

# INCIDENT REPORTING

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### **1. Purpose:**

To promote safety through the identification of, reporting, and acting upon incidents such as safety hazards, near misses, accidents, adverse occurrences, or injuries involving patients or visitors and to track trends of patient and visitor safety data.

### **2. What should be reported?**

In general, it is the intent of this policy to encourage staff to report any event, occurrence, observation, etc., that might help contribute to the organization's ability to maintain the safest possible environment for patients, medical staff, employees, and visitors.

### **3. Examples of Reportable Incidents:**

- a. Infractions of written hospital policies and procedures (i.e., incidents involving informed consent, bedrails, patient restraints, etc.).
- b. Non-anticipated patient and visitor injuries resulting from an accident or error.
- c. Medication errors (Pharmacy may be notified immediately, depending on severity).
- d. Lost or damaged patient or visitor personal property (notify UHS Security when appropriate).
- e. Patient falls.
- f. Patient identification errors.
- g. Faulty or defective equipment (also see Section 5).
- h. Patient refusal of treatment or leaving the hospital against medical advice.
- i. Unexpected adverse results of care and treatment (i.e., death, brain damage, disability, or any occurrence which requires additional hospitalization or significant change in patient treatment regimen).
- j. Patient or family dissatisfaction with treatment or care rendered, which, in the opinion of the writer, might result in legal action against the medical center or medical staff.
- k. Any other incident, which, in the opinion of the person submitting the report, could result in a claim or loss against UHS arising out of bodily injury, property damage, invasion of a person's privacy or violation of constitutional rights.
- l. Any incident, occurrence, observation, etc., that, in the opinion of the person submitting the report, might help contribute to the Medical Center's ability to maintain the safest possible environment for patients, visitors, and employees.

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**Note:** See Appendix A for a complete list of event reporting categories used in the PSN electronic reporting system.

## **4. How to Report Incidents Electronically via Patient Safety Net (PSN)**

- a) Incidents should be reported using the Patient Safety Net (PSN) electronic reporting system.
- b) The PSN Report should normally be initiated by the person or persons who are directly involved in, or have discovered, the reportable event.
- c) The PSN Report should never be posted on bulletin boards or referenced in the patient's chart.
- d) The PSN Report should be completed within 24 hours of discovery of the reportable event.
- e) The PSN Report is confidential peer review information. Its contents are not to be shared with persons without a need to know.
- f) Information must be factual and based on objective findings. Opinions of care or evaluation of performance of persons involved are to be omitted from the PSN Report.
- g) The Medical Record should never contain reference to the PSN Report.

**Note:** See Appendix B for instructions on how to submit an incident report using the PSN system.

## **5. Faulty or Defective Equipment**

Any employee discovering, experiencing, or witnessing an actual or potential injury arising out of the use of a medical device in the care, treatment or diagnosis of a patient shall:

- a. Immediately report such incidents by phone to:
  - i. BMETS, if the device is of a patient care, therapeutic, or diagnostic nature.
  - ii. Pharmacy, if it is a device or material dispensed by Pharmacy.
  - iii. Materials Services Department
- b. Complete the PSN Report, including any available serial number, lot number, etc.
- c. For patient care equipment, document all settings, etc.
- d. Save all parts, connections, tubing, peripheral equipment, ground pads, leads, packing, etc. involved.
- e. Tag equipment using Equipment Malfunction Tag (see Management Policy #500:35).
- f. Do not release equipment to outside vendor.
- g. Supervisory personnel responsible for the area in which the unusual event or product problem occurs shall preserve the device or product in a safe manner, labeling it with date, time, serial number/lot number and Medical Record Number. Do not release it to anyone, including the manufacturer or outside vendor, without specific instruction from Risk Management or the General Counsel's office. (Anyone within the hospital to whom the suspect device has been entrusted shall have the responsibility of maintaining and safeguarding it from alteration, loss, or further use.)

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## **6. Manager Review of PSN Reports**

- a. Managers will review automatic e-mail notification of PSN reports submitted from their respective areas.
- b. Managers should complete the “Manager Review” of the PSN report within five (5) working days of the date the event occurred.
- c. The nursing legal/risk management liaison will review and perform the final submission of the PSN report after completion of the Manager Review within fifteen (15) working days of the date the event occurred.

## **7. Confidentiality of Information**

Authorized by Tennessee Code Annotated Section 63-6-219, this section declares that “all information, interviews, incident or other reports, statement, memoranda or other data” furnished to any medical review of quality assurance committee is declared to be privileged. The records are confidential, are not public records and are not available for court subpoena or for discovery proceedings. Furthermore, physicians, surgeons, registered nurses, hospital administrators and employees, members of board or directors or trustees of any hospital or provider of health care or other individual appointed to a medical review or quality assurance committee are declared to be immune from liability for furnishing data or records to a quality assurance committee or for any decision, opinion, action or proceeding rendered, entered or acted upon by such committee if such action was taken in good faith and without malice. Any person providing information to a medical review committee shall be immune from liability unless the information provided is false and the person providing it knew it was false.

## **8. Other**

This policy does not replace the Nursing Critical Event policy.

## **9. Emergency Situations**

Staff should report emergency situations immediately to their supervisor or other appropriate person(s).

Effective January 2005