

OREGON STATE HOSPITAL

POLICY ATTACHMENT

Procedures B:	Incident Review Process	POLICY: 1.003
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POINT PERSON:	Director of Quality Management
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APPROVED:	Interim Superintendent	DATE: NOVEMBER 3, 2025
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SELECT ONE:	<input type="checkbox"/> New policy attachment	<input checked="" type="checkbox"/> Minor/technical revision of existing policy attachment
	<input type="checkbox"/> Reaffirmation of existing policy attachment	<input type="checkbox"/> Major revision of existing policy attachment

I. INCIDENT REVIEW PROCESS

- A. After an Incident is reported, IRSI investigators must review and categorize the reported event based on Attachment B, "OSH Event Severity Scale."
- B. The Incident Review Panel can adjust the level based on additional information learned at Incident Review.
- C. Staff are responsible for meeting timelines for follow-up of tasks for all incidents, which will be assigned by IM and tracked by IRSI through completion.
- D. Patient-related Incidents must be reviewed by the Interdisciplinary Treatment Team (IDT) as part of unit communications to support the investigation process.

All Incidents

- A. The Hospital applies investigative resources based on investigative assessments of incidents.
- B. The Incident Review Panel may assign tasks as necessary and relevant, which may include, but are not limited to, investigative follow-up, proper documentation, risk mitigation, and actions to mitigate patient or staff safety concerns.

Level 0 Review

- A. A level 0 event indicates that the reportable incident did not reach the patient or impact patient care.
- B. After the IRSI review, if non-mitigated risks are outstanding, the level must be reassessed by IRSI.
- C. Given there are no outstanding unmitigated risks, the incident may be closed by IRSI.

Level 1 Review

- A. A level 1 incident indicates that limited harm or risk was identified.
- B. Following categorization, IRSI sends the Incident Review Form (IRF) to the unit/ department leadership or designee for completion of the incident summary and immediate mitigations sections.
- C. Unit or department leadership or their designee must bring the report to the Incident Review meeting, where any needed action items will be assigned.
- D. If the IRF can be closed, IRSI will do so.
- E. If the IRF cannot be closed, the event must be sent back to IRSI for review and re-categorization.

Level 2 Review

- A. A level 2 Incident indicates limited harm or potential for high risk.
- B. Following categorization, IRSI sends the IRF to the unit/ department leadership or designee for completion of the incident summary and immediate mitigations sections.
- C. Unit or department leadership or their designee will collaborate with IRSI to complete the IRF.
- D. The unit or department leadership or their designee will present the report to the Incident Review meeting, where barriers will be identified, and additional action items assigned.
- E. If the investigation can be completed, IRSI will close the IRF.
- F. If there are barriers that prohibit the closure of the IRF, the incident must be brought to the Quality and Safety Oversight Committee (QSOC). Follow the QSOC process as detailed below.

Level 3 Review

- A. A level 3 incident indicates that patient harm or high risk has occurred.
- B. Following categorization, IRSI sends the IRF to the assigned investigatory team within Quality Management (QM) for completion.
 - a. This may include, but is not limited to, the Root Cause Analysis (RCA) team.
- C. Unit or department leadership or their designee will bring the completed form to the Incident Review Meeting.
- D. If the event is considered sentinel, the RCA team must follow procedures as detailed in OSH policy and procedure 2.012 "Sentinel Events."
- E. All Sentinel events or events qualifying for an RCA must be brought to QSOC.

Quality and Safety Oversight Committee (QSOC)

- A. Following the incident review meeting for either level 2 or level 3 events, it may be determined that the barriers or review be elevated to QSOC.

- B. Work leads are expected to complete a Situation Background and Analysis Recommendation (SBAR) and provide the completed IRF. Completed SBARs should be reviewed by impacted parties before presentation at QSOC.
- C. The SBAR must be presented to QSOC.
- D. Additional action items and responsible parties will be identified and assigned with due dates for completion.
- E. Assignees must attend QSOC on the due dates for assigned actions to present on work completion, status, or additional roadblocks.
- F. If the investigation can be completed, IRSI will close the IRF.