



# Incident Reporting: From Documentation to Prevention

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# CMS Requirements Review QAPI Program

**§416.43**  
**Condition  
for Coverage**

## Quality Assessment and Performance Improvement

The ASC must develop, implement and maintain an ongoing, data, driven QAPI Program.



# CMS Requirements Review

## QAPI Program

### §416.43(a) Standard

## Program Scope

- Demonstrates measurable improvement
- Improves patient safety
- Measure, analyze and track quality indicators



# CMS Requirements Review

## QAPI Program

**§416.43(b)**  
**Standard**

## Program Data

- Incorporate quality indicator data
- Monitor effectiveness
- Identify opportunities



# CMS Requirements Review

## QAPI Program

### §416.43(c) Standard

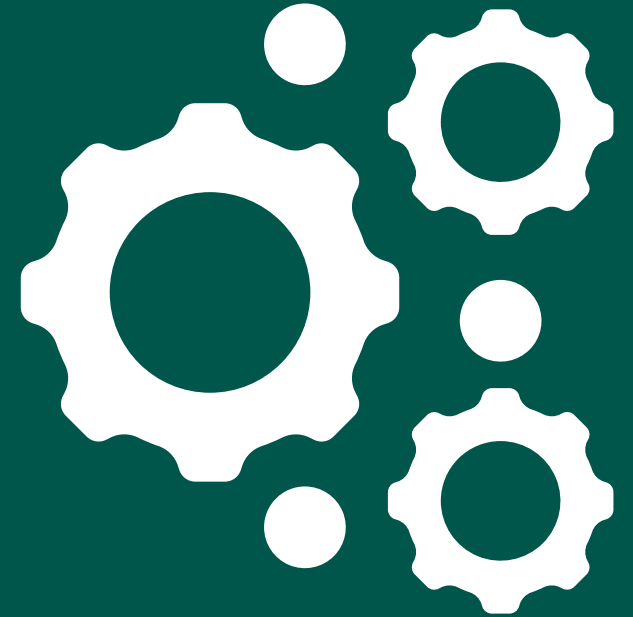
## Program Activities

- Focus on high risk, high volume, and problem-prone areas
- Consider incidence, prevalence, and severity
- Affect health outcomes, patient safety and quality of care



# Components of the QAPI Program

- QAPI Program Overview
- Performance Improvement
- Risk Management
- Peer Review
- Infection Control





# Risk Management



- When problems arise, risk management activities focus on minimizing the negative impact of such issues
- Risk management is a process, which identifies, analyzes and eliminates potential hazards within the facility
- Accomplished through analysis and evaluation of data followed by the development of methodology to minimize potential losses or exposure



A healthy QI Program  
*will* have Incidents.





# What is an Incident?



# Incident

Any event or occurrence that could potentially lead to or has led to **unintended harm to a patient, staff member, or visitor**. *These incidents can compromise safety and quality of care and may involve a variety of scenarios.*

An event that **affects or alters the planned patient outcome.**

Any happening that is **not consistent with the routine operation** of the facility.

# Near Miss

An event where an **accident, injury or negative outcome was narrowly avoided** (close call).

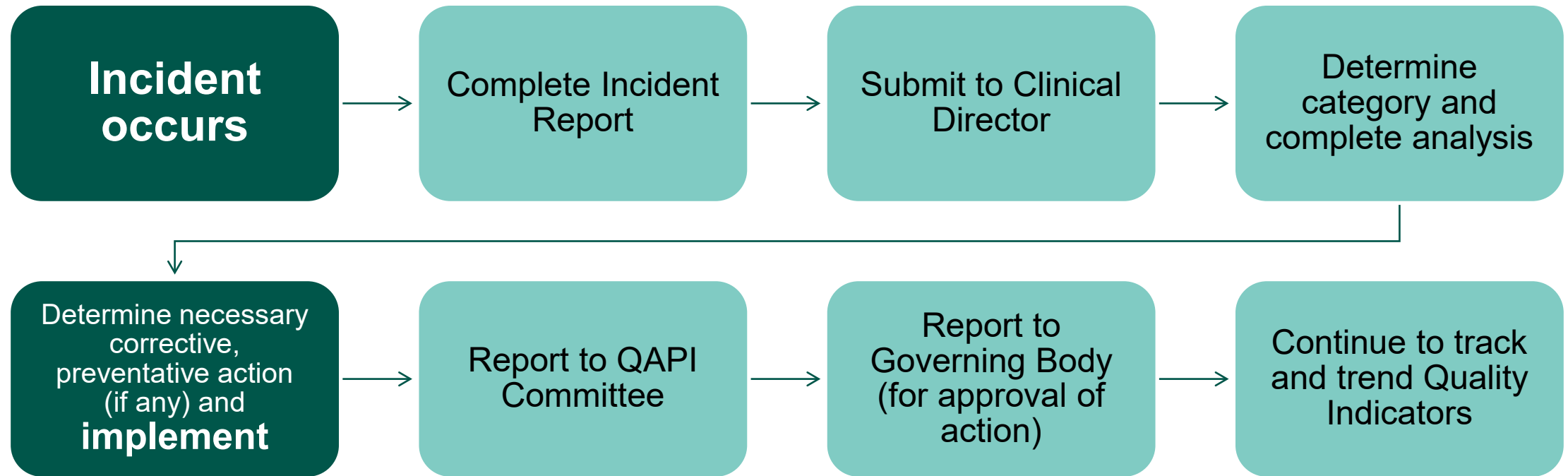


# Incident Examples

- Patient burn
- Patient fall
- Patient transfer
- Wrong site, wrong patient, wrong procedure, wrong implant
- Cancellation after admission
- Sharps injury
- Equipment failure
- Medication error
- H&P issue
- Nausea & vomiting
- Prolonged stay



# Incident Reporting Process



# Complete and Submit Incident Report

*Any staff member can complete an incident report*

Foster a **culture of safety** where staff feel empowered to report incidents without fear of retribution

DO INCLUDE	DO NOT INCLUDE
<ul style="list-style-type: none"><li>✓ Brief and specific description of the incident</li><li>✓ Nature of the incident</li><li>✓ Resulting condition.</li></ul>	<ul style="list-style-type: none"><li>✗ Opinions, interpretations, conclusion, criticisms, questions, responsibilities</li><li>✗ Subjective factors that are not the direct result of an actual observation.</li></ul>



# Complete and Submit Incident Report Form

**QUALITY IMPROVEMENT INCIDENT REPORT AND FOLLOW-UP**

Incident Date: \_\_\_\_\_ Quarter: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>  
Incident #: \_\_\_\_\_ MR #: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Names of other persons/witnesses with direct knowledge of event:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Name of person preparing report: \_\_\_\_\_ Signature of person preparing report: \_\_\_\_\_

**Incident Follow-up**

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Analysis:** (Determine contributing factors, what action should or can be taken to prevent this occurrence)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported to QAPI Committee: \_\_\_\_\_ Date: \_\_\_\_\_

**Discussion/Recommendation:**  
☐ No further action/recommendation ☐ Continue to monitor report next quarter  
☐ Other \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Clinical Director \_\_\_\_\_ Date: \_\_\_\_\_

QAPI Program - Risk Management  
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## QUALITY IMPROVEMENT INCIDENT REPORT AND FOLLOW-UP

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Name of person preparing report: \_\_\_\_\_ Signature of person preparing report: \_\_\_\_\_





# Category and Analysis

## *Clinical Director receives Incident Report...*

### **Determine incident category:**

- Clinical Care
- Patient or Visitor
- Staff or Facility

### **Add to Incident Report Log**

### **Conduct analysis**

- Determine contributing factors.
- What action should or can be taken to prevent this occurrence?

### **Based on analysis, determine if action is required**



# Incident Reporting Log

INCIDENT REPORT LOG

Incident #	Date	MR#	Incident Category	Indicator #	MD	Description	Action
1	4/17/2023	1234	Clinical Care	1. Aborted Case	Dr. Smith	test description	Treatment
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							



# Complete and Submit Incident Report Form

QUALITY IMPROVEMENT INCIDENT REPORT AND FOLLOW-UP

Incident Date: \_\_\_\_\_ Quarter: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>  
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Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Incident Follow-up

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Analysis: (Determine contributing factors, what action should or can be taken to prevent this occurrence)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported to QAPI Committee: \_\_\_\_\_ Date \_\_\_\_\_

Discussion/Recommendation:  
☐ No further action/recommendation ☐ Continue to monitor report next quarter  
☐ Other \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Clinical Director \_\_\_\_\_ Date \_\_\_\_\_

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## Incident Follow-up

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Analysis: (Determine contributing factors, what action should or can be taken to prevent this occurrence)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported to QAPI Committee: \_\_\_\_\_ Date \_\_\_\_\_

## Discussion/Recommendation:

☐ No further action/recommendation ☐ Continue to monitor report next quarter  
☐ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Clinical Director \_\_\_\_\_ Date \_\_\_\_\_



# Corrective / Preventative Action

*Clinical Director will implement action as determined necessary.*

## Examples of Action



Staff inservice/  
education



Policy addition  
or revision



Medical Record  
revision



Peer Review



Continue to  
track and trend



# Reporting

- Incidents must be reported to the QAPI Committee and Governing Body at quarterly meetings and documented in meeting minutes
- **Incident Report Summary**  
*recommended*
- Any corrective/preventative action must be approved by the Governing Body

## Incident Report Summary 1<sup>st</sup> Quarter 2025

<b>Incident #1</b> Date – MR #	<b>Indicator #35:</b> Complication – Medication reaction in PACU  <b>Description:</b> Medication not listed as allergy. Patient experienced difficulty breathing after receiving medication in PACU.  <b>Action:</b> Staff responded quickly and appropriately to administer Benadryl, Decadron, Inhalation treatment, epinephrine, and oxygen. Patient stabilized and was discharged. SOC 1 for incident and staff involved.
<b>Incident #2</b> Date – MR #	<b>Indicator #17:</b> Prolonged Stay  <b>Description:</b> Patient was slow to wake up and then had nausea and dizziness. Patient in recovery for approximately 3 hours.  <b>Action:</b> Patient remained in the PACU until stable for discharge per facility protocol. After approx. 3 hours, patient stable and discharged. SOC 1 for incident and staff involved.



# How do we *prevent* incidents?





# Incident Prevention

- Identify patterns and trends that may indicate issues – *Quality Indicators*
- Implement corrective and preventive actions to enhance safety
- Foster a culture of safety where staff feel empowered to report incidents without fear of retribution



# Let's talk about Quality Indicators.



# Quality Indicators



## PATIENT PERCEPTION Indicators

**Measure a patient's experience of the care he/she received in the ASC.**

*Patient satisfaction surveys, OAS  
CAHPS*



## PROCESS OF CARE Indicators

**Measure how often the standard of care was met for patients with a diagnosis related to that standard.**

*Administration and time of  
prophylactic antibiotics*



## OUTCOMES / PATIENT SAFETY Indicators

**Measure results of care.**

*Complication rates, healthcare-associated infection rates, cases exceeding 24 hours, transfers to hospitals, wrong site surgeries*



# QAPI / IC Activities | Frequency

Activity	Perform/ Review Frequency
Hand Hygiene Monitoring Tool	Q
QAPI and Infection Control Program Annual Assessment Guide	A
Contracted Service Assessment Tool	A
Laboratory / Tissue Review	Q
Physical Environment Checklist	M
Medical Record Audit Tool	Q
Patient Satisfaction Report	Q
QI Indicator Dashboard	M / Q
QI Study Demonstrating Sustained Improvement	A+
Culture of Safety (TJC)	18 months to A
Incident & Near Miss Reporting Tracking / Review	Q
Peer Review	Q
IC Compliance Surveillance Audit	Q
Surgeon Postoperative Infection / Complication Report	M
Patient Safety Program (TJC, some states)	Q



# What do you do with Quality Indicator Data

- Track on an ongoing basis
- Quality Indicators will be tied to incidents
- Identify trends



## Conduct a Quality Improvement Study

- Purpose Statement
- Performance Goal and Timeframe
- Identify the Gap
- Corrective Action(s)
- Remeasurement



# Summary

- Ensure staff feel empowered to report incidents
- Inservice staff on how to appropriately complete incident reports
- Close to loop with analysis an incident report follow-up
- Complete reporting to QAPI Committee and Governing Body
- Track and trend Quality Indicators throughout each quarter
- Complete QI Study when there are trends to implement change and prevent future incidents





# eSupport > Quality Management > Risk Management

Available to  
eSupport  
Members

- Quality Improvement Incident Report and Follow Up
- Incident Report Log



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## QUALITY MANAGEMENT: RISK MANAGEMENT

### RISK MANAGEMENT



Risk management is an important component of comprehensive Quality Assessment and Performance Improvement (QAPI) Program. Quality improvement validates performance standards and stresses the prevention of quality problems and deficiencies. When problems arise, risk management activities focus on minimizing the negative impact of such issues. Risk management is a process, which identifies, analyzes and eliminates potential hazards within the facility. The goal of risk management is to identify potential hazards and eliminate them before they have a negative impact. This is accomplished through analysis and evaluation of data followed by the development of methodology to minimize potential losses or exposure. Implementing risk management may take many forms.

### INCIDENT REPORTING

Incident Reporting is major part of your QAPI Program. All incidents should be reported on the facility's Incident Report form within 24 hours of the incident. An incident is broadly defined as an event that is not consistent with the routine operation of the facility, tracking and trending forms. All incidents must be reported on the Incident Report form.

### EXAMPLES OF INCIDENTS

 [CLICK LINKS BELOW TO DOWNLOAD](#)

-  [Quality Improvement Incident Report and Follow Up](#)
-  [Incident Report Log](#)

SEARCH 

#### QUALITY MANAGEMENT

[Quality Management Overview](#)

#### **Risk Management**

[Quality Improvement Study](#)

[Benchmarking](#)

[Patient Satisfaction Survey](#)

[Peer Review](#)

[QAPI Resources](#)

[Surgeon Satisfaction Survey](#)





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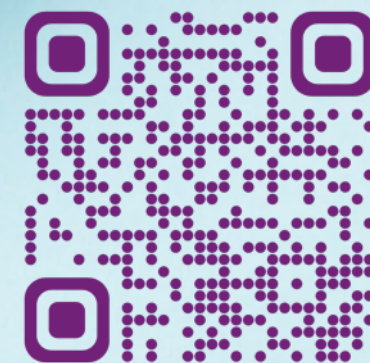
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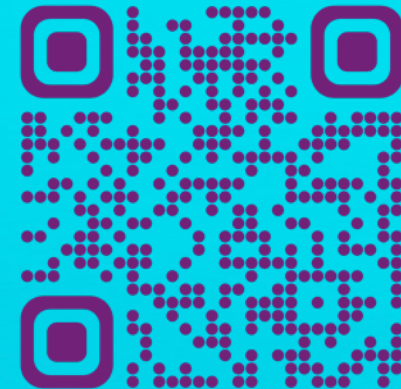
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and **network** with other ASC  
managers all over the country.





# Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
AUG 25	60	RN, CASC	<b>Streamlining Communication from ASC to Clinic, Part 2: Improving Postoperative Communication</b>	<b>Apryl McElheny,</b> MBA, MSN, RN, CASC, CIC <b>Laurie Brown,</b> MBA, COMT, COE, CPC <i>VMG Health</i>
SEP 29	20		<b>Hot Topics in Pharmacy Compliance for the ASC</b>	<b>Nick Bockmann, Pharm.D.</b> <i>The Fawks Company</i>
OCT 24	60		<b>Key Strategies for Enhancing ASC Financial Health and Profitability</b>	<b>Vanessa Sindell</b> MSN, BSN, RN, CAIP <b>Nancy Stephens</b> <i>VMG Health</i>

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