HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Incident Reporting **Effective Date: 1/16/2014**
Policy Number: HW117 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Staff members shall be able to identify an incident when it occurs and follow the general guidelines for immediately reporting the facts of the incident.

PURPOSE
To provide appropriate documentation and reduce liability for the hospital
To ensure optimum safety for patients, visitors, and personnel
To provide a means to monitor and evaluate the quality, appropriateness and timeliness of patient care and clinical performance
To resolve identified problems
To report all findings to the Quality Improvement/Risk Management Committee

All incidents such as those listed as follows will be reported to the office of risk management:

1. Incidents involving inconsistencies with written policies and procedures, e.g., informed consent, bedrails, patient restraints, nurse/physician professional relationships, confidential patient information released to the public, etc.

2. Non-anticipated and non-routine employee, patient and visitor injuries resultant from accidents or error, e.g., fall downs for any reason, with or without injuries, medication errors, needle punctures, diagnostic/therapeutic procedures performed on wrong patient, burns from heating pads, etc.

3. Mishaps due to faulty/defective equipment or premises conditions

4. Sudden, unexpected adverse results of professional care and treatment, e.g., brain damage, physical, mental or emotional loss or impairment, cardiac/respiratory arrests, or any occurrence or situation which necessitates additional hospitalization or a dramatic change in patient treatment regimens.

5. Any patient leaving the hospital against medical advice.

6. All vocal or written expressions of dissatisfaction from the patient or patient families concerning the professional and nonprofessional services.

7. All requests for copies of patient medical records from patients or attorneys.

8. All incidents involving patient, employee or visitor property claimed to be lost, stolen, or damaged.

The office of risk management will review, investigate, and apply risk management treatment to incidents reported in accord with its department policy and procedures. The risk management

department will collect, maintain, and distribute statistical data from information generated from the collective total submission of incidents reported. No employee or staff member will be subject to disciplinary action for reporting non-intentional or non-malicious incidents. Staff members will be subject to disciplinary action and/or employment termination for failure to report known incidents or occurrences.

** WORKER'S COMPENSATION POLICY **
Reporting Injury/Illness

Hardin County General Hospital provides a compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, worker's compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

All work related injuries/illnesses are to be reported to the appropriate supervisor immediately and/or no later than the end of the shift during which the injury/illness occurred. The injured employee must immediately report to the (ER) emergency room or provider in the clinic to receive a medical evaluation including a drug screen. An incident form just be completed by the employee and supervisor. Also, the appropriate "AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION" form must be completed by the employee, either for injury and/or exposure, such as Hepatitis or HIV claims. If the incident was witnessed by another employee, a "WITNESS STATEMENT" form must be completed.

If further evaluation needs to be conducted by a physician, or if work time is lost, the employee must obtain an "EMPLOYEE EVALUATION AND INJURY FOLLOW-UP" form from their supervisor or personnel and have if filled out and returned to personnel immediately after the appointment. This will enable an eligible employee to qualify for coverage as quickly as possible.

You will not be paid vacation, holiday, or personal day pay while you are receiving Worker's Compensation benefits.

II. DEFINITIONS

Incident = Any event, with or without injury, which is inconsistent with the normal or expected operation of the facility. It may be an accident or a situation that might result in an accident or a serious expression of dissatisfaction.

III. RESPONSIBILITY

A. The Hospital Board of Directors is responsible for the establishment of a policy providing for the investigation of unusual incidents which may occur.

B. All Hospital employees and medical staff members will participate in the hospital-wide incident reporting program.

IV. EQUIPMENT

NA

V. PROCEDURES

INFECTION CONTROL: N/A

A. All incident reports are to be initiated by the hospital employees or staff members directly involved in or responding to incurred incidents.

B. Written incident reports are to be signed by both the individual preparing the report and the employee's shift supervisor.

C. Department of the Risk Management, in accord with established departmental criteria and individual fact situations, shall investigate and preserve for reference and use the information obtained from medical records review, witness interviews, defective equipment/supplies, and any other applicable insurance companies by the risk manager.

D. All incidents considered by the hospital administrator to be potentially compensable will be reported to applicable insurance companies by the risk manager.

E. Statistical data generated from the information derived from collective submission of incident reports will be reported to the Quality Improvement/Risk Management Committee, Infection Control Committee, Health Safety Committee, Pharmacy & Therapeutics Committee and Medical Staff Committee at least quarterly and as necessary and applicable. Incidents will be reported to the Hospital Administrator as needed by the risk manager and to the Board of Directors quarterly.

F. The office of risk management will recommend and otherwise work with the entire hospital community in applying risk treatment processes in order to enhance the quality of professional patient care services and prevent and/or reduce the frequency and severity of patient, visitor, and employee injury and liability situations.

G. All patients, visitors, and employees who sustain bodily injury in an incident will receive medical attention as follows:

1. Visitors are to be seen at the time of the incident in the Emergency Room no matter what shift the incident occurs. The ER record and Incident Report are to be filled out.
2. Employees must report to their shift supervisor immediately or no later than the end of the shift during which the injury occurred. The injured employee must immediately report to the emergency room or clinic to receive a medical evaluation. A drug screen must be conducted whether the employee sees the doctor in the clinic or the ER. The "REPORT OF EMPLOYEE INJURY OR ILLNESS" form is to be completed by the employee and supervisor. (Refer to the section on reporting injury/illness for complete instructions on reporting of employee injury.) These incidents will be forwarded to the risk office or Personnel. The original report will be immediately forwarded from the risk manager's office to Personnel for reporting and follow-up.
3. All cases of a needle stick/sharps injury will use the approved needle stick protocol and are reported to the Hospital-Wide Infection Control Nurse for follow-up.
4. If an employee or visitor refuses to be seen by a physician, it is to be noted as such on the report.
5. The attending physician or on-call physician will be contacted in the event of all medication errors.

ROUTING

A. Incidents are reported directly from the area to the Department Head or shift supervisor who then routes the report directly to the office of risk management within 24 hours of the incident.

B. Statistical incident report information and data will be provided by the Risk Manager at the appropriate committee meetings at least quarterly.

GENERAL

A. Incident reports are never to be filed or mentioned in patient or employee records. However, patient falls and other injuries should be described in the Nurse's Notes as with usual documentation of patient care, but never refer to the "incident report."

B. Hospital employees and staff members are not to discuss the circumstances surrounding incidents with, or in the presence of patients, visitors, or other outside hospital sources.

C. Incident reports are to be completed factually, objectively, legibly and without extraneous comments based on personal opinion, conjecture, or editorial comments. Do not rationalize, argue a case, accept or imply blame or be defensive.

D. Include statements made by the patient, e.g., "I bumped my head on the night stand." A patient's injuries should always be reported to his or her physician, and the patient's record should reflect the notification (including the mode) and the physician's response (e.g., x-rays, medication changes, etc.). The staff member must also document whether the physician examined the patient, and the physician must write a note regarding the examination.

E. Incidents are never to be photocopied or duplicated by anyone other than the risk manager or at his/her direction.

F. Incident reports shall not contain recommendations or comments for corrective or disciplinary action.

** WORKER'S COMPENSATION PROCEDURE **

Reporting Injury/Illness

1. The supervisor will provide the injured/ill employee with the incident report forms.

2. The supervisor and employee will complete their respective sections of the incident report. The employee will then take the form to the emergency room (ER) or physician selected by the facility.

3. The emergency room (ER) registered nurse or physician will complete a drug screen and evaluate the employee's condition to decide if the employee requires treatment.

4. If, in the judgment of the emergency room (ER) registered nurse or physician, the employee does not require treatment, the nurse will complete his/her section of the incident report and the appropriate emergency room (ER) records and related documents. If the employee still wishes to see a physician, he/she may see the physician.

5. If the employee requires treatment by the physician, the physician will complete the required medical records and attach copies to the incident report. The injured/ill employee must see the physician if the registered nurse deems it necessary.

6. In the event the emergency room (ER) registered nurse or physician is unable to attend to the employee promptly, and the employee is not obviously injured, he/she may request the emergency room (ER) registered nurse or physician to contact them at their work station before the end of the injured employee's work shift. It is MANDATORY that all injured employees are seen by the emergency room registered nurse and/or the physician prior to the end of their shift.

7. The employee will report promptly to his/her supervisor or department head if he/she is not able to receive an evaluation or treatment for the work related illness/injury by the end of the shift.

8. The emergency room personnel or physician is responsible for seeing that all pertinent information and related documentation are returned promptly to the Personnel Office.

9. Any employee sustaining a repeated work-related injury will be retrained and inserviced by their supervisor and appropriate departments. Example: Any employee sustaining two back injuries will be retrained and inserviced on their lifting techniques by their supervisor and the Rehabilitation Department.

** EMPLOYEE NEEDLESTICK AND OTHER EXPOSURE PROTOCOL **

1. Make out a "REPORT OF EMPLOYEE INJURY OR ILLNESS" form. Employees must fill out the top portion, supervisors to fill out middle section, and physicians to fill out bottom section.

2. See a staff physician within 24 hours of incident. Physician will determine if further evaluation and testing is necessary.

3. If the physician determines the exposure was such that it warrants further evaluation, the patient should be notified of the incident (if known) and a consent obtained for HIV blood testing. If the physician determines a potential exists that the patient may transmit HIV, a consent need not be obtained.

4. A blood sample may be drawn from the exposed worker as soon as possible to test for HIV and/or HBV exposure. A consent may be signed for this.

5. If the exposed worker has not received the Hepatitis vaccine, it should be offered. A single dose of Hepatitis B Immune Globulin (HBIG) is also recommended to be given within 7 days of exposure.

6. Repeat testing should be done 6 weeks after the exposure and on a periodic basis thereafter at 12 weeks and 6 months after exposure.

7. All of this must be documented and reported to the Infection Control Nurse as soon as possible for follow-up. If the employee does not want the blood testing and/or treatment offered, a release must be signed.

VI. DOCUMENTATION

REPORT OF EMPLOYEE INJURY OR ILLNESS (White Paper)
MEDICATION INCIDENT (Pink Paper)
FALL INCIDENTS (Yellow Paper)
MISCELLANEOUS INCIDENT (Blue Paper)

The above forms devised and approved by the Quality Improvement/Risk Management Committee are designed to be compatible with the information needed by the risk manager.

It is very important to obtain the appropriate form for the incident and to complete all applicable information. There is an area on all forms for the physician to "note" the incident or make appropriate comments and to either sign or initial when applicable.

These forms may be located in all departments or can be obtained at the nurses station and Emergency Room. More copies of the forms can be obtained from the Risk Management Department and Personnel Office if it is for an employee injury.