♦ Medications administered or directed to the
    - ♦ Wrong patient
    - ♦ In a wrong dose
    - ♦ For the wrong medication
    - ♦ At the wrong time
    - ♦ Using a wrong route or protocol
- ♦ Medications not administered according to orders
- ♦ Medication administered to a patient who has stated an allergy to that drug
- ♦ Medications administered that was not ordered by a physician

Procedure

ACTIONS	KEY POINTS
1. Use the rL-Solutions incident reporting tool for incidents involving patient care delivery.	1. FLOYD protocols require the on-line incident reporting tool from rL Solutions to be utilized for incidents involving FLOYD visitors and employees. The icon is accessed on the employee's computer desk top or on Greenlink @ Employee Toolbox; Safety & Incident Reporting.
2. An employee witnessing (or becoming aware of an) incident should complete the on-line incident report as soon as possible and no later than the end of the employee's shift. a. Reports should state facts ~ not opinions b. Reports should not speculate or analyzed the incident c. Reports are used for safety and quality purposes, so do not offer comments on administrative issues, such as medical expenses.	2. ♦ Reporter clicks on the "Incidents" icon on desk top and enters the following information: ♦ User ID: Enter employee # (do not include leading zero's) ♦ Password is the word "password" ♦ Complete all fields in the tool ♦ Click the submit button
3. The attending physician should be notified immediately if the incident is viewed by the reporter as severe. As a quick guide, an incident is "severe" if harm to a patient has occurred or is likely to occur.	3. Notification should be made by the appropriate licensed personnel.
4. If the incident involves a medication error that reaches the patient, the reporter shall notify the attending physician immediately.	4. Notification should be made by the appropriate licensed personnel.
5. After the attending physician is notified of a severe incident, the reporter shall notify the Administrator on call and the Risk Manager immediately.	
6. The Quality Management Director, Safety Officer, and Risk Manager shall have access to incident reports ad will review submitted reports periodically.	6. Oversight by these persons seeks to assure that incident reports may be considered for further review through appropriate safety and quality reviews.

ACTIONS	KEY POINTS
7. Managers shall have access to incident reports applicable to their unit/department and will review submitted reports and performs follow up that may be helpful or necessary.	7. Managers are responsible for documenting follow up actions in the appropriate area of the on-line incident report.
8. Incident reporting is a non-punitive patient safety activity and employees are encouraged to report incident in accordance with this policy.	
9. **ACCESS TO INCIDENT REPORTS IS CONFIDENTAL and RESTRICTED to only those persons or committees authorized by this policy to access submitted incident reports.**	9. Data from incident reporting is used for a variety of patient safety and quality improvement activities, including trending and analyses to identify Performance Improvement (PI) opportunities within the FLOYD Health System.