



INODAYA Hospitals - Kakinada

Documentation code:

INH/PSQ.Doc.No:09

Policy On Incident Collection And Analysis

Issue date:10/03/2022

Reference: PSQ.7.NABH Standards – 5th Edition

Issue no: 01

Prepared date: 05/03/2022

Review date: 4/03/2023

Review no: 00

1.0 POLICY:

- A. As a measure of improving patient safety all hospital staff shall be vigilant to identify and report the events which are undesirable and needs to be act upon for corrective and preventive action.

Following undesirable events shall be reported as soon as the occurrence of these events comes in to notice.

- a. Patient fall
 - b. Medication error
 - c. Improper blood transfusion
 - d. Restraint related injury
 - e. Patient burns
 - f. Absconded patient
 - g. Diagnostic errors (Like wrong test, mismatch of reports etc.)
 - h. Violation of patient's rights
 - i. Missing medical record
 - j. Patient feed backs, complaints
 - k. Others
- B. Employees who witness or are aware of an incident are responsible for completing an Incident Report at the time they become aware of the incident.
- C. An Incident Report must be completed anytime there is an injury (regardless of Severity) to patients, employees or visitors. An Incident Report must be completed in the event of

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damage or loss of hospital and/or patient property. When possible, a photograph of the damaged property will be taken by security and given to the Hospital safety officer.

- D. An Incident Report must be completed whenever physical skills are used to move a patient to seclusion or restraints.
- E. All Incident Reports must be filled out completely including patient's hospital number, patient's unit, date of injury, time of injury, etc. When completing an Incident Report that involves an injury (or property damage) to a patient or employee resulting from another patient, the hospital number of the patient who caused the injury must be provided in the "Description of Incident" portion of the report. The acting Supervisor's name will be stated on the report.
- F. The actual incident report will not be noted in the patient's chart.
- G. Hospital Safety Committee will monitor and evaluate data generated by the reporting process as part of the Hospital's performance improvement activities.

2.0 PURPOSE:

- A. To ensure prompt assessment and response to all incidents resulting in injury to Patients, employees, or visitors. To accurately document threats or actions of violence, inappropriate sexual behavior, fires and environmental emergencies. To accurately document incidents of property damage.
- B. To accurately document events and to identify staff response to the events.
- C. To identify contributing factors/conditions that led to the incident and to identify steps taken to prevent the recurrence of a similar incident.

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D. To provide accurate, timely information for an ongoing incident report database.

3.0 DEFINITIONS:

Events – Any unusual or unexpected occurrence that results in injury or injury to patients, staff, or visitors, threats or actions of violence, inappropriate sexual behavior, fires and environmental emergencies, Any event that results in damage or potential damage to or loss of hospital property, patient property or specified employee property.

4.0 SCOPE:

It includes patients, hospital employees, and visitors.

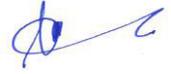
5.0 ABBREVIATIONS:

MRD: Medical Record Department

6.0 RESPONSIBILITIES:

All employees are responsible for safety and reporting safety concerns to their immediate supervisor as addressed in the Hazardous Condition Reporting Policy.

A. Hospital safety officer will maintain a database of all Incident Reports. All Incident Reports will be assigned a severity rating and categorized according to type of injury by the Hospital safety officer. The Hospital safety officer will take appropriate action to decrease the potential for repeat incidents. The Hospital safety officer will coordinate with hospital Fund to ensure appropriate management of worker's compensation claims.

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- B. Employees must complete an Incident Report at the time they become aware of an Incident. All Incident Reports must be completed prior to the end of the shift. Employees must notify their supervisor of all incidents before the end of the shift. An Incident Report must be completed for all patient, staff or visitor injuries, regardless of severity.
- C. Nurses must assess the injury and administer first-aid as necessary. Injured Employees can be referred to the Casualty during normal working hours. Employees can also be referred to Casualty. In charge Nurses must be notified of all incidents before the end of the injured employee's Shift.
- D. Nursing Superintendent/In-charge /Immediate Supervisors must take steps to ensure all injury reports Submitted to them by employees are acted upon appropriately. Any Hazardous Condition reports Generated from an incident must be forwarded to the Hospital safety officer after the Supervisor completes their section of the report.
- E. The inpatient manager collects the feed backs from the patients during discharge and submits the same to the hospital administrator for immediate action after which the forms will be passed on to the Internal Quality Department for analysis and assessment on monthly basis.
- F. The Internal Quality department collects the complaints from the complaint box on daily basis from the complaint boxes located at various places of the hospital. The complaints or grievances will be submitted to the hospital administrator for corrective and preventive action later which the forms will be analyzed by the internal quality department on monthly basis.

7.0 DISTRIBUTION:

Hospital safety officer, hospital employees, in-charge Nurse / Nursing Superintendent.

8.0 PROCESS DETAILS:

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8.1 DESCRIPTION OF THE PROCESS

An Incident Report must be completed anytime a patient, employee or Visitor is injured regardless of severity. An employee who witnesses an incident must complete the Incident Report. In the event of an unobserved injury, the employee who first becomes aware of the injury must complete an incident report.

The filled in format shall be send to Hospital safety committee for analysis, action, and maintaining the record of occurrence of such events.

The Hospital safety officer will review all Incident Reports and will assign severity Rating and injury type. All severity and higher rated injuries will be reported to the Medical Superintendent.

A monthly statistics shall be calculated by the committee for occurrence of such events, which shall be presented to hospital authorities.

Following details shall be provided in case of occurrence of an undesirable event (A format can be developed for this or an online mechanism can be developed for reporting these details)

1. Patient details:(name / MRD number)
2. Date of occurrence
3. Time
4. Department / Area
5. Reported by
6. Category
 - a.Patient fall
 - b. Medication error
 - i.Wrong patient
 - ii.Wrong drug

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- iii. Wrong route
 - iv. Wrong rate of administration
 - v. Other
 - c. Improper blood transfusion
 - d. Restraint related injury
 - e. Patient burns
 - f. Absconded patient
 - g. Diagnostic errors (Like wrong test, mismatch of reports etc.)
 - h. Violation of patient's rights
 - i. Development of pressure sores
 - j. Missing medical record
 - k. Others
7. Brief description of event
8. Severity of the event
- Minor event
- Major event
9. Action taken / to be taken

8.2 STATISTICS TO BE MAINTAINED FOR OCCURRENCE OF SUCH EVENTS (EVERY MONTH)

- 1. Number of unwanted events occurred
- 2. No. and percentage of following (% to total number of events)
- 3. Minor events
- 4. Major events
 - a. Patient fall
 - b. Medication error

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- h. Violation of patient's rights
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- j. Missing medical record
- k. Others

5. 9.0 REFERENCES:

6. 10.0 RECORDS AND FORMATS:

- 7. 1. Incident report format

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