



DREXEL UNIVERSITY COLLEGE OF MEDICINE INCIDENT and CLAIM REPORTING POLICY

I. POLICY

An Incident Report form or verbal notification to the Department of Risk Management of a potential claim shall be completed on every incident or claim involving a patient or visitor in any Drexel University College of Medicine (“University”) facility or department, including outpatient facilities. The University’s Risk Manager or other designated staff member will initiate appropriate follow-up.

Definition of Incident:

An incident for which a telephone call or report must be made to the Risk Management Department is any occurrence that is not consistent with the routine operation of the University or the routine care of a particular patient. Injury does not have to occur. The potential for injury and/or property damage is sufficient for an occurrence to be considered an incident. Some examples of incidents are:

- Events contrary to plans for the accepted standard of patient care
- Events that inappropriately place a patient or visitor at risk of significant harm
- Events that put the College or a program in a legal or political position that may be cause significant cost or expense to the College

Definition of Claim:

- A demand for money or services including the service of suit or receipt of notification of arbitration.
- Hostility or criticism accompanied by a request for compensation or other form of relief expressed by a patient, visitor or family member as a consequence of an incident.
- Threats of litigation made by a patient, visitor or family member or written and/or verbal communication from legal counsel representing any of the above.

II. PROCEDURES:

The responsibility for reporting an incident or calling the Office of Risk Management (**215-255-7841**) rests with any employee or independent contractor (including locum tenens) who witnesses, discovers or has personal knowledge of any incident as previously defined. The Incident Report or notification of claim is required to be completed as soon as possible after the incident occurs or is discovered.

In general, notification must be made under the following circumstances (list is not all inclusive):

- An unanticipated adverse result from a treatment or procedure
- Hostility, criticism or patient dissatisfaction
- Foreign bodies left in patient
- Accidental burns – thermal, chemical, radiological, electrical
- Nerve damage
- Brain damage or neurological deficit – permanent paralysis, including paraplegia and quadriplegia, partial or complete loss of sight, hearing, taste or smell
- Failure to diagnose resulting in radiation therapy, chemotherapy or other continuous treatment
- Human Immuno Deficiency Virus (HIV), Acquired Immune Deficiency Related Complex (ARC) Acquired Immune Deficiency Syndrome (AIDS) or any relative virus, complex or syndrome
- Birth related injuries – maternal or fetal death, anesthesia related injuries, apgar scores at 5 minutes below 5, any infant resuscitation greater than anticipated for gestational age, fractures or dislocations
- Severe internal injuries – laceration of organs, iatrogenic infections, process, foreign body retention, sensory organ or reproductive organ injury
- Substantial unanticipated disability resulting from medical treatment – fractures, amputation, disfigurement
- Mistaken identity
- Surgery on the wrong part of the anatomy
- Injury to or removal of a healthy organ
- Falls – visitor or patient
- Serious threats or complaints of lawsuits by the patient or the patient’s family
- Patient attitude negative against a physician
- Medication errors
- Severe drug reactions
- Unexpected death – suicide, sudden cardiopulmonary arrest (with or without successful CPR)
- Failure to obtain proper informed consent
- Equipment malfunction adversely affecting a patient
- Disasters
- Damage to University property

Completion of Incident Reports

General Requirements:

- A. The Incident Report should be completed as thoroughly as possible
- B. The Report's contents should be legibly written
- C. More than one section is often applicable. Complete each section as appropriate
- D. Be objective (description of facts only), and not subjective or accusatory. Do not record IMPRESSIONS, OPINIONS OR JUDGMENTS. Answer the who, what, where, why and how of the incident. Identify involved persons by name and title.
- E. Include the name, complete addresses and telephone numbers, to the extent known, of all witnesses.
- F. Narratives and signatures must be legible and reports correctly dated.
- G. Completed Incident Reports and attached should be received by the Risk Manager within 24-48 hours of the incident.
- H. Copies of Incident Reports must NEVER be placed in a patient's chart.

Internal Reporting Procedures

In the event of a serious incident, claim or lawsuit call the Office of Risk Management at 215-255-7841 (fax 215-255-7856) and/or the Office of General Counsel at 215-255-7835 (fax 215-255-7856).

Any communication received from any person making a claim against the University, its physicians or its employees shall immediately be brought to the attention of the University's Office of Risk Management and/or the Office of the General Counsel.