

YAKIMA NEIGHBORHOOD HEALTH SERVICES **Unusual Events Reporting Procedure**

Preamble:

One of the most important components of an effective risk management program is an unusual events reporting system. This procedure is intended to establish procedures that improve the quality of client care, to define unusual events, to assure unusual events are reported in a timely and accurate manner to the appropriate people, and to assure corrective actions are taken to avoid recurrence.

Procedure:

The Unusual Events and Reporting Procedure is designed to provide a mechanism for the prompt reporting of unusual/unexpected events or incidents involving Yakima Neighborhood Health Services (YNHS) clients, visitors or staff which adversely affect or could adversely affect the quality of care provided.

Objectives:

Documents occurrences for prompt investigation and appropriate follow-up.
Permits early identification and timely reporting of potential legal claims.
Helps identify patterns and trends for performance improvement opportunities.
Complies with accreditation standards and regulatory requirements.

Definition:

A reportable event is any unusual or unexpected situation/outcome not consistent with routine operation of Yakima Neighborhood Health Services or the routine care of a client. The event may be one that has occurred or might occur, an accident or situation that might result in an accident, or any other unusual event the staff member wishes to report. Examples of such events include (but are not limited to):

- Unexpected/adverse outcomes of medical treatment
- Treatment-related client injuries
- Deviations from procedure
- Medication errors
- Equipment/facility problems
- Needle-stick injuries
- Personal threat to staff
- Physical injuries
- Lost YNHS keys
- Lost YNHS equipment

Procedure:

The staff member who witnesses, discovers, or is involved with a reportable event is responsible for reporting to a supervisor and for filling out the YNHS Incident Report (Appendix L, INCIDENT REPORT). The Incident Report should be completed by end of shift and given to a member of the management team. (If an incident involves violence or threat of violence notify an administrator immediately in addition to completing a report).

A member of the management team should document any investigation or action taken on the Action Plan portion of the Incident Report form. Promptly forward the Incident Report to the Administration office file.

The Safety Committee reviews applicable Incident Reports and tallies for trends.
Incident Reports are secured with the HR Manager.

Guidelines:

The Incident Report form should not be photocopied except for purposes of organizational review.

Copies of incident reports made for review should be shredded.

The reports should not be posted on bulletin boards or placed in patient records.

The fact that the form was completed should not be referenced in patient records.

Incident Reports should not be the subject of "public" discussion.

Incident Reports should be limited to quality improvement and risk management activities.

Incident Reports are the property of YNHS and should not be distributed.

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Standard 7.2