

# OREGON STATE HOSPITAL

## POLICY ATTACHMENT

**PROCEDURES B:** Incident Report Response

**POLICY: 1.003**

**POINT PERSON:** Director of Quality Management

**APPROVED:** Interim Superintendent

**DATE: SEPTEMBER 17, 2024**

**SELECT ONE:**

New policy attachment
  Minor/technical revision of existing policy attachment
  Reaffirmation of existing policy attachment
  Major revision of existing policy attachment

RESPONSIBLE PERSON/GROUP	PROCEDURES
Incident Reporting Systems Investigation Department (IRSI)	<ol style="list-style-type: none"> <li>1. All reportable incidents distributed through an incident report require the completion of an Incident Review Form (IRF).</li> <li>2. Responsible parties must complete incident investigation actions as directed by IRSI and applicable OSH policies per timeline delineated on Attachment B.</li> <li>3. Patient safety events that rise to the level of Sentinel Event must be investigated per OSH policy 2.012, "Sentinel Events."</li> </ol>
Responsible Parties	<ol style="list-style-type: none"> <li>1. Upon Receipt of the Incident Report from IRSI, the responsible party must:                     <ol style="list-style-type: none"> <li>a. Complete the written response on an IRF:                             <ol style="list-style-type: none"> <li>i. Assigned incidents must be responded to in writing using the IRF.</li> <li>ii. IRFs must be completed by staff as indicated in Attachment A and Attachment B.</li> <li>iii. The IRF must include:                                     <ol style="list-style-type: none"> <li>a. A brief summary of the incident (reference all incident reports describing the incident);</li> <li>b. A description of contributing factors and the investigative techniques utilized to generate the findings; and</li> <li>c. Actions taken or planned to respond to the incident, including but not limited to patient assessment and documentation in the patient medical record.</li> </ol> </li> </ol> </li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>d. The corrective action and/or protective actions taken in response to the incident.</li> <li>b. IRF local-level review             <ul style="list-style-type: none"> <li>i. Incidents must be reviewed by staff and adherent to timelines as indicated in Attachment A and B.</li> <li>ii. Patient-related incidents must be reviewed by the interdisciplinary treatment team (IDT) and staff as indicated in Attachment A and B.</li> <li>iii. Patient-related incidents and other incidents which occurred on a program unit or treatment mall must be reviewed by the Program Executive Team (PET) and staff as indicated in Attachment A and B as assigned by IRSI.</li> </ul> </li> <li>2. IRF submission to IRP Response.             <ul style="list-style-type: none"> <li>a. Completed IRFs must be submitted to IRP Response by the PET (or department manager for incidents unrelated to patients or program units/ treatment malls).</li> </ul> </li> <li>3. All Incident Reports require an IRF, the PET/ IDT timeline established in Attachment B Level 1 applies to all reviews.</li> </ul>
<p>Treatment Care Planning Specialist (TCPS) (if unable- Unit Administrator, if unable- Nurse Manager)</p>	<ul style="list-style-type: none"> <li>1. Coordinate the completion of the IRF with the Assigned responsible parties established in Attachment B, the IDT and PET.</li> </ul>
<p>Safety Department</p>	<ul style="list-style-type: none"> <li>1. For OSH Safety incident investigations, OSH Safety must:             <ul style="list-style-type: none"> <li>a. Investigate assigned assaults upon staff. All investigation details must be sent to the Workplace Violence Sub-Committee for review and development of actions to prevent recurrence;</li> <li>b. Maintain the Oregon Occupational Safety &amp; Health (OSHA) 300 log for OSH; and</li> <li>c. Produce the Healthcare Assault Log required by ORS 654.416 as needed.</li> </ul> </li> </ul>
<p>Critical Incident Review Team (CIR)</p>	<ul style="list-style-type: none"> <li>1. CIRT must complete investigation actions per applicable OSH Quality Management standard work process documents and Attachment B.</li> <li>2. In collaboration with the Lead Investigators, for level 2 or 3 investigations, CIRT must complete a Critical Incident Review Findings Report and submit the report with the final investigation materials.</li> <li>3. CIR ensure all contributing factors are entered and properly documented in the incident reporting system.</li> </ul>

Standards and Compliance	<ol style="list-style-type: none"><li>1. Must complete investigation actions per applicable OSH policies and department protocols.</li><li>2. Incident reports for sentinel events and unauthorized leaves must be responded to per OSH policy 2.012, "Sentinel Events," and OSH policy 8.018, "Unauthorized Leave."</li></ol>
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