Event Reporting Processing Policy – SAMPLE

Subject: Event Reporting Processing Policy
Number: 
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Approved by: 
(Signature) Date

Distribution: 

I. Statement of Purpose
To utilize risk and patient safety information obtained through the event reporting system for timely identification, analysis, action planning and implementation of corrective actions for serious events; to identify patterns and trends; and to strengthen patient safety through proactive performance improvement;

To maintain confidentiality in communicating identified risks, treatment plans and evaluations of treatments to the appropriate oversight committees, medical staff, departments and the governing body; and

To initiate claims management activities for potentially compensable events.

II. Policy
Information obtained through the event reporting system will be analyzed to determine severity, claims potential and whether a sentinel event occurred. Information will also be tracked over time to identify patterns and trends and to initiate necessary performance improvement activities. Investigations will be conducted in a confidential manner and results of the investigation, analysis, treatment and evaluation will be reported to the appropriate oversight committees, the medical staff, departments and the governing body.

III. Procedure
A. Upon receipt of an event report, the risk manager or designee will consider the following:

Patient Injury
Was the patient injured? If so, how severe is the injury? Is the injury temporary or permanent? Is this a sentinel event? A severity level will be assigned, depending on the nature of the injury.

• Necessary Treatment
Did the injury require medical intervention? What were the results of diagnostic testing (X-ray, CT, labs, etc.)? Will the injury extend the patient’s stay?

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• **Additional Costs**
  Will the injury impact the cost of the patient's stay or is additional follow-up care planned in a skilled nursing or rehab facility or the home? Consider placing the patient's bill (including hospital-based physician charges) on hold, pending investigative results. Ensure compliance with appropriate billing, regulatory and contractual requirements.

• **Other Considerations**
  Have similar events or injuries precipitated claims in the past? Has the patient/family expressed dissatisfaction or anger? Has there been threat of a lawsuit? Is there evidence of provider negligence? Is there evidence of obvious system barriers to safe care or a lack of needed safeguards?

B. Based on the initial review and assessment of loss potential, a decision will be made as to how to proceed. At least one of the following options will be selected. Circumstances may warrant more than one follow-up action (e.g., investigation, committee referral, and notification):

1. **File Documents/No Damages**
   No injury or potential for claim exists; further investigation is not needed at this time. Information is entered into database for tracking and trending.

2. **Immediate Follow-Up**
   The event report contains insufficient information on which to base the analysis/follow-up and/or it is not possible to determine the extent of the patient injury or the implications from the information provided. Request additional information from the responsible manager, clinical personnel and/or the attending physician. (See Event Report, Quality Review and Follow-up form) If maintained in a paper format, send the original report, maintain temporary copy in risk management files, and discard it when the original is returned.

3. **Initiate Investigation**
   - Affirm that the patient or injured party has received, or is now receiving, appropriate care and ensure that the injury is reassessed at regular intervals, as indicated.
   - If there is the possibility of a claim, secure the original medical record, including x-rays, pathology slides, etc.
   - Have a work copy made of the entire medical record, sequester the original copy, and use the work copy for case analysis.
   - Review the medical record documentation of events, care provided, patient response and treatment recommendations.
   - Establish a chronological timeline of events.
   - Note the completeness of the documentation and identify any risk management implications, which may include:
     - Omissions
     - Sentinel events
     - Contradictions/inconsistencies.
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- Time delays/unexplained time gaps
- Alterations or the appearance of alterations
- Lack of informed consent
- Illegible or incomprehensible entries
- Accusatory or extraneous remarks
- Feuding among professionals

4. Refer to Quality Improvement/Peer Review Committee(s):
   - An adverse patient outcome (APO), potentially compensable event (PCE), sentinel event or serious reportable events (formerly called never events) with quality review implications will be referred to an appropriate quality improvement and/or peer review committee, or individual representing the committee.
   - The referral shall be made in accordance with the organization’s policies and procedures and will include the date by which a response must be forwarded to risk management.
   - A root cause analysis (RCA) will be conducted within 45 business days if the event meets the definition of a sentinel event.

5. Notify Insurance Company
   Any event identified as potentially compensable or the receipt of any notice of intent, formal or informal claim (demand for compensation) or lawsuit will be referred to the insurance company claims specialist via the Notification of Claim Form document.