

WHEN THINGS GO WRONG...

Handling an Office Incident

Action

Preventive

An incident can be defined as any event involving a patient, visitor, staff member, equipment, or facilities and grounds, which may affect the quality of patient care, safety of the practice, or may create the potential for a liability claim. Early identification and investigation of such problems may prevent similar problems from occurring. Prompt corrective actions may limit the risk exposure. An incident reporting and tracking system is beneficial in identifying, investigating, and correcting problems.

TYPES OF OCCURRENCES TO INVESTIGATE, TRACK, AND CORRECT:

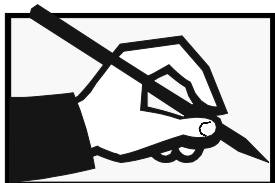
- ◆ Patient complaints
- ◆ Errors in patient care
- ◆ Development of unexpected complications
- ◆ Adverse reaction to a treatment, procedure, or medication
- ◆ Patient/Staff injury or potential injury
- ◆ Loss or damage of personal property
- ◆ Incident inconsistent with the routine care and treatment of a particular patient
- ◆ Incident inconsistent with the routine operation of the practice

PREPARING A REPORT

Who? The person(s) who witnessed, discovered, or is most familiar with the incident.

When? As soon as possible after discovery of the incident; but after action is taken to limit the injury or prevent reoccurrence.

What? Brief narrative of an objective description of the facts. Use quotes when applicable, such as "Patient states..." Include the

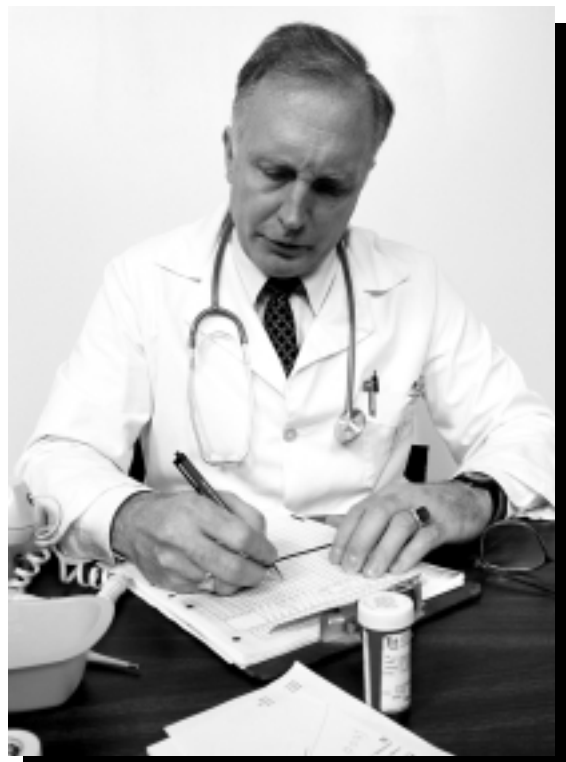


names of any witnesses. Opinions and judgments should not be included in the narrative. Document the consequences of the incident, if applicable.

DO'S AND DON'TS OF REPORTING:

Do report only the facts.

Do record particulars, such as date, time, patient's full name, age, sex, etc.



Do document the facts of any patient events in the patient's chart.

Do not finger point or assign blame.

Do not document opinions as to cause.

Do not document completion of an occurrence report in the patient's chart.

PRESERVE EVIDENCE

A clearly documented chain of possession of any item viewed as evidence should be maintained. If a piece of equipment is suspect in an occurrence, have the equipment evaluated by an expert and document the chain of custody of all items involved.

DO NOT DISCARD

Containers

Laboratory specimens

Tissue blocks

Proof of purchase, preventive maintenance, repairs, quality controls

ECG or other monitoring strips

Syringes, vials, or other medication administration supplies

VARIANCE REPORT

Patient Name: _____ DOB: _____

Chart #: _____ Date/Time of Incident: _____

DESCRIPTION OF EVENT

<p style="text-align: center;">Patient Fall (Circle one)</p> <ol style="list-style-type: none"> 1. Ambulating 2. From _____ 3. Other _____ (Circle those applicable) 4. Patient Unattended 5. Floor Slippery 6. Struck by another person 7. Other _____ 	<p style="text-align: center;">Medication Variance (Circle one)</p> <ol style="list-style-type: none"> 1. Wrong Route 2. Wrong Dose 3. Wrong Medication 4. Wrong Patient 5. Omitted 6. Extra/Duplicate Dose 7. Adverse Effects 8. Medication Missing 9. Other _____ 	<p style="text-align: center;">Procedural Variance (Circle one)</p> <ol style="list-style-type: none"> 1. Performed on wrong patient 2. Performed on wrong site 3. Improper preparation of patient 4. Lost/Spoiled Specimen 5. Omission of a treatment 6. Treatment performed incorrectly 7. Procedure delayed 8. Lab values questionable 9. Patient did not arrive as scheduled 10. Other _____
---	---	---

<p style="text-align: center;">Equipment Variance (Circle one)</p> <ol style="list-style-type: none"> 1. Electrical problem 2. Electrical shock 3. Equipment not working 4. Improper use 5. Mechanical problem 6. Operator unqualified 7. Wrong equipment 8. Other malfunction/defect: _____ 	<p style="text-align: center;">Security Event (Circle one)</p> <ol style="list-style-type: none"> 1. Damage/Loss of property 2. Security problem 3. Drug count variance 4. Drug tampering 5. Prescription theft 6. Prescription alteration 7. Other _____ 	<p style="text-align: center;">Miscellaneous Event (Circle one)</p> <ol style="list-style-type: none"> 1. Consent problem 2. Patient struck staff 3. Threats of suit 4. Patient struck object 5. Medical record problem/chart missing 6. Complaint 7. Injury _____ Other _____
<p style="text-align: center;">AMA Event (Circle one)</p> <ol style="list-style-type: none"> 1. Patient refused treatment 2. Patient left without being seen by MD <p>Reason: _____</p>		

Location of Incident: _____	Staff most closely involved: _____	Physician Aware? No Yes
------------------------------------	---	-----------------------------------

<p style="text-align: center;">Patient Factors R/T Incident (Circle all applicable)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Alert/Normal 2. Agitated 3. Unconscious 4. Refuses to cooperate 5. Confused 6. Depressed 7. Sedated Other _____ </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 8. Anesthetized 9. Appears intoxicated 10. Language barrier 11. Up ad lib 12. Ambulated w/assist 13. Appearance of alcohol/substance abuse </td> </tr> </table>	<ol style="list-style-type: none"> 1. Alert/Normal 2. Agitated 3. Unconscious 4. Refuses to cooperate 5. Confused 6. Depressed 7. Sedated Other _____ 	<ol style="list-style-type: none"> 8. Anesthetized 9. Appears intoxicated 10. Language barrier 11. Up ad lib 12. Ambulated w/assist 13. Appearance of alcohol/substance abuse 	<p style="text-align: center;">Injury (Circle one)</p> <ol style="list-style-type: none"> 1. No adverse effect 2. Slight injury/no damage 3. Injury requires additional care 4. N/A 5. Diagnostics? <p>_____</p>	<p style="text-align: center;">Patient/Family Attitude After Incident (Circle one)</p> <ol style="list-style-type: none"> 1. Unaware 2. Understanding 3. Angry/Upset 4. Threats of suit
<ol style="list-style-type: none"> 1. Alert/Normal 2. Agitated 3. Unconscious 4. Refuses to cooperate 5. Confused 6. Depressed 7. Sedated Other _____ 	<ol style="list-style-type: none"> 8. Anesthetized 9. Appears intoxicated 10. Language barrier 11. Up ad lib 12. Ambulated w/assist 13. Appearance of alcohol/substance abuse 			

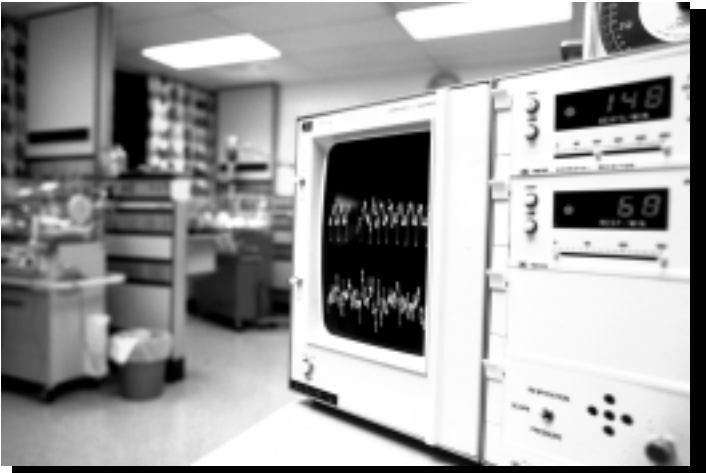
Witnesses: _____ _____	Disposition: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Contact patient 3. Record/monitor only Other _____ </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 2. Terminate patient/physician relationship 4. Contact Professional Liability carrier </td> </tr> </table>	<ol style="list-style-type: none"> 1. Contact patient 3. Record/monitor only Other _____ 	<ol style="list-style-type: none"> 2. Terminate patient/physician relationship 4. Contact Professional Liability carrier
<ol style="list-style-type: none"> 1. Contact patient 3. Record/monitor only Other _____ 	<ol style="list-style-type: none"> 2. Terminate patient/physician relationship 4. Contact Professional Liability carrier 		

Description of the Event: (Continue on separate page)

Follow-Up Action:

WHEN THINGS GO WRONG...*Handling an Office Incident*

Continued from page 1



EQUIPMENT

If a medical device is involved:

1. Record the manufacturer, model, and serial numbers on the incident report.
2. Complete a medical device incident report.
3. Impound equipment and any other materials used with the equipment.
4. Tag the equipment "BROKEN – DO NOT USE."
5. Notify your bio-medical engineering provider that the equipment was involved in an incident and requires evaluation.

Secure the patient's chart. Do not be tempted to make alterations to the chart.

REVIEW AND ANALYSIS:

- ◆ Review incident and the events leading up to the incident
 - ◇ Interview all persons involved
 - ◇ Review the patient's chart
 - ◇ Test involved equipment and supplies
 - ◇ Inspect incident area
 - ◇ Review applicable practices, policies, procedures
 - ◇ Recreate the circumstances involved via role playing or re-enactment
 - ◇ Determine significant contributing factors
- ◆ Identify and document trends
 - ◇ What area(s) of service is(are) involved?
 - ◇ Was normal procedure followed?
 - ◇ Was procedure appropriate for the situation?
 - ◇ What factors contributed to the event? Training? Staffing levels?
 - ◇ Have all persons involved in the event been involved in the analysis and correction, if indicated?
- ◆ Was corrective action effective in eliminating potential for problems?
- ◆ If the incident presents a potential claim, notify your professional liability insurance carrier of the event as soon as possible, while the details can be remembered.

It is human nature to pass blame when something goes wrong. If staff members commit to a cause early, it is difficult to review the occurrence objectively. Once the cause is labeled, it becomes difficult to look at all options and causes. Also staff members may become polarized and it may be difficult to diffuse the situation. It is important to caution staff members early in the investigation against deciding the cause and encourage an open, objective review of the situation.

MAINTAIN COMMUNICATIONS WITH THE PATIENT AND FAMILY:

- ◆ Schedule a meeting with the patient and family as soon as possible, if indicated. But, communicate with family members only with the patient's permission.
- ◆ Providing full disclosure of the facts is the best advice.
- ◆ Avoid terms such as "mistake," "error," "apology." Express concern and compassion.
- ◆ If the patient or family requests "something in writing" provide a copy of the patient's chart with proper authorization. Do not provide any other written statement.
- ◆ In communicating with the patient and family members, be sure to have a staff member as witness, so it is not as easy for you to be misquoted later.
- ◆ Prepare a detailed report of the communications of all parties involved.
- ◆ Return patient and family phone calls. Failure to respond may cause anxiety and create distrust.
- ◆ Maintain follow-up until the problem is resolved, if possible.

A patient who trusted you before the incident is less likely to bring a suit against you if an incident occurs. If the patient is represented by an attorney and leaves your care, you should avoid direct contact with both the patient and his attorney. For your protection, at that point, all contact should be through your insurer.



OFFICE ASSESSMENT

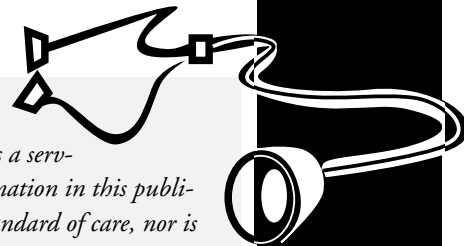
FPIC offers a free risk management assessment and consultation to physicians insured with FPIC. The consultation consists of an interview with a key office staff member, a tour of the facility, and a medical record review.

The consult focuses on:

- ◆ General Practice Descriptions
- ◆ Office Observations
- ◆ Office Policies and Procedures
- ◆ Pharmaceuticals/Supplies
- ◆ Equipment
- ◆ Diagnostic Functions
- ◆ Bio-Hazard Waste Disposal
- ◆ Examination/Treatment Rooms
- ◆ Office Procedures/Surgery
- ◆ Credentials
- ◆ Patient Contact
- ◆ Emergency Procedures
- ◆ Staffing
- ◆ Medical Recordkeeping

The practice is assessed with consideration for professional liability and compliance with Florida Administrative Codes and other applicable state and federal regulations affecting the practice of medicine. From the assessment, risk management strategies for reducing any identified risk exposures are recommended. A written report describing assessment findings and recommendations is provided.

For more information, contact Sandra Strickland, Risk Management Consultant (800) 741-3742 extension 3263.



FPIC publishes Preventive Action on a quarterly basis as a service to its policyholders. Information in this publication does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained in this newsletter are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a specific application to your practice. This information should be used as a reference guide only.

Edited by FPIC's Risk Management Department

RISK MANAGEMENT OFFICE GUIDE ON CD-ROM

FPIC is revising the Reference Tool for Risk Management. It is being produced on CD and should be available by mid- to late-December.

Risk management strategies, including record-keeping and policies and procedures for your practice will be included in the reference. Sample chart forms, which may be utilized by your practice, will be incorporated in the guidebook. The Florida Administrative Codes pertaining to Medicine will be included.

To obtain your free copy of the CD, please call Sandra Strickland at (800) 741-3742 extension 3263.

Preventive

Action

*Fall
2000*



Insurance Solutions for Healthcare Providers

P.O. Box 44033
Jacksonville, Florida 32231-4033
1-800-741-3742 (FPIC)
www.medmal.com

BULK RATE
U.S. POSTAGE
PAID
Permit No. 1729
Jacksonville, FL