# 1080 Occurrence (Incident) Reporting Policy
Effective Date: 6/26/08

PLEASE NOTE REPORTING IS MANDATORY FOR ANY INCIDENT THAT MAY OCCUR AT OTHER SITES DURING EXTENDED EMPLOYMENT ACTIVITIES!!

I. PURPOSE AND POLICY STATEMENT:
This policy outlines the reporting criteria and procedure for reporting and documenting occurrences/adverse events/unanticipated outcomes of care that result in actual or potential harm to patients and visitors, and/or damage to UMMMC property.

Occurrence Reporting:
• assists the Departments of Risk Management, Quality Management and Safety in identifying care or safety conditions that may result in an injury to a patient, visitor or other.
• assists the Departments of Risk Management, Quality Management, Safety and other hospital committees in investigating such occurrences and conducting peer review activities as necessary as per the UMMMC Patient Care Assessment Plan.
• assists the Departments of Risk Management, Quality Management, Safety and other hospital committees in monitoring the frequency and severity of such occurrences, identifying opportunities for quality improvement and implementing corrective action, if necessary.
• assists the organization in complying with regulatory reporting requirements such as the MA Dept. of Public Health (DPH), Center for Medicare/Medicaid Services (CMS) and The Board of Registration in Medicine (BORM), which requires that health care facilities participate in risk management and quality assurance activities under the Patient Care Assessment Regulations.

UMass Memorial Medical Center is committed to supporting a culture of safety throughout the organization. This culture emphasizes an ongoing and continual focus on staff and patient safety including the reduction of adverse outcomes. Safety within the healthcare system cannot improve without effective communication between patients and providers concerning what happens during the course of their treatment, as well as between employees and those in the organization responsible for quality of care and patient safety. UMMMC supports the concept that most errors occur as a result of a breakdown in systems and processes, and will focus on improving those systems and processes. Individuals are accountable for maintaining competency and engaging in professional behavior.

Occurrence reporting is an important part of the process for identifying quality improvement, and safety opportunities, as well as assisting in identifying potential liability cases that may affect the organization and its’ employees. Reports made to the Risk Management Dept. are protected from legal discovery under applicable MA Peer Review regulation. Therefore, all employees and physicians/LIP’s at UMMMC are required to notify the Risk Management Dept. of the occurrence of any events (as defined in this and other UMMMC policies) in which they are involved or become aware of, immediately or as soon as possible after patient care priorities are met. Employees who report adverse events may do so without fear of reprisal in relationship to their employment as a result of reporting. If it is determined that an individual may be in violation of these principles, if there is evidence of criminal intent and/or if there is a pattern of behavior that could threaten patient safety, and/or is indicative of ongoing substandard job performance, further action may occur under pertinent policies and procedures.

II. SCOPE:
This policy applies to all workforce members at all campuses of UMMMC and other sites operating under UMass Memorial Medical Center’s provider number.
III.  DEFINITIONS:

Workforce Members – all employees, volunteers, trainees (including medical students and residents), members of the medical staff including employed and private physicians, temporary employees, and other persons employed, credentialed or under the control of UMMMC whether or not they are paid by UMMMC.

Occurrence/Incident - an event that results in an actual or potential adverse outcome for a patient or visitor, or damage to UMMMC property.

Severity Levels:

“Harm” is defined as temporary or permanent impairment of the physical, emotional or psychological function or structure of the body and/or pain resulting from the adverse event/outcome or intervention.

A: No error; circumstances or events have the capacity to cause error.

B: An error/event/outcome occurred but the error/event/outcome did not reach the patient; a “near miss”.

C: An error/event/outcome occurred that reached the patient, but did not cause harm.

D: An error/event/outcome occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm.

E: An error/event/outcome occurred that may have contributed to or resulted in temporary harm to the patient and required intervention.

F: An error/event/outcome occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.

G: An error/event/outcome occurred that may have contributed to or resulted in permanent patient harm.

H: An error/event/outcome occurred that required intervention necessary to sustain life.

I: An error/event/outcome occurred that may have contributed to or resulted in the patient’s death.

IV.  RESPONSIBILITY:
The Director of Clinical Risk Management, UMMMC administration, Dept. Chairs and the UMMS Dept. of Graduate Medical Education are responsible for monitoring the administration of this policy.

V.  PROCEDURE
A. For Severity Levels A-C, notification of the Risk Management Dept. may be accomplished by the timely completion of an Occurrence Report and send directly to the RM office (University Campus, HB 360) under confidential interoffice envelope.

B. Any employee who identifies, and/or is involved in an adverse event and/or unanticipated outcome in which harm/injury has occurred or intervention is required to determine whether injury has occurred or prevent further injury (defined in this policy as Severity Levels D-I) should page the Risk Manager on call (pager 7475) 24 hours, 7 days and complete an Occurrence Report.

C. Reports made to departments or individuals other than Risk Management do not fulfill an employee’s responsibility as outlined in this policy.

Examples of occurrence types (inpatient, outpatient, visitors) include but are not limited to: *Reporting of “near misses” is encouraged.

- All medication, IV fluid, blood, blood products-related occurrences. Includes any blood transfusion errors with potential serious complications and hemolytic transfusion reaction involving the administration of blood or blood products having major blood group incompatibilities.
- All falls or other injury (patient or visitor).
- Death:
  - of a pregnant woman during any stage of gestation, labor or delivery, or of a woman within 90 days of delivery or termination of pregnancy regardless of the cause of death.
  - or major/permanent impairment of bodily function not ordinarily expected as a result of the patient’s condition on presentation.
  - ANY death of a fetus/infant; including any perinatal death unrelated to a congenital condition in an infant having a birth weight > 2,500 grams and serious disability associated with failure to identify and treat hyperbilirubinemia (kernicterus; bilirubin >30 milligrams/deciliter) in neonates.
  - unanticipated death or major permanent loss of function associated with healthcare acquired (nosocomial) infection.
  - in the course of, or resulting from, elective ambulatory procedures.
  - intraoperatively or immediately post op in an ASA 1 Class patient.
  - or serious disability that occurs while a patient is in restraint, seclusion or related to siderails; occurs w/in 24 hours after removal from restraint or seclusion; occurs w/in one week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient’s death. bedrails
  - or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility.
  - intraoperatively or immediately post-operatively in an ASA Class I patient.
  - or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility.
  - or serious disability associated with an electric shock or elective cardioversion while being cared for in a healthcare facility.
  - or serious disability due to spinal manipulative therapy.
• Any event (includes research studies) related to the use of contaminated drugs, devices, biologics, human implanted and synthetic tissue or bone (includes HIV, Hepatitis B & C, Cruetzfeldt-Jakob Disease, fungal or bacterial infections in recipients of issue/bone that is transmitted from the donor and/or during the storage or transportation process).

• Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.

• Any actual/suspected biomedical device/equipment failure/user error.

• Any actual or potential invasive diagnostic and/or surgical procedure performed on the wrong patient, side/site, organ, extremity or body part, regardless of the magnitude of the procedure or injury.

• Any patient identification related errors.

• All hospital acquired pressure ulcers (especially Stage 3 & 4).

• ALL Burns of any type.

• Retention of a foreign object, regardless of amount of time retained or intervention to remove.

• Any patient who elopes and/or leaves against medical advice.

• Infant abduction or discharge to the wrong family and/or abduction of any individual receiving care/treatment and services.

• Artificial insemination with the wrong donor sperm or donor egg.

• ANY allegation of and/or witnessed unconsented sexual contact/inappropriate touching (e.g. assault, homicide, rape) or physical/mental abuse involving a patient and another patient, staff member, or other perpetrator while being treated or while on the premises for other reasons.

• Serious criminal acts (including drug diversion) occurring within the facility to a patient.

• All fires.

• ANY suicide/suicide attempt (including within 72 hrs. of discharge).

• Poisonings within a facility.

• Reportable infectious diseases outbreaks.

• Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose.

• Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.

• *An adverse event related to a UMMC patient who is also a clinical research study participant through UMMS should be reported by any workforce member who is aware of the event. Those involved in the study (e.g. Principle Investigator, RN, NP, etc.) should also notify UMMC RM immediately and simultaneous to notifying the UMMS Office of Research. RM will assist in ensuring that an adverse event reported as per this policy that is related to a patient who is also a clinical research study participant is reported to the UMMS Office of Research.

B. Completion of an Occurrence Report: *Please note: for medication/IV/Blood products related occurrences, use the “Medication Related/IV Occurrence Report” form; for Falls use the Falls Occurrence Report form; for all other occurrence types use the general “Occurrence Report” form, or choose the appropriate category in the electronic reporting system.

For paper report form reporting:
Identity - When available, use addressograph card to provide complete data in upper right hand corner of the occurrence report. If not available (and for non-patients) at a minimum please indicate full name, date of birth, UMMMC medical record number.

Date and time (use international time) of the occurrence/event.

Status - Check the status of the person at the time of the event (e.g. inpatient, outpatient, and visitor).
*An employee injury should be documented on an occurrence report form only when the employee is concerned with the circumstances surrounding the event (i.e., safety condition like: wet floor, icy walkway, improper needle disposal). If the incident involves an employee and the possibility of injury exists, a Notice of Injury Report/ART Form should be completed.

Location: Specify the exact location where the incident occurred (e.g. campus, building, patient care unit/clinic/treatment area, room number, parking garage, hallway, etc.). Please use the appropriate name for the campus and unit, e.g. “University” instead of “UMass”, “PACU” instead of “Recovery Room”, etc.

Severity Level: choose the most appropriate severity level based on actual outcome.

Occurrence Type - In the list of occurrence categories, check the category that best describes the occurrence. If more than one category is involved, check all that apply. If no description for the incident can be found on the form, check "other" and describe.
For “Falls” use the “Occurrence Report: Fall” form.

Occurrences involving equipment/devices should always include an equipment ID number/serial number/lot number etc., to allow for appropriate follow up investigation. Remember to save all devices and packaging and notify RM for pick up. Devices removed (e.g. retained foreign objects) should be sent to Pathology for exam and with a note to “save for RM”.

Occurrences involving a hospital acquired skin alteration should indicate the stage of skin break down.

Describe occurrence: State only the facts. Be accurate and objective in your description of the occurrence. If you saw the incident happen, describe what you saw. If you arrived after the event occurred indicate in quotes what the person involved tells you about the event.

Physician/LIP Notified – Indicate whether a physician/LIP was notified. Record the name of the physician/LIP notified, time and date. Indicate other appropriate notifications including the reporter’s supervisor or manager.

Type of Injury Resulting: May be completed by the physician/LIP examining patient or the person completing the report if no physician/LIP examined the patient. After examining the person involved in the occurrence, record the exam findings, as well as the time and date of the examination. Responses are based on exam findings and information known as close to the time of the event as possible.

Witness (es) - Identify any person(s) observing the incident and include address and/or phone number if possible, so that, if necessary, witnesses can be contacted for more detail.

Person Completing Report - The reporter is asked to include a printed name, department, extension, beeper number, etc. so that they can be contacted to clarify information provided. Confidentiality will be respected to the degree possible.

Forward the original occurrence report (if using paper form) immediately to the Risk Management Office via interoffice mail (University Campus, HB 360) ONLY. Do not make copies.

Department of Risk Management/
A. Reviews reports and monitors trends.
B. Investigates as appropriate.
C. Requests, facilitates, and participates in efforts aimed at quality improvement, patient safety and implementation of corrective actions.
D. Maintains confidential files and occurrence reports under peer review work product privilege.
E. Reports investigation results as appropriate.

Related Policies:
1090 Root Cause Analysis Review Process and Regulatory Reporting
1084 Product Recalls/Alerts/Device Tracking
1142 Communication of Unanticipated Outcomes of Care Information to Patients/Authorized Representatives

VI. RESCISSION
This policy replaces UMMMC policy # 1080 entitled Occurrence (Incident) Reporting dated 10/2/07 and becomes effective upon issuance.

VII. MONITORING
The Director of Clinical Risk Management is responsible for monitoring compliance with this policy.

Developed By: Risk Management
Individual/Committee Ext.

Approved By: Walter Ettinger, MD President 6/26/08
Authorized Signature Title Date

VIII.