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| Section: Administration  |
| Title: **Incident Reporting**  |
| Document Number:  |
| Effective Period:  | Reviewed Date:  |
| Revised Date:  |
| **Approved By** | **Signature** |  |
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**Policy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_requires that certain events, defined below as incidents, be reported in order to:

1. Improve the quality of care
2. Monitor and mitigate actual or potential unsafe situations, events, or conditions
3. Comply with legal requirements
4. Protect against potential liability lawsuits.

\_\_\_\_\_\_\_\_\_\_\_ uses the Healthcare SafetyZone Portal (SafetyZone) to internally report events, including but not limited to incidents, patient feedback, and staff compliments. The SafetyZone is an online reporting tool accessible from any Callen-Lorde computer without the need to log in. Reports entered in the system are filtered automatically and notification is sent via email to the appropriate person(s) for follow up. Follow up is conducted by the “event reviewers”. Event Reviwers are generally managers, directors or Senior Managers in charge of reviewing, following up, and documenting follow up on events related to their department.

All \_\_\_\_\_\_\_\_\_\_\_\_ employees receive reporting training upon hire and following any major changes made to the internal incident reporting process. Those assigned with “event reviewer” responsibilities receive additional training.

This policy reviews the process of reporting incidents via the SafetyZone. For information on reporting patient complaints, see Patient Complaint policy and procedure.

An **incident** is an occurrence or event that causes or has the potential to cause harm to an individual (staff, volunteer, patient, or visitor) or the institution. Examples include but are not limited to:

1. Adverse outcomes on-site (e.g., adverse drug reaction during on-site administration, malfunction of clinic equipment, suicide, suicide attempt & patient deaths)
2. Accidents/mistakes (e.g., administering of wrong medication/dosage, staff injury, patient/staff/visitor falling/slipping)
3. Security issues (e.g., assault on-site, harassment, threat of violence, patient intruding knowingly in an unauthorized area)
4. Environmental hazards (e.g., fire, blood spills, occupational exposure)
5. Breaches in confidentiality
6. Observed mistreatment or abuse based on race, color, creed, religion, gender, age, sexual orientation, gender expression, national origin, disability, or citizen, marital, veteran, or HIV status.

As one of the important purposes of incident reporting is to help mitigate the risk of future incidents, employees are encouraged to report “close-calls” so that they can be addressed in order to prevent future incidents. Examples of events which can be classified as close-calls include but are not limited to:

1. Hazardous situations which did not cause actual harm to a person (e.g., improper disposal of sharps not resulting in injury or exposure)
2. Systems/operations issues that are identified and corrected, but that could have resulted in errors, such as billing errors, documentation errors, or breaches.

State-Reportable Incidents

\_\_\_\_\_\_\_\_\_\_\_\_\_ is licensed by the New York State Department of Health (DOH) as an Article 28 Diagnostic & Treatment Center, and by the New York State Office of Mental Health (OMH) as an Article 31 Clinic Treatment Program. Certain incidents are required to be reported to the New York State Department of Health, or to the New York State Office of Mental Health.

Reporting to the DOH occurs through the Health Commerce System portal, via the internet-based NYPORTS reporting system. State-reportable incidents are filed within 24 hours of the incident occurrence, or within 24 hours of notification, and may be completed by the Manager of Compliance and Risk Management or the Director of Compliance and Risk Management. **See list of DOH-reportable incidents.**

Reporting to OMH occurs through the internet-based New York Incident Management and Reporting System (NIMRS). Incidents are reported by the Director of Psychiatry , or the Manager of Behavioral Health. **See list of OMH-reportable incidents.**

These reporting mechanisms enable DOH and OMH to ensure that the staff of Callen-Lorde becomes aware of problems which could threaten the safety of patients, and take corrective measures and minimize the potential for recurrence of the same or similar events or situations. The objective of these regulations is to assure the delivery of quality patient care.

Transfer to Hospital via Emergency Medical Services (EMS)

A hospital transfer is when a patient presents for care at \_\_\_\_\_\_\_\_\_\_\_\_\_\_and a clinician, (a nurse, medical provider or mental health provider) determines that the patient requires immediate treatment or stabilization beyond the scope of what \_\_\_\_\_\_\_\_\_\_\_\_\_\_ provides, and calls for EMS transport of the patient to a hospital. These ambulance transports are recorded using the Event Report form via the Healthcare SafetyZone Portal, which notifies the appropriate department to follow-up and document the outcome of the hospital transfer. Patient refusal to EMS transport is also reported, and the same notification systems apply to follow up if necessary.

**Procedure:**

1. Staff report all events on the Healthcare SafetyZone Portal. Staff are also instructed to inform their supervisors when an incident occurs and may request the assistance of a supervisor in completing the event report. Staff are encouraged to submit Event Reports immediately following the incident if possible to ensure accuracy in the reporting.
2. Links to the reports are automatically emailed to the Director of Compliance and Risk Management and the Manager Compliance and Risk Management, as well as the appropriate department managers/directors. If the incident is a state-reportable event, it is reported to the appropriate state agency via the associated electronic reporting system (NYPORTS/NIMRS), as described in the policy section of this document.
3. If the report was misfiled or applies to more than one department, the Compliance and Risk Manager or Director forwards it to the appropriate department manager or provider for follow-up. When applicable, the incident may also be recorded in the *OSHA Workplace Safety Log* or the *Breach of PHI Log*.
4. If indicated, the Compliance and Risk Manager and/or Director will also notify Callen-Lorde’s malpractice carrier and/or \_\_\_\_\_\_\_\_\_\_\_’s legal counsel of the incident.
5. The Compliance and Risk Director, Manager, the CMO, or the Executive Director, as appropriate to the incident, will assure that the incidents are investigated by the manager responsible for supervision or service delivery related to the occurrence. Initiation of an investigation begins as soon after the incident as possible, and the outcome of the investigation (root cause analysis) is documented in the Follow Up section of the Event Reporting form. Additional documents may be attached to demonstrate actions taken in response to an incident.
6. All Event Report forms involving a medical or mental health related EMS call/transfer must have a 5-day follow-up outcome completed by a provider and documentation in the electronic medical record (EMR) and recommended to document in the Follow Up section of the Event Reporting form.
7. Depending on the incident, a corrective action may be necessary to avoid future incidents. Corrective actions are implemented by the relevant department manager and must take place within 5 days of the completion of the investigation, and documented in the Follow Up section of the Incident Report Form.
8. The applicable event reviewer, in collaboration with the Director and/or Manager of Compliance and Risk Management, reviews SafetyZone reports, identifies trends, and helps develop next steps to minimize recurrence. Trends are reviewed and reported on a regular basis, including but not limited to: breach of patient information, behavioral events, staff injury, and delays/clinical patient care.

**See: DOH-reportable list of incidents**

**See: OMH-reportable list of incidents**