

## ORGANIZATION POLICY

POLICY TITLE: ADVERSE EVENTS

POLICY NUMBER: 1231

POLICY:

It is the policy of the Hospital to maintain the highest quality of health care services possible at the Hospital and, whenever possible, increase the quality of health care delivered by its staff. One of the actions that should be taken to meet this policy is the proper and timely identification, investigation, reporting, and plans for future prevention of events that are adverse to the health or safety of patients receiving services at the Hospital. As a key part of that process, the determination as to whether the event that is adverse to patient health or safety occurred as a result of a condition that was present upon the patient's admission to the Hospital or whether the patient acquired such condition after admission and prior to discharge is important.

I. **DEFINITIONS:** Certain terms having specific definitions are used in this Policy, and these terms and definitions are as follows:

- A. **"Adverse Event"** shall mean and refer to any event that occurs on Hospital property involving a patient of the Hospital in which such event has an unintended or unanticipated outcome that adversely affects that patient's or another patient's health or safety. Adverse Events shall not include an event that is considered a Sentinel Events or a Near Miss as defined in Organizational Policy No. 603, entitled "Sentinel Event Policy."
- B. **"Conditions Present on Admission"** shall mean and refer to any physical or medical condition that is present upon a patient's admission to the Hospital other than the condition for which the patient presents for primary diagnosis and treatment. Such term is also abbreviated throughout this policy as "Conditions POA."
- C. **"Electronic Health Record"** shall mean and refer to the Hospital's electronic medical record software, whether comprised of a single program or multiple modules that is used by the Hospital as a digitized form of storage and transmission of the medical information of a Hospital patient. Such term is also abbreviated throughout this policy as "EHR."
- D. **"Hospital"** shall mean and refer to Onslow Memorial Hospital, Inc.
- E. **"Hospital-Acquired Condition"** shall mean and refer to any physical or medical condition that is acquired by a patient at the Hospital after admission to the Hospital and prior to discharge. Such term is also abbreviated throughout this policy as "HAC."

## II. PROCEDURE:

### A. First Patient Encounter

1. Upon the first encounter with a patient the staff member performing the initial evaluation of the patient shall document that staff member's observations in the EHR, including any indicators that would suggest the patient has a Condition POA.
2. The patient's treating physician will review the observations made by the staff member performing the initial evaluation and any observations of other staff members that are pertinent to the treatment of the patient. If the observations noted in the EHR or the physician's own observations lead the treating physician to believe that the patient may have a Condition POA, the physician should investigate and confirm whether the patient has a Condition POA.
3. If the treating physician makes a determination that a patient has a Condition POA, the physician shall document such fact in the EHR. That patient's record should be designated as having a Condition POA as to alert the Billing Office as to this fact so that the appropriate POA indicators can be added.

### B. Discovery of HACs

1. If the Hospital staff determines that a patient has a condition that was acquired throughout the patient's treatment while at the Hospital, the physician or that physician's designee shall contact Risk Management regarding this fact.
2. Risk Management shall review the patient file and coordinate with appropriate staff members in the Billing Office to determine whether the HAC is contained in the list of HACs indicated by CMS in its Final HAC List found in the Inpatient Prospective Payment System Final Rule for the current year.
3. The Billing Office shall coordinate the patient billing for the treatment of the HAC in accordance with the appropriate billing requirements for such conditions.

### C. Follow up Regarding Returned Claims


1. If the claims submitted for a patient are returned or denied for failure to appropriately report a Condition POA or for billing for a diagnosis that is determined to be a HAC, Risk Management shall be notified to coordinate a review of the patient's medical record to determine compliance with this policy based on the documentation in the EHR as well as any other information Risk Management deems relevant.

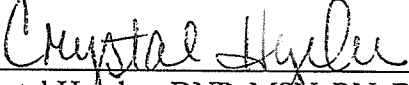
2. Risk Management will coordinate any indicated education or other necessary follow-up with nursing staff or other department or representative for further consideration and/or actions that may be advisable.

EFFECTIVE DATE: August 2013

APPROVED BY:

  
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