MOUNT CARMEL
POLICY/PROCEDURE

SUBJECT: PATIENT AND VISITOR EVENT REPORTING
DEPARTMENT OVERSIGHT AND MAINTENANCE: Administrative

POLICY:
1.   Any patient or visitor incident not consistent with normal operations or which results in an unexpected outcome or bodily harm, or creates the potential risk of such, including near misses, will be reported via the Patient Safety Event Reporting System.

2.   The individual directly involved in, observing, or discovering the incident is responsible for initiating report in the Patient Safety Event Reporting System. The report must be submitted into the Patient Safety Event Reporting System prior to the end of the individual's shift.

3.   The department manager and director must review any assigned incidents within **5 business days** of receipt.
    *Higher level severity incidents as scored by the individual entering the incident at E – Event Occurred Causing Temporary Harm and Intervention or above must be reviewed within **72 hours**.*

    The department manager and director must complete investigation of the incident within **10 business days** of the event.

4.   When an incident involves actual or suspected serious harm or injury the department manager and Patient Safety Risk Officer are to be verbally notified and the notification documented in the Patient Safety Event Reporting System.

5.   The department manager is required to verbally escalate the incident involving actual or suspected serious harm or injury to a member of the site executive team defined as the Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer, to document the verbal escalation in the patient safety report follow up as well as refer the incident via the Patient Safety Event Reporting System to the member of the executive team.

6.   When an incident involves serious or suspected harm or injury related to a practitioner's practice and/or medical decision-making, the Patient Safety Risk Officer will verbally notify the Chief Medical Officer, document the verbal escalation in the patient safety report as well as refer to the Chief Medical Officers the incident via the Patient Safety Event Reporting System.

7.   Event reports are used to track and trend events to prevent recurrence or to proactively change processes within the organization.

DEFINITIONS:
Incident: Any event or outcome that is inconsistent with normal operations or expected outcome. Actual injury need not occur for an event to be considered an incident. The potential for injury is sufficient for an event to be considered an incident. An Incident

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may take place in the hospital or in areas under the management or control of Mount Carmel Health System.

Near Miss: Any event that is inconsistent with normal operations, policy or procedure that was caught or detected before it could reach the patient.

Significance: A harm score assigned to an event in the Patient Safety Event Reporting System.

*Harm***:** Death, temporary, or permanent impairment of body function or structure which requires an intervention. Intervention includes but is not limited to: monitoring, extended hospitalization, a change in the level of care, change in therapy, medical and surgical treatment. Significance of harm is scored in the Patient Safety Event Reporting System as follows:

Code	Description
A	Circumstances Or Events That Have The Capacity To Cause an Event
B1	An Event was Discovered Before Reaching Patient
B2	An Event was Discovered Before Reaching Pt Due to Active Recovery Efforts
C	Event Occurred That Reached the Patient, No Harm
D	Event Occurred Required Increased Monitoring, No Harm
E	Event Occurred Causing Temporary Harm & Intervention
F	Event Occurred Temp Harm & Prolonged Hospitalization
G	Event Occurred That Resulted In Permanent Patient Harm
H	Event Occurred That Resulted In A Near Death Event
I	Event Occurred That Resulted In Patient Death

*Event Reporting System***:** Electronic reporting system for incidents, concerns, and events involving patients, visitors, students, and vendors.

PROCEDURE FOR RESPONDING TO PATIENT INCIDENT:

1.	The patient's physician is to be notified as soon as possible, and not later than the end of an individual's shift for all incidents that impact patient outcome, or for which there is any risk for harm. The individual identifying the event or providing direct care for the patient is responsible for this notification. The patient's physician must be notified immediately of any medication errors, adverse drug reactions, or drug incompatibilities.

2.	The department manager and the Patient Safety Risk Officer shall be verbally notified as soon as possible when an incident occurs involving serious or suspected patient injury or harm. During off shifts, the administrative supervisor should be notified. If unsure if an event caused serious patient injury, contact the Patient Safety Risk Officer.

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3.   If any equipment or a device is believed to be involved in the event, retain, and remove equipment and device from service. Contact Clinical Engineering and tag the equipment for repair.

4.   If a piece of equipment is believed to be involved in an event of serious or suspected patient injury or harm, refer to the Safe Medical Device Reporting and Recall Management Policy.

5.   The individual directly involved in, observing, or discovering the incident is responsible for initiating a Patient Safety Event Reporting System report of the event. The Patient Safety Event Reporting System report must be submitted prior to the end of the individual's shift.
   a.   Reporter identification is optional.
   b.   The event report is not part of the medical record and is privileged, confidential, and protected from discovery by Ohio Revised Code 2305.24, 2305.25, 2305.252, 2305.253.
   c.   Document the event within the medical record using factual statements and opinions.
   d.   Do not mention in the medical record that an event report or any other type of incident report has been completed.

6.   Security is to be notified for issues of alleged abuse, criminal events, property damage/loss, or suspicious activities immediately. Refer to Administrative Policy: *Abuse – Investigation of Alleged Abuse or Alleged Criminal Activity by Associate, Volunteer, Physician.*

7.   Any requests for an incident report should be referred to the Patient Safety Risk Management department.

PROCEDURE FOR RESPONDING TO VISITOR INCIDENT:
1.   Hospital Sites: notify Security and House Supervisor. Emergency Department services may be offered to an injured visitor; however, no commitment should be made regarding payment for treatment services.

2.   Hospital Off-Sites: Notify your departmental manager. Emergency Department services may be offered to an injured visitor; however, no commitment should be made regarding payment for treatment services.

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REFERENCES
  Centers of Medicare/Medicaid Services: Conditions of Participation, A-0508, 482.25
  (b)(6), December 1, 2015
  MCHS Safety Management Plan
  Administrative Policy: "Serious Safety Event, *Sentinel Event, Serious Reportable Event*"
  Administrative Policy: "*Abuse – Investigation of Alleged Abuse or Alleged Criminal
  Activity by Associate, Volunteer, Physician*".
  Administrative Policy: "*Safe Medical Device Reporting & Recall Management*"
  The Joint Commission Standards: Performance Improvement
  Trinity Health EVENT REPORTING SYSTEM Training Guide Revised 5/2/18

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DEVELOPED BY: Patient Safety-Risk Management

ORIGINAL ISSUE DATE: MCSA 7/84; MCW 4/87; MCE 3/90

REVIEW/REVISION DATES: MCSA – 6/93, 5/97; MCW – 5/88, 10/89; MCE – 3/91,
  9/92, 3/93; 3/98* (combination of 2 facility policies); 2/00, 1/02, 1/04, 10/05, 1/06, 12/07,
  11/09, 10/11, 12/13, 7/16, 5/18, 1/19, 12/20, 5/22

REPLACES: Administrative P/P "VOICE: Incident or Occurrence Reporting"

REVIEWED BY: Administrative Policy Team   6/6/22

                 Holly Reardon   6/27/22
                 Regional Vice President Clinical Quality Management   Date

 APPROVAL FOR IMPLEMENTATION BY: Accreditation Council
DATE: via email vote   6/24/22