

# GIG Risk Control Services



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## Patient/Visitor Incident and Investigation

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### I. INTRODUCTION

Reporting and investigation of patient/visitor incidents, and their review, analysis and trending by management are essential elements in any Hospice or Home Care Risk Management program.

An incident reporting investigation system should use standardized (at least within the organization) forms which should facilitate the following:

1. To improve the management of patient care and treatment by assuring that appropriate and immediate intervention occurs and corrective measure are implemented to prevent recurrences.
2. To provide a factual record of the event by the employee or volunteer who was a witness or had first hand information of the incident.
3. To provide a database for the organization's Quality Improvement activities so that care and services can be evaluated and changes can be made to improve quality.
4. To alert Risk Management/Administration of an occurrence that could result in a claim so loss control measures can be implemented.

### II. DEFINITION OF AN INCIDENT

A definition of an incident is any undesired occurrence which is inconsistent with the routine, proper care of the patient. Such events should be reported and investigated regardless of whether patient injury actually occurred. The key to incident reporting is whether there is a loss cause or at least a situation which may, reasonably, cause injury to a patient.

The most common type of incident in Home Care and Hospice is that of the patient fall. Patient age, debilitation, and mental status increase both the probability and the severity of such falls. All falls should be reported, documented, and investigated so the chance of serious ones can be reduced.

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### III. DOCUMENTATION

The organization should develop (or choose) its own special forms for the reporting and investigation of incidents. These may be either of narrative or check-off type or a combination. The Risk Control Services forms at the end of this section are excellent examples. Note: that the Patient/Visitor Incident Report Form requests only the facts of the event. This is objective information which should not be contained in the medical record. **The Incident Report Form should never be attached to, included in, or referenced in the medical record.** The Incident Investigation Report Form, serves a different purpose where the investigator records both causes and circumstances. Obviously, discovery of this form by plaintiff's attorney is undesired. For this reason, the organization should take actions to reduce the chance of its being discoverable. These actions should include the following:

1. Confirm with legal counsel whether incident investigation reports are discoverable in your jurisdiction.
2. Establish a relationship with an outside attorney and obtain their advice on how the investigation report could be classified as a confidential report to the attorney, and thus protected under the attorney's work-product privilege.
3. Do not record the patient's name or record number on the investigation report form. Do not cross-reference the number of the incident report form on the investigation report.
4. Develop specific policies on retention, and eventual destruction, of incident report forms after consultation with legal counsel.
5. Do not keep copies or make copies of the investigation report form, and do not place copies in patient records or employee files.

The Incident Report form should be completed by the employee most directly involved and knowledgeable about the event, such as the individual discovering a patient on the floor in the case of a patient fall.

If an Investigation Report form is needed, it should be completed by the supervisor of the employee completing the incident report, or supervisor over the unit/department in which the incident occurred.

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#### IV. REVIEW OF INCIDENT AND INVESTIGATION REPORTS

The Organization's Quality Assessment/Performance Improvement and Risk Management staff should review all incident and investigation reports.

The purpose of this review is to determine what happened, why it happened, whether adequate investigation has been made, and whether effective and appropriate corrective action has been taken. **This process is not an attempt to determine liability or legal blame.** Information from the review process should also be trended and analyzed as to type and root cause so that repetitive problems can be identified. Larger organizations may wish to automate this statistical process, but there should still be a review of individual incidents and summary statistics should be compiled. Further statistical analysis of incidents by shift, location, employee type and/or patient category/type may be useful in getting at underlying causes.

#### V. POLICIES AND PROCEDURES

The organization should develop a written Policy/Procedure addressing the Incident Reporting/Investigation process. It should at least address the following:

1. Definition of an incident, with examples of reportable events
2. The need for proper completion of forms by appropriate individuals
3. Routing requirements for Incident report investigation reports (including time frame)
4. Confidentiality
5. Final disposition of reports

Consideration should also be given to requiring staff to report "near misses" A **near miss** is an unplanned event that did not result in injury, illness, or damage - but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage. Although human error is commonly an initiating event, a faulty process or system invariably permits or compounds the harm, and should be the focus of improvement.

#### VI. SUMMARY

The forms attached to this section are offered only as samples for the organization in developing its own. The organization should develop its own risk management program into which Incident Reporting Investigation is integrated. Where there are questions of discoverability, patient rights or other medical – legal issues, do not hesitate to contact your own legal counsel.