PURPOSE

To identify the conditions that requires reporting and documentation of unusual occurrences and the procedure to comply.

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

To establish guidelines to provide framework for the prompt investigation of all incidents occurring in the Amita St. Mary’s EMS System.

I. PRACTICE

A. A Variance reporting system has been established for the following reasons:

1. To correct an error or omission
2. To guard against recurrence through education and other preventative actions.
3. To be informed so a prompt investigation may be made.
4. To be prepared in the event of legal action.

B. Every incident report should be filled out completely with adequate comments and explanations. Special efforts should be made to obtain names, addresses, and telephone numbers of all witnesses present when the incident occurred. The Unusual Occurrence
Form shall be filled out by the individual who observed or who was involved in the incident. The form will be filled out as completely as possible using wording carefully chosen to avoid implication of blame and retribution. The facts of the incident shall be carefully stated with no conclusions drawn.

C. EMS Providers would be cautioned against making statements that could commit the hospital to liability when in the presence of patients, visitors, or other outsiders.

D. If an incident occurs that results in death or serious injury, it is required that prompt investigation be instituted, ad he immediate notification of the EMS System Coordinator and/or EMS Medical Director is warranted.

E. The EMS Incident Report File is confidential, and access to these files is highly restricted. Never file an incident report with the medical record of a patient.

F. A Variance Report will be filled out by the person discovering the incident or most involved.

G. After completing the form, it should be sent directly to the EMS System Coordinator for subsequent investigation if applicable.

H. No employee shall make copies of Unusual Occurrence Forms without exception. Anyone wishing to have a copy shall be referred to the EMS System Coordinator or EMS Medical Director.
UNUSUAL OCCURRENCE
REPORT FORM

Presence St. Mary’s Hospital
EMS System Plan

Name(s) of EMS personnel involved: ______________________________________________

Name of Patient (if applicable) : _________________________________________________

Name of EMS Agency: _________________________________________________________

Date unusual incident occurred: Month_________________ Day______ Year_________

Time___________________

Where did the occurrence happen?______________________________________________

State the nature of the unusual occurrence: (Describe in detail exactly what happened as much as possible - STATE FACTS NOT OPINIONS)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

_______________________________________ ____________________
Signature of Person Preparing Report   Date & Time
RESOLUTION OF PROBLEM OR UNUSUAL OCCURRENCE

Presence St. Mary’s Hospital
EMS System Plan

Chief Investigator:______________________________________________________________

Method of investigation:__________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

1. Forms reviewed:__________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Personnel Interviewed:_____________________________________________________
________________________________________________________________________
________________________________________________________________________

Findings and/or conclusions:______________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Resolution:____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
NOTE: Policies with original signatures are on file in Administration.