



Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: REPORTABLE NON-CLINICAL EVENTS

POLICY NO: 311.203

PURPOSE:

To establish uniform guidelines for prompt reporting of non-clinical events, and patient safety concerns.

SCOPE:

This policy applies to all Los Angeles County DHS facilities.

POLICY:

Reportable non-clinical events are defined on the "Reportable Incidents – Non-Clinical Events" form (see attached). The form must be completed and faxed or e-mailed to the Director, Quality Improvement and Patient Safety within 24 hours after the event has been detected. If the non-clinical event relates to a medical device, please refer to DHS Policy No. 311.1, "Medical Device Reporting Program."

If there is a non-clinical urgent or emergent threat to the welfare, health, or safety of patients, DHS workforce, or visitors, the DHS Chief Deputy Director, the DHS Senior Medical Director or the DHS Director and Chief Medical Officer must be contacted via phone or e-mail not later than twenty-four (24) hours after the reportable non-clinical event has been detected.

INVESTIGATION:

The facility must investigate the cause of the event or patient safety concern. The investigation will be conducted for the purpose of evaluating and improving the quality of patient care.

**CROSS
REFERENCES:**

- 311 Incidents Involving Potential Claims Against the County
- 311.1 Medical Device Reporting Program
- 311.202 Adverse Event and Reporting to the State Department of Public Health

APPROVED BY: 
REVIEW DATES:

EFFECTIVE DATE: January 1, 2008
SUPERSEDES:

REPORTABLE INCIDENTS – NON-CLINICAL EVENTS (DHS POLICY NO. 311.203)

TO: County Counsel in Anticipation of Litigation

Directions: Check the appropriate box, fill in the information section. Immediately FAX or PDF the completed form to

1. Richard Mason, Principal Deputy County Counsel Fax: (213) 680-2165.
2. Copy to Laura Sarff, RN; Director, Quality Improvement & Patient Safety Fax: (213) 250-5136 or PDF to QIPS@dhs.lacounty.gov.

Staff Related Incidents

- | | | |
|---|---|--|
| <input type="checkbox"/> Allegations of improper supervision | <input type="checkbox"/> County Police weapons discharges | <input type="checkbox"/> Suspected work actions |
| <input type="checkbox"/> Jail/custody cases (civil rights violations) | <input type="checkbox"/> Injuries caused by County Police | <input type="checkbox"/> Serious allegations against staff |
| <input type="checkbox"/> Unlicensed staff performing procedures | <input type="checkbox"/> Suicides | <input type="checkbox"/> Severe staff shortages |
| <input type="checkbox"/> Staff sexual misconduct | <input type="checkbox"/> Fraud/misappropriation | <input type="checkbox"/> Serious injury/death |

Facility/Equipment Related Incidents

- | | |
|--|---|
| <input type="checkbox"/> Interruptions in service | <input type="checkbox"/> Major thefts |
| <input type="checkbox"/> Major facility damage | <input type="checkbox"/> Equipment malfunction |
| <input type="checkbox"/> Significant disturbances (e.g., bomb threats, civil unrest, protests) | <input type="checkbox"/> All agency inspections |

Miscellaneous Incidents

- | | | |
|---|--|--|
| <input type="checkbox"/> Incidents reportable to the State/others (including HIPAA) | <input type="checkbox"/> VIP visitors | <input type="checkbox"/> SCAQMD violations/inspections |
| <input type="checkbox"/> Disasters | <input type="checkbox"/> Unspent grant funds | <input type="checkbox"/> Bioterrorism incidents |
| <input type="checkbox"/> Unusual and recurring patient complaints | <input type="checkbox"/> Unusual media attention | <input type="checkbox"/> Hazardous exposures/releases |
| <input type="checkbox"/> VIP as patient | <input type="checkbox"/> CAL-OSHA violations/inspections | <input type="checkbox"/> Other |

INFORMATION

Facility/Unit(s) _____ Date: _____ Time: _____

Report prepared by: _____ Phone: _____

Responsible Manager: _____ Phone: _____

Is a Board Memo being prepared? Yes No If yes, when will it be sent?: _____

Describe the incident: _____

Action Taken: _____

Follow-up action planned: _____

Director comments: _____

Follow-up assigned to: _____ Reporting Frequency: _____

Note: Please attach a second page or other supportive information as appropriate.

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Attorney/Client Protected Information