Adverse Events AD.A20

POLICY:

Any event that deviates from accepted practice, is potentially harmful, and/or has resulted in harm to a patient, family member, employee, volunteer, visitor, or the property of any of those stated, is reported and investigated to determine the appropriate corrective action and response.

PROCEDURE:

1. Any employee who is involved in, witnesses or discovers any event that is not consistent with routine operations and/or has resulted in, or has the potential to result in, injury or harm, is required to contact their immediate supervisor immediately following the incident, as well as documenting the incident on a written incident report.
2. Examples of reportable incidents include, but are not limited to:
    a. Falls, both patient and visitor;
    b. Burns;
    c. Medication errors;
    d. Adverse or allergic drug reaction;
    e. Failure to perform procedure as taught;
    f. Mishaps due to faulty equipment;
    g. Mishaps due to misuse of equipment (user error);
    h. Patient or family complaint of alleged theft;
    i. Failure of staff/volunteer to report accident-causing hazards;
    j. Breakage or damage to personal property of patient or family;
    k. Abuse/neglect of patient or allegations of sexual misconduct;
    l. Failure to respond in a timely manner to patient or family request for assistance, information, or treatment;
    m. Patient/family complaints;
    n. Thefts of organization equipment;
    o. Security incidents;
    p. Motor vehicle accidents; and
    q. Violations of HIPAA privacy and/or security policies and procedures or breaches of protected health information.
3. A root cause analysis is conducted when an adverse event occurs to determine causes and prevent future occurrences.
4. The incident report must be accurately documented on the incident reporting form as soon as feasible and submitted to the employee's immediate supervisor.
5. The reporting employee's supervisor or designee is responsible for immediate follow-up and investigation, including corrective action as appropriate to the adverse event.

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6. Documentation of all follow-up and corrective action is provided with the original incident report and submitted to and maintained by the Clinical Director.
7. The Clinical Director reviews all incidents to determine if the necessary response includes reporting to State or Federal regulatory bodies and, if so, meets with the Hospice Administrator or designee to review reporting requirements and submit the report.
8. Documentation of HIPAA Privacy or Security incidents is maintained by the Privacy and/or Security Official and maintained for six years from the date of the incident.
    a. Reporting requirements for breaches of protected health information are followed.
9. The Clinical Director, in collaboration with the QAPI Committee, tracks and trends all reports of adverse events in order to analyze their causes, implement preventive actions and mechanisms that include feedback and learning throughout the hospice. Tracking and trending information may include:
    a. Types of occurrences, severity of injury, and frequency of occurrence;
    b. Event patterns to show particular locations, time of day, or day of week;
    c. Patient demographics such as age and gender;
    d. Staff characteristics, such as employee discipline or agency staff;
    e. Number of incidents over a period of time to show changes in the frequency; and
    f. Effectiveness of corrective measures based on the number and type(s) of events reported.
10. The Clinical Director prepares a quarterly summary of adverse events to submit to the Hospice Administrator.
11. Staff receives feedback on the results of an investigation and problem resolution.

Attachment: *Lifesong Hospice and Palliative Care Incident Report*

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