

Incident and event reporting

Notification and escalating reports



Acute care, ambulatory and physician practices

This document is a sample and may be customized to your facility setting.

Certain incidents and events that come under the category of general and professional liability are more serious than others and will need additional resources and support to resolve and manage. In general, these incidents and events are those that have caused injury to a patient or visitor.

The following grid serves as a supplemental guideline for notifying and escalating this information beyond the organizational leadership team. Escalating this information beyond the community leadership.

Incident or event type	Recommended actions	Notification of corporate leaders	Notification method	Timeframe
Abuse allegations — all types	If the patient has a physical injury or alleges abuse, seek medical evaluation immediately	Risk management house supervisor	Place phone call to the unit manager and risk management when allegation is for physical or sexual abuse	Stabilize the patient first
Assaults — physical or sexual	All other allegations: make certain that the patient feels safe and comfortable	Unit supervisor/ practice manager	Follow up by submitting an incident report	Ensure for other patients and staff safety
	Notify police/law enforcement and state licensing agency		Conduct root cause analysis in accordance with company and/or accreditation policies and requirements	Debrief team on a need-to-know basis
	Begin an investigation, including suspension of an employee(s) or restricting visitors and/or another patient if indicated by the allegation			
	Depending on the setting, contact the patient's provider or 911, as needed			

Incident or event type	Recommended actions	Notification of corporate leaders	Notification method	Timeframe
Patient rights violation, such as an allegation of discrimination, failure to ensure for privacy, failure to provide an interpreter or ADA assistive accessories/ device or other patient rights issue	Provide supportive measures to the patient/family	Unit supervisor/ practice manager Risk management house supervisor Depending on organizational duties: <ul style="list-style-type: none"> • Compliance officer • Human Resources • Regulatory 	Complete incident report	Address immediately Ensure for patients's and staff safety Debrief team on a need-to-know basis
Adverse drug reactions; medication error with untoward or adverse outcome	Stabilize the patient medically. Determine if emergency care is needed and contact the Rapid Response team or call 911 If the patient appears to be having a mild reaction, notify the patient's primary care provider Obtain physician orders, monitor and document the patient 's condition for the next 72 hours. Note if the patient is experiencing any adverse clinical signs and symptoms related to the event	Risk management house supervisor Unit supervisor/ practice manager	Complete incident report Conduct root cause analysis in accordance with company and/ or accreditation policies and requirements	Within 24 hours of discovery of the incident
Patient behavioral disturbance	If patient behaviors are a result of his or her diagnosis and condition, implement appropriate clinical interventions If there isn't any physical altercation and no injury to any party, then care plan the interventions that work to help the patient manage behaviors If there is any type of injury to the patient, employees or others, evaluate the need for medical care and determine if the patient can be managed in the facility at this time	Risk management house supervisor Unit supervisor/ practice manager	Phone if there are injuries and the patient or others are sent for treatment, or if the patient has been transported outside the facility. Follow up by submitting an incident report Submit an incident report or make notation in the medical record if no injury occurred and the patient's behaviors can be managed successfully by the facility	Within 24 hours of the incident for injuries Within 48 hours for incident without injuries

Incident or event type	Recommended actions	Notification of corporate leaders	Notification method	Timeframe
Burn, choking, falls, suspected and confirmed fractures, skin wounds, CPR performed, unconscious patient, ingestion of toxic substances	<p>Implement immediate first aid. Evaluate the patient for medical care interventions</p> <p>Transport the patient to the hospital's emergency department for conditions that cannot be treated on the unit or in the physician practice.</p> <p>Monitor the patient for 72 hours or until the injury is resolved</p> <p>Implement revisions to the care plan to prevent future incidents</p> <p>Investigate the incident</p>	<p>Risk management house supervisor</p> <p>Unit supervisor/ practice manager</p>	<p>Phone if the patient's injuries require transfer to hospital emergency department or admission to the hospital</p> <p>Conduct root cause analysis in accordance with company and/or accreditation policies and requirements</p>	<p>Address immediately</p> <p>Ensure for patients's and staff safety</p> <p>Debrief team on a need-to-know basis</p>
Unexpected death	<p>Notify the county coroner (medical examiner)</p> <p>Notify family and others as required by regulations</p> <p>Complete an investigation of circumstances surrounding the death</p>	<p>Risk management house supervisor</p> <p>Unit supervisor/ practice manager</p>	<p>Place phone call to the unit manager and risk management for prompt notification</p> <p>Follow up by submitting an incident report</p> <p>Conduct root cause analysis in accordance with company and/or accreditation policies and requirements</p>	<p>Within 24 hours</p>
Elopement/missing person	<p>Implement the missing patient/elopement procedures</p>	<p>Risk management house supervisor</p> <p>Unit supervisor/ practice manager</p> <p>Security</p>	<p>Place phone call to the unit manager and risk management for prompt notification</p> <p>Follow up by submitting an incident report</p> <p>Conduct root cause analysis in accordance with company and/or accreditation policies and requirements</p>	<p>Contact risk management as soon as possible if the patient who has eloped is without capacity</p> <p>Contact risk management in 30 minutes if the patient with capacity isn't found</p> <p>Follow-up communication: Within 24 hours if the patient is found and has not sustained injuries or needs further medical evaluation; as soon as practical if the patient is found and has sustained injuries but no longer than 24 hours</p>

Incident or event type	Recommended actions	Notification of corporate leaders	Notification method	Timeframe
Disaster with or without evacuation: fire, flood, power outage, severe weather, contagious disease outbreak, environmental hazard	Implement the procedures for the specific emergency/disaster	Risk management house supervisor Unit supervisor/ practice manager	Place phone call to the unit manager and risk management for prompt notification Follow up by submitting an incident report	As soon as practical but no longer than 24 hours
Injuries of unknown origin	Provide care for the patient on the unit if reasonable to do so or send patient out to the emergency department or the patient's primary care provider, depending on the setting where the injury occurred and the condition of the patient Get a statement from the patient about the injury and complete an investigation with other staff and patients as appropriate Determine if a report should be sent to the state licensing authority	Risk management house supervisor Unit supervisor/ practice manager	Place phone call to the unit manager and risk management for prompt notification Follow up by submitting an incident report Conduct root cause analysis in accordance with company and/or accreditation policies and requirements	As soon as practical but no longer than 24 hours
Equipment use resulting in resident or visitor injury	Attend to any care needs for the patient or others immediately Lock out/tag out equipment and move it to a location where it will not be used Retain/sequester the equipment in the condition it is in when it failed Do not release the equipment to a vendor or manufacturer for repair without permission of the risk manager	Risk management house supervisor Unit supervisor/ practice manager	Phone the unit manager and risk management for prompt notification Follow up by submitting an incident report Conduct root cause analysis in accordance with company and/or accreditation policies and requirements	As soon as practical but no longer than 24 hours
Neglect resulting in temporary or permanent impairment/injury	Provide the care that the patient needs immediately Collect any documentation that illustrates what the facility has done for the patient and the patient's response relative to the area of neglect. For example, weight loss resulting in patient being malnourished — collect logs and other charting in the medical record that shows what was done to prevent this situation, including medical notification, orders and interventions	Risk management house supervisor Unit supervisor/ practice manager	Phone the unit manager and risk management for prompt notification Follow up by submitting an incident report	As soon as practical but no longer than 24 hours

Incident or event type	Recommended actions	Notification of corporate leaders	Notification method	Timeframe
Any incident not listed but that resulted in an injury where medical care was provided		Risk management house supervisor Unit supervisor/ practice manager	Place phone call to the unit manager and risk management for prompt notification Follow up by submitting an incident report	As soon as practical but no longer than 24 hours

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