**CLINICAL Policies and Procedures**

<table>
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<tr>
<th>ADVERSE EVENTS</th>
<th>Policy #: CP230</th>
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<tbody>
<tr>
<td>NHPCO Standard(s):</td>
<td>CES 20, PM 4</td>
</tr>
<tr>
<td>Regulatory Citation:</td>
<td>COPs 418.58(a),(b),(c), 10 NYCRR 793.5(e) and (f)</td>
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**POLICY**

High Peaks Hospice (HPH) will report promptly all adverse events involving patients, family members, employees, volunteers, students, visitors, equipment/products, contracted staff, and property to the appropriate management staff for investigation to determine the appropriate corrective action and response.

**DEFINITIONS:**

**Adverse Event:** Any event that is potentially harmful, and/or has resulted in harm to a patient, family member, employee, volunteer, visitor, contracted staff or the property of any of those stated.

**Patient/Family Adverse Event:** An occurrence that is not consistent with the routine operation of HPH, care of the patient, or expected outcome with resulted in the potential for/or actual injury to a patient/family member.

**Employee Adverse Event:** An occurrence that is not consistent with the routine operation of HPH and/or performance of an employee’s job duties which results in the potential for/or actual injury to an employee and may involve lost work days.

**Equipment/Product Adverse Event:** An occurrence in which equipment or a product is involved, to include, but not limited to equipment/product malfunction or user error during the care of a patient which did, or could have, adversely affected the patient/family or HPH personnel, or results in the inability to provide needed service.

**Volunteer, Visitor, Student, Contracted Staff Adverse Event:** An occurrence that is not consistent with the routine operation of HPH and has directly affected a volunteer, visitor, student, independent contracted employee, or any employee of a contracted agency performing hospice services, resulting in the potential/or actual injury to that individual.

**Serious Injury:** An injury which:

- necessitates or prolongs hospitalization
- has a long term and/or permanent effect
- is life threatening or presents major and significant changes in the individual’s status
♦ requires readmission, transfer to a unit providing a more intense level of care or major changes in the individual’s status.

PROCEDURE:

1. Patient Adverse Event:

   A. The employee/volunteer discovering, witnessing, or who receives notice of the patient incident completes the “Incident Report” and notifies the appropriate Patient Care Coordinator (PCC) or designee.
      1) The “Incident Report” will be completed the same day the incident occurred or notification was made to HPH. This is to assure the documentation is pertinent and accurate information.
      2) The “Incident Report” will be submitted to the PCC within 72 hours of the occurrence/notification.
      3) A patient’s adverse event will be documented by the RN Case Manager in the patient’s chart within 24 hours of the occurrence or notification.

   B. The management staff assesses the severity of the incident and directs follow-up action as needed.
      1) Such action may include review of the patient’s care, notification of the attending physician, family and additional management staff members.
      2) When appropriate, a review and evaluation of the incident may result in the initiation of further immediate corrective action.

   C. The NYS DOH Reportable Incident Program defines certain events as reportable to their respective agencies. Those adverse events, outlined at the end of this policy, that require immediate action should be reported the Executive Director immediately for further consultation and corrective action as indicated.

2. Employee/Volunteer Adverse Events:

   A. Each employee/volunteer will immediately report to their supervisor or designee any adverse event occurring during working hours.
      1) The supervisor will refer the employee/volunteer to a personal physician or Emergency Room for assessment and treatment when appropriate.
      2) An “Employee/Volunteer Incident Report” is completed per Personnel Policy “Health Requirement for Staff HPH117”.
      3) The “Employee/Volunteer Incident Report” will be forwarded to the Executive Director by the involved supervisor within 72 hours of the occurrence/notification.

   B. In those cases where an adverse event resulted in a serious injury, immediate notification of the Executive Director is required. See definition of serious injury (Page 1 under “Definitions”).
3. Visitor Adverse Events:

A. Adverse Events involving visitors, occurring on HPH grounds or within HPH facilities, must be reported by the staff member who witnesses, discovers, or to whom the incident is reported.

B. The staff member will notify the PCC or designee who shall respond immediately to evaluate and investigate the adverse event.

C. The PCC will notify the Executive Director, when appropriate, and take immediate corrective action when indicated.

D. The staff member will complete an "Incident Report for Visitors/Property/Equipment" form and submit it to the Executive Director within 72 hours of the occurrence/notification.

E. Any serious injury to the visitor will be reported to the Executive Director immediately.

F. When an adverse event involving visitors occurs in a contracted facility the policies of that facility are followed.

4. Property Adverse Event:

A. When personal or HPH property is missing, stolen, lost, or damaged, an "Incident Report for Visitors/Property/Equipment" form must be completed by the staff member who witnesses or discovers the occurrence, or to whom the occurrence is reported.

B. The individual completing the form will notify the PCC or designee about the adverse event. When appropriate, the local police authorities will be immediately notified to initiate an investigation.

C. When personal or HPH property loss occurs in a contracted facility, the policies of the facility will be followed.

D. The completed "Incident Report for Visitors/Property/Equipment" form will be submitted to the Executive Director within 72 hours of the occurrence/notification.

E. When the estimated loss is in excess of $2,500 the Executive Director or designee will be notified immediately.

5. Equipment/Product Adverse Event: The staff member who witnesses, discovers, or receives notice of an equipment/product adverse event will follow those procedures previously outlined for a property adverse event in addition to the following:
A. The PCC or designee will be notified by phone for follow-up with appropriate staff or vendor.

B. When a patient/family or employee is injured by equipment, the PCC or designee will be responsible for contacting the appropriate vendor for equipment removal/replacement. The PCC will request an evaluation of the equipment/product.

6. **Serious Incidents Occurring Evenings, Nights, and Weekends:**

   A. When an adverse event occurs during hours other than Monday – Friday 8:00 am – 4:00 pm, the On-Call nurse will notify the Supervisor On-Call or designee.

   B. When determined to be necessary and/or appropriate the Supervisor On-Call will notify the Executive Director to provide information or to receive guidance.

7. **Quality Assurance and Performance Improvement (QAPI) Reporting:**

   A. All Incident Reports will be forwarded to the Quality Assurance (QA) Coordinator for review and reporting to the Board of Directors.

   B. The QA Coordinator will track adverse events and analyze their causes.

   C. The QA committee through the Board of Directors will implement preventive actions and mechanisms that include feedback and learning thought out HPH.

Note: Also see Clinical Policies “Medication Administration CP238”, “Medication Errors CP239”, and “Medication Reactions CP240” for information on Adverse Events involving medication.

Also See HIPAA Security Policies for information on Adverse Events involving ePHI.
### Triggers for Adverse Events
#### Requiring Immediate Notification of Executive Director

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Non - Treatment:</strong></td>
<td>External Disasters, Fires disrupting provision of patient care or causing patient / staff harm</td>
</tr>
<tr>
<td><strong>Equipment / Product:</strong></td>
<td>Malfunctions or user error causing serious injury to patient/family or staff member</td>
</tr>
<tr>
<td><strong>Statutory Events:</strong></td>
<td>Crimes involving patients or employees (assault, rape, molestation) Suicide, attempted suicide, and infection outbreaks.</td>
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| **Reactions, Pharmaceuticals, Bloods, IV’s:** | Reactions with serious or lasting effects:  
- medication errors  
- major allergic / adverse reaction |
| **Technical / Procedural:**  | Unexpected serious deterioration of patient condition related to medical management (unintentional overdose)  
Procedural injury  
Burns |
| **Patient Injuries:**        | Falls with fractures, laceration requiring sutures                                              |
| **Other**                    | Patient complaints concerning issues of care, violation of rights, especially where regulatory complaint or litigation is threatened. Property (personal / hospice) missing, stolen, damaged in excess of $2,500. |

**LAST REVIEW DATE:**  IDT 10/04/17, Clinical Comm 02/13/18, BOD 03/26/18

**LAST UPDATED:**  Comp Coord 09/30/16, 08/14/17, 05/23/18, 09/01/18

**BOARD APPROVAL:**  May 8, 2018