



General Guidelines for Event Investigation

1. Always document your findings. If appropriate, draw diagrams to illustrate event (i.e., where resident was standing, where resident was found, what was witnessed during an interaction) and attach to documentation.
2. Determine specific individuals/positions responsible for follow-up investigation and documentation.
3. Follow up on all leads.
4. Speak with Director of Risk Management, the Risk Manager or legal counsel before tape recording interviews, preparing statements of persons involved, or requesting that they fill out statements.
5. Do not make statements to family, injured persons, or other employees about liability determinations; such determinations cannot be made until after a full investigation is conducted.
6. Train employees that they should not make statements about liability or fault determinations after an event; such determinations cannot be made until after a full investigation is conducted.
7. Train employees to express sympathy to family/resident/visitor without admitting liability because AN EVENT (WITH OR WITHOUT AN INJURY) DOES NOT NECESSARILY MEAN THAT ERROR OCCURRED OR THAT FACILITY WAS AT FAULT.
8. Be objective and state only the facts in the event report.
9. Focus on getting to the root cause of the event: avoid blaming individuals and look deeper to determine if the cause was a system failure or malfunction.
10. Modify, delete, or add to policies and procedures if the investigation reveals that the policy was part of the problem.
11. Provide prompt in-servicing for employees if it is found that there was a system error which will now be rectified.
12. Train employees to immediately advise the On-Site Risk Manager if they hear resident, family members, visitors, or employees speak of legal action, attorney involvement, talk of compensation or any obvious or veiled threat; such information should be immediately conveyed to the Director of Risk Management, as should any calls or written correspondence from attorneys or family members demanding compensation or making threats.
13. If the event is found or thought to involve possibly defective or malfunctioning equipment:
 - a. Ensure that the equipment has been or is taken out of service and sequestered (see Equipment Sequestering Policy);
 - b. Ensure that equipment is stored in a locked, secure place, and that it will remain there until the Director of Risk Management or legal counsel advise otherwise.
 - c. Ensure that all sequestered equipment is kept in its original condition until such advice is given.



- d. Do not have equipment tested, modified, altered, given away, thrown away or used until given such instruction from the Director of Risk Management or from legal counsel; document status and whereabouts of such equipment on follow up.
 - e. Do not allow access to anyone seeking to test, review, inspect or photograph equipment, contact Director of Risk Management or legal counsel immediately upon learning of such a request.
14. Before closing file, review the following recommendations and document in Follow-up Action→Work Done on File, as indicated:
- a. Ascertain whether employee in-servicing is beneficial or necessary, and if so, conduct in-servicing.
 - b. Ascertain whether any policy/procedure changes need to be made; if so, make such changes or additions.
 - c. Ensure that the event was reported to the appropriate government agency, if necessary.
 - d. Ensure that event was reported to insurance carrier, if necessary.
 - e. Ensure that all corrective actions and contributing factors are documented.
 - f. Ensure you have documented at least one intervention to prevent a reoccurrence.
15. The Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
16. File closure can take place once the established sign-off procedure, based on our facility policy, is completed, Risk Manager has completed his/her Risk Manager Review, and Follow-up Actions are documented in Event file.
17. A File Manager with Closure may close the file if the following conditions apply [include if organization allows file managers to close events; remove if not permitted]:
- a. Level of Severity is 0-2.
 - b. Risk Manager has reviewed Event file by indicating Follow-up Action→Review or Sign-off.
18. General file closure guidelines are as follows:
- a. Severity 0-2, no longer than 2 weeks [or modify as appropriate; in no event should this be longer than 4 weeks]
 - b. Severity 3 and above, no longer than 4 weeks [or modify as appropriate; in no event should this be longer than 6 weeks].

Note: Event files are available for review after closure and are easily found/recoverable in RL6. Do not delay closure due to concern that the event will no longer be accessible.