

		Policy Title:	Non-Punitive Error Reporting
Effective Date:	April 1, 2009	Policy Number:	174
Review Date:	May 5, 2010	Department	Administration
Submitted by: Sandy Garzell			

## **I. PURPOSE:**

Bay Regional Medical Center (BRMC) recognizes that if we are to succeed in creating a safe environment for our patients, we must create an environment in which it is safe for caregivers to report and learn from errors.

## **II. POLICY:**

McLaren Health Care recognizes that if we are to succeed in creating a safe environment for our patients, we must create an environment in which it is safe for caregivers to report and learn from medical errors.

Each affiliate will promote openness, develop a learning environment, and encourage the reporting of errors by insuring the process will not result in punitive action for those voluntarily participating.

The hospital will promote openness and require that mistakes be reported, while insuring that reported mistakes will be handled without a threat of punitive action.

BRMC recognizes that most clinical incidents are due to a failure of systems. Our goal is to identify and track errors in order to continuously improve the system.

Medical Error can be defined as an error that has occurred, which resulted in or could have resulted in harm to the patient. This includes potential and actual medication errors, adverse drug reactions, or any other actual or potential medical errors.

## **III. PROCEDURE:**

- A. When an actual or potential medical error occurs or is discovered, it will be reported to the Manager/Supervisor or Director of that area by one of the following methods:
  1. Written report
  2. Verbal report
  3. Medical Error Hotline at 894-3781
- B. The Manager/Supervisor/Director will conduct fact-finding. This may be conducted at the Manager or Department Director level. Depending upon the seriousness of the event, the error may be referred to the Risk Manager and/or Sentinel Event task force.

- C. The Director/Manager/Supervisor in conjunction with Human Resources will determine if the error warrants discipline. No disciplinary action will be taken against practitioners who make an error except in the following circumstances: malicious or illegal behavior that results in an error; drug diversion; chemical dependence; breach of confidentiality; other egregious behavior, i.e. intentional cover-ups.
- D. This policy will not protect individuals who consistently fail to participate in the detection, reporting and remedies to prevent errors.
- E. All medical errors will be aggregated/collated and sent to the Patient Safety Committee who will:
  - 1. Track and trend errors
  - 2. Recommend/and assist with implementation of changes
  - 3. Provide feedback to staff regarding medical errors
  - 4. Recommend rewards

Recommended for approval: Patient Safety 5/10

Recommended for approval by MEC 6/14/10

Received by PAC 6/28/10

**Approvals:**

<u><b>Name</b></u>	<u><b>Title</b></u>	<u><b>Date</b></u>
Ellen Talbott	Vice President, Patient Care Services	May 2010
Alice Gerard	President	May 2010

# MEDICAL ERRORS

