



Incident Report Policy

Each incident is to be recorded on the CPT incident report form by the therapist and/or therapists involved.

The report form is to be sent to CPT office no later than 24 hrs after the incident, however it is considered best practice to complete the report the same business day as the event.

The method of submission is email to terrie.knebelsberger@cptrehab.com or fax to CPT Business Office at 630-238-5698

Each incident is to be followed up 48 hours later by the therapist and/or therapists involved in the incident completing the 48 Hour Follow Up Form

In the case that the incident occurred with a prn therapist that is not available, then the follow up form must be completed by the department supervisor.

The incident and follow up forms may be completed either by printing and handwriting or typing directly into the form.

If handwriting, please make sure to write clearly and legibly.

If typing, please note that you may type your name as an electronic signature, there is an attestation statement acknowledging the e-signature is equivalent to a manual signature.

Please note that it is the responsibility of each CPT therapist to ensure that incidents are reported timely and accurately.

It is the responsibility of the Supervisors to notify all full, part time, and prn employees the location of the saved digital forms and/or hardcopies in the department.

CPT Guide to Incident Reports

The information in an incident report should always include the who, what, when, where, and how. Use proper grammar, punctuation, and spelling; **and if handwriting write legibly. Also legibly write your full name after signature.** State facts objectively.

WHO:

- ✓ Full Name of the person(s) involved and responding to the incident- including witnesses
- ✓ Name and titles of witnesses and other involved persons.
- ✓ Full name(s) and titles of who was notified (i.e., doctor, supervisor)

WHAT: Written summary of what happened. Make sure it is clear, concise, and accurate.

- ✓ Detailed description of the incident chronologically
- ✓ Witnesses or injured party statements. Include direct quotations made by witnesses or the injured party, if applicable.
- ✓ Injuries sustained by the person(s) as a result of the incident or the outcomes
- ✓ Treatments administered- include details such as assist level required, any adaptive/assistive devices used (gait belt, walker, wheelchair, hoist lift, etc..).
- ✓ Note what was done to protect and ensure the safety of the patient
- ✓ Objective measures: patient AxO, vitals, behavior before, during and after incident
- ✓ Actions taken immediately after the incident occurred- left in the care of (nursing, doctor, emergency personnel, etc.). If therapy treatment was provided after incident, please note that the patient was cleared to continue with therapy by nursing or MD and the response to treatment.

WHERE:

- ✓ Where the incident occurred

WHY:

- ✓ Note the contributing factors to what caused the incident. Please stay objective do not include any opinion.

WHEN:

- ✓ Date, time

- Submit the report to the office **no later than** 24 hrs of incident – Best practice is to complete the report same business day
- Fax #: 630-238-5698 or email to Terrie: terrie.knebelsberger@cptrehab.com

CPT Therapy Incident Report Form

Facility:

Date:

Time:

Patient Full Name:

Full Name and titles of the employees(s) facility staff or witnesses involved:	
Full name(s) and titles of who was notified (i.e., doctor, supervisor):	
Location of incident:	
Detailed Description of the incident chronologically: Include use of any equipment, gait belt, assist level	
Patient/ Witness statements:	
Objective measures: (Vitals/ AxO / pain level/behavior / etc.)	
Status of patient after incident:	

If therapy treatment was provided after incident, was patient was cleared to continue with therapy by nursing or MD: YES/NO – Include how was session tolerated.	
Additional Comments:	

I attest all of the information entered is accurate. I acknowledge that by typing my name below, I agree that this form of electronic signature is the same as a manual signature.

Signature of Person completing form: _____

Name of Person completing form: _____

CPT Therapy Incident Report Form- EXAMPLE

Facility: Alden Estates of Bedrock

Date: June 7, 2021

Time: 11:01 am

Patient Full Name: Wilma Flintstone

Full Name and titles of the employees(s) facility staff or witnesses involved:	Natalia McIlveen PT- treating therapist, Joanne Metzger, PT- assisted during incident, Fred Flintstone-witness
Full name(s) and titles of who was notified (i.e., doctor, supervisor):	Barney Rubble, RN – floor nurse called during incident- informed Dr. Pebbles after incident
Location of incident:	Therapy Gym
Detailed Description of the incident chronologically: Include use of any equipment, gait belt, assist level	<p>Natalia entered patients’ room at scheduled therapy session time at 10:30am. Mrs. Flintstone was agreeable to therapy session and participated with bed mobility, transfers, and omni-cycle with no concerns. Mr. Flintstone was present to observe therapy session. Mrs. Flintstone was then brought to practice stairs to address stair goal. Prior to stair negotiation, Mrs. Flintstone noted right knee pain at 2/10, described as “aching” she mentioned this is a chronic issue that she has had for several years. She mentioned she had received a Tylenol from nursing and she felt confident to address the stairs. Mrs. Flintstone ascended 5 stairs with a step to pattern with right side rail, quad cane, and MIN assist from therapist with use of gait belt from behind. She turned at the top of the practice stairs with MIN assist. Mrs. Flintstone descended 2 stairs leading with right LE, however on the 3rd step her right knee buckled, and had to be lowered with MAX A with gait belt to a seated position on the steps. Natalia called out for other therapist in gym- Joanne Metzger to call RN. Barney Rubble, RN came to therapy gym to assess patient vitals and determined it was safe to attempt to stand. Natalia asked for Joanne M. to assist with sit to stand transfer- and required MAX A x 2 to get to a standing position. Mrs. Flintstone was able to take 3 steps to a wheelchair with use of gait belt, rolling walker and MIN A, and was escorted back to her room by Barney RN and Natalia. Nurse applied ice and called Dr. Pebbles.</p>

Patient/ Witness statements:	Per Wilma Flintstone “I don’t know what happened, my knee just buckled, I didn’t expect that.” / Per spouse- Fred Flintstone “This happened once a couple years ago, her doctor said she might need a knee replacement sometime in the future because of her arthritis.”
Objective measures: (Vitals/ AxO / pain level/behavior / etc.)	Vitals obtained by Barney RN at time of incident: HR 98bpm, BP 132/86 mmHg, spO2 99% on room air. Patient was alert and oriented throughout entire incident
Status of patient after incident:	Wilma reported right knee pain at 5/10 immediately after incident, and patient was transferred hospital bed from wheelchair with legs elevated on 2 pillows, and nurse applied ice pack
If therapy treatment was provided after incident, was patient cleared to continue with therapy by nursing or MD: YES/NO – Include how was session tolerated.	RN requested to hold therapy until cleared by Dr. Pebbles
Additional Comments:	Barney RN mentioned that MD may request Right knee x-ray, will call therapy department to inform when patient cleared to return to therapy

I attest all of the information entered is accurate. I acknowledge that by typing my name below, I agree that this form of electronic signature is the same as a manual signature.

Signature: _____

Name of Person completing form: _____

CPT Therapy Incident Report Form- 48 hrs. FOLLOW UP

Facility:

Today's date:

Date of Incident:

Patient Full Name:

Outcome of incident (hospitalization, follow up labs, treatments, etc.)	
---	--

I attest all of the information entered is accurate. I acknowledge that by typing my name below, I agree that this form of electronic signature is the same as a manual signature.

Signature of Person completing form: _____

Name of Person completing form: _____

CPT Therapy Incident Report Form- FOLLOW UP *EXAMPLE*****

Facility: Alden Estates of Bedrock

Today's date: June 9, 2021

Date of Incident: June 7, 2021

Patient Full Name: Wilma Flintstone

Result of incident (hospitalization, follow up labs, treatments, etc.)	Xrays were ordered the date of the incident for right hip, knee and ankle. All xrays were negative for fracture. Right hip and knee radiology reports note osteoarthritis. No additional diagnostics ordered. MD wrote order to elevate R LE for 20 minutes with ice pack 20 minutes daily until 7/14/21. Patient was cleared to resume therapy 6/8/21. Patient reports right knee pain described as dull ache at 1-2/10 a rest and 3-4/10 with activity, which was noted at eval for baseline. Able to resume therapy per plan of care as of 6/8/21.
---	---

I attest all of the information entered is accurate. I acknowledge that by typing my name below, I agree that this form of electronic signature is the same as a manual signature.

Signature of Person completing form: _____

Name of Person completing form: _____

INSERVICE SIGN-IN

FACILITY: _____ **DATE:** _____

TOPIC: Incident Reports

ATTACH A COPY OF THE HANDOUTS TO THE INSERVICE SHEET

PRINT NAME	TITLE	*SIGNATURE

*** My signature indicates that I have received and understand the presented information and that I agree to apply the standards to my clinical practice. If I feel that I require clarification on any or all of the materials, I understand that it is my responsibility to seek out additional training.**