



Ambulatory Clinic Policy and Procedure

Title:	Occurrence Reporting	Policy Number:	8.02
		Version Number:	7
Regulation Reference:	Joint Commission	Effective Date:	2/2016
		Original Approval:	3/1996

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) to track, trend and analyze unexpected or undesirable outcomes to identify patterns that indicate opportunities for improvement emphasizing systems and processes versus individual performance. Employees should feel supported and safe, free of blame or retaliation when voicing or reporting patient safety concerns or events, especially when the process or system has failed and not the individual. At the same time, each individual is held accountable for their own at-risk or reckless behavior and all employees feel obligated to report errors or unsafe conditions. This policy is to be used for occurrences in the ambulatory clinical areas only. Please refer to [HSC OP. 75.14, Non-Employee Incident/Injury Procedures & Reporting](#), occurring in non-clinical areas.

SCOPE:

This policy applies to all TTUHSC ambulatory clinics conducted through its Schools.

PROCEDURE:

1. **An unusual occurrence (“incident”) is any event not consistent with routine operations** of the clinic, or the routine care of a particular patient. The following types of incidents should be reported:
 - a. Untoward events involving medication, prescription, dosage or administration;
 - b. Patient/Visitor trip and falls;
 - c. Medical equipment malfunction or failure;
 - d. Unusual or infrequent adverse effects or outcomes of any treatment;
 - e. Circumstances which result in delay of proper treatment, prolongation of illness or complicating the course of a current illness;
 - f. Complications arising in the course of medical diagnosis or treatment not anticipated and not the result of the illness, despite proper care and treatment;
 - g. Issues involving informed consent including reasonable disclosure of risks attendant to any diagnostic, medical or surgical procedure or treatment;
 - h. Any “near miss” or situation that increases the potential for patient harm;
 - i. Medical emergencies involving patients or visitors in the clinical area.
2. **In the event of an unusual occurrence:**
 - a. Obtain medical attention as appropriate (refer to [2.02, Medical Emergencies in Clinical Areas](#));
 - b. If the patient or visitor refuses treatment, note this on the Occurrence Report (see [8.02.A, Occurrence Report](#)) and in the patient’s medical record;
 - c. Make an immediate telephone report to Risk Management if death or serious injury occurs;

- d. If the occurrence involves any immediate environmental concerns, call Safety Services or Maintenance as appropriate;
 - e. If a piece of equipment is involved, immediately remove the equipment and secure until received by the responsible department. Include the serial number of the item on the report;
 - f. The Occurrence Report (see [8.02.A, Occurrence Report](#)) should be prepared by the TTUHSC employee involved with the incident as soon as possible after the incident occurs. The report should be completed by stating only the facts, not assigning blame or including judgments.
 - g. Forward the Occurrence Report to the PI/QI/RM Department to be evaluated, validated, and routed to the appropriate entity for further investigation as follows:
 - 1) Reports involving physician liability issues will be sent to the Professional Liability Department.
 - 2) Reports involving nursing liability issues will be sent to the CNO, School of Nursing or Office of General Counsel, as appropriate.
 - 3) Reports involving any hazardous environmental situation will be sent to Safety Services.
 - 4) If the occurrence meets Sentinel Event criteria, [8.12, Management of Sentinel Event](#), will be activated.
 - h. A summary report of unusual occurrences should be reviewed and analyzed by each respective campus or School committee dealing with Patient Safety/Risk Management issues. The committee should recommend further analysis and corrective action as appropriate.
- 3. Occurrence reports are not to be filed with the patient medical record.** These documents are confidential, and therefore no reference to the report should be made in the medical record. Employees should not discuss incident with anyone at anytime except as part of a supervisor's duty. Care provided as a result of the event should be documented in the medical record.
- 4. There should be no punitive or retaliatory actions taken against any employee or provider who in good faith reports an event, unless the occurrence of the event suggests a pattern or rises to the level of reckless, malicious or intentional harm.**

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on February 4, 2016.

ATTACHMENT:

[8.02.A – Occurrence Report \(PDF\)](#) [\(Word\)](#)