



RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-IPP-NSD-P016-(01)	
TITLE/DESCRIPTION: POLICY ON 24 – HR INCIDENT REPORT COMPLIANCE			
EFFECTIVE DATE: November 10, 2023	REVISION DUE: November 9, 2026	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 5
APPLIES TO: All Nursing Supervisors, Head Nurses, Nursing Service Division		POLICY TYPE: Internal	

PURPOSE:

1. Prioritize patient safety issues and resolve them in the soonest possible time.
2. Identify and address potential safety hazards promptly to ensure the well-being of our employees.
3. Keep management informed about day-to-day operations, enabling us to make informed decisions and allocate resources effectively.

DEFINITIONS:

INCIDENT REPORT – An incident report is a document used for documenting all untoward incidents, accidents, instances of near-miss and injuries sustained at work. Regardless of how minor an injury is, an incident report needs to be written and submitted to the total quality division (TQD) within 24 hours.

RESPONSIBILITY:

Head Nurse, Supervisor, Head of Operations, Nursing Director, VP-Chief Medical Officer

POLICY:

- Supervisors, head nurses, and managers are given the task of ensuring that all incidental reports within the 24-hr shift given to them are promptly escalated to the appropriate authorities regarding incidents such as:
 - a. Medication errors
 - b. Patient complaints
 - c. Defects and damages in patient rooms and all other hospital facilities.
 - d. Doctor's complaints
 - e. Sentinel events
 - f. Death
 - g. Other incidents occurring within the hospital premises during the shift.
- 1. The nurse supervisor during the night shift duty is tasked to gather and prepare the incidental reports accumulated from the previous shift of the day (6am-2pm and 2-10pm), the incidental report compliance form should also be filled out by the said nursing supervisor of the night shift. The filled out form will be forwarded to the VP of the Medical Affairs right after and a soft copy shall be sent out to the Medical Director and the Medical Nursing Director. Deadline for submission is at 8am after the end of the 10pm to 6am shift.
 - 1.1 Shifts that has no incident encountered or received shall be filled out and labeled with the



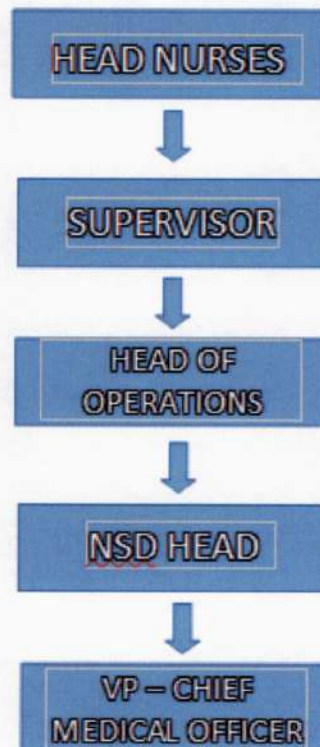


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word: **"NONE"**.

2. The institution's approved designated incidental form should be the only material used to document and report incidents.
 - 2.1 The Nursing Supervisor in charge should ensure that all incidental reports are accurately done with complete details including the date, time, location, and the individuals involved in the incident.
3. To the degree permitted by law, incident reports will be treated confidentially, and only those directly involved in the investigation and resolution process will have access to the material.

SUBMISSION PROCESS:





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COMPLIANCE AND IMPLEMENTATION:

1. The organization will monitor and review compliance with this policy on a regular basis, and will provide training and support as needed.
2. All workers will receive information about incident reporting processes and this policy during orientation and through monthly reminders.
3. The policy shall be reviewed from time to time or depending if its needed to further ensure of its effectiveness and relevance to the institution.





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PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: N/A
EQUIPMENT: N/A
REFERENCES: N/A





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APPROVAL:				
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Final Approved by:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		OCT 16 2023	

