

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - ADMINISTRATION
ADMINISTRATIVE DIRECTIVE NO. 166
(Replaces A.D. No. 166 dated 3/16/06)

Effective Date: February 15, 2007

SUBJECT: RISK MANAGEMENT - DOCUMENTATION AND REPORTING

I. PURPOSE

This directive establishes a hospital-wide risk management documentation and reporting process that identifies, evaluates, and reduces/prevents the risk of injury and or damage associated with hospital operations, Individuals, employees, and visitors. This shall be achieved by all hospital employees actively participating in the following:

- A. Striving for quality in all aspects of Individual care.
- B. Education of all levels of Individuals and employees.
- C. Providing basic elements for each component's quality and risk management program.
- D. Monitoring of activities resulting in loss of time, equipment and resources.
- E. Compliance with federal, state and local codes, rules and regulations.
- F. Coordination and integration of programs in risk management and in performance improvement.
- G. Timely reporting of performance issues and adverse occurrences within hospital departments.

II. AUTHORITY

The Executive Director authorizes the establishment of an effective Risk Management documentation and reporting in keeping with:

- A. The hospital's Mission and Vision.
- B. The principles and methods of Continuous Quality Improvement (CQI).
- C. Performance Improvement mandates of the State of California, Department of Mental Health.
- D. Applicable outside Regulatory Agencies.

PATIENT RESTRICTED

E. Utilization of the hospital's documentation processes:

1. Injury Illness Prevention Program for incidents involving employee related injuries.
2. Special Incident Reports (SIRs) for all other types of incidents involving injury, loss or damage.

III. POLICY

It is the policy of the Coalinga State Hospital (CSH) to establish a Risk Management documentation and reporting process that meets and or exceeds the minimal requirements set forth by the Department of Health Services (DHS), Occupational Safety & Health Administration (OSHA), Office of Risk & Insurance Management (ORIM), State Personnel Board (SPB) and Department of Personnel Administration (DPA).

IV. METHOD

A. Employee:

All employees are responsible for documenting and reporting any incident involving potential and or actual injury, loss or damage to person or property. Incidents involving injury to the employee shall be reported immediately to their supervisor. Information regarding this incident shall be documented on a Self Report of Minor Injury Form. Upon completion of this form, it will be forwarded to the department supervisor or manager for review and follow-up.

B. Supervisors and Managers:

1. Any supervisor or manager, who receives notification that their employee was injured, shall ensure documentation on the Self Report of Minor Injury Form. Upon completion, this form will be forwarded to the Health & Safety Office for review.
2. Any supervisor or manager, who receives a SIR that was completed by their employee, is required to investigate and document any findings on the section of the form reserved for First Level Reviewer. Upon documenting findings, the SIR shall be forwarded to the supervisor's manager for review and follow-up. The manager will complete the section of the form designated as Level II reviewer.
3. All incidents involving injury shall include a review by a physician who shall assess/treat the patient as needed and document findings on the section of the SIR reserved for physicians.
4. Upon all levels of review being completed, the SIR shall be forwarded to the Standards Compliance Department (SCD) for review.

PATIENT RESTRICTED

C. Departments:

1. Upon the Health & Safety Unit receiving any report involving staff injuries, the appropriate steps will be taken to ensure that the staff received any necessary medical treatment, that the issue was appropriately documented by the department and that applicable outside agencies are notified. Additionally, the Health & Safety Unit will collect data regarding all staff injuries and generate a report that shall be reviewed monthly by the Hospital's Safety Committee.
2. The SCD will review all SIRs identified as meeting the requirements of a reportable event with the DHS and the Department of Mental Health Headquarters (DMH HQ). All incidents requiring DHS notification and/or DMH HQ notification will be immediately forwarded to the Director of the SCD. The SCD shall generate a Bi-annual report to the Governing Body summarizing and identifying any increases or decreases in reportable events. This report will also be reviewed by the Hospital's Safety Committee for purpose of identifying areas where risk and concern has been identified hospital-wide.

D. Committees:

The Hospital's Safety Committee will review all reported/identified risks for purpose assessment, containment and prevention/alleviation. Each member of the safety committee will be responsible for briefing their department regarding the reports and findings from this committee.



W. T. VOSS
Executive Director

Cross Reference(s):

- AD. 138 Performance Improvement Program
- AD. 182 Sentinel Events
- AD. 758 Property Loss Claims, Patients, Staff and Visitors
- AD. 768 Department of Health Services Reportable Events
- AD. 770 DMH Headquarter Reportable Events
- AD. 830 Special Incident Reports
- AD. 838 Unit Security
- AD. 902 Dress and Personal Grooming Standards
- AD. 976 Duty to Warn, Inform, and Report Abuse and Serious Threats
- AD. 979 Hospital Health and Safety Program
- CSH Injury Illness Prevention Program (IIPP)