

Healthcare SafetyZone Portal Event Submission Quick Guide

An occurrence report must be made for each event involving **PATIENTS, VISITORS and VOLUNTEERS**. Always attend to the patient, visitor or volunteer first before completing any reports. Note that there are times when immediate notification is required (i.e.; issues with park lot, water in lobby causing falls, disruptive behavior, etc.). Act according to the situation first and then submit the report. The occurrence report must be completed for, but not limited to:

- A. Safety Related Events** – slips and falls involving patients, volunteers or visitors in lobby, parking lot or out of bed
- B. Medication Events** – wrong dose, route, medication, rate or time; adverse reaction to medication.
- C. Diagnosis or Treatment Concerns** – re-admission within 72 hours of discharge; unscheduled return to the ED within 48 hours; significant treatment delay; adverse patient outcomes; misdiagnosis; significant delay in diagnosis.
- D. Communication Related Events** – procedure performed without consent or different than written consent; inability to reach a healthcare provider; patient/family/provider communication gaps.
- E. Surgery/Anesthesia Events** – wrong patient or wrong operative site; anesthesia complications; incorrect instrument or sponge count; complications such as perforations or lacerations.
- F. Labor and Delivery Events** – delayed C-Section or neonatal injuries related to delayed delivery; forceps/vacuum injury; persistent low Apgar scores.
- G. Equipment/Medical Device Events** – equipment or device malfunction or electric shock.
- H. Near Miss/Sentinel Events** – test ordered on wrong patient, but no performed; unexpected death.
- I. Blood Transfusions Events** – wrong blood type or wrong patient.
- J. Elopement/AMA/Left** – patient refusal of treatment; leaving against medical advice; left without being seen.
- K. Facility/Security** – patient smoking in room; remote door left unlocked; article reported missing or damaged.
- L. Treatment and Procedure Complications** – intra-operative position injuries; unplanned intubation; post-operative neuropathy/paresthesia.
- M. Policy and Procedure Related Events** – any practice inconsistent with the normal/usual practice/procedure; incorrect ordering of labs, x-rays and diagnostic tests.

Submission Instructions

1. Locate and click on “Healthcare SafetyZone Portal” icon on desktop.
2. Click on “Submit Event”.
3. Please note that items marked with a red *are mandatory fields and must be completed.
4. *To Whom Did This Happen:* Select appropriate patient type (i.e., patient, visitor, volunteer, etc.).
5. Complete appropriate demographics (i.e., First Name, Last Name, MR#, Gender, D.O.B., etc.).
6. *Event Date/Time:* This section automatically defaults to the date/time you are reporting the event. Be sure to update to **actual date/time** of occurrence.
7. *Event Type:* Select appropriate event type (i.e., clinical/procedural test, equipment, HIPAA concern, facility/security, etc.).
 - a. *Sub Event Type:* Select sub event type if appropriate (i.e., equipment malfunction).
8. *Location:* Select appropriate location.
 - a. *Sub Location:* Select sub location if appropriate.

(Continued on Reverse)

If you have any questions, please contact your supervisor, house supervisor or the Risk Management Office.

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9. *Was the physician; family; supervisor notified:* If applicable document name, date and time of notification.
10. *Do you feel another department has involvement with or needs notification of this incident?* **Do no answer this question and proceed to the following question.**
11. *Describe the Event:*
 - a. Keep narrative entries brief and document factual, objective data; direct observations and timelines.
 - b. Do not make accusations, criticize or place blame.
 - c. Relevant statements made by the patient/family should be included in quotes.
 - d. **Do not reference the occurrence report form or notification of the Risk Management Department in the medical record.**
12. *Cause of Error/Contributing Factors Present:* Use your best judgment. Do not speculate on the cause of the event or draw conclusions.
13. *Level of Harm:* Use your best judgment and select from the ratings scale:
 - a. 0 – Event detected but did not reach the person.
 - b. 1 – Event reached the person, but resulted in no harm.
 - c. 2 – Resulted in need for monitoring person, no change in vital signs.
 - d. 3 – Resulted in change in vital signs, need for continued monitoring/treatment.
 - e. 4 – Resulted in increased length of stay, temporary harm to person.
 - f. 5 – Resulted in permanent harm to person.
 - g. 6 – Resulted in or contributed to person death.
 - h. N/A
 - i. Unable to initially determine for review.
14. *Witnesses:* Indicate any known witnesses.
15. *Name:* Name of the person submitting the event.
16. *Title:* Title of the person submitting the event
17. Click “Review/Submit” and you have completed submitting the occurrence.

An occurrence report must be made for each event involving EMPLOYEES. Act according to the situation first and then submit the report. For example, if you need immediate medical attention, please report to the Emergency Department to receive immediate care and then complete and submit the incident report. The occurrence report must be completed for, but not limited to:

- A. Injuries of any type
- B. Slips, trips or falls
- C. Strains or sprains
- D. Exposure incidents including needle sticks or other body fluid exposure

If you have any questions, please contact your supervisor, house supervisor or the Risk Management Office.