


<p>Name of Policy: Patient Safety Event and Incident Reporting</p> <p>Policy Number: 3364-100-50-39</p> <p>Department: Hospital Administration</p> <p>Approving Officer: Chief Executive Officer, UTMC Chief of Staff</p> <p>Responsible Agent: Chief Medical Officer</p> <p>Scope: The University of Toledo Medical Center and its Medical Staff</p>	 <p>Effective date: March 1, 2020</p> <p>Initial Effective Date: February 11, 1998</p>						
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;"><input type="checkbox"/> New policy proposal</td> <td style="border: none; width: 33%;"><input type="checkbox"/> Minor/technical revision of existing policy</td> <td style="border: none; width: 33%;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Major revision of existing policy</td> <td style="border: none;"><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy		<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy	
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I. Policy Statement

To improve patient quality and safety, the University of Toledo Medical Center (UTMC) has an Incident Report process for verbally and electronically reporting events in order to monitor, evaluate and trend incidents or unsafe conditions involving the safety of patients or visitors. UTMC’s goal is to encourage blame free reporting.

II. Purpose of Policy

Incident reporting is important for ensuring that the right persons are involved with respect to responding to an event. The purpose of the Incident Report, which is done through the online Patient Safety Net, is to evaluate processes, systems and functions for documentation, evaluation and trending of events with the aim to facilitate safe conditions that improve patient care. The online event submission will also serve to initiate communication, in conjunction with determining a means for reducing and eliminating risk where possible. The online event submission may be anonymous.

III. Procedure


A. What to Report and Where

1. In the event of a Sentinel or Adverse Event (see definitions in Sentinel and Adverse Event policy 3364-100-50-38), follow the Communication Flow Chart of the Sentinel Events/Adverse Events policy.. Circumstances of each incident report submission of a serious or tragic nature will be investigated, including the possibility of initiating the Sentinel Event process (see Policy 3364-100-50-38), the “I’m Sorry Protocol” (see Policy 3364-100-60-10), and/or conducting a Root Cause Analysis.
2. An event or incident is reportable when it is not consistent with the routine care of a patient or any circumstances *that threaten the physical safety and well-being* of patients or persons who have an association with the institution (collectively “Individuals”) regardless of whether an actual injury is involved. For purposes of this policy, the Incident Report through the online Patient Safety Net submission should not be used to lodge complaints against employees or peers with regard to working relationship that are resolvable with your supervisor, the Human Resource Department or through an employee union.

B. On-Line Incident Reporting System (Patient Safety Net)

1. Any UTMC employee or medical staff member who discovers the event or is first to the scene has an obligation to begin the Incident Report through an online Patient Safety Net submission and to complete in a timely manner. ONLY UTMC EMPLOYEES AND MEDICAL STAFF SHOULD INITIATE AND COMPLETE THE ONLINE INCIDENT REPORT FORM. A submission is required for each incident or

event, but only one submission is required for each incident or event, however, all individuals involved in the occurrence should be documented on that event.

2. Reportable events must be described on the online Incident Report. This online submission will be forwarded and used by Department Managers and the Quality Management department for patient safety and quality improvement. The online submission itself should not be used as a disciplinary tool against employees or the medical staff or UTMC. The Incident Report is not to be printed and placed in the patient's medical records or employee's personnel file. The Incident Report should objectively describe the facts that represent a safety issue. The person completing the form must carry out the following functions:
 - a) Obtain necessary assistance for any injured person or correction of hazardous situations immediately.
 - b) Notify the appropriate UTMC administrative staff without delay.
 - c) Document correct information related to the event by completing the online Incident Report through a Patient Safety Net submission as follows:
 - i. Access the Patient Safety Net reporting system by double clicking on the **Safety Net icon** on the desktop.
 - ii. Under **START**, select the drop down list indicating who was affected by the incident.
 - a. A new "People affected by the Event" box will appear under this section except when "Unsafe Conditions" is selected.
 - b. Enter the appropriate information into each field of this section.
 1. Fields with a * are required fields.
 2. Fields with a ? have additional explanations available. Access this information if needed by clicking on the ?.
 3. If additional individuals were affected by the event, click on the **ADD ANOTHER** button at the bottom of this section.
 - iii. Enter **EVENT BASICS**. The type of event selected may cause additional questions to be displayed in this and additional sections. Select the response that most closely matches the event.
 - iv. Complete the **EVENT LOCATION**.
 - a. Select site name.
 - b. Select location where the event occurred.
 - c. Select clinical service type that reflects the medical specialty responsible for the patient or area where the event occurred.
 - v. Enter **EVENT DETAIL**. Objectively describe facts related to occurrence.
 - a. Text boxes have a spell checker that can be accessed by clicking the **ABC** icon below the box.
 - b. To enter more information after a spell check, click the pencil  icon below the text box.
 - vi. Assign **HARM SCORE**.
 - a. Click the ? icon to access information to assist in assigning harm score.
 - b. Assign a harm score based upon the current condition of the person affected.
 - vii. Document **MISCELLANEOUS INFORMATION**. This section will be used to document information about others involved in the event.
 - a. Entering yes will open a new section for entering details.
 - b. If more than one person is involved, additional information can be entered by clicking on **Add Another**.
 - viii. The **REPORTER INFO** section allows entry of the person generating the report. Anonymous reporting is allowed however we encourage reporter details for manager follow-up and feedback.

- a. Entering your email address allows the investigating manager(s) to provide feedback to the reporter on the outcome of the investigation.
- ix. Click submit.
 - a. If a required field has not been completed, Patient Safety Net will identify the fields with missing information.
 - b. When all required fields are completed, and Event reference number will be displayed followed by a note that the event has been saved.

C. The Quality Management department will maintain all Incident Reports submitted through the Patient Safety Net for seven (7) years.

D. All Incident Reports are protected from discoverability by ORC 2305.25 and ORC 2305.253. Therefore, they must be handled confidentially and not distributed to outside parties without the consent of the Office of Legal Affairs-HSC. The Incident Report submission contains a statement with regard to profession/peer review and quality assessment confidentiality.

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer, UPMC</p> <p><u>02/28/2020</u> Date</p> <p><u>/s/</u> Samer Khouri, MD Chief of Staff</p> <p><u>02/28/2020</u> Date</p> <p><i>Review/Revision Completed by:</i> Quality Management Chief of Staff Office of Legal Affairs - HSC</p>	<p>Review/Revision Date: 7/9/96 2/20/98 2/24/99 9/14/00 4/1/02 3/11/05 12/13/05 3/26/2008 1/27/2010 10/8/2012 10/1/2013 10/1/2016 01/01/2020</p>
<p>Policies Superseded by This Policy:</p>	<p>Next review date: 01/01/2023</p>

Communication Flow Chart

