

Identification of Factors Affecting Patient Safety in the Emergency Department: A Retrospective Study

MASHAEL ALTHOBAITI¹, AHMAD JOMAN ALGHAMDI², MOHAMMED ALMALKI³, AHMED S ALKARANI⁴, SULTAN ALAMRI⁵



ABSTRACT

Introduction: Emergency Departments (EDs) have been described as complex, dynamic and at high risk for medical errors. Factors affecting the risk of medical error in the ED are related to communication, triage and medication management and upto 3% of all medical errors in hospitals take place in the ED.

Aim: To identify the factors affecting patients' safety in the EDs of two major hospitals in Taif city based on Occurrence Variance Reporting (OVR).

Materials and Methods: The present study was a cross-sectional retrospective study which was conducted from January 2018 to October 2020 at King Abdul-Aziz Specialist Hospital (KAASH) and from October 2018 to October 2020 at King Faisal Medical Complex (KFMC) in Taif city, Makkah, Saudi Arabia. The OVR data included six variables including category of OVR, name of hospital, year of OVR, type of report, who made the OVR and action taken by the hospitals, and was analysed using International Business Machines (IBM) Statistical Package for the Social Sciences (SPSS).

Results: This study found that 3,632 OVR reports were collected. Nearly two-thirds of all OVRs were associated with nursing care management issues, followed by identification/document/consent issues (9.4%), medical equipment issues (5.5%), housekeeping issues (0.2%) and laundry service (0.1%) representing the lowest frequency of OVR. Unsafe conditions accounted for 75.17% (2,730) of all OVR reports and only 24.83% (902) were incident reports. Staff nurses reported a majority of reports (89.5%), with 10.5% of OVRs reported by other healthcare workers. The primary actions taken by the hospitals in response to these reports were detection (72.3%) and prevention (17.4%), while only 10.3% was corrected.

Conclusion: Patient safety is the primary challenge faced by healthcare providers at hospitals. Thus, OVR is a very important tool in order to avoid errors and limit harms ensuring healthcare quality and safety delivery.

Keywords: Medical error, Occurrence variance reporting, Risk

INTRODUCTION

The EDs provide immediate access to medical care. However, there is a risk of exposure to medical error caused by mistakes made by healthcare providers. These unintended adverse events can lead to poor outcomes including disability, or even death [1]. The number of patients who utilised the ED in Saudi Arabia from 2011 to 2015 was estimated to be 102.2 million [2]. Medical actions in the ED can be non urgent or urgent in nature. Incomplete information on the patient's condition may lead to the provision of unnecessary or inappropriate interventions. In contrast, hospitals that have instituted constant rounds have demonstrated higher levels of refinement and optimisation of their medical care [3].

The World Health Organisation (WHO) defines patient safety as "the absence of preventable harm to a patient during the process of healthcare" and established global norms, and evidence-based policies to guarantee excellence in patient's safety [4]. In the United States 100,000 patients lost their lives due to medical errors every year [5]. The term "medical error" is widely used in patient safety literature to describe a failure that occurs in the processes of healthcare but does not necessarily include harm [6]. The OVR is essential for ensuring patient and staff safety, quality of care, and risk management. Occurrence reports are used to report events that may have risk management considerations and may require further follow-up by other departments [7]. A successful OVR system is one in which 100% of the outcomes of incidents are reported to the risk manager as the purpose of OVR is to provide complete facts regarding any incidents [8]. Therefore, this study aimed to identify the factors affecting patient safety in the EDs based on an assessment of OVRs at KAASH and KFMC in Taif city, Saudi Arabia.

MATERIALS AND METHODS

A cross-sectional retrospective study was conducted from January 2018-October 2020 at KAASH and from October 2018-October 2020 at KFMC in Taif city. The analysis of the study was done from December 2020-January 2021. The proposal for this study was approved by the Directorate of Health Affairs-Taif (IRB Registration Number with KACST, KSA: HAP-02-T-067, approval number 424 on 10/9/2020).

Data were collected from the quality management and patient safety departments at both hospitals using a checklist of the monthly OVRs between October 2020 and December 2020. The OVR data included six variables: category of OVR [Appendix A], name of hospital, year of OVR (including 2018, 2019, and 2020), type of report including incident, near miss, and unsafe condition [Appendix B], who made the OVR (including nurses and other healthcare workers), and action taken by the hospitals (including correction, detection, and prevention).

STATISTICAL ANALYSIS

After reviewing and coding the collected data, it was analysed using IBM SPSS Statistics for Windows, version 24.0 (IBM Corp., Armonk, N.Y., USA). Descriptive statistics such as frequency and percentage were used for qualitative variables and the Chi-square test was used to compare dependent and independent variables.

RESULTS

During the study period, 3,632 OVR reports were collected. Nearly two-thirds of all OVRs were associated with nursing care management issues, followed by ID/document/consent issues (9.4%) and medical

equipment issues (5.5%). Housekeeping (0.2%) and laundry service (0.1%) issues represented the lowest proportion of OVRs [Table/Fig-1]. Unsafe conditions accounted for 75.17% of these reports (2730), while only 24.83% were incident reports (902). Only four reports were in the near miss category, which represented a negligible value, so these reports were added to the unsafe condition reports [Table/Fig-2]. Staff nurses reported the majority of OVRs (n=3251, 89.5%) and the remaining reports were by other healthcare workers (n=381, 10.5%). The primary action taken in response to these reports was detection (n=2626, 72.3%), followed by prevention (n=633, 17.4%) and correction (n=373, 10.3%).

Category of OVR	Hospital	Frequency	Total frequency	Percentage
Nursing care management	KAASH	1778	2194	60.4
	KFMC	416		
Housekeeping	KAASH	7	7	0.2
	KFMC	0		
Security-related issues	KAASH	22	102	2.8
	KFMC	80		
Laundry services	KAASH	2	2	0.1
	KFMC	0		
Pressure ulcer	KAASH	24	118	3.3
	KFMC	94		
Procedural	KAASH	12	14	0.4
	KFMC	2		
Skin lesion/integrity	KAASH	0	107	2.9
	KFMC	107		
Facility maintenance	KAASH	26	30	0.8
	KFMC	4		
Staff-related issues	KAASH	41	99	2.7
	KFMC	58		
Occupational health	KAASH	12	13	0.4
	KFMC	1		
ID/Document/ Consent	KAASH	257	342	9.4
	KFMC	85		
Medication	KAASH	10	13	0.4
	KFMC	3		
Behaviour	KAASH	51	68	1.9
	KFMC	17		
Fall	KAASH	6	12	0.3
	KFMC	6		
Medical equipment issues	KAASH	198	201	5.5
	KFMC	3		
Infection control-related issues	KAASH	12	23	0.6
	KFMC	11		
Communication issues	KAASH	33	52	1.4
	KFMC	19		
Laboratory-related issues	KFMC	67	92	2.5
	KAASH	25		
Intravenous	KFMC	5	10	0.3
	KAASH	5		
Supply chain issues	KAASH	109	111	3.1
	KFMC	2		
Information technology-related issues	KAASH	14	22	0.6
	KFMC	8		
Total			3632	100

[Table/Fig-1]: All types of OVRs.

There were differences in OVR reporting between KAASH and KFMC from 2018 to 2020. In 2018, of the total 1,337 reports that were

Year	Hospital	Type of report	Type of report			
			Unsafe condition	Incident	Total	
2018	Hospital	KAASH (Jan-Dec)	Count	998	237	1235
			Within hospital	80.8%	19.2%	100.0%
			Of total	74.6%	17.7%	92.4%
		KFMC (Oct-Dec)	Count	88	14	102
			Within hospital	86.3%	13.7%	100.0%
			Of total	6.6%	1.0%	7.6%
	Total	Count	1086	251	1337	
		Within hospital	81.2%	18.8%	100.0%	
		Of total	81.2%	18.8%	100.0%	
2019	Hospital	KAASH (Jan-Dec)	Count	799	264	1063
			Within hospital	75.2%	24.8%	100.0%
			Of total	47.5%	15.7%	63.2%
		KFMC (Jan-Dec)	Count	415	205	620
			Within hospital	66.9%	33.1%	100.0%
			Of total	24.7%	12.2%	36.8%
	Total	Count	1214	469	1683	
		Within hospital	72.1%	27.9%	100.0%	
		Of total	72.1%	27.9%	100.0%	
2020	Hospital	KAASH (Jan-Oct)	Count	285	103	388
			Within hospital	73.5%	26.5%	100.0%
			Of total	46.6%	16.8%	63.4%
		KFMC (Jan-Oct)	Count	145	79	224
			Within hospital	64.7%	35.3%	100.0%
			Of total	23.7%	12.9%	36.6%
	Total	Count	430	182	612	
		Within hospital	70.3%	29.7%	100.0%	
		Of total	70.3%	29.7%	100.0%	

[Table/Fig-2]: Differences in OVR reporting at KAASH and KFMC from 2018 to 2020.

conducted, including both unsafe conditions and incidents, 1,235 reports were from KAASH, while only 102 reports were from KFMC. In 2019, 1,683 reports were conducted including both unsafe conditions and incidents, with 1,063 reports occurring at KAASH and 620 reports occurring at KFMC. In 2020, a total of only 612 reports were conducted including both unsafe conditions and incidents, 388 of which occurred at KAASH and 224 of which occurred at KFMC [Table/Fig-2].

The number of OVR reports conducted differed between hospitals during the study period. Of the total of 3,632 reports conducted in both hospitals from 2018 to 2020, 2,686 (73.9%) were conducted at KAASH, while only 946 (26.1%) were conducted at KFMC. There was a statistically significant difference (p-value <0.001) between hospitals in the number of OVR reports [Table/Fig-3].

Hospitals	Type of report	Type of report			p-value
		Unsafe condition	Incident	Total	
Hospital	KAASH	Count	2082	604	2686
		Within hospital	77.5%	22.5%	100.0%
		Of total	57.3%	16.6%	73.9%
	KFMC	Count	648	298	946
		Within hospital	68.5%	31.5%	100.0%
		Of total	17.9%	8.2%	26.1%
Total	Count	2730	902	3632	
	Within hospital	75.2%	24.8%	100.0%	
	Of total	75.2%	24.8%	100.0%	

[Table/Fig-3]: Statistical association between the number of OVR reports and hospital during the study period. Chi-square test

DISCUSSION

This study aimed to identify the factors affecting patient safety in the EDs at KAASH and KFMC based on their OVRs. It was determined that 3,632 OVR reports were conducted during the study period. A similar Saudi study conducted in Riyadh found that a total of 2,362 OVRs were reported to the quality management department in 2020 alone [9]. The number of OVRs reported at the Taif hospitals included in the present study was significantly lower. This indicates increased OVR reporting in the Riyadh hospitals. A possible explanation for this might be the application of effective educational programmes in Riyadh hospitals that increased the general awareness of staff with the OVR database and its importance to the hospital, staff, and patient safety [9]. Another possible explanation is that hospital policies have been modified, leading to a non-punitive culture surrounding medical errors [10].

There were 21 OVR categories found, all of them affecting patient safety in the ED to a varying degree. The most common OVR type was nursing care management issues (60.4%), followed by ID\ document\consent issues (9.4%). Housekeeping issues (0.2%) and laundry service (0.1%) represented the least frequent OVR types. A study performed in Turkey in 2020 found that the types and percentage of errors in the ED varied. For example, procedural errors accounted for 38% of all errors, medication errors for 16%, documentation errors for 13%, and communication for 12% [11]. This study, in contrast, found that procedural and medication errors each accounted for only 0.4% of all errors, with documentation errors accounting for 9.4% and communication errors accounting for 1.4%. Moreover, it has been shown that up to 90% of nurses can expose to violence (security-related issue) [12]. In the present study, all security-related issues accounted for only 2.8%. This indicates that the factors affecting patient safety in the ED are different from one country to another. In agreement with the present study, in which issues relating to nursing care management accounted for the majority of OVRs reported (n=2194), a previous Saudi study performed at Al Qassim at King Saud Hospital in 2014 demonstrated that the majority of OVR types were due to nursing care management (n=389) [7].

In assessing the medical staff who report OVR events, the current study indicated that the majority of these reports (89.5%) were conducted by staff nurses, with only 10.5% conducted by other healthcare workers. This difference may be explained in part by the fact that there are a large number of nurses working in the hospital compared to other clinicians. In addition, reporting any incidents or medical errors is one of the important roles given to nurses. A study conducted in 2017 by the University of Cape Town found that doctors and nurses were largely unaware of the hospital's error reporting system. This was attributed to inadequacies within the organisation, as the participants were willing to report incidents if perceived barriers were removed. This suggested an urgent need for an effective error reporting system to be implemented in the local setting and for appropriate awareness training and educational interventions to improve clinician knowledge of the system [13]. A report in 2012 at King Khalid University showed that nursing staff reported about 63% of total OVR reports [9]. The present study also found that nurses contribute to the majority of all OVR reports.

A previous study has revealed that fear is a key factor in not reporting medical errors [14] as they may fear punishment, legal action, or loss of employment. In addition, a lack of feedback from the quality or patient safety departments can contribute to a lack of reporting. Other barriers to reporting include personal characteristics, workload or staff shortages, nursing leadership problems, blame, lack of knowledge or skills, lack of clarity, or non compliance with policy and safety culture [15,16]. Furthermore, a study conducted in 2020 that aimed to identify major barriers to the provision of patient safety by nurses in the ED found that violent acts against ED staff constituted the main barrier to reporting [17].

The main goal of preventative action is to prevent harm, while corrective actions aim to reduce the occurrence of such errors, and detection action aim to discover the cause of potential harm to create early solution. This finding supports the effectiveness of OVR in hospitals but also demonstrates that hospital managers should devote more attention to preventing medical errors which would be beneficial to both patients and staff. A study in Saudi Arabia completed in 2014 mentioned that corrective action should be taken if the OVR information and analysis indicates that a patient was affected [7]. A study conducted in 2014 discussed medical errors and suggested strategies for preventing medication errors in the ED, which included developing a safe, non-punitive approach to handling these errors [18].

Finally, the total number of reports conducted at KAASH accounted for 73.9% of all reports, while only 26.1% of all reports were conducted at KFMC. This result may indicate an improved OVR culture amongst workers at KAASH. As for the small number of reports in KFMC, there are two possible explanations. First, the Quality and Patient Safety departments at KFMC were not merged until the final quarter of 2018, which may have contributed to a reduction in the percentage of OVR reports. Second, KFMC was selected as the primary centre for Coronavirus Disease-2019 cases in the city of Taif, and consequently fewer reports were conducted during the pandemic period.

Limitation(s)

The time period considered for data collection from the two hospitals were different which may have affected the number of OVRs collected from the two hospitals.

CONCLUSION(S)

This study aimed to identify the factors affecting patient safety in the EDs based on an assessment of OVRs. This study states that OVR is critical for achieving patient and staff safety, improving quality of care and reducing medical errors or incidents. The study found that the OVR system in the included hospitals was effective to some extent and found 21 factors that affect patient safety in the ED to different degrees. These findings highlight the need for increased awareness amongst medical staff, particularly nurses, regarding the importance of reporting all incidents.

Therefore, the study suggests that it is essential that senior management at study hospitals consider the major issues affecting the OVR system and minimise medical errors and their adverse impact on patients, staff, and hospital image. Also, hospitals should encourage the development of quality improvement plans as applicable. It is essential to provide continuous monitoring and gathering of data for analysis (monthly and quarterly) for continuous assessment. Moreover, there is a need to encourage performance by providing continuous education, rewards and commendations for the highest-reporting department. Further in-depth studies are needed to provide practical procedures to prevent or reduce the patient safety incidents.

REFERENCES

- [1] Heisler EJ, Tyler NL. Hospital-based emergency departments: Background and policy considerations: UNT Digital Library; Dec 8,2014.40. [accessed on 10th Apr 2021]. Available online: <https://digital.library.unt.edu/ark:/67531/metadc490866>.
- [2] Ministry of Health. Statistical Yearbook in the Kingdom of Saudi Arabia. MOH; Apr 22, 2021.9. [accessed on 28 Apr 2021]. Available online: <https://www.moh.gov.sa/en/Ministry/Statistics/book/Pages/default.aspx>.
- [3] Alhabdan N, Alhusain F, Alharbi A, Alsadhan M, Hakami M, Masuadi E. Exploring emergency department visits: Factors influencing individuals' decisions, knowledge of triage systems and waiting times, and experiences during visits to a tertiary hospital in Saudi Arabia. *Int J Emerg Med*. 2019;12(1):01-08. Doi. org/10.1186/s12245-019-0254-7
- [4] World Health Organisation. Patient Safety; Making health care safer. WHO; 2017.20 [accessed on 10th Apr 2021]. Available from: <https://apps.who.int/iris/handle/10665/255507>.

- [5] Kohn L, Corrigan J, Donaldson M. To err is human: Building a safer health system. *Shaping the Future for Health*. 2000;6.
- [6] Zhang J, Patel VL, Johnson TR. Medical error: Is the solution medical or cognitive? *JAMIA*. 2002;9(6):75-77. [Doi.org/10.1197/jamia.M1232](https://doi.org/10.1197/jamia.M1232).
- [7] Al Reshidi AA. Improving occurrence variance reporting system through implementing an educational program for staff at King Saud Hospital, Unaizah, Al-Qassim, KSA. *J Nat Sci Res*. 2014;4:49-60.
- [8] Huber D. *Leadership and Nursing Care Management*, 5th ed. China: Elsevier Health Sciences, 2017. Pp. 546.
- [9] King Khalid University Hospital. "Occurrence Variance Report" [Internet]. Saudi Arabia: KKUH; 2018 [cited 2021 Apr 10]. Available from: <https://pdf4pro.com/view/occurrence-variance-report-quality-management-site-471987.html>.
- [10] Hughes RG. *Patient safety and quality: An evidence-based handbook for nurses. tools and strategies for quality improvement and patient safety*. Rockville (MD): Agency for Healthcare Research and Quality: USA; 2008 [cited 2021 Apr 10]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK2682>.
- [11] Çınarlı T, Koç Z, Akdemir HU, Kati C. Factors affecting patient safety culture and medical error prevalence in emergency services. *Sağlık Ve Hemşire Önetimi Derg*. 2020;1(7):169-75. doi.org/10.5222/SHYD.2019.02486.
- [12] Lau JB, Magarey J, McCutcheon H. Violence in the emergency department: A literature review. *Aust Emerg Nurs J*. 2004;7(2):27-37. [Doi.org/10.1016/S1328-2743\(05\)80028-8](https://doi.org/10.1016/S1328-2743(05)80028-8).
- [13] Afolalu OO. Self-reported perceptions of factors influencing error reporting in one Nigerian hospital: A descriptive cross-sectional study [dissertation on the internet]. OpenUCT: University of Cape Town; 2018. [cited 2021 Apr 10]. Available from: <https://open.uct.ac.za/handle/11427/27882>.
- [14] Mansouri SF, Mohammadi TK, Adib M, Lili EK, Soodmand M. Barriers to nurses reporting errors and adverse events. *British Journal of Nursing*. 2019;28(11):690-95.
- [15] Albarrak AI, Almansour AS, Alzahrani AA, Almalki AH, Alshehri AA, Mohammed R. Assessment of patient safety challenges and electronic Occurrence Variance Reporting (e-OVR) barriers facing physicians and nurses in the emergency department: A cross sectional study. *BMC Emerg Med*. 2020;20(1):01-08. [Doi.org/10.1186/s12873-020-00391-2](https://doi.org/10.1186/s12873-020-00391-2).
- [16] Alrasheadi BA. The relationship between perceived safety culture, nursing leadership and medication errors reporting (by Nurses) in a Saudi Arabian Context: A sequential explanatory mixed method design. [dissertation on the internet]. ClckUclan: University of Central Lancashire; 2019. [cited 2021 Apr 10]. Available from: <http://clck.uclan.ac.uk/29162/1/29162%20Alrasheadi%20Bader%20Final%20e-Thesis%20%28Master%20Copy%29.pdf>.
- [17] Alhusain F, Aloqalaa M, Alrusayyis D, Alshehri K, Wazzan S, Alwelyee N, et al. Workplace violence against healthcare providers in emergency departments in Saudi Arabia. *Saudi J Emerg Med*. 2020;1(1):05-14. [Doi.org/10.24911/SJEMED.72-1571404869](https://doi.org/10.24911/SJEMED.72-1571404869).
- [18] Weant KA, Bailey AM, Baker SN. Strategies for reducing medication errors in the emergency department. *OAEM*. 2014;(6):45-55. [Doi: 10.2147/OAEM.S64174](https://doi.org/10.2147/OAEM.S64174).

PARTICULARS OF CONTRIBUTORS:

1. Nursing Specialist, Department of Nursing, Children Hospital, Taif, Makkah, Saudi Arabia.
2. Assistant Professor, Department of Radiological Sciences, Taif University, Taif, Makkah, Saudi Arabia.
3. Assistant Professor, Department of Nursing, Taif University, Taif, Makkah, Saudi Arabia.
4. Assistant Professor, Department of Nursing, Taif University, Taif, Makkah, Saudi Arabia.
5. Assistant Professor, Department of Radiological Sciences, Taif University, Taif, Makkah, Saudi Arabia.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Sultan Alamri,
Assistant Professor, Department of Radiological Sciences, Taif University,
Taif, Makkah, Saudi Arabia.
E-mail: dr.sultan.alamri@gmail.com

PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Aug 25, 2021
- Manual Googling: Dec 28, 2021
- iThenticate Software: Jan 18, 2022 (7%)

ETYMOLOGY: Author Origin**AUTHOR DECLARATION:**

- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? NA
- For any images presented appropriate consent has been obtained from the subjects. NA

Date of Submission: **Aug 24, 2021**Date of Peer Review: **Nov 30, 2021**Date of Acceptance: **Dec 30, 2021**Date of Publishing: **Mar 01, 2022**

APPENDIX-A

Category of OVR	Description
Nursing care management	Patient disposition such as delay in admitting patient, delay in transferring patient, improper patient discharge, left against medical advice.
Housekeeping	Poor cleanliness of facilities or poor housekeeping response.
Security-related issues	Physical assault, verbal assault, missing property, or no security staff in the building.
Laundry services	Lack of laundry service supplies or poor laundry service response.
Pressure ulcer	Localised damage to the skin and/or underlying soft tissues usually over a bony prominence related to medical or other device. The tissue injury can vary from Stage 1 to Stage 4.
Procedural	Pre-procedural such as cancellation of surgery. During a procedure such as incorrect medical records, incomplete procedure on surgery schedule, or cancellation of surgery.
Skin lesion/integrity	Abrasion, haematoma, redness, rash, skin tear, blister, or cellulitis.
Facility maintenance	Disruption of power supply, Heating, Ventilation, Air Condition (HVAC) failure, generator failure, malfunction of automated doors, medical gas leaks, overflow of sewage, or water leaks.
Staff-related issues	Refusal to perform assigned tasks, non performance of duty, unfair workload, ethical issues, or lack of professional development.
Occupational health	Contact with hazardous substance, sharps injury, accidents caused by internal/external projects, or slips, trips, and collisions.
ID/Document/Consent	Illegible writing, wrong name, wrong patient, or wrong Medical Record Number (MRN).
Medication	Adverse drug reaction, medication delivery delay, wrong dose, high alert label missing, wrong patient, wrong method of preparation, wrong storage, or medication unavailable.
Behaviour	Uncooperative behaviour, inappropriate behaviour, aggressive behaviour, or family interfering with patient care.
Fall	Including when a patient nearly or fully falls.
Medical equipment issues	Electrical items not tested, broken medical equipment, medical equipment misuse, medical device unexpected failure, or medical device violating safety standards.
Infection control-related issues	Device product, fluid-associated infections, hand-hygiene processes, medical waste, improper practice of infection control recommendation, improper collection of waste bags, improper biohazard sharps disposal, or sharp container not available.
Communication issues	Inappropriate communication between the staff and patient, poor communication between staff/teams/departments, poor call centre response, failure of telephone system, or incorrect interpretation.
Laboratory-related issues	Delayed delivery of blood/blood products, delayed feedback on rejected specimen, incomplete blood/blood products request, lost sample, wrong patient's MRN, transfusion reaction, or delayed test result.
Intravenous	Extravasation, occlusion, infiltration, phlebitis, leaking, or wrong insertion.
Supply chain issues	Unavailability of medical items in store, unavailability of non stock items, lack of stationery item supply, damaged items when delivered, or medication out of stock.
IT-related issues	Abuse of system authorities, disruption of Information Technology (IT) services, information leakage due to software errors, spreading of viruses, lack of IT supplies, or poor IT response.

APPENDIX-B

Type of report	Report meaning
Unsafe condition	A condition in the workplace that is likely to cause injury or structural/property damage.
Near miss	It is an unplanned event that did not result in injury, illness or damage – but had the potential to do so.
Incident	An event or circumstance that harmed or has the potential to harm a person or a property in relation to the organisation, resulting from human behaviour and/or system failure.