

OREGON STATE HOSPITAL

POLICY ATTACHMENT

PROCEDURES B: Incident Report Response

POLICY: 1.003

POINT PERSON: Director of Quality Management

APPROVED: Superintendent

DATE: APRIL 23, 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">1. All reportable incidents distributed through an incident report require the completion of an Incident Review Form (IRF).2. Responsible parties must complete incident investigation actions as directed by IRSI and applicable OSH policies per timeline delineated on Attachment B.3. Patient safety events must be investigated per OSH policy 2.012, "Sentinel Events."
Responsible Parties	<ol style="list-style-type: none">1. Upon Receipt of the Incident Report from IRSI, the responsible party must:<ol style="list-style-type: none">a. Complete the written response on an IRF:<ol style="list-style-type: none">i. Assigned incidents must be respond in writing using the IRF.ii. IRFs must be completed by staff as indicated in Attachment A and Attachment B.iii. The IRF must include:<ol style="list-style-type: none">a. A brief summary of the incident (reference all incident reports describing the incident);b. A description of factors which contributed to the incident; andc. Actions taken or planned to respond to the incident, including but not limited to patient assessment and documentation in the patient medical record.d. Description of how OSH will prevent the event from reoccurring.

	<ul style="list-style-type: none">b. IRF local-level review<ul style="list-style-type: none">i. Incidents must be reviewed by staff and adherent to timelines as indicated in Attachment A and B.ii. Patient-related incidents must be reviewed by the interdisciplinary treatment team (IDT) and staff as indicated in Attachment A and B.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.2. IRF submission to IRP Response.<ul style="list-style-type: none">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).3. All Incident Reports require an IRF, the PET/ IDT timeline established in Attachment B Level 1 applies to all reviews.
Treatment Care Planning Specialist (TCPS) (if unable- Unit Administrator, if unable- Nurse Manager)	<ul style="list-style-type: none">1. Coordinate the completion of the IRF with the Assigned responsible parties established in Attachment B, the IDT and PET.
Safety Department	<ul style="list-style-type: none">1. For OSH Safety incident investigations, OSH Safety must:<ul style="list-style-type: none">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;b. Maintain the Oregon Occupational Safety & Health (OSHA) 300 log for OSH; andc. Produce the Healthcare Assault Log required by ORS 654.416 as needed.
Critical Incident Review Team (CRIT)	<ul style="list-style-type: none">1. CIRT must complete investigation actions per applicable OSH Quality Management standard work process documents and Attachment B.
Standards and Compliance	<ul style="list-style-type: none">1. Must complete investigation actions per applicable OSH policies and department protocols.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."