



## Incident Reporting System

### 1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, and Marshfield Clinic Regional Medical Center; however excluding MCIS, Inc., Marshfield Food Safety, LLC, Security Health Plan of Wisconsin, Inc., and Flambeau Hospital.
- 1.2. Incidents involving employee health and safety are outside the scope of this policy.

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Reportable Incident: An occurrence or event requiring documentation in the Incident Reporting System with appropriate follow-up by Marshfield Clinic.
- 2.2. General Liability Incident: An accident occurring on any Marshfield Clinic premises involving injury to a patient or any visitor resulting from a slip, trip, or fall or other event and occurring outside the scope of patient care or related health care services.
- 2.3. Adverse Medical Device Incident: An event involving death or serious bodily injury caused, in whole or in part, by an instrument, apparatus or other article that is used to prevent, diagnose, mitigate or treat a disease or to affect the structure or function of the body with the exception of drugs. Incidents involving heparin-containing flush solutions are considered an adverse medical device incident.
- 2.4. Product Recall Incidents: Includes a voluntary or mandatory recall; safety alert; notice of product defect, failure or deficiency; or other similar notices issued by a manufacturer, vendor, or any federal or state agency and received by Marshfield Clinic which may impact the health and safety of Marshfield Clinic patients.
- 2.5. Patient Risk Management Incident: Incident with actual or potential medical malpractice liability to the Clinic. Risk management incidents include:
  - Informed consent issues regarding surgical/medical treatment
  - Unexpected , adverse clinical outcome
  - Unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition
  - Surgical or procedural complication
  - Unexpected death, medical or surgical or suicide
  - Missed/delay in diagnosis
  - Obstetrical complication/compromised infant
- 2.6. Patient Experience Incident: Patient and/or family concerns regarding the care provided to them or their family members at Marshfield Clinic. The care received

did not meet the expectations set by the patient. These also include the following types of concerns:

- Appointment cancellation or mix-up
  - Access issues
  - Delay in receiving results
  - Excessive waiting time
  - Requests to change provider
  - Physicians or staff not returning calls
  - Duplicate testing
  - Initial counseling of disruptive, difficult, drug seeking and noncompliant patient behaviors
  - Consent issues regarding treatment
  - Financial concerns, which are unable to be resolved by Patient Financial Services
- 2.7. Patient Behavior Incident: Those incidents where patients have displayed significant or recurrent difficult, disruptive, threatening, non-compliant, or drug-seeking behavior.
- 2.8. Medication/Chemotherapy Incidents: Incidents related to medication, pharmacy issues, chemo chemical spills, adverse drug reactions, and chemo medication issues.
- 2.9. Patient Privacy Incidents: Incidents related to privacy and/or breach of patient confidentiality.
- 2.10. Lab/Specimen Incident: Incidents involving lab testing/reporting, lost specimens, wrong test(s), transport issues, critical values not called and blood product issues.
- 2.11. Infection Incidents: Incidents such as airborne isolation breaches, hand hygiene compliance issues, patient exposure, communicable disease incidents, sterilization issues, suspected infections, or other infection events.
- 2.12. Safety/Security/Facility incidents: Incidents related to environment, cleanliness, safety, auto accidents on premises, parking, abduction, bomb threats, weapons on premises, theft, and property damage/vandalism
- 2.13. Unprofessional behavior incidents: Incidents where Marshfield Clinic physicians or staff exhibit unprofessional behavior including:
- Abusive or intimidating behavior towards patients, families, or employees
  - Defamatory statements
  - Destruction, theft or inappropriate removal of clinic property
  - Failure to respond
  - Intended self-harm or suicide
  - Procession of dangerous unauthorized materials (firearms, explosives)
  - Practice issues
  - Prescribing issues
  - Sexual misconduct
  - Suspected alcohol or substance abuse

### **3. POLICY BODY**

The purpose of this document is to provide expectations for reporting incidents occurring at Marshfield Clinic.

- 3.1. All Marshfield Clinic physicians, providers, residents, and employees involved or who witnessed the incident are obligated to report using the Incident Reporting System.

- a. If an individual is unsure whether an event requires reporting, they can seek guidance from their manager or either the Risk Management or Patient Experience Departments.
- 3.2. An incident requires reporting through prompt, accurate and complete submission of an incident report and requires appropriate follow up with patients and involved parties.
- 3.3. The incident report will be complete, accurate and timely by the reporting employee, physician, provider, or department manager (or his/her delegated representative) in the area in which the incident occurred. The benefits of prompt reporting include:
  - a. Assisting patients and families in real time
  - b. Protecting Marshfield Clinic, providers and employees from litigation
  - c. Providing the involved professionals with feedback as appropriate.
- 3.4. Marshfield Clinic physicians and providers will report hospital-based events, where a Marshfield Clinic physician, provider, or staff provided or assisted with the care, to the Risk Management team via the Incident Reporting System, as well as to the hospital in which the event occurred.
- 3.5. Factual information about the event should be documented in the patient's medical record. Documentation in the patient's medical record will not reference incident reporting, legal services, or risk management.
- 3.6. Special Condition Alerts in the patient's medical record will not be mentioned to patients or family members.
- 3.7. Physicians, providers, and staff will cooperate fully in inquiries and investigations concerning incidents.
- 3.8. All reported incidents are investigated and resolved.
- 3.9. Confidentiality of individuals who are involved and individuals who are reporting is a high priority. Information is shared on a need-to-know basis only. The resolution of an incident will not be communicated to reporters, in an effort to protect the confidentiality of those involved.
- 3.10. It is the policy of Marshfield Clinic that no one will be retaliated against for submitting an incident report based upon an honest perception of the events or for cooperating in good faith in the investigation of an incident. If an employee believes he or she is being retaliated against for reporting a concern or participating in a related investigation, he or she may report it to their manager or the Human Resources department immediately.
- 3.11. An investigation of incident does not imply wrong-doing.

#### **4. ADDITIONAL RESOURCES**

- 4.1. References:
  - Intranet site: <http://srdweb1/clinic/incidentRpts/>
- 4.2. Supporting documents available:
  - Incident Reporting System—Risk Management Incident:  
<https://documentcontrol.mfldclin.org/sites/legal/Published%20Documents/Incident%20Reporting%20System%20-%20Risk%20Management%20Incident.pdf>

#### **5. DOCUMENT HISTORY**

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When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

Version No.	Revision Description
1.0	Previously was in Policy Library (policy 4849.0) and was effective on 5/1/12
2.0	Updated to include information on confidentiality and no tolerance for retaliation. Also to move into Document Control System.

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POLICY

**6. DOCUMENT PROPERTIES**

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POLICY