

Policy and Procedure: Incident Reporting

Section: Privacy	Effective Date: 4-14-03	Reviewed By: Review Date: 2-10-06
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Approved By: _____ Date: _____

Policy:

All significant incidents associated with Cincinnati Health Department (CHD) personnel, patients, or the public will be documented and reported to the worksite supervisor/manager and a copy forwarded to the Program Director. A significant incident is defined as any incident that is unexpected or has an unexpected outcome. All employees, contract personnel, volunteers, and/or agents of CHD will follow the *Incident Reporting* policy.

Rationale:

A mechanism for handling reportable incidents must be established in an effort to ensure proper management of incidents, determine any potential legal liability, and to enhance the quality of care to our patients by identifying problem areas in an effort to prevent the occurrence of future incidents. It is also done to document threatening incidents to staff so that potential safety hazards can be addressed by agency.

Procedure:

1. Incidents include, but are not limited to:
 - a. Medication errors (Attachment 7) – Also, see “Medication Incident Assessment” procedure located in the CHD PHCS Nursing Manual.
 - b. Needle punctures
 - c. Errors in diagnostic/therapeutic procedure
 - d. Injuries to employee, patient, family members and/or visitors resulting from accidents or errors
 - e. Patient falls when:
 - i) Observed (whether injury noted or not)
 - ii) Reported by patient or family (only if patient or nurse feel injury has occurred)

Home Care only

Documentation must include:

 - If physician notified
 - If referral made to other discipline(s), i.e. Rehab. staff, Home Care Aide, Social Services
 - If instruction/reinstruction given on Basic Home Safety
 - If adaptive equipment needed
 - If no action was indicated and reason.
 - Fall Incident Assessment form (Attachment 6A-Adult and 6B-Infant/Pediatric)
 - f. Cardiac/respiratory arrest in the presence of health care personnel
 - g. Adverse reaction to professional care and/or treatment
 - h. Patient refuses or discontinues services by CHD against medical advice
 - i. Lost or stolen patient records

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- j. Privacy violations as set forth by the Health Insurance Portability and Accounting Act (HIPAA) Administrative Simplification Rules
- k. Security violations (also refer to the Privacy policy on Security Incident Reporting)
- l. Employee experiences a threat to their personal safety (refer to *Threatening Incident Report*). In instances where staff experiences a threat to their personal safety, the incident should be reported immediately to their supervisor and documented on the *Threatening Incident Report* form (Attachment #2). **(Refer to Personal Safety of Field Staff; Employee Safety Manual.)**
2. Incidents will be reported to worksite supervisor/manager immediately upon occurrence or discovery.
3. The employee involved in, discovering, or responding to the incident will complete the CHD *Incident Report* form (Attachment #1). Form must be completed by the next working day the incident occurred or was discovered. Exceptions to using the *Incident Report* form are listed in 1.a., 1.e.ii) last bullet, and 9.
4. All HIPAA related incidents will be directed to and investigated by the Privacy Officer or designee.
5. Copy of completed report will be forwarded to the Program Director within 24 hour, as feasible.
6. Neither the incidents, nor the circumstances surrounding the incident, are to be discussed with, or in the presence of, patients or outside agencies.
7. To ensure the confidentiality of all persons involved, *Incident Reports* will be logged and stored in the office of the worksite supervisor/manager and Program Director. They are not to be filed or referred to in a patient or employee record or used in lieu of charting. HIPAA related *Incident Reports* are to be kept in a separate file under the Privacy Officer's jurisdiction for a period not less than 6 years.
8. Each incident involving a patient will be documented in the medical record at the time it occurred or was discovered. Documentation will include a factual description of the incident, nursing interventions, and name (and time) of physician notification.
9. For an incident concerning an employee injury, worksite supervisor/manager must complete a *Supervisor's Investigation of Employee Injury* form (Attachment 3) in lieu of the *Incident Report* form. If employee is involved in a car accident, supervisor/manager must also complete a *Supervisors Investigation of Vehicle Accident* form (Attachment 4). If employee is injured or involved with any needle stick, the *Sharps Injury Form – Needlestick Report* (Attachment 5) must be completed in addition to the *Supervisor's Investigation of Employee Injury* form.
10. In Community Nursing the Quality Improvement (QI) Manager will collect, maintain, evaluate and respond to data gathered from *Incident Reports* in collaboration with Nursing Director and Performance Improvement Council. In the clinic setting, the nursing supervisor/clinic manager will evaluate clinic reportable incidents. For incidents involving other disciplines, collaboration will be made with the Program Directors. Copies of the *Incident Report* will be sent to the appropriate Program Directors and the Medical Director.

Procedure for Completion of *Incident Report*:

Top Sections:

1. Form must be completed in full. Determine if the incident is HIPAA related. If so, place an "X" in the box at the top of the form and notify the Privacy Officer or designee immediately.
2. Specify all parties involved, the date, location, and the nature of the incident. If the incident does not involve a CHD employee or patient, enter "N/A."
3. Record all known details of the incident facts in an objective and legible manner. Do not record

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assumptions or opinions.

4. The person preparing the report will sign and date.
5. Worksite supervisor/manager will review the report. If HIPAA related, a copy of the report will be sent to the Privacy Officer or designee immediately for investigation. In all other instances, the worksite supervisor/manger will proceed with completion of the form.

Summary of Investigation/Recommendation:

1. Gather data from all parties involved. This may include a home visit to the patient or to an outside agency. Employee(s) may provide rebuttal documentation as part of the investigation, if desired.
 - ◆ For HIPAA related incidents involving any unauthorized use or disclosure of Protected Health Information (PHI):
 - a. Identify the nature of the unauthorized use or disclosure
 - b. Identify the PHI used or disclosed
 - c. Identify who made the unauthorized use or received the unauthorized disclosure
 - d. Identify what CHD has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure
 - e. Identify what corrective action CHD has taken or shall take to prevent future similar unauthorized use or disclosure, if applicable. **See Privacy policies entitled, “Sanctions for Privacy Violations,” and “Whistleblower.”**
 - f. The Privacy Officer or their designee will send a copy to the appropriate worksite supervisor/manager and Program Director.
2. Document what action has been or will be taken.
3. Review findings/resolution with involved parties as appropriate. If it is determined that any type of employee corrective action is warranted, the supervisor will follow City of Cincinnati and CHD Personnel Policies and Procedures, Labor Management Agreement and HIPAA regulations. **See Privacy policy entitled, “Sanctions for Privacy Violations.”**
4. When appropriate action is unclear, Program Director(s) will be consulted.