

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 1: Administration

POLICY: 1.003

SUBJECT: Incident Reporting

POINT: DUSTY CHARTERS

PERSON: DIRECTOR OF RISK MANAGEMENT

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT



DATE: February 8, 2013

I. POLICY

It is the policy of Oregon State Hospital to have an effective incident management system that includes the accurate reporting of incidents, thorough investigations, tracking and trending of data, and implementation and monitoring of corrective and/or preventive actions.

II. DEFINITIONS

A. "Risk Management" means deliberate efforts to prevent or reduce injury and loss by the identification of conditions and situations at risk, analysis of those conditions and situations, and consequent selection of alternative practices to eliminate or reduce risk. Risk management is the responsibility of all OSH employees, and not solely the responsibility of the OSH Risk Management Department.

B. "Reportable Incident" means any occurrence involving:

1. Assaults on staff members resulting in bodily injury: All staff members are obligated to report any physical injury that is a result of an assault by another person that occurs on the job;
2. Bodily injury to patients whether the injury is considered minor, moderate, or severe;
3. Patient Falls. Patient Falls are unintended events resulting in a person coming to rest on the ground/floor (witnessed), or is reported to have landed on the floor (not witnessed). Falls are an independent act, not caused by interaction with another person (does not include altercations), or as a result of an acute medical event (such as a seizure or hypoxic episode);

4. Physical aggression between patients if there is Moderate or Severe injury;
 5. Physical aggression to visitors regardless if there is injury or not
 6. Self-harm including suicide attempt if there is Moderate or Severe injury;
 7. Choking when attempting to swallow;
 8. Unanticipated patient death;
 9. Security problems, crime or suspicious events including and not limited to: Property loss or intentional damage, Contraband or Illegal item possession, Substance abuse by patient and UL or significant attempt;
 10. Environment of Care issues including and not limited to the presence of hazardous materials, utility or systems failure, medical equipment failures, emergency preparedness issues and safety issues;
 11. Laboratory issues including and not limited to mislabeled specimens, errors in specimen collection, errors in reporting results, delays in reporting;
 12. Medication errors not associated with a patient including narcotic count variances or medication found outside the medication administration process;
- C. Episodes of seclusion or restraint are not considered reportable incidents, unless the episode also meets the criteria in Section II(B) as a Reportable Incident.
- D. Staff injuries are not considered reportable incidents unless the incident also meets the criteria in Section II(B) as a Reportable Incident, and are to be reported on Employee Accident Report forms only.
- E. Injury codes:
1. "Minor Injury" means mild soreness, surface abrasions, small scratches, small bruises, and burns that a typical family would treat by first aid at home.
 2. "Moderate Injury" means major soreness, cuts or large bruises, classes of injuries that typically require treatment in an emergency room or by a physician or other appropriate health care professional, but do not require hospitalization or result in a significant restriction to a person's usual activities.

3. "Severe Injury" means severe lacerations, bone fracture, head injury, or loss of limb or death, a class of injuries that result in hospitalization or prolonged restriction of a person's usual activities, or worse.

III. PROCEDURES

Accurate Reporting

- A. When a reportable incident occurs related to patient care, a completed incident report form shall be submitted electronically to the OSH Risk Management Department.
- B. Incident Report forms shall be documented only by the individual who witnessed the incident. Incident reports are never to be completed with hearsay information (i.e., a supervisor or RN completing a report based on the description of a witness). If there are several witnesses to an incident, the staff person who is considered the primary witness shall complete the incident report form and list the names of persons who were involved in or observed the incident. Personnel in all departments at Oregon State Hospital shall be trained to complete incident report forms.
- C. All incident report forms shall be completed and entered electronically by the end of the shift on which the incident occurred.
- D. A separate Incident Report form shall be completed for each patient, staff and/or visitor involved in an incident.
- E. The OSH Risk Management Department shall enter all Incident Report forms into an electronic database during normal business days. All incidents shall be categorized into levels as represented in the Critical Incident Report Grid. The reports shall then be made electronically available to all authorized personnel and the Office of Adult Abuse Prevention and Investigation (OAAPI).
- F. The Critical Incident Review Panel (CIRP) shall review investigative reports, findings and corrective actions of significant incidents per guidelines established in the OSH Committee Manual.
- G. If the Superintendent or designee determines that an incident is a Sentinel Event, OSH Sentinel Event Policy and Procedure 2.012 shall be followed.
- H. Suspected patient abuse shall be immediately reported directly to the Superintendent's Office and Adult Abuse Prevention and Investigation (OAAPI) as directed by OSH Policy 7.008.

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- I. Requests for incident reports shall be directed to the OSH Risk Management Department. Appeals regarding decisions made about a request can be made to the Director of Forensic and Legal Services.
- J. Requests for aggregated data from Incident Reports shall be directed to the OSH Data Analysis Department, which supports established committees responsible for actions with aggregate data and analysis.

IV. REFERENCES

Joint Commission Comprehensive Accreditation Manual for Hospitals
U.S. DOJ CRIPA Report
House Bill 2022
I:\PUBLICATIONS\RISK MANAGEMENT\Training, Education and Instructions,
Incident Report-Definition Table.doc
J:\PUBLICATIONS\OSH POLICY AND PROCEDURE MANUAL\OSH Sentinel
Event Policy and Procedure 2.012
I:\PUBLICATIONS\OSH POLICY AND PROCEDURE MANUAL\OSH Policy 7.008
I:\PUBLICATIONS\CIRP
OSH Committee Manual

Replaces OSH Policy and Procedure 1.003, *Incident Reporting*, dated 01/26/2009.