

UNIVERSITY OF FLORIDA J HILLIS MILLER HEALTH CENTER  
SELF-INSURANCE PROGRAM (SIP)  
Professional Liability Insurance and Your Responsibilities  
Claims and Litigation / Depositions and Court Appearances

## INCIDENT REPORTING TO SIP CLAIMS EXAMINERS

As employees of the University of Florida Board of Trustees (UFBOT), and as health care providers, residents have a **duty**, pursuant to their **employment obligations** and **UF policy**, to **report serious incidents to the University of Florida J Hillis Miller Health Center Self-Insurance Program (SIP)**. Timely reporting of serious incidents allows for an early investigation and resolution of potential claims by SIP Claims Examiners and Litigation staff. **This requirement is in addition to any reporting of the incident in the IDInc. System**. Reporting must be made in a timely manner and without fear of repercussions. The SIP staff have the responsibility to investigate and resolve incidents that expose the University of Florida and UF Health facilities and staff to professional liability for medical negligence. **SIP on-call claims staff are available 24/7 to take calls** relating to incidents in which you are involved or have knowledge. **The single number to reach the on-call staff member is 352-273-7006**. Additionally, SIP has a . Reporting online feature available at <https://flbog.sip.ufl.edu/online-incident-reporting/>, and a very **user-friendly “My FL SIP” app** for handy guides regarding reporting and SIP services. The app is available and free at the Apple IOS or Google Play app stores.

## WHAT MUST BE REPORTED

**Serious incidents must be reported.** A serious incident is any occurrence that has produced an actual, potential, or perceived injury to a patient, or describes a practice, situation, premise, or product defect that, in the observer's opinion, may produce an injury if left uncorrected. Although no definition will cover all circumstances, those serious incidents listed below must be reported to the SIP:

- Death
- Brain damage (permanent or temporary)
- Spinal cord damage
- Wrong site, wrong patient, wrong procedure
- Any condition requiring transfer to a higher level of care
- Retained foreign bodies and procedures to remove unplanned retained foreign objects
- Surgical repair of injuries or damage from planned surgical procedures where the damage is not a recognized specific risk disclosed to the patient and documented through the informed consent process
- Total or partial loss of limb, loss of use of a limb
- Sensory organ or reproductive organ impairment
- Disability or disfigurement
- Any birth of a term baby that is stillborn or expires shortly after delivery
- Injury/death to either mother or child during delivery

- Any shoulder dystocia resulting in a fracture or other injuries
- Pressure ulcer development or increase in severity of existing ulcers
- Delayed or misdiagnosis of a patient's condition resulting in increased morbidity
- Injury to any part of the anatomy not undergoing treatment
- Any assertion by a patient or the patient's family that the patient has been medically injured or threats of litigation
- Misdiagnosis of a patient's condition resulting in mortality or increased morbidity
- Any assertion or evidence that the patient was sexually abused, raped, or otherwise sexually assaulted.
- Medication errors leading to injury, death, or higher level of care
- Any assertion by the patient/family that no consent for treatment (medical/surgical) was given
- Any condition requiring specialized medical attention resulting from non-emergency medical intervention to which the patient has not given informed consent
- Infant abduction or discharge of an infant to the wrong parents
- Any other unexpected adverse condition or outcome that you feel could result in a claim

When reporting, the best guideline to follow is that of professional common sense, sustained by the ever-present awareness of the possibility of a claim. The standard practice should be: **WHEN IN DOUBT, ALWAYS REPORT.**

To report a serious incident, you must do the following:

1. Meet the immediate needs of the patient;
2. Notify the attending physician;
3. Instruct the nurse to complete an incident report;
4. Notify your departmental residency program director; and
5. Call the SIP office to speak to the on-call claims examiner at 352-273-7006 or report via the "My FL SIP" app.

**If you have any questions related to the incident-reporting policies, please call the SIP office at 352-273-7006.**

#### REQUESTS FOR TESTIMONY IN COURT PROCEEDINGS

At times, residents may receive subpoenas for depositions or court testimony, or may receive phone calls and letters from attorneys who want to talk to the residents concerning their care or treatment involving a party in their case. Additionally, the State Attorney, Public Defender, and private criminal defense attorneys may contact residents to discuss criminal matters because the residents cared for an alleged victim or perpetrator of a crime. SIP senior attorneys are available to provide residents with counsel and assistance to appropriately respond to such requests, and to prepare for depositions or trial testimony. It is most important that you immediately **notify SIP by calling 352-273-7006. Your Program Director, Division Chief and Departmental Chair should also be contacted.**

