FIU Herbert Wertheim College of Medicine
FLORIDA INTERNATIONAL UNIVERSITY

Administrative Policy
POLICY NO.: 200.03.100A

POLICY TITLE: Incident Reporting

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Approved by: Quality Improvement Patient Safety Committee (QIPSC)

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SUMMARY & PURPOSE: To establish a standardized process for incident reporting for the Herbert Wertheim College of Medicine (HWCOM). These reporting requirements are set forth to utilize data to improve patient outcomes and enhance patient safety, to minimize exposure to potential risk and liability by instituting process improvement activities, to prevent re-occurrences and to promote a culture of quality and patient safety. HWCOM faculty and students will complete an incident report regarding patient care situations that involve a deviation from the standard of care and that may have harmed or could have the potential of causing harm to a patient or employee whether or not an injury has occurred. The early identification of actual, potential or near miss reporting will improve patient outcomes through investigation, analysis, tracking and trending by the HWCOM Clinical Risk Manager.

SCOPE/APPLICABILITY: This policy applies to all the HWCOM Clinical Locations and, affiliated institutions where faculty, students and /or staff provide care to patients. The HWCOM clinical locations are: FIU Health Modesto Maidique, ("MMC"), FIU Health Broward, Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center.

POLICY: Every faculty, student and/or staff working in a clinical setting is responsible for reporting adverse incidents and near misses to the HWCOM Clinical Risk Manager. Incidents should be reported on the same day of occurrence and no later than three (3) business days after the incident. Any patient, visitor, or employee injury or condition that could cause a serious patient, visitor or employee injury must be reported immediately to the Clinical Risk Manager by contacting the Department at 305-348-9174.

DEFINITIONS:

Adverse Incident: An event that causes, or has the potential to cause, an unexpected or unwanted effect involving the safety of a patient *whether or not* an injury has occurred. Adverse events vary in severity from minor to extremely serious.

Examples of adverse incidents where an incident report would be completed are:

a. Failure to obtain appropriate consent (incomplete, incorrect, improper)
b. Medication errors (expired, wrong dose, wrong route, wrong medication)
c. Angry patients or family members
d. Any medical device causing patient harm
e. Patient or visitor fall
f. Any event causing injury/harm
g. Adverse Drug Reactions
h. Allegations of Sexual Misconduct
i. Threats of Litigation
j. Transfers by ambulance to healthcare facilities for higher level of care
k. Needle stick injuries
l. Baker Act
m. Any additional event deemed appropriate by the mandated reporter

Serious Adverse Incident: Should be reported directly and immediately to the Clinical Risk Manager. Examples of a serious adverse incident include but are not limited to: unexpected death, procedure on the wrong patient, misdiagnosis, mammography mis-reading, IUD perforation, allegation from either patient or a family that an injury or harm has occurred, or any clinical situation that a faculty, student or staff members feels is serious and has affected patient safety.

Near Miss: An unplanned event that *did not* result in injury, illness, or damage – but has the potential to do so and a fortunate break in the chain of events prevented a serious injury, or fatality; in other words, a near miss is a close call. Near miss reporting helps identify trends, root causes, and weaknesses in the system. Example: During the preparation of a medication that is being administered intramuscularly, you notice that the physician order states medication is to be administered orally. You noted the error and intercepted this error before the medication was administered incorrectly, thus rendering this a near miss.

QIPSC: Quality Improvement Patient Safety Committee

PROCEDURE:

1- All new staff to HWCOM will be oriented to the incident reporting system
2- The online incident reporting system will be completed in the electronic system, Clarity link
3- Complete the fields in the link. The required items (noted by the symbol*) *must be* completed. Once complete, click save.
4- **Who completes the incident report?** The person with the most knowledge of the incident should complete the report. If the person with the most knowledge is unable to complete the incident report, someone else familiar with the incident should complete the incident report. All others present during the incident are listed as witnesses and are considered a vital part of the investigation. Please list all the witnesses with complete first and last names.

5- **How is the incident report completed?** It is written in a clear, factual and objective manner free of unbiased personal opinions and judgements. Explain the who, what, when and where. Be specific, the Clinical Risk Manager has to understand factually what happened.

6- **What happens to the incident report once you click save?** Once the incident report is submitted, the report is routed to the unit leader and Clinical Risk Manager. The Clinical Risk Manager investigates the incident and determines if further steps are taken to address the concern. Tracking and trending of recurrent incidents is followed by the Clinical Risk Manager and reported to the Director of Quality and QIPSC.

7. ***Specific to Patient / Visitor Falls:*** **What details should be included in the incident report when a fall occurs?** The details of the report should include precise location of the fall , any visible injuries caused by the fall, patient complaints in quotes, type of shoes worn, a description of the environmental factors: (lighting , water , clutter or anything that may have contributed to this fall). Was the patient transferred to a higher level of care and did the patient refuse the transfer?

Please Note: *If you are unsure whether to complete and incident report, please complete one!*

Use of Incident reports*:*

a. Incident reports are never a part of the medical record. Do not document that an incident report was completed or that Risk Management was notified or provide the name of the Clinical Risk Manager in the medical record
b. Incident reports are never released to anyone, including patients. They are the property of Herbert Wertheim College of Medicine Clinical Risk Management Department, and are considered Privileged and Confidential, Patient Safety Work Product.
c. Incident reports are never printed or saved in a share drive or in binders
d. Incident reports are never utilized in the disciplinary process of HWCOM faculty and/or students

Employee injuries:

Notify your supervisor of the injury. Complete an incident report. In addition, complete an Employee Injury Report on the following website: http://hrapps.fiu.edu/Injury/
If you have any questions regarding an employee injury, please contact the division of Human Resources, at 305-348-7960. Email: cruzma@fiu.edu

SUPPORTING/REFERENCE DOCUMENTATION:

- Joint Commission definition of Near Miss JC CAMH Update 2, January 2016
- National Safety Council definition of Near Miss, 2013
- Florida Statute 395.0197 Internal Risk Management Program, 2016
- Florida Statute 458.351 Reports of adverse incidents in office practice setting, 2016

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS: