Title: Patient Occurrence Reporting

POLICY | PURPOSE STATEMENT:
It is the policy of the TTUHSC SON Larry Combest Community Health and Wellness Center (LCCHWC) to track, trend and analyze unexpected or undesirable outcomes to identify patterns that indicate opportunities for improvement emphasizing systems and processes versus individual performance. This policy is to be used for occurrences in all areas.

SCOPE:
This policy applies and will be distributed to all clinic staff and all patients of the Larry Combest Community Health and Wellness Center clinics.

PROCEDURE:
1. An unusual occurrence (‘incident’) is any event not consistent with routine operations of the clinic, or the routine care of a particular patient. The following types of incident should be reported:
   a. Untoward events involving medication, prescription, dosage, or administration;
   b. Patient/Visitor trip and falls;
   c. Medical equipment malfunction or failure;
   d. Unusual or infrequent adverse effects or outcomes of any treatment;
   e. Circumstances which result in delay of proper treatment, prolongation of illness or complicating the course of a current illness;
   f. Complications arising in the course of medical diagnosis or treatment not anticipated and not the result of the illness, despite proper care and treatment;
   g. Issues involving informed consent including reasonable disclosure of risks attendant to any diagnostic, medical or surgical procedure or treatment
   h. Any “near miss” or situation that increase the potential for patient harm;
   i. Medical emergencies involving patients or visitors in the clinical area;
   j. Other-Other occurrence that do not meet the requirements above but need reporting.

2. In the event of an unusual occurrence:
   a. Obtain medical attention as appropriate (refer to Ambulatory Clinic Policy 2.02, Medical Emergencies in Clinical Areas);
Policy and Procedure

b. If the patient or visitor refuses treatment, note this on the Occurrence Report (see Attachment A: Patient Occurrence Report) and in the patient’s medical record;

c. Make an immediate telephone report to Risk Management if death or serious injury occurs;

d. If the occurrence involves any immediate environmental concerns, call Safety Services or Maintenance as appropriate;

e. If a piece of equipment is involved, immediately remove the equipment and secure until received by the responsible department. Include the serial number of the item on the report;

f. The Occurrence Report (see Attachment A: Patient Occurrence Report) should be prepared by the LCCHWC employee involved with the incident the day of the incident. The report should be completed by stating only the facts, not assigning blame or including judgements;

g. Forward the Occurrence Report to the PI Committee Director to be evaluated, validated, and routed to the appropriate entity for further investigation as follows:
   i. Reports involving physician liability issues will be sent to Risk Management/Professional Liability Department.
   ii. Reports involving any hazardous environmental situation will be sent to Safety Services.
   iii. If Risk Management determines that the occurrences meet Sentinel Event criteria, Ambulatory Clinic Policy 8.12 Management of Sentinel Event, will be activated

h. A summary report of unusual occurrence should be reviewed and analyzed by each respective area dealing with Patient Safety/Risk Management issues. The PI Committee should recommend further analysis and corrective action as appropriate.

3. **Occurrence reports are not to be filed with the patient medical record.** These documents are confidential, and therefore no reference to the report should be made in the medical record. Employees should not discuss incident with anyone at any time except as part of a supervisor’s duty. Care provided as a result of the event should be documented in the medical record.

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Performance Improvement Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator

RIGHTS TO CHANGE POLICY:
TTUHSC SON Combest reserves the right to interpret, change, modify, amend, or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

ATTACHMENTS:
Appendix A: Patient Occurrence Report