 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive Bacolod City 6100</p>	DCN: HW – QP – 09
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## PURPOSE

1. To implement incident reporting and a documenting system in order to identify and provide notification of incidents or events that have occurred involving patients, visitors, staff, equipment, facilities or grounds which are likely to give rise to potential liability, or affect the quality of patient care, or affect safety in the health care facility.
2. To proactively prevent and reduce injuries to patients, clients, staff and visitors.
3. To allow the collection of incident data, which in turn allows the analysis of trends that may identify organizational, system and environmental problems. These problems may increase the likelihood of human error and produce circumstances where mistakes do occur. The early identification of such occurrences allows the facility to immediately investigate the circumstances of the incident, and if necessary, institute corrective action to prevent similar occurrences in the future.
4. Early warning of specific incidents allows the management and regulatory bodies to investigate the problem rapidly, collect witness statements while recollection is fresh, and collate any other relevant information for e.g., medical records, pathology, etc. The management is then in a position to learn effectively and improve service delivery to patients, clients, staff and visitors.

## LEVEL


DPOTMH and Riverside College (RC) Management and Staff

## SCOPE

This policy relates to all staff as well as anyone working on, or using, DPOTMH & RC premises where healthcare is carried out. DPOTMH & RC management must ensure there are clear incident reporting instructions at each location.

## POLICY STATEMENT

1. DPOTMH mandates that the institution must have an active incident reporting system (policy, procedure, process, forms, documentation, etc) in place.
2. The effective reporting and management of incidents at the College and Hospital are essential for the delivery of high quality, safe, patient care. This also ensures the health, safety and wellbeing of staff, contractors and visitors in the hospital.
3. The management emphasizes that incident reporting is a shared responsibility of all staff and is therefore part of every members role and responsibility, where mistakes and untoward occurrences are identified quickly and acted upon in a positive and constructive way.
4. Health care providers and other employees are required to report and complete a written report of the incident (must use a standardized incident reporting form, Appendix A) regarding any patient or visitor who, while within hospital jurisdiction and/or while on hospital premises, is involved in an occurrence which has caused or has

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the potential to cause injury or loss or damage to their personal property. This includes incidents where the possibility of injury existed although no injury was actually incurred and those incidents which are inconsistent with the routine care of a particular patient or routine operation of the hospital.

5. The incident reporting system must document that the following events involving patients, clients, staff and visitors are reported promptly and action taken as necessary.

5.1 Clinical Incidents

5.5 Personal Accidents &  
Dangerous Occurrences

5.9 Security Incidents

5.2 Medication Incidents

5.6 Radiation Incidents

5.10 Vehicle Incidents

5.3 Ill Health Incidents

5.7 Violence, Abuse &  
Harassment Incidents

5.11 Sentinel Events

5.4 Near Misses

5.8 Fire Incidents

5.12 Other Incidents


6. The key principles of the Incident Reporting should be:

- 6.1 To promote a system for the reporting, recording, investigation, analysis and evaluation of all near misses and incidents;
- 6.2 To improve the safety and quality of care through reporting, analyzing and learning from incidents involving patients, clients, staff and visitors.
- 6.3 To provide essential feedback to staff.
- 6.4 To ensure effective implementation of the policy and procedure.
- 6.5 To provide an overview of all incidents using analysis of data;
- 6.6 To provide effective reporting to the management and department heads, when requested (types of incidents, trends, outcomes of incident review etc.)
- 6.7 To minimize damage to the reputation or assets of the health care and college facility and its staff;
- 6.8 To foster open and honest communication with patients;

7. All staff are required to comply with this policy, and are directed to have an incident reporting system implemented immediately. Policy, procedure for incident reporting as well as complete documentation for each and every incident, with actions should be readily available for further investigation by DPOTMH and for audit and monitoring. Non compliance to this policy will result in disciplinary action from warning.


## PROCEDURE

1. The incident report form (Appendix A) should be completed not later than the end of the shift during which the incident occurred or was discovered to have occurred and must be forwarded to the appropriate Department Head or Nurse Supervisor within 24 hours.
2. All incidents involving visitors must be reported to the supervisor in the area where the incident occurred. A visitor who has sustained an injury while in the hospital should be escorted by a staff to the Emergency Department for medical attention. If the injured

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person refuses medical attention, he must sign a waiver and this must be noted on the Incident Report form.

3. The incident report form is an administrative document, not part of the medical record. The fact that a Report of Incident form has been completed should not be reflected in the medical record, nor should the report be placed in the medical record. In addition, no copies of the Report of Incident form may be made.
4. An objective description of the incident should be recorded in the medical record by both the medical and nursing staff along with any follow-up observations, diagnostic studies and results, and/or related treatment.
5. Report of incidents and or near misses should documented by using the same incident reporting system.
6. Management should have designated staff who will be responsible that the information (regarding the incident) is collated and trends produced. The recording of incident data is a confidential process therefore the document should be secured and ensure access to only those staff with approved access. Each incident should be reviewed by a designated committee who will provide advice and recommend corrective actions as and when necessary.
  - 6.1 The designated committee (i.e. Client Relations Head, VP Medical Affairs, VP Administrations, etc.) will analyze serious incidents and serious near misses will be investigated to see what lessons can be learned and put recommendations in place to reduce risk and improve systems.
  - 6.2 Review risk and safety management through objective-setting as well as development & appraisal methods, to ensure continuous improvement. This will benefit staff and lead to improved systems.
  - 6.3 Feedback on key issues will be available to the staff concerned and general feedback should be available for all staff members either on line, newsletter, bulletin, circular etc.
7. For any serious incidents the Management must be notified immediately this will alert the Administrator/ Top Management, to any action needed.
8. Whenever a patient or visitor is involved in an incident which is of an unusual or serious nature, management should seek legal advice immediately and if required notify appropriate Authorities: Police, Chief Security.
9. It is essential that all incidents and near misses are handled in a confidential manner to ensure that patients/clients and staff are supported and treated respectfully. The Hospital recommends that the staff be provided with the necessary education, training and support to enable them to meet this responsibility.
10. DPOTMH staff should also be aware that there will be a regular review of incident trends, categories of incidents, and actions taken by the management together with their department heads and designated committee.

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## RESPONSIBILITIES

### MANAGEMENT

1. Administrator/Executives/Director has overall responsibility for:
2. Formulating and implementing a policy for incident reporting and investigation which will be delegated to operational managers.
3. Monitoring procedures to ensure that incident investigations meet DPOTMH objectives and that any required follow up action is instigated.
4. Ensuring that the Incident Reporting Policy is implemented by directly employed staff;
5. Assessing any developments identified as a result of the reporting procedures that have resource implications
6. Ensuring that action is taken to reduce the risks identified.
7. Responsible for the safety of all patients, clients, directly employed staff and others including visitors. volunteers and contractors, who may be affected by the actions of their Directorate all directly employed staff in the Directorate are informed of the need to report incidents.
8. Initiating any investigations required following an incident.
9. Allocating sufficient resources for incident investigation and follow up.

### CLINICAL INSTRUCTORS/STAFF PGNP MENTORS


All clinical Leads are responsible for ensuring that:

1. There is accurate reporting of incidents which arise in the course of their clinical duties.
2. There is appropriate follow-up of incidents and recording of recommendations within their specialty.
3. Post Graduate Nursing Practice (PGNP) trainees and students under their supervision are instructed on the Incident Reporting Policy and Procedures.

### MANAGERS /SECTION HEADS/ /SUPERVISORS

Their responsibilities will be as follows:

1. Ensuring that their staff are aware of the importance of reporting incidents.
2. Recording and discussing events locally to ensure learning from incidents.
3. Making safe any area or equipment following an accident and retain equipment for inspection.
4. Ensuring where necessary protective clothing is worn.
5. Ensuring that all incidents within their sphere of responsibility are reported and recorded on the Incident Report form (.Appendix A)
6. Ensuring copies of the Incident Report form are sent to any relevant departments / Personnel e.g. Fire Officer
7. Ensuring that a copy of the IR form is submitted to the Department Head or Nurse Supervisor within 24 Hours of the incident.
8. Undertaking an initial investigation and completion of the relevant section on the Incident Report form.

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9. Ensuring recommendations and actions are carried out as a result of any investigation.
10. Providing feedback to staff on investigations undertaken and recommendations made.
11. Monitoring of information reported on the incident forms for accuracy and completeness.
12. Ensuring that any procedures within their area take account of incidents which have been brought to their attention.
13. Ensuring that serious incidents are brought to the immediate attention of their Director or respective VP.
14. Assisting in obtaining witness statements when appropriate.
15. Undertaking and reviewing risk assessments.
16. Reviewing any summary reports provided by the designated committee to identify any necessary risk reduction activity within their area. This may include reviewing clinical and other policies and procedures
17. Providing feedback to directly employed staff on trends, serious incidents, results of investigations and any learning opportunities.

## DEFINITION

### INCIDENTS OR ACCIDENTS

An event that harms, or has the potential to harm. This may give rise to actual or possible personal injury, to patient dissatisfaction, or to property loss or damage. This includes adverse clinical events (an event or omission arising during the delivery of clinical care and causing physical or psychological injury to a patient). This also includes an injury sustained by a staff member during the course of their work or an injury sustained as a result of a physical act of violence done to a person at work.

### **PATIENT SAFETY INCIDENT**

Any unintended or unexpected incident that could have led or did lead to harm to one or more patients

### **HAZARD**

Anything that has the potential to cause injury, damage or loss.

### **NEAR MISS**


An incident, which if it did not cause injury or damage this time, could do so if it happens again.

### **WORK-RELATED ILLNESS**

Any disease or medical condition that may have resulted from a work-related activity. This is required to be supported by a sickness certificate from a suitably qualified medical practitioner (i.e. Family Physician) or from Authorized Company Physician. E.g. for work related illnesses such as TB, MRSA, Tendosynovitis, back injury, sharps injury.

### **PERSONAL ACCIDENT**

Any accident, no matter how small, which did or could have adversely affected any person. This does not include any incident caused deliberately. Examples, needle stick injury from taking a blood sample, slip on wet floor, caught finger in filing cabinet.

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## **VIOLENCE, ABUSE OR HARASSMENT**

Any incident involving verbal abuse, unsociable behavior, racial or sexual harassment, physical assault, or self-harm, whether or not injury results. For example - drunken youths, child in care hitting a member of staff, client cutting his/her wrists with a knife.

## **ILL HEALTH**

Any case of known or suspected work or environment related ill health (for example, infection, headaches, dermatitis, minor ailments such as headaches) potentially caused by inadequate lighting, known or suspected hospital acquired infections, dermatitis and latex/disinfectant allergy.

## **CLINICAL INCIDENT**

Any incident directly related to patient treatment or care which did or could have resulted in an adverse outcome (for example, treatment/ procedure error, medical equipment failure, x-raying wrong body part, wrong diagnosis, intubation problems, failure to warn (informed consent), problems with medical records.

## **MEDICATION INCIDENT**

Any medication related event that could or did lead to patient harm, loss or damage.

## **FIRE INCIDENT**

Any incident, no matter how small, involving fire or fire warning systems (including false alarms). Example, false alarms, actual fires caused accidentally or willfully, involving injury or no injury.

## **SECURITY INCIDENT**

Any untoward incident involving theft, loss or other damage to organizational or personal property, intrusions, false alarms (but not fire alarms), absconded patients and other security incidents.

Examples - vandalism, burglary, petty theft, car crime and fraud.

## **VEHICLE INCIDENT**

Any incident involving a vehicle, e.g., road traffic accident, excluding vandalism or theft, which would be classified as a security incident.

## **RADIATION INCIDENT**

Any event which could lead to unnecessary exposure of a patient or a member of staff to ionizing Radiation.

## **CLINICAL VARIANCE**


An occurrence that is not consistent with the professional standards of care of the patient or the routine operation or policies and procedures of the organization.

## **NON CLINICAL VARIANCE**

An occurrence that may involve persons, machine/equipment failure or misuse, security breaches and violence.

## **SENTINEL EVENT**

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or

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function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

#### **ROOT CAUSE ANALYSIS**

A process for identifying the basic or causal factors that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis that no such improvement opportunities exist.

#### **OTHER INCIDENT**

This type of incident is marginal in number and might include the following: accidental property damage or loss, environmental incidents (e.g., accidental discharge to drains or the atmosphere), food safety/hygiene incidents or untoward incidents (e.g., alleged rape, bogus health professional, death, food poisoning).

#### **DOCUMENTATION**

Incident Report Form (**Appendix A**)

#### **REFERENCES**

Joint Commission International. Standards for Hospital Accreditation: High Risk Care. HRC 54, ME 6: Second Edition. USA. Joint Commission Resources; 2001.

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