**Policy**

The flow of occurrence reports.

**Purpose**

To describe a standard method of processing, resolving, and communicating about occurrence reports.

**Procedure**

1. Occurrence report is completed. Department manager will sign off initial investigation and situational resolution will occur. Any categorized as II-E or higher are called to the Director of Quality and Clinical safety the same day.

2. The forms are sent to Quality and Clinical Safety. All employee injuries are faxed to the safety department at extension 3147. All lost property issues are faxed to Risk Management at extension 3896. Other Risk Management related issues are also discussed with the legal department. The forms are dated and entered into RiskMaster as follows:
3. Weekly the director of Quality and Clinical Safety generates a report (see attached) to review all occurrences.

4. Occurrences requiring further investigation, analysis, resolution, or follow up are attended to (addressed) by the Director or designee. Using the severity assignment process (see policy # 37-11) individual Root Cause Analysis (RCA) may be carried out (conducted) by the Director or designee.

5. Generally, all falls, medication errors, and employee injuries/exposures are addressed in aggregate by the fall, nursing/rx, and employee safety committees respectively. API improvement form is required from each committee and reviewed at PI Council.

6. Once the weekly occurrence report is reviewed by the Director and actual occurrence reports have been reviewed as appropriate, and shared with committees, or medical director as appropriate, they are filed in alphabetical order by the last name of the person involved.

7. The director documents notes on the weekly occurrence report under the “how can we prevent” section. The weekly report is given back to staff for data entry of notes.

8. Quarterly, a detail report is sent to all department directors sorted by where the occurrence occurred for their area.

9. Annually an overall trend of occurrences is studied and summarized in a report to PI Council and OLT.

Approved by _____________________________  
Lauri Oakes Date  
Director  
Quality and Clinical Safety

Approved by _____________________________  
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Associate Executive Director  
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