ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Subject: Event Reporting I.45

Purpose

The purpose of this policy is to provide guidelines for the reporting of events that occur within Main Line Hospital entities and to facilitate prompt and effective investigation and communication between administration, department/service directors and program managers whenever there is an event that creates a professional or general liability exposure for the institution or presents an opportunity to improve the processes surrounding care and services. The purpose for reporting events is to reduce the risk of injury or property damage and to improve processes by identifying and correcting problems before a loss occurs.

Policy

It is the policy of The Main Line Hospital entities to report events involving patients, outpatients, visitors, volunteers and others (e.g. outside contractors) who are not employees. All events are to be reported on the Patient Safety Event Report Form. Event Reports are considered confidential and are used to improve the quality of care/services and to provide a safe environment, and therefore do not become a part of the patient's medical record.

Procedure

I. Definition

Event

An event is any unplanned occurrence not consistent with the routine care of a patient, routine service of a department, or routine operation of the hospital or entity. It may occur with or without injury -- the potential for injury or property damage is sufficient to require an event report. Examples of reportable events include, but are not limited to, the following: falls, equipment related problems, medication events, theft, property damage and safety hazards.

Sentinel Event – (See Sentinel Event Policy and Procedure I.43 in the Administrative Manual)
An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Such events are called sentinel because they signal the need for immediate investigation and response.

Sentinel Event includes any event that meets the following criteria:

- Unexpected death or major permanent loss of function not associated with the patient's condition includes nosocomial infections.
    - Death: includes death due to fall, intrapartum maternal death, and perinatal death, unrelated to congenital condition in an infant > 2500 gms.
    - Deaths associated with behavior restraint/seclusion must be reported to CMS.
    - Major permanent loss of function: includes medication errors and falls.
- Infant abduction/discharge to wrong family

- Surgery on wrong patient/body part, regardless of magnitude.
- Rape on hospital grounds (includes rape of patient/visitor/staff)
- Hemolytic Transfusion reaction due to mismatched blood
- Suicide of any individual receiving care, treatment or services in a staffed round-the-clock setting or within 72 hours of discharge
- Abduction of any individual receiving care, treatment or services
- Unintended retention of a foreign object in a patient after surgery or other procedure.
- Neonatal hyperbilirubinemia (> 30 mg/deciliter)
- Radiation overdose (involving prolonged fluoroscopy with cumulative dose more than 1500 rads to a single field or any delivery of radiotherapy to the wrong body region or more than 25 percent above the planned radiotherapy dose).

II. Reporting of Events

1. As outlined in PA Act 13, it is a requirement that all employees, physicians, volunteers or students to promptly report events. The person who witnessed, discovered, or to whom the event was reported is responsible for initiating the event report. If the event involves an inpatient and occurs in a non-nursing unit, an event report is to be initiated and is to be reported to the patient's nurse. Serious events (see Patient Safety Plan for definition) must be reported to Risk Management immediately (in no event more than 24 hours after the event)
2. The person initiating the report is responsible for notifying the appropriate staff such as the attending physician, nursing supervisor, or department/program manager. The manager or supervisor will conduct the initial investigation and will note any immediate action taken and any recommendations to prevent a future occurrence.
3. When the event involves more than one department or Main Line entity, the event report should be referred to the involved department manager(s) for review and information.

III. Verbal Reporting

1. Events that involve serious injury or potentially serious injury or liability should be reported immediately to the Risk Management Department by telephone or page notification. Risk Management is available 24 hours a day, seven days a week by pager. The Risk Management Department will be responsible for contacting Legal Counsel when necessary. During the evening, night or weekend hours, the Administrator On-Call should be notified. The Administrator On-Call should use his/her discretion in contacting the Site Risk Manager, or reporting the event to the Risk Management Department the next business day.

IV. Completing the Report

1. Complete all sections that pertain to the event. In completing the report only objective facts are to be stated. No conclusions, interpretations, or assignment of blame are to be included.

V. Documentation

1. Only factual information concerning the event and interventions taken should be documented in the medical records. No mention should be made in the medical record that an event report has been filed.

VI. Physician Notification

1. Those events involving injury or possible injury should be reported to the responsible physician. Any examination by the physician, his/her findings, and recommended treatment should be entered into the medical record.

VII. Disposition of the Report

A.

1. The event report should be forwarded to the immediate supervisor or department/program manager for review and follow-up within 7 business days.
2. Event reports are confidential and are maintained for a period of seven years.

B. Transitional Care Center Event Report Disposition

1. The TCC event reports shall be reviewed and signed by the TCC Administrator, Medical Director and Director of Nursing.
2. Event Reports will be forwarded to the TCC Risk Manager. Serious events should be reported immediately by telephone or by pager.
3. The TCC Administrator shall be responsible for timely notification of reportable incidents to the Department of Health, pursuant to Provider Bulletin #41.

VIII. Equipment Related Events (See Medical Device Reporting Policy and Procedure I.31 in the Administrative Manual)

1. A medical device- related event (e.g., device failure, device malfunction, improper/inadequate design or manufacture, labeling error or user error) about which the hospital has information that reasonably suggests that a device has or may have caused or contributed to death or serious injury, or a malfunction that it is likely to cause or contribute to death or serious injury if it were to recur are to be reported to Risk Management immediately. Such events will be reported to the FDA and/or manufacturer in accordance with the requirements of the Safe Medical Devices Act.

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