

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-031
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Incident Reporting Policy	PAGE:	1 of 2
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Documenting, tracking, and responding to actual or potential incidents.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA _____ Date			

I. PURPOSE

To establish a process for reporting, tracking, analyzing, and responding to actual or potential incidents occurring in the health center.

II. SCOPE

Applies to all Workforce members.

III. POLICY

- A.** The Southern Nevada Community Health Center (SNCHC) is committed to maintaining a safe environment for patients and workforce members, delivering high quality care, providing excellent patient experiences, and improving client outcomes through the proper documentation and review of incidents to initiate process improvement activities and to prevent/mitigate actual or potential risk.
- B.** SNCHC adheres to its core values and evidence-based practices to maintain a safe, productive, and effective environment for patients, caregivers, and workforce members. Training provided to the workforce is designed to improve the identification of actual and potential risks in the health center with the goal of preventing and/or mitigating their occurrence.
- C.** Any workforce member who observes an incident is responsible for reporting it in a timely manner.
- D.** The FQHC Administrative Manager is responsible for tracking, analyzing, and coordinating responses to incidents.

IV. PROCEDURE

- A.** All incidents, including but not limited to formal patient grievances, medical emergencies, medication or vaccine errors, disruptive or abusive behavior by patients, caregivers, or visitors, and employee injuries are required to be reported to supervisors immediately.
- B.** A complete and accurate incident report is required to be submitted to the FQHC Administrative Manager as soon as possible but no later than 24 hours after the incident or the following business. The FQHC Administrative Manager will:
 1. Track, analyze, and coordinate a response to each incident. The response to each incident will vary based on the type, complexity, risk profile, and potential for recurrence.
 2. Coordinate corrective action with appropriate staff.
 3. Ensure appropriate follow up action has been taken.
 4. Finalize the response to each incident by documenting the actions taken.
 5. Create an annual risk management plan with goals that address areas of concern identified through the analysis of incidents.
 6. Provide regular updates on the health center’s progress towards achieving risk management goals to SNCHC’s leadership team and governing board.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

FQHC Administrative Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces CS/FQHC-ADM-C-015

VII. ATTACHMENTS

Attachment No. CHCA-031 ATT-A, Incident/Events Action Report