

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 130
VERSION: 3**

SUBJECT/TITLE: **EVENT NOTIFICATION/SAFETY INTELLIGENCE REPORTING SYSTEM**

POLICY: All county and non-county workforce members will identify and report events and near misses via the UHC Safety Intelligence (SI) on-line event reporting system.

PURPOSE: To establish uniform guidelines for prompt reporting of all incidents, events, injuries or near misses. To ensure the appropriate review and follow up of events and near misses that occur at Olive View-UCLA Medical Center. To ensure proper reporting of reportable adverse/sentinel events and incidents.

DEPARTMENTS: All

DEFINITIONS: **Event** - An occurrence that reaches a patient, visitor, staff member or an unsafe condition that caused any degree of harm.

Near Miss - An incident or unsafe condition that has the potential for injury or property damage but did not reach the patient, visitor or staff member.

Ancillary Manager - The manager of a department other than Nursing or Medicine. This includes Pharmacy, Physical Therapy, Occupational Therapy, Respiratory Therapy, Laboratory, Radiology, and Dietary.

Sentinel Event - An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. Such events are called “sentinel” because they signal the need for immediate investigation and response.

PROCEDURE: The UHC Safety Intelligence (SI) system is accessible by all Olive View-UCLA Medical Center workforce members from any facility computer. The workforce member can access the SI system to enter a report by clicking on the UHC Event Reporting icon found on the Olive View-UCLA Medical Center intranet site.

The completed report will automatically be forwarded to the appropriate personnel for review and follow up.

Each Manager will respond to reports that pertain to his/her unit/department.

All Reportable Events as identified by California Health and Safety Code must be reported immediately to area supervisor and/or Risk Management as well as in the

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SI system. See *Attachment A*, a listing of Reportable Events identified by the California Health and Safety Code.

All Sentinel and Critical clinical incidents resulting in severe injury or death as identified by The Joint Commission must be reported immediately to area supervisor and Risk Management as well as in the SI system. See *Attachment B*, a listing of The Joint Commission Sentinel Events.

All Clinical Events identified by Centers for Medicare and Medicaid Services (CMS) as Provider Preventable Conditions (PPCs) shall be reported immediately to area supervisor and/or Risk Management as well as in the SI system. See *Attachment C*, a listing of PPCs.

Olive View-UCLA Medical Center must also adhere to the LPS Designation Guidelines and Process for Facilities within Los Angeles County (Sixth Edition), F.15, which states:

“The facility notifies the LA County Department of Mental Health via the Patients' Rights Office of all deaths and critical incidents, including suicides, homicides, and physical/ emotional abuse, Taser use, or serious injury involving a psychiatric patient by appropriately transmitted document within 24 hours of occurrence.”

Therefore, all deaths and critical incidents as noted above involving a psychiatric patient must be reported immediately to area supervisor and/or Risk Management as well as in the SI system.

Manager/Physician Manager/Ancillary Manager/Administrator responsibilities:

Managers/Physician Managers/Ancillary Managers/Administrators (or designees) are responsible to review event reports on-line within four (4) days of notification of a report that involves his/her department or staff. An investigation is required for events with harm. An investigation may be conducted on events with no harm based on the judgment of the Manager. If needed, Quality/Risk Manager or Patient Safety Officer/Consultant can also request a review from another Manager/Physician Manager/Ancillary Manager/Administrator for an event with no harm.

If, during the investigation, it is determined by the Manager/Physician Manager/Ancillary Manager/Administrator that a consultation is required by another department or service, the Manager/Physician Manager/Ancillary Manager/Administrator must request a consult via the action link in the UHC SI

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system.

Managers/Administrators should ensure the event has been factually documented in the patient's medical record without pointing blame or reference to submission of an event report.

If education/training, counseling, policies/procedures and/or other issues are identified, the Managers/Administrators will take the necessary measures to ensure the corrective action plan steps are identified and document these actions in the SI Manager review section within 14 days.

Pharmacist responsibilities:

The designated Pharmacy Managers are responsible to review and complete a response within four (4) days of notification of a report that involves any medication event or pharmacy staff.

If education/training, counseling, policies/procedures and/or other issues are identified, the Pharmacist/Administrator will take the necessary measures to ensure the corrective action plan steps are identified and document these actions in the SI Pharmacy Manager review section within 14 days.

Administrator responsibilities:

Administrators have access to event reports within their designated areas. This is a way for administrators to be aware of occurrences in their respective areas.

Administrators should ensure investigations are done on events within their areas of responsibility within the given timeframes.

Quality/Risk Manager and Patient Safety Officer/Consultant responsibilities:

The Quality/Risk Manager and the Patient Safety Officer/Consultant have access to all event reports, and will ensure that the appropriate follow up is completed within forty-five (45) calendar days.

The Patient Safety Officer/Consultant will review all event reports with no harm. The Patient Safety Officer/Consultant may decide to conduct additional investigation of events based on their review.

The Quality/Risk Manager will review all event reports with harm. The Risk

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Manager will hold regularly scheduled meetings to review event reports.

After the area Manager has reviewed the report, the Quality/Risk Manager or Patient Safety Officer/Consultant will review the report. If all documentation is sufficient, he/she will submit the report to UHC via the Safety Intelligence system. If the manager review requires further investigation, the Quality/Risk Manager or Patient Safety Officer/Consultant will ask for further information.

If the event is considered a **Sentinel Event**, immediate investigation and a Root Cause Analysis (RCA) will be performed. The Quality/Risk Manager will coordinate and lead the RCA.

If the event is not a **Sentinel Event**, but in the judgment of the Quality/Risk Manager and/or the Patient Safety Officer/Consultant a RCA would be helpful, the Quality/Risk Manager and/or Patient Safety Officer/Consultant will request a RCA. Other management, administrative staff, or physicians may also request a RCA on an event if they feel one would be beneficial.

Data on events, root cause analyses, investigations and corrective actions shall be reported quarterly to the Risk Management Committee. The Committee will determine if additional actions are needed.

On a monthly basis, the Patient Safety Committee will report on investigations conducted as a result of their review of SI reported events.

On a quarterly basis, the Patient Safety and/or Risk Management Committees will report the aggregated data of events and significant findings to the Medical Executive Committee as part of the Patient Safety and/or Risk Management report.

REPORTING SI events which fall into mandated reporting categories as defined by The Joint Commission, California Health and Safety Codes and/or CMS will be reported appropriately according to established guidelines.

PATIENT SAFETY ORGANIZATION: The UHC Safety Intelligence (SI) shall serve as Olive View-UCLA Medical Center's Patient Safety Organization (PSO). The PSO is a private or public entity or component thereof that is listed by the Secretary of the Department of Health and Human Services pursuant to section 924 (d). The PSO collects, aggregates, and analyzes confidential information regarding the quality and safety of

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healthcare delivery for national data comparison and reporting.

- ATTACHMENTS** *A* – Reportable Events Guide
 B – Sentinel Events Guide
 C – Provider Preventable Events Guide

References: DHS Policy # 311.00: Patient Safety Evaluation System	
OVMC Policy #1796: Patient Safety Evaluation System	
OVMC Policy #63: Reporting Advers/Sentinel Events, Incidents and Near Misses	
California Health and Safety Code Sections 1279.1, 1279.2, 1279.3, and 1280.4.	
The Joint Commission standard: PI.01.01.01	
DMH Policy 202.23: Reporting Unusual Occurrences to the State Department of Mental Health	
DMH Policy 202.18: Reporting Clinical Incidents Involving Intentional Injuries, Deaths, Alleged Client Abuse and Possible Malpractice	
LPS Designation Guidelines and Process for Facilities within Los Angeles County (Sixth Edition)	
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