COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: EVENT NOTIFICATION REPORTS **POLICY NO. 612A**

PURPOSE:
To ensure that any workforce member who becomes aware of an event involving a patient, visitor or staff who suffered an unanticipated event, complications, error, or near miss, shall complete an Event Notification Report even if only a partial statement of facts can be made.

DEFINITIONS:
Patient safety event: An event, incident, or condition that could have resulted or did result in harm to a patient.

Sentinel event: A subcategory of Adverse Events, a Sentinel Event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in severe temporary harm, permanent harm, or death.

Adverse event: A patient safety event that resulted in harm to a patient.

- Identifying something as an adverse event does not imply "error," "negligence," or poor quality care. It simply indicates that an undesirable clinical outcome resulted from aspect of diagnosis or therapy, not an underlying disease process.

No-harm event: A patient safety event that reaches the patient but does not cause harm.

Close call (or "near miss" or "good catch"): A patient safety event that did not reach the patient.

Hazardous (or "unsafe") condition: A circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

Never Events: Specific to the California Health and Safety Code 1279.1. (Please refer to Policy #612B, Appendix 1).

Note: Not all patient safety events are preventable. Event analysis may be warranted.
TYPES OF EVENTS TO BE REPORTED*:

- Medication errors and adverse drug events
- Equipment and supply issues and malfunctions
- Falls

EFFECTIVE DATE: 3/99 **SUPERSEDES:**
REVISED: 11/02, 11/03, 3/05, 4/06, 8/10, 5/14, 2/15, 2/18
REVIEWED: 2/02, 11/02, 11/03, 4/06, 8/10, 8/11, 5/14, 2/15, 2/18
REVIEWED COMMITTEE:

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

- Errors related to procedures/treatments/tests
- Complications of procedures/treatments/tests
- Transfusion issues
- Behavioral issues (assaults, threats, restraint issues)
- Skin integrity issues (i.e., pressure ulcers, lacerations, burns)
- Care coordination/medical record issues
- Patient safety events
- Other/miscellaneous issues (i.e., AMA, elopements, lost belongings, patient or family complaint, dietary service problems, etc.)
- Systems-related issues that impact efficiency or quality

***This list is not meant to be all-inclusive.**

POLICY:
Harbor-UCLA uses the University Healthsystem Consortium (UHC) Safety Intelligence (SI) system for all event notifications. Events are entered directly into the SI system and will be followed up by appropriate management/risk management and quality improvement processes. Reporting of all events is encouraged because we can learn from events even when no harm has come to a patient. Events can be entered anonymously and reporting is non-punitive.

SI reports are part of the Patient Safety Evaluation System (PSES) and any investigation of the report becomes Patient Safety Work Product (PSWP).

PROCEDURE:
The SI system is available via the Harbor-UCLA intranet. No passwords are needed. The person who witnessed the event or near miss should enter the report as soon after the event as practical. Any workforce member may enter a report.

A. Report of Incident - Patient/non-patient
Events are entered into the SI system.
Note: The progress notes on the patient's chart must indicate the occurrence of the event and subsequent actions but **NO REFERENCE SHOULD BE NOTED THAT AN EVENT REPORT WAS ENTERED INTO THE SI SYSTEM.**

1. Manager review will take place within 3 business days of entry into the system. The manager of the unit or service involved will clarify the event (if needed) and enter any additional information that may be needed.

2. Risk Management will review and investigate all events within 3 business days.

3. Pharmacy Department will review medication error events within two business days.

4. Managers will enter follow-up and/or corrective actions into the system within 21 days of the event date and submit their report.

5. Consultation requests to physicians, administrators and others should be requested as soon as possible after the event. Any manager who has the ability to review events can request a consult within the SI system. Consultations should be complete within 15 days of receipt of the request. Consultation recommendations/corrective actions are entered into the SI system.

6. Risk Management does the final submissions to UHC once follow-up and corrective actions have been submitted.

7. Reports are not to be copied or printed.

8. Risk Management will submit all patient events to our Patient Safety Organization (PSO).

B. Critical Events
Adverse, Never events, and Sentinel events will be considered Critical Events. These events shall be reported up the chain of command when the emergency situation is over, if applicable, or within 4 hours as follows:

1. Enter into the SI system.
2. **Report** to Risk Management Department at extension 2168.
3. Report to immediate supervisor.
4. Supervisor to report to appropriate administrative staff.

C. Downtime Reports: When internet access is not available downtime reports forms can be down- loaded from the Safety Intelligence/Risk Management link – but must subsequently be entered into the SI system by the reporter or manager. Forward all completed downtime reports to Risk Management within 3 business days.

CROSS-REFERENCES:
Critical Clinical Event (Including Sentinel Event) Reporting and Follow-up – Hospital Policy No. 612B
Patient Safety Evaluation System-DHS Policy: 311.001

Revision reviewed and approved on behalf of the Medical Executive Committee without substantive changes on 2/28/18:

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Brant Putnam, M.D.
Professional Staff Association, President

Signature(s) on File.