HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: XVI-104 EVENT REPORTING SAFETY INTELLIGENCE (SI)	**POLICY #**: 1313
	VERSION: 1
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DATE APPROVED: 09/29/2017	

PURPOSE: To ensure that any workforce member who becomes aware of any unsafe condition or incident involving a patient, visitor, or staff member who suffers an unanticipated event, complication, error, mishap or near miss, completes a Safety Intelligence (SI) report, even if only a partial statement of facts can be made.

POLICY: High Desert Health System (HDHS) Ambulatory Surgical Center (ASC) uses the University of Healthsystem Consortium (UHC) Safety Intelligence (SI) system for all event notifications. Events are entered directly into the SI system and will be followed by the appropriate manager and by risk management staff. Reporting of all events is encouraged because we can learn from events even when no harm has come to the patient. Events can be entered anonymously and reporting is non-punitive.

TYPE OF EVENT TO BE REPORTED:

Patient

- Medication errors and adverse drug events
- Falls
- Equipment and supply issues and malfunctions
- Events related to surgery or invasive procedures
- Complications of care (unanticipated, nonsurgical)
- Behavioral issues (assaults, threats, restrain issues)
- Care coordination/medical record issues/Patient identification
- Events related to Laboratory and Radiology imaging tests
- Events related to omission/errors in assessment, diagnosis, monitoring
- Other/Miscellaneous events, such as left AMA, left without escort, or confidentiality disclosures

A complete list of Event Types for patients, staff, visitors, and unsafe conditions can be found in the UHC Safety Intelligence Event Type Quick Reference Guide

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PROCEDURE:

The SI system is available via the HDHS intranet. Passwords are not required to enter a report. The person who witnessed or who was involved in the event or near miss should enter the report as soon after the event as practical. Any workforce member may enter a report.

1. Event notification reports are confidential and privileged reports and shall not be printed, copied and/or distributed by any service other than Risk Management.
2. The progress note on the patient's chart must indicate the occurrence of the event and subsequent action. **NO REFERENCE SHOULD BE MADE TO THE FACT THAT AN EVENT REPORT WAS ENTERED INTO THE SI-System, OR THAT THE RISK MANAGER WAS CONTACTED**.
3. The completed report will be electronically forward to the appropriate personnel for review and follow-up.
4. The number of records are listed by Status (New Reports, Being Reviewed, Awaiting Additional Manager Reviews, Awaiting Q/R Manager Review, Completed, and Rejected), and by whether they are overdue.
5. The ASC Nurse Manager will respond to reports that pertain to the ASC.
6. After 30 minutes of inactivity, the frontline reporter will lose any data previously entered. The timer is reset by clicking in a text box or selecting a dropdown.

ASC Nurse Manager Responsibilities:

The ASC Nurse Manager (or designees) is responsible to review and complete a response within three days of a report that involves his/her department or staff. During the investigation, if it is determined by the Nurse Manager that a consultation is required by another department or service, the Nurse Manager must request a consultation on-line via the consultation center in the SI system, with a notification in the review that a consultation was sent.

If the review is not completed within three days, a reminder e-mail will be sent to the ASC Nurse Manager and the manager's supervisor by the Q/R manager.

Physician Managers:
Receives reports based on assigned location(s), and event type(s).

Physician Managers (or designees) are responsible to review and complete a response on-line within three days of notification of a report that involves his/her department or staff. During the investigation, if it is determined by the Physician that a consultation is required by another department or service, the lead physician must request a consult on-line via the consultation center in the SI, with a notation in their review that a consult was sent.

If the review is not complete within seven days, a reminder e-mail will be sent to the Physician, Manager and the Medical Director by the Risk Manager.

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Q/R Quality/Risk Manager Responsibilities:

- Oversees process and completion of workflow
- Completes root cause analysis if applicable
- Identifies Sentinel Events/Never Events
- Events in the SI are not deleted. The Q/R Manager has the option to reject events.

1. Q/R Manager is the only staff who can mark a record as Completed or Rejected.
2. If the review of the report is not completed to the Q/R Manager's satisfaction, and additional Manager reviews and/or consultations are necessary, the Q/R Manager should navigate to the Event Report section and change the **Approval status after save** dropdown box to the appropriate workflow stage.
3. The Q/R Manager will communicate the needs for additional reviews/investigation with the manager in question via e-mail.
4. The Q/R Manager will have access to all event reports, and will ensure that the appropriate follow-up is complete. After the Q/R Manager has reviewed the Manager's review and the event requires further investigation, the Risk Manager will ask for further information.
5. If the event is considered a Sentinel Event, immediate investigation and a Root Cause Analysis will be performed.
6. On a quarterly basis the Q/R Manager will report the aggregated data of events and significant findings to the ASC Medical Advisory Committee.

HARM SCORES USED IN THE SI

Physical Harm

1. **Death** – Death at the time of assessment.
2. **Severe Permanent Harm** – Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at the time of assessment.
3. **Permanent Harm** – Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at the time of assessment.
4. **Temporary Harm** – Bodily or psychological injury, but likely not permanent. Prognosis at the time of assessment.

No Physical Harm

1. **Additional Treatment** – Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery and/or expected in future as a direct result of event.

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2. **Emotional Distress or Inconvenience** – Event reached patient; midland transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies).
3. **No Harm evident, physical or otherwise** – Event reached patient, but no harm evident.
4. **Near Miss** (requires selection of one of the following)
    - Fail-safe designed into process and/or a safeguard worked effectively.
    - Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient).
    - Spontaneous action by a practitioner or staff member (other than the person making the error) prevented the event from reaching the patient.
    - Action by the patient or patient's family member prevented the event from reaching the patient.
    - Other.
    - Unknown.
5. **Unsafe Condition**

CRITICAL EVENT: Critical events resulting in severe injury, death or unanticipated outcome to the patient or non-patient shall be reported up the chain of command when an emergency situation is over, if applicable, or within 4 hours as follows:

1. Enter into the SI Event Report
2. Report to Risk Management Department at extension 14235
3. Report to immediate supervisor
4. Supervisor to report to appropriate administrative staff

DOWNTIME REPORTS: When the internet access is not available, downtime reports can be done using SI black forms available on the UHC website but must subsequently be entered into the SI system by the reporter or manager.

REFERENCES:

DHS Policy No. 311 and 311.2

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