**Incident Reports**

**Group 05**

**Group members**– Pavan Bandara

Lamha Jaleel

Samitha jayalath

Yashodha Bandara

Suntharasivam Kurinchi

Keiffer James

**Lecturer** - Dr. Kithsiri Edirisinghe

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7. **Summary**

This report is to give a brief description on incident reports in health care.In a [health care](http://en.wikipedia.org/wiki/Health_care) facility, such as a [hospital](http://en.wikipedia.org/wiki/Hospital), [nursing home](http://en.wikipedia.org/wiki/Nursing_home), or [assisted living](http://en.wikipedia.org/wiki/Assisted_living), an incident report or accident report is a form that is filled out in order to record details of an unusual event that occurs at the facility, such as an injury to a [patient](http://en.wikipedia.org/wiki/Patient). The purpose of the incident report is to [document](http://en.wikipedia.org/wiki/Document) the exact details of the occurrence while they are fresh in the minds of those who witnessed the event. This information may be useful in the future when dealing with liability issues stemming from the incident.

Generally, according to health care guidelines, the report must be filled out as soon as possible following the incident (but after the situation has been stabilized). This way, the details written in the report are as accurate as possible.

Most incident reports that are written involve accidents with patients, such as patient [falls](http://en.wikipedia.org/wiki/Falling_(accident)). But most facilities will also document an incident in which a staff member or visitor is injured.

In the event that an incident involves a patient, the patient will often be monitored for a period of time following the incident (for it may happen again), which may include taking [vital signs](http://en.wikipedia.org/wiki/Vital_signs) regularly.

1. Function/Purpose

The purpose of incident reporting and investigations is to prevent a recurrence of the hazardous condition causing the event. It also ensures that we meet regulatory requirements.

An incident report is not part of the patient’s chart, but it may be used later in litigation. A report has two functions:

It informs the administration of the incident so management can prevent similar incidents in the future.

It alerts administration and the facility’s insurance company to a potential claim and the need for investigation.

An incident report should be filed whenever an unexpected event occurs. The rule of thumb is that any time a patient makes a complaint, a medication error occurs, a medical device malfunctions, or anyone—patient, staff member or visitor—is injured or involved in a situation with the potential for injury, an incident report is required.

1. **Process**

What is an incident?  
Why is reporting necessary?  
When should I report incidents?  
How do I report an incident, what forms need to be filled out, and who is involved in the  
reporting process?

* Detect- safety critical issues & risks to patient safety.
* Capture- incident report information..
* Classify- incident type severity and work systems involved.
* Analyze- aggregated incident data for safety issues.
* Priorities- reported issues for corrective action.
* Investigate- root causes and contributory factors.
* Formulate- safety solutions and systems improvements.
* Implement- changes in work systems to address vulnerabilities.
* Monitor- effectiveness of solutions in preventing recurrence.

These steps are repeated continuously

1. Include essential information, such as identity of the person involved in the incident, the exact time and place of the incident and the name of the doctor you notified.
2. Document any unusual occurrences that you witnessed.
3. Record the events and the consequences for the patient in enough detail that administrators can decide whether or not to investigate further.
4. Write objectively, avoiding opinions, judgments, conclusions, or assumptions about who or what caused the incident. Tell your opinions to your supervisor later.
5. Describe only what you saw and heard and the actions you took to provide care at the scene. Unless you saw a patient fall, write “found patient lying on the floor”.
6. Do not admit that you are at fault or blame someone else. Steer clear of statements like “better staffing would have prevented this incident”.
7. Do not offer suggestions about how to prevent the incident from happening again.
8. Do not include detailed statements from witnesses and descriptions of remedial action; these are normally part of an investigative follow-up.
9. Do not put the report in the medical record. Send it to the person designated to review it according to your facility’s policy.
10. **Benefits of incident reporting**

* Data collection is not restricted to a limited number of offense categories.
* Offense definitions can meet local, state, and national reporting needs.
* Detail on individual crime incidents (offenses, offenders, victims, property, and arrests) can be collected and analyzed.
* Arrests and clearances can be linked to specific incidents or offenses.
* All offenses in an incident can be recorded and counted.
* Additional crime scoring categories, such as Crimes against Society, can be created.
* Distinctions can be made between attempted and completed crimes.
* Linkages can be established between variables for examining interrelationships between offenses, offenders, victims, property, and arrestees.
* Detailed crime analyses can be made within and across law enforcement jurisdictions.
* Regional law enforcement agencies can share information easily.
* Strategic and tactical crime analyses can be made at the local and regional levels.

1. **Sample Incident Reports**

INCIDENT/COMPLAINT REPORT

EMPLOYEE: Return this COMPLETED FORM to your SUPERVISOR as soon as possible.

Name of Person Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_\_

SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_ am/pm

Exact Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Type of Accident: Check:

* Clerical/Data Entry \_\_\_\_\_ Patient
* Communications \_\_\_\_\_ Employee
* Testing Process \_\_\_\_\_ Visitor
* Result reporting \_\_\_\_\_ Volunteer
* Safety \_\_\_\_\_ Other
* Medical Device Failure
* Policy/Procedural Violations
* Adverse Drug Reaction
* Vehicle Accident
* Needlestick
* Exposure to Hazardous Substance
* Medication Error (Wrong: Route, Dosage, Medication, Schedule)

EMPLOYEE: Involved \_\_\_\_\_ yes \_\_\_\_\_ no

Were they doing their regular job duties: \_\_\_\_\_ yes \_\_\_\_\_ no Observed by employee yes

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_ Situation observed only by employee yes

Employee Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protective Equipment being used: \_\_\_\_\_ yes \_\_\_\_\_ no

If not used, Why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Incident/Complaint (Who, What, Where, How, Why, Include sequence of events, personnel involved, body part injured, reason incident occurred) (If medication error include brand name, manufacturer, dosage) (Use additional form if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Actions Taken by Staff Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL FOLLOW-UP:** Was Medical Attention Sought: \_\_\_\_\_ yes \_\_\_\_\_ no

Treatment Refused: \_\_\_\_\_ yes \_\_\_\_\_ no First Treatment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day Off Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties Restricted: \_\_\_\_\_ yes \_\_\_\_\_ no Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**INCIDENT REPORT NO:**

**Complete this form to report accidents, incidents, near misses, hazards or harassment.**

|  |  |  |  |
| --- | --- | --- | --- |
| Location of Incident: …………………………………………… | |  | |
| Date of incident: | ........................................ | Time of incident: | ....................... |
| Individual/s involved | | .......................................................................................................................................  ....................................................................................................................................... | |
| Nature of incident: | | .......................................................................................................................................  .......................................................................................................................................  ....................................................................................................................................... | |
| Injuries sustained: | | .......................................................................................................................................  ....................................................................................................................................... | |
| Treatment given: | | .......................................................................................................................................  ....................................................................................................................................... | |
| Damage incurred: | | ....................................................................................................................................... | |
| **Witnesses:** | | | |
| Name: | ........................................ | Position: | ......................................... |
| Contact Details: | | ...................................................................................................................................... | |
| Name: | ........................................ | Position: | ......................................... |
| Contact Details: | | ....................................................................................................................................... | |
| **Incident Report submitted by:** | | ....................................................................................................................................... | |
| *Office use only:* | | *Date:* | |
| *OHS Incident record/logged by:* | | *Date* | |

**References**

1. <http://www.monash.edu.au/lls/llonline/writing/medicine/reflective/5.xml>
2. <https://www1.imperial.ac.uk/cpssq/research_themes_2/cpssq_research_themes/feedback_from_incident_reporting_systems/>
3. <http://www.kevinmd.com/blog/2009/10/incident-reporting-effective-reducing-medical-errors-increasing-patient-safety.html>
4. <http://www.nso.com/nursing-resources/article/43.jsp>
5. <http://www.tru.ca/hsafety/incident_reporting.html>
6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490252/>