Institutional Handbook of Operating Procedures Policy 09.13.13	
Section: Clinical Policies	Responsible Vice President: EVP and CEO Health System
Subject: General Procedures	Responsible Entity: Quality & Healthcare Safety

I. Title

Unusual Event Reporting

II. Policy

The University of Texas Medical Branch at Galveston (UTMB) supports a just culture (balancing non-punitive reporting and accountability), and, as part of its continuing efforts to improve quality of care and promote patient safety, it is the responsibility of all UTMB employees and contract workers to report unusual events by using the Health System's designated event reporting tool. This reporting process is used to increase awareness of patient, visitor, or employee safety concerns or unsafe conditions throughout the organization and to inform systemic change. Information collected through the event reporting system is confidential, non-discoverable, and blame-free. **Note: If the event involves death or serious injury, or risk thereof, call Quality & Healthcare Safety (Galveston campus) immediately and refer to policy** IHOP - 09.13.16 - Sentinel Events.

Confidentiality

Pursuant to Texas Health and Safety Code Chapter 161, and Texas Occupations Code Chapter 160, all event reporting data is confidential and privileged and shall be maintained by the Department of Quality & Healthcare Safety for the use of UTMB's safety committee reporting structure and process(es). In order to protect patient confidentiality and the privileged nature of this data, the following procedures must be followed:

- Event Reports should not be printed or copied;
- No reference should be made to the filing of an Event Report in a patient's chart; and
- Necessary information should be extracted and shared with other departments only as warranted.

Failure to follow these procedures may result in disciplinary action, up to and including termination.

III. Procedures

Reporting of an Unusual Event

The unusual event reporting tool is accessed by using the UTMB intranet home page. (See Patient Event Reporting System). Event reports should be completed within 24 hours by the person who is involved in, observed, or discovered the unusual event. Any documentation of the event separate from the event report must be requested from Quality & Healthcare Safety with authorization from the organization's safety oversight committee(s).

Review Process

Managers assigned at the departmental level are responsible for reviewing events involving their areas within seven (7) business days of the date the incident is reported through the event reporting system. (See Unusual Event Review Process.)

Reviewing events may include, but are not limited to reading, verifying event type and harm score, discussing issues and proposed actions with their affiliated Medical Director, determining next steps,

and initiating an investigation. Quality & Healthcare Safety or Risk Management participation is not mandatory for an investigation to be initiated by a manager. Incidents may also be forwarded to consultant department(s) for review. (If consultant department is involved in another manager's review, consultant's review is to be completed in fewer than seven (7) calendar days from receipt).

Completing the event review process, to include moving to completed status, is to be recorded within fourteen (14) business days of notification of incident. Events with a higher Harm Score assigned may require a more expedient review process. For extenuating circumstances that may require additional time beyond the fourteen (14) business day timeframe, the manager assigned to complete the event review will notify Quality & Healthcare Safety to request an extension and confer with their supervising manager.

Upon completion of an event action plan, involved staff and faculty are to be informed of outcome(s) by manager and what changes, if any, are required.

Non-compliance with this Review Process is communicated to the appropriate member of Senior Leadership.

Reporting of Data
Reported events are to be shared with staff, by managers, not less than monthly. Aggregate data from the event reporting is reported per the safety and risk management reporting structure and process no less than quarterly. (See Patient Safety and Performance Improvement Plan Policy Document for Quality and Patient Safety Performance Improvement Organizational Structure.)

IV. Definitions

Patient Safety Event - an event, incident, or condition that could have resulted or did result in harm to a patient and can be but is not necessarily the result of a defective system or process design, a system breakdown, equipment failure, or human error. They can also include adverse events, no-harm events, near misses, and hazardous conditions.

V. Relevant Federal and State Statutes

Texas Health and Safety Code §§ 161.031 – 161.033
Texas Occupations Code Chapter 151

VI. Relevant UTMB Policies and Procedures

IHOP – 08.01.04 – Workplace Violence
IHOP – 09.13.16 – Sentinel Events

VII. Additional Resources

RL Datix Event Flow Diagram

VIII. Dates Approved or Amended

Originated: 04/01/1994	
Reviewed with Changes	*Reviewed without Changes*
11/29/2014	09/07/2018
07/29/2014	
03/22/2017	
05/18/2020	
	06/20/2023

IX. Contact Information

Quality and Healthcare Safety
(409) 772-8353