 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-P13
	Effective Date:	05-31-2022
	Document Type:	Policy
	Page Number:	1 of 3
	Department/Section:	Nursing Service Department
	Document Title:	ACCIDENT/INCIDENT REPORTING

PURPOSE:


1. To report, record and investigate all work-related injuries or illnesses, accidents, near miss or dangerous occurrence on the premises, or any significant incident that happened during duty or working hours.
2. To provide a process for reported incidents/accidents for assessment, investigation and monitoring of planned corrective actions for the prevention and reduction of the risk of occurrence of these incidents/accident.

LEVEL:

Nursing Service Division (Department/Section/Unit)


POLICY:

- 1 All accidents, incidents or reported injuries shall be reported to establish a written record of factors causing the event, along with near misses for prompt investigation and to support corrective actions.
- 2 The report must be accurate, factual, complete, graphic and valid.
- 3 Incident report shall be written using the assigned template.
 - 3.1 For Staff Nurse (Incident Report)
 - 3.2 For Head Nurse/Nurse Supervisor(Anecdotal)
- 4 Incident Report shall be completed as soon as possible after the occurrence, but not later than 24hrs after the incident occurred.
- 5 Incident reports must be submitted with an Anecdotal Report prepared by the immediate head/supervisor.
 - 5.1 Details of the incident shall include the complete name of the person and staff, date and time the incident happened, and what were the initial remedial measures and actions taken, with date and time that the incident was elevated and referred to the immediate supervisor.

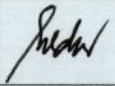
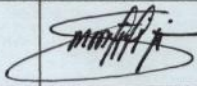


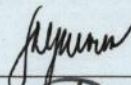

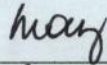
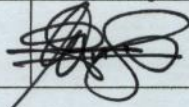
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	Effective Date:	05-31-2022
	Document Type:	Policy
	Page Number:	2 of 3
	Department/Section:	Nursing Service Department
	Document Title:	ACCIDENT/INCIDENT REPORTING


5.2 Date and time indicated in the report must be in a chronological order.

- 6 Incident Reports are considered confidential and must be endorsed to the authorized person only. Any incident with legal implications must be referred to the Client Relation Officer.

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	Effective Date:	05-31-2022
	Document Type:	Policy
	Page Number:	3 of 3
	Department/Section:	Nursing Service Department
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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHALAIN SOCORO L. DURAN, RN Nurse Manager for Operations		5/31/2022
Verified by:	RICHARD S. MONTILJAO, RN OIC Policy Development		5/31/2022
	HANNAH KHAY S. TREYES, RN MN Chief Nurse		06/02/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06/02/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN MAN Nursing Division Officer		06/02/22
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		6/3/22
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		6.13.22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/23/22

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-P13-S01
	Effective Date:	05-31-2022
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 3
	Department/Section:	Nursing Service Department
	Document Title:	ACCIDENT/INCIDENT REPORTING

PURPOSE:


To establish guidelines and reporting system for occurrences which are hazardous or potentially hazardous to patients, employees or clients at Dr. Pablo O. Torre Memorial Hospital (DPOTMH) to promote a safe environment and system of care.

SCOPE:

Nursing Service Division Personnel of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)


PROCEDURE:

1. The staff takes immediate action whenever an incident occurs.
2. The staff reports/ notifies immediate head/ supervisor of the incident/accident as soon as possible.
 - 2.1. Person refers the incident to resident on duty or Attending Physician if patient is involved.
3. Head/Supervisors/Managers conducts initial investigation regarding the incident/accident and develops corrective actions.
4. The staff documents the incident/accident and the process done.
 - 4.1. Head Nurse/ Supervisor follows up, checks and countersigns the written report.
 - a) Head Nurse- within office hours
 - b) Supervisor - after office hours
 - 4.2. Head Nurse/ Supervisors makes the anecdotal report
 - a) Head Nurse-within office hours

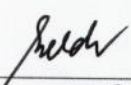



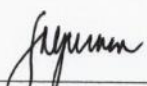

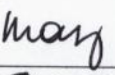
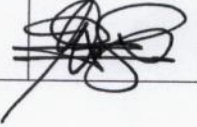
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	Effective Date:	05-31-2022
	Document Type:	Standard Operating Procedure
	Page Number:	2 of 3
	Department/Section:	Nursing Service Department
	Document Title:	ACCIDENT/INCIDENT REPORTING

b) Supervisor- after office hours

5. Clinical Manager for Operations and Head Nurse conduct root cause analysis together with the persons involved in the incident for documentation and final recommendation.

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	Effective Date:	05-31-2022
	Document Type:	Standard Operating Procedure
	Page Number:	3 of 3
	Department/Section:	Nursing Service Department
	Document Title:	ACCIDENT/INCIDENT REPORTING

APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations		5/19/2022
Verified by:	RICHARD S. MONTILIJAO, RN OIC Policy Development		5/20/2022
	HANNAH KHAY S. TREYES, RN MN Chief Nurse		06/02/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06/02/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN MAN Nursing Division Officer		06/2/22
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		6/9/22
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		6.13.22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/23/22




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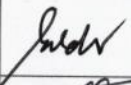



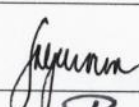

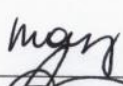
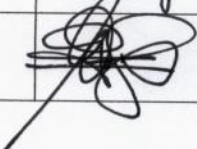
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Document Code:	DPOTMH-I-P13-WI01
Effective Date:	05-31-2022
Document Type:	Work Instruction
Page Number:	1 of 2
Department/Section:	Nursing Service Department
Document Title:	ACCIDENT/INCIDENT REPORTING

KEY TASKS	PERSON RESPONSIBLE
1. Takes immediate action whenever an incident to occurs.	Staff Nurse
2. Reports/ notifies immediate head/supervisor of the incident/accident as soon as possible.	
3. Documents the incident/accident and the process done.	
1. Conducts initial investigation regarding the incident/accident and develops corrective actions	Floor Supervisors/Nurse Manager for Operations
1. Conducts root cause analysis together with the persons involved in the incident for documentation and final recommendation	Nurse Manager for Operations
1. Conducts initial investigation regarding the incident/accident and develops corrective actions	Head Nurse
2. Conducts root cause analysis together with the persons involved in the incident for documentation and final recommendation	

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	Effective Date:	05-31-2022
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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHALAIN SOCORO L. DURAN, RN Nurse Manager for Operations		5/31/2022
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	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		6-13-22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/23/22

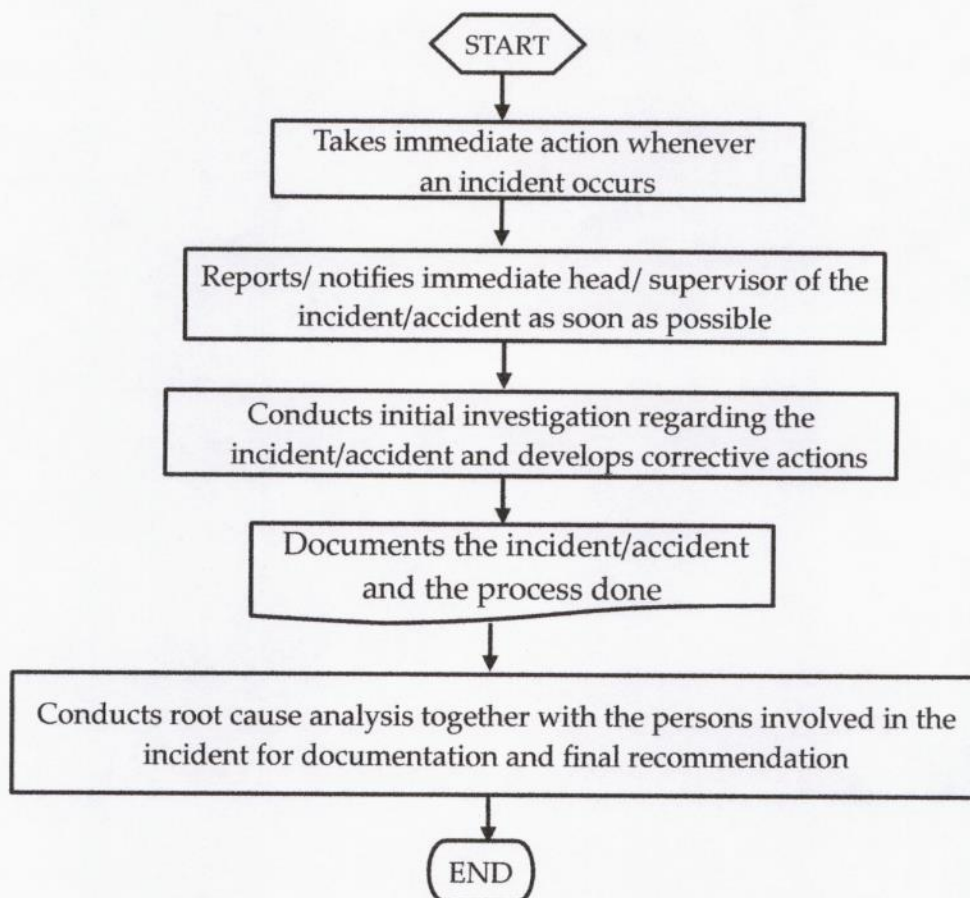



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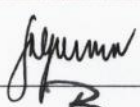

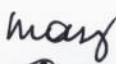
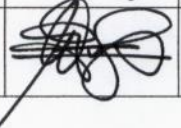
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Effective Date:	05-31-2022
Document Type:	Flowchart
Page Number:	1 of 2
Department/Section:	Nursing Service Department
Document Title:	ACCIDENT/INCIDENT REPORTING

FLOWCHART



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHALAIN SOCORO L. DURAN, RN Nurse Manager for Operations		5/19/2022
Verified by:	RICHARD S. MONTILIJAO, RN OIC Policy Development		5/26/2022
	HANNAH KHAY S. TREYES, RN MN Chief Nurse		06/02/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06/02/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN MAN Nursing Division Officer		06/2/2022
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		6/5/22
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		6-13-22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/23/22