NON-PUNITIVE REPORTING

POLICY: A core goal at Luther Midelfort is to “continuously improve all processes and services that support the care of our patients.”

I. We believe that:
   A. We recognize that competent and caring professionals will make mistakes and we don’t intend to instill fear or punishment for reporting them.
   B. Many errors result from an inadequate or complex system.
   C. Errors and accidents should be tracked in an attempt to establish trends and patterns to learn from them and prevent a reoccurrence, thus improving patient safety.
   D. There must be a non-punitive, supportive environment for all staff to report errors and near misses.
   E. In the process of evaluating errors and near misses, healthcare providers participate in reporting and developing improved processes.
   F. Error and near miss reporting are a critical component of the Luther Midelfort patient safety and risk management program.

II. Terms:
   A. Medication Error – Any unintended act in the process of ordering, dispensing, transcribing or administering a drug.
   B. Near Miss - Any error that was identified and resolved before any patient consequence occurred.
   C. Non-punitive – No punishment or disciplinary action imposed for any specific error.
   D. System – An established way of doing a procedure.

III. Exceptions to non-punitive reporting:
   A. Knowingly intentional acts with intent to harm or deceive.
   B. In the event it becomes clear that staff competency is the root cause for a pattern of errors, management will make every reasonable effort to ensure staff can reliably deliver safe care. If it becomes clear that a staff member cannot practice in a reliably safe manner, in spite of education and counseling, this situation will be treated as a staff competency issue through normal disciplinary procedures.

SCOPE: All Luther Midelfort Employees

PROCEDURE:

Refer to Incident/Variance Report, Administrative Policy #129.
Understanding Nonpunitive Reporting of Errors

References:


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