

Incident Reporting Policy

1. Incident Reporting Policy Purpose

- To provide a mechanism to document and report possible adverse patient or visitor events so that health care can be continually improved. This policy includes adverse events, close calls, incidents, and intentional unsafe actions.

2. Definitions from UMHS Incident Reporting policy

<http://www.med.umich.edu/i/policies/umh/03-07-001.htm>

- **Adverse event:** an event that has resulted in patient injury
- **Close call:** an event that could have resulted in patient injury, but did not (either by chance or by intervention).
- **Incident:** Any event which is not consistent with the desired, normal or usual operation of the hospital, department, or medical center. An injury does not have to occur for a report to be filed.
- **Intentional Unsafe Action:** Intentional unsafe acts, as they pertain to patients, are any incidents that result from: a criminal act; a purposefully unsafe act; and act related to alcohol or substance abuse, impaired provider/staff; or events involving alleged or suspected patient abuse of any kind. **Intentional unsafe acts must be reported immediately and will be dealt with through avenues other than those defined in the Patient Safety Reporting System.**

3. Incident Reporting Policy Standards

- Every incident involving patients and visitors shall be reported either:
 - by telephone to Risk Management: 734-763-5456. Page # 1490 after 4:30 pm or on weekends or holidays
 - on the approved UMHHC Incident Form, or
 - through on-line reporting if on a pilot unit.
URL: <http://ummcrmwebp/rmweb3/riskweb3.dll/FrmLogin>
- All exceptions as approved by Risk Management staff. UMHHC shall maintain a current complete file of all reported incidents for analysis of aggregate trends in the Office of UMHHC Risk Management.
- Reporting of incidents shall not, in and of itself, subject staff to punitive or disciplinary actions.
- Incident reports and Risk Management contacts should not be included nor referenced in the patient's medical record. Objective facts shall be reported in the medical record as appropriate to the patient's treatment and diagnosis. Facts surrounding the incident shall be discussed with the patient as appropriate by designated treating staff.

- All copies of the incident form shall be retained in the Office of UMHHC Risk Management. Incident reports are confidential and non-discoverable to the extent provided by law for quality improvement efforts. Incident forms shall not be copied, photocopied, retained by individuals or given to patients/legal representatives.
- UMHHC Risk Management and QI shall analyze and categorize all such reports for quality improvement purposes.

4. Incident Reporting Policy Procedure

- **Employees, Students, or Volunteers** on observing or discovering a potentially injurious incident, do the following:
 1. Take appropriate corrective action or supervisor/appropriate staff to address immediate safety/operational/treatment issues, as specified in Unit policy.
 - a. Ordering error:
 - i. if results have been completed follow Changing Verified Results policy
 - ii. if results have not been completed, place order for correct test in PathNet and result test; cancel incorrect order with appropriate cancel reason/footnote.
 - b. Specimen processing error:
 - i. if results have been completed, follow Changing Verified Results policy
 - ii. if results have not been completed, repeat test with available specimen. If there is not enough sample, check to see if another sample from same collection date/time was collected and contact lab to possibly share specimen. If no other sample available, contact ordering physician to notify of lab error and cancel test with appropriate cancel reason/footnote.
 - c. Analytical performance error:
 - i. see item b.
 - d. Lost specimen:
 - i. follow Specimen ID / transport policy
 - e. Mislabeled specimen:
 - i. follow Specimen ID / transport policy
 - f. Wrong test performed:
 - i. see item a.
 - g. Wrong patient:

- i. follow Specimen ID / transport policy
- h. Wrong ID:
 - i. follow Specimen ID / transport policy
- i. No ID:
 - i. follow Specimen ID / transport policy
- j. Delay in collecting time critical specimen:
 - i. Investigate complaint
- k. Lost image:
 - i. Investigate complaint
- l. Incorrect/no consent:
 - i. Investigate complaint
- m. Documentation problem:
 - i. Investigate complaint
- n. Mismatch in chart or medical record:
 - i. Investigate complaint

Applicable Policies on Pathology website:

[Changing Verified Results](#)
[Delayed Results Reporting](#)
[Specimen Identification](#)
[Transport of Specimens](#)

2. If medical equipment/product is involved in the incident, page Biomed Engineer through the Page Operator 24 hours/day, 7 days/week. Save all tubing, product packaging, syringes and other equipment that may be involved in an event.
3. Call UMHHC Risk Management within 24 hours if an injury has occurred (763-5456).
4. Complete Incident Report in duplicate as applicable to situation. Forward report to supervisor.
5. Forward a copy of the completed Incident Report through designated administrative channels to UMHHC Risk Management as soon as possible.

5. Incident Reporting Policy Roles and Responsibilities

- **Administrative Responsibilities**
 - **Supervisory Staff** in all locations.

1. Make Incident Report Form available to employees, students, and volunteers.
2. Orient employees, students and volunteers to policy and procedure for incidents.
- **Supervisor**
 1. Address immediate health/safety/operational issues as applicable to incident.
 2. Complete follow-up/additional comments section of additional comments section of Incident Report (on a copy).
 3. Explain in detail in this section any corrective actions taken since the event, and/or any follow-up that occurred.
 4. Give report to examining M.D. (if any) for comments, recommendations.
 5. Forward remaining copy of completed report directly to UMHHC Risk Management within 48 hours.
- **Administrative Managers**
 1. Analyze quantitative data supplied periodically by QI/MCRM and assume responsibility for instituting appropriate policy and procedural changes to address quality of care issues. Report changes to UMHHC Risk Management for information and forwarding to the QI Department.
 2. All medication related incident reports are reviewed by a member of the Pharmacy Department. All equipment related incident reports are reviewed by the SMDA Committee. All fall related incident reports are reviewed by the Aggregate Fall Group.
 3. Managers and supervisors will submit their investigation and follow-up/action steps to UMHHC Risk Management to be included in the system database.

6. Reportable Incident Examples <http://www.med.umich.edu/i/riskmgmt/incident/>

- **Blood/Blood Products** – errors in prescribing, processing, dispensing or administration (A/B/O reaction; storage of blood products; mislabeled blood product)
- **Care Service Coordination** – communication, coordination delay or failure (failure to respond to request for service or care; communication problems; discharge issues)
- **Diagnosis/Treatment** – wrong diagnosis or treatment; missed diagnosis; failure to assess patient

- **Diagnostic Test** – delayed result; lost image; wrong patient; wrong test
- **Environment** – problem with internal or external physical environment; equipment not specific to the patient (leaks, housekeeping issues, dust)
- **Fall** – individual makes contact with the ground or an object on the way to the ground (patient found on floor; unplanned lowering of patient to floor; observed fall)
- **ID/Documentation/Consent** – wrong ID; no ID; incorrect/no consent; documentation problem; mismatch in chart or medical record
- **Infection Control** – sharps issues; sterilization failures; equipment cleaning issues; PPE use; isolation failures; exposure to communicable disease
- **Lab Specimen/Test** – problem with ordering, preparation, and/or performance; results of a lab specimen/test (lost specimen, mislabeled specimen, wrong test)
- **Safety/Security/Conduct** – matters involving the safety and security of an individual, personal belongings/property, or the conduct of an individual (rape, abuse/assault, theft, weapons, drugs, threats, abduction, privacy/confidentiality breach)
- **Skin/Tissue** - skin/tissue trauma (phlebitis, rashes, pressure sores, ulcers)
- **Vascular Access Device** - complications of central, peripheral and PICC lines, infiltration, occlusion, phlebitis, device trauma/break/fracture

7. Reportable Near-Miss Examples

- Clarification of an illegible order prior to medication administration
- Pre-procedure correction of a wrong site surgery
- Pre-administration identification and correction of an incorrect PCA infusion rate
- Resolution of an MAR discrepancy prior to medication administration
- Intercepted pump programming device malfunction prior to medication delivery to the patient
- Delay in locating arrest equipment without resultant harm to the patient

References

Department of Pathology Policies and Procedures website:

<http://www.pathology.med.umich.edu/intra/policiesandprocedures.html>

UMHHC Policy 03-07-001 Incident Reporting

<http://www.med.umich.edu/i/policies/umh/03-07-001.htm>

Risk Management website:

<http://www.med.umich.edu/i/riskmgmt/index.htm>

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