SIP has educational programs and brochures that can be obtained through the Gainesville office.

- Chain of Command
- · Basics in Consent
- Good Care, Bad Documentation
- Agency Reporting
- Retained Foreign Bodies: Reducing the Risks
- Wrong Site Surgery
- Capacity to Consent
- Patient Safety
- Pressure Ulcer Prevention
- Disclosure of Adverse Events and Accountability
- Strategy for Disclosure
- Emergency Medical Treatment and Labor Act (EMTALA)

SIP would be happy to provide a live lecture at your request, call 352-273-7006 to schedule.



University of Florida
Self-Insurance Program
Risk Management and Loss Prevention
P. O. Box 112735
Gainesville, FL 32611
Phone: (352) 273-7006
Fax: (352) 273-7287

Website: www.sip.ufl.edu e-mail: rmeduc@shands.ufl.edu Required
Reporting
A Guide for
Faculty,
Staff,
Residents
and Students



Required Reporting

As an employee of the University of Florida Board of Trustees (UFBOT) and as a health care provider, you have an individual responsibility, pursuant to both your employment and state law, to report to the University of Florida Self-Insurance Program (SIP) any *event* that you reasonably believe may have caused or resulted in an injury to a patient.

An event is:

- Any occurrence that has produced an actual, potential, or perceived injury.
- A practice, situation, premise, or product defect that may produce an injury if left uncorrected.
- Any other unexpected or untoward outcome or event where established policy or procedure was not followed.
- Any other conditions you feel may give rise to a claim.



When events are timely reported, a patient's situation can be effectively addressed and complaints often favorably resolved. Delays in reporting, however, result in, or contribute to, patient dissatisfaction and medical malpractice lawsuits; both of

which consume large amounts of time and money that would otherwise be available for education, research, and community service.

Claims and Process Improvement

SIP loss prevention specialists work closely with university and hospital personnel to identify opportunities for process improvement and education enhancement and development. Initiatives are developed and implemented to improve quality of care and patient safety. Significant and system-wide issues may be brought to and evaluated by the Claims and Loss Prevention Committee and/or the SIP Council.

Reportable Events

No definition of a reportable event will cover all circumstances, and it is often the severity of an injury rather than the actual quality of care that causes malpractice claims. The outcomes and events (shown in the column to the right) arising from medical or surgical care must be reported. It is also important to report "near miss" situations. These are events that do not result in injury but have the <u>potential</u> to cause patient injury.

How to Report

Immediately upon the occurrence of a reportable event, notify the Self-Insurance Program by calling the appropriate SIP office (use Gainesville for all facilities except Jacksonville):

Gainesville: (352) 273-7006 Jacksonville: (904) 244-9070

During business hours, you will be connected to a SIP coordinator who will take the information and provide guidance. After normal business hours, leave a message as instructed by the voice mail and a coordinator will return your call.

Information we need to know:

- •Name, sex, and age of patient
- Medical record number
- Date of admission and admission diagnosis
- •Date, time, and site of event
- Brief description of the event with the names of the involved individuals and witnesses
- Description of the injury, the treatment provided, and the name(s) of the physician(s) notified

Residents must also notify their Attending and department residency program director. Students/Other Staff members must notify their supervisors.

When in doubt regarding an event – **ALWAYS REPORT**. Your best guideline is your professional common sense, sustained by the ever-present awareness that the event is a potential malpractice claim.

Examples of Reportable Events/Outcomes

- 1. Death
- 2. Brain damage (permanent or temporary)
- 3. Spinal damage (paralysis, paraplegia, quadriplegia)
- 4. Surgical procedure on the wrong patient
- 5. Attempted wrong site surgery, to include prepping the wrong site (near miss)
- 6. Wrong site or wrong procedure surgery
- Any condition that requires transfer to a higher level of care within or outside the facility
- 8. Retained foreign body, irrespective of intent
- 9. Procedures to remove unplanned retained foreign objects
- 10. Surgical repair of injuries or damage from planned surgical procedure where the damage is not a recognized specific risk disclosed to patient and documented through informed consent process
- 11. Total or partial loss of limb or loss of use of a limb
- 12. Sensory organ or reproductive organ impairment
- 13. Disability or disfigurement
- 14. Any birth to a term baby that is stillborn or expires shortly after delivery
- 15. Injury or death to either mother or child during delivery
- 16. Delay or misdiagnosis of a patient's condition resulting in increased morbidity
- 17. Injury to any part of the anatomy not undergoing treatment
- 18. Any assertion by a patient of medical injury or a threat of litigation
- 19. Allegations of rape or sexual abuse or misconduct
- 20. Patient or family assertion that no consent was obtained for treatment (medical or surgical)
- 21. Any condition requiring specialized medical attention resulting from non-emergency medical intervention to which the patient has not given informed consent
- 22. Infant abduction or discharge of an infant to the wrong parents
- 23. Any other unexpected or unfavorable outcome or an event where established policy or procedure was not followed
- 24. Any other conditions that you feel may result in a claim