Eastern Health

Policy Name: **DISCLOSURE OF ADVERSE EVENTS**	**Quality & Risk Management** **QRM – 030**
Issuing Authority (sign & date)	**Patricia Pilgrim**, Chief Operating Officer, Cancer, Child/Women's Health, Rehab Care Signed by Pat Pilgrim dated August 28/07
Office of Administrative Responsibility	Quality and Risk Management
Author	Pam Elliott, Director of Quality & Risk Management
Level	One (I)
Original Approval Date	August 28, 2007
Effective Date	Upon signature
Review Date	December 2007
Revision Date(s)	

POLICY

Disclosure of adverse and sentinel events to patients/clients/residents and substitute decision makers must occur in a candid and timely fashion and follow a specific standardized protocol.

Scope

Applies to all staff and agents of Eastern Health.

Procedure

Preparation for Disclosure

1. The practitioner and/or clinical team, in conjunction with the Program Leadership Team and/or Executive Management determines the most appropriate person(s) to disclose information to the patient/client/resident or substitute decision maker. Factors considered include the nature of the adverse

and/or sentinel event. Examples may include, but are not limited to, treatment, procedure, medication, equipment, personnel, and environment.

2. Preparation processes include an assessment of anticipated supports which may be required for the patient/client/resident, substitute decision maker, family member, employee and/or agent. Resources required for support are provided by or arranged by the organization.

3. Consideration is given to having one other person from the program attend the meeting as well as a representative from the Quality and Risk Management department.

Disclosure

- Contact is made to the patient/client/resident or substitute decision maker to arrange a meeting to disclose what is known about the event.

- The person making the disclosure must:

  a) Concentrate on what happened and the possible consequences. Avoid too much detail and technical language.

  b) Remain factual. Refrain from providing opinions on the care and/or service of others.

  c) Take the lead in disclosure; don't wait for the patient/ client/resident to ask. Invite questions now and later.

  d) Outline a plan of care to rectify the harm and prevent recurrence for this person and others.

  e) Offer to obtain second opinions where appropriate.

  f) Offer the option of a family meeting.

  g) Document the discussion in the health record.

h) Determine the need for a follow-up meeting and who should attend.

i) Be prepared for strong emotions and offer personal support and/or support from others.

j) Accept responsibility for outcomes, but avoid attributions of blame.

NOTE: Apologies are appropriate.

Documentation of Disclosure:

1. Documentation of disclosure ***must*** be placed in the health record.

2. If the patient/client/resident and/or substitute decision maker refuses to participate in a disclosure discussion, this refusal must be documented in the health record. The opportunity to discuss the event at a later time should be communicated.

Supporting Documents *(References, Industry Best Practice, Legislation, etc)*

- Professional Codes of Ethics
- Evidence Act
- Access to Information and Protection of Privacy Act

Linkages

- Occurrence Reporting Policy
- Sentinel Event Policy
- Consents Policy

Key Words

- Occurrence
- Adverse Event
- Sentinel Event
- Disclosure

Definitions & Acronyms

Adverse Event	An Adverse Event is defined as: 1. An unexpected and undesired incident directly associated with the care or services provided to the patient; and/or 2. An incident that occurs during the process of providing health care and results in patient injury or death; and/or 3. An adverse outcome for a patient, including an injury or complication. *(Canadian Patient Safety Dictionary, 2003)*
Agents	A person other than an employee authorized by Eastern Health to act on its behalf. This includes physicians, volunteers, and pastoral care workers as well as staff of contractors and other persons working within Eastern Health facilities or affiliated with Eastern Health.
Disclosure	The imparting by health care providers to patients/resident/clients or their substitute decision maker(s) information pertaining to any adverse event which affects (or is liable to affect) the interests of the patient/resident/client.
Sentinel Event	An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services. *(CCHSA, 2007)*

Policy History

Policy Name (if different)	HCCSJ – Guidelines on Disclosure of Adverse Events
Policy # (if different)	HCCSJ – VI-41
Date(s) Revised	August 2007

Key:
HCCSJ – Health Care Corporation St. John's

Eastern Health

Policy Name: OCCURRENCE REPORTING	Quality & Risk Management QRM – 080
Issuing Authority (sign & date)	**Pat Pilgrim**, Chief Operating Officer Cancer, Child/Women's Health, Rehab Care Signed by Pat Pilgrim dated August 28/07
Office of Administrative Responsibility	Quality and Risk Management
Author	Pam Elliott, Director of Quality and Risk Management and Heather Predham, Risk Management Consultant
Level	I (One)
Original Approval Date	August 28, 2007
Effective Date	Upon signature
Review Date	December 2007
Revision Date(s)	

Overview

The occurrence reporting process is a key component of Eastern Health's Quality and Risk Management Framework in pursuit of improved patient/client/resident safety.

The occurrence reporting system facilitates the identification, monitoring and analysis of adverse events, sentinel events, hazards, incidents and near misses. Occurrence reporting is not designed to place blame on individuals.

Eastern Health is committed to upholding the following characteristics of a culture of safety:

- Individuals are encouraged to raise concerns about actual and potential hazards and risks and safety issues.
- Individual and organizational accountability are promoted.

- Teamwork is encouraged.
- Investigating errors requires evaluating all systemic factors that may have contributed to errors instead of focusing on individuals to blame.
- Investigation of occurrences provides opportunities to improve the safety of services delivered.
- Feedback on occurrences is important to learning.
- Under the Evidence Act, occurrence reports are protected from legal proceedings.

POLICY

An Occurrence Reporting Form must be completed for all adverse events, hazards, incidents, near misses and sentinel events. For specific details on reporting of sentinel events, refer to the Sentinel Event policy. For adverse events, hazards, incidents and near misses, see procedure below.

Occurrence reports must be submitted to the respective manager responsible for the area where the occurrence happened. Managers must ensure completion of the Occurrence Reporting Form and submit it to the appropriate Quality and Clinical Safety Leader. If further follow-up is required, the manager must document all follow-up activities on the Occurrence Reporting Follow-Up Form and submit it to the Quality and Clinical Safety Leader.

Note: Employee-related incidents/injuries are not to be recorded on this report but are to be documented in accordance with the Eastern Health Employee Incident/Accident Reporting Form.

Scope

Applies to all employees and agents of Eastern Health.

Purpose

The purpose of occurrence reporting is to:

- Provide a database of clinical safety issues and the corrective actions taken;
- Promote consistency and timeliness in reporting occurrences;
- Facilitate response by the Quality and Risk Management department to potential liability exposure;
- Monitor, track and trend so that high priority areas for improvement can be identified and actioned and reoccurrences prevented;
- Use as a tool in the improvement of the quality of patient/client/resident care;
- Provide opportunities to provide feedback, dialogue and problem solve.

Procedure

1. Any employee or agent that observes or discovers an adverse event, hazard, incident, near miss and/or sentinel event must document it on the Occurrence Reporting Form. This form must be completed as soon as possible after the occurrence or within one working day of the occurrence, recognizing that immediate attention may be required first to the patient/client/resident or others. Individuals who require assistance in completing the form must contact their manager.

   If the occurrence is considered a sentinel event, it must be immediately reported to a representative of the Quality and Risk Management department to facilitate appropriate action (e.g. securing equipment, documents, information gathering, picture taking) in the event of potential liability. See the Sentinel Event policy for further details.

2. Guidelines for completion of Occurrence Reporting Form:
   a) Complete section/field #1-16 on the Occurrence Reporting Form;
   b) As necessary, check more than one box;
   c) Record only <u>factual information</u> about the occurrence; <u>do not</u> express personal opinion, find fault or lay blame;
   d) <u>Do not</u> reference the Occurrence Reporting Form in the patient/client/resident record.

3. The individual completing the Occurrence Reporting Form must submit the completed form to their manager within 1 working day.

4. The manager completes section/field #17, signs, dates and forwards the white copy to the relevant Quality and Clinical Safety Leader within 1 working day upon receipt of the Occurrence Reporting Form.

   If the occurrence involves another area, the manager who first received the Occurrence Reporting Form must complete the required information (section/field #17, signature and date) and forward to the other area manager(s) involved within 1 working day of receipt of the Occurrence Reporting Form. For record keeping purposes, a copy of the original Occurrence Reporting Form must be made prior to sending to other area manager(s).

   - The other area manager(s) may add information to the original Occurrence Reporting Form or may complete a new Occurrence Reporting Form. If completing a new Occurrence Reporting Form, it must be attached to the original Occurrence Reporting Form before sending it to the relevant Quality and Clinical Safety Leader. The manager(s) must submit the Occurrence Reporting Form(s) within 1 working day of receipt of the original Occurrence Reporting Form.

5. If further follow-up is required beyond what was outlined on the Occurrence Reporting Form, the manager must document the follow-up on an Occurrence Report Follow-Up Form. Manager must submit a yellow copy of this completed form to the relevant Quality and Clinical Safety Leader.

Supporting Documents *(References, Industry Best Practice, Legislation, etc)*

- NL Evidence Act
- CCHSA Accreditation Standards
- *Canadian Patient Safety Dictionary*, October 2003

Linkages

- Occurrence Reporting Form
- Occurrence Report Follow-Up Form

- Disclosure of Adverse Events Policy
- Sentinel Event Policy
- Reportable Death Policy
- Employee Incident/Accident Reporting Policy
- Responding to Complaints Policy

Key Words

- Adverse Event
- Hazard
- Incident
- Occurrence Reporting
- Near Miss
- Sentinel Event

Definitions & Acronyms

Adverse Event	Adverse event can be defined in one of three ways: 1. An unexpected and undesired incident directly associated with the care or services provided to the patient; 2. An incident that occurs during the process of providing health care and results in patient injury or death; 3. An adverse outcome for a patient, including an injury or complication. *(Canadian Patient Safety Dictionary, 2003)*
Agent(s)	A person, other than an employee, authorized by Eastern Health to act on its behalf. This term includes physicians, volunteers, pastoral care workers as well as staff, contractor and other persons working within Eastern Health facilities or affiliated with Eastern Health.
Hazard	A set of circumstances or a situation that could harm a person's interests, such as their health or welfare. *(Canadian Patient Safety Dictionary, 2003)*
Incident	Any event, process, practice or outcome that is noteworthy by virtue of the hazards created or the harms caused patients/clients/ residents. *(Canadian Patient Safety Dictionary, 2003)*

Near Miss	An event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death, or significant property damage, but did not actualize due to chance, corrective action, and/or timely intervention. *(CCHSA, 2006)*
Occurrence Reporting	A process that facilitates the identification, monitoring and analysis of adverse events, hazards, incidents, near misses and sentinel events related to the delivery of health services and care, and/or to the facilities in which we provide the services.
Sentinel Event	An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services. (*CCHSA, 2007*)

Policy History

Policy Name (if different)	AHCIB – Incident Reporting EHCSB – Occurrence Reporting HCCSJ – Occurrence Reporting HCSSJ – Occurrence Reporting NCTRF – Occurrence Reporting Process PHCC – Incident and Unusual Occurrence Reporting SJNHB – Adverse Occurrence/Event (Resident Care) and Sentinel Occurrence/Event
Policy # (if different)	AHCIB – 1040 EHCSB – A-08-00-001 HCCSJ – XIX-15 HCSSJ – NCTRF - 05-45 PHCC – IV-20 SJNHB – R-QI-15 and R-QI-50
Date(s) Revised	August 2007

Key:
AHCIB – Avalon Health Care Institutions Board
EHCSB – Eastern Health Community Services Board
HCCSJ – Health Care Corporation St. John's
HCS-SJ – Health & Communities Service-St. John's
NCTRF – Newfoundland Cancer Treatment & Research Foundation
PHCC – Peninsulas Health Care Corporation
SJNHB – St. John's Nursing Home Boards

Eastern Health

Policy Name: **Responding to Complaints**	**Quality & Risk Management** **QRM – 100**
Issuing Authority (sign & date)	**Patricia Pilgrim**, Chief Operating Officer, Cancer, Child/Women's Health, Rehab Care Signed by Pat Pilgrim dated August 28/07
Office of Administrative Responsibility	Quality and Risk Management
Authors	Nancy Parsons, Client Relations Consultant and Elizabeth Day, Client Satisfaction Consultant
Level	I (One)
Original Approval Date	August 28, 2007
Effective Date	Upon signature
Review Date	December 2007
Revision Date(s)	

Overview

Eastern Health has an obligation to provide service and care that is evidence informed, of high quality, and consistent with the values of the organization. Thus, feedback from those receiving services and/or their families is vital to monitoring, evaluating and improving our services. As such Eastern Health encourages clients, patients, and residents to contribute to their own health and safety by promoting open communications with those we serve.

POLICY

Clients, patients, residents or family members who wish to express a complaint may do so by letter, telephone, e-mail, in person or through a link on the Eastern Health website.

Complaints must be initially addressed at the organizational level closest to the issue, and if that level is unable to resolve the issue, it must be referred to the next level of management and/or the Client Relations Consultant.

Eastern Health

All serious complaints must be documented on a Complaint Form. Minor complaints that are referred to the manager/director are documented on a Complaint Form by the manager/director at his/her discretion. (See Procedure for details.)

Communication with the complainant must be timely and ongoing. Serious complaints must be resolved within **20 working days**. Minor complaints must be resolved within **10 working days**. If additional time is necessary, the complainant must be advised of the reason and provided with an anticipated timeframe for conclusion/resolution.

Complaints received by the CEO's office must be assigned to the relevant COO/V.P. by the CEO and copied to the Director of Quality and Risk Management department.

Scope

Applies to all employees and agents of Eastern Health.

Purpose

- To provide a standardized, timely and coordinated approach to complaints about services or care provided;
- To ensure that all people who receive or request services, but are not satisfied with care or decisions that affect them or their family member, are given the opportunity to have their individual circumstances reviewed and to ensure that complainants are informed of the results of that review;
- To manage issues through receiving and tracking complaints and concerns, reviewing and analyzing data and trends and reporting results as corporate performance indicators;
- To ensure that program planning, continuous quality improvement and risk management practices reflect learnings acquired through feedback from clients, patients, residents and their families.

Procedure

Minor Complaints (See Definition Section for Details)

1. Clients/patients/residents and/or family members who have questions or minor complaints about care or service are encouraged to discuss their situation with their front-line care provider.

2. If the matter cannot be resolved at that level, the front-line care provider refers the complainant to the relevant manager/director and/or clinical chief.

3. The manager/director receiving the complaint must:
   - Acknowledge receipt of the complaint (i.e. verbally, via phone call, etc) within one working day.
   - Complete the Complaint Form within one (1) working day of receipt of the complaint. All follow-up with the complainant and any other actions taken regarding the complaint must be documented on this form.

4. The manager/director and/or Clinical Chief identifies whether other persons are involved (e.g. other program manager) in addressing the complaint. If other parties are involved, the manager/director of the area where the complaint originated completes the Complaint Form and then sends the original Complaint Form to the manager/director(s) of the other area(s) implicated in the complaint.

5. Completed Complaint Forms and any other documentation related to the complaint (e.g. e-mails, letters) must be forwarded to the relevant Quality and Clinical Safety Leader within two (2) working days of resolution of complaint. A copy of all documentation is filed in the Quality and Risk Management department.

6. The manager/director and/or Clinical Chief ensure communication of findings and conclusions of the complaint process to the complainant.

7. Quality and Clinical Safety Leaders complete a Quarterly Summary Report of complaints. These reports are forwarded to the Client Relations Consultant, who prepares Regional Quarterly Reports for the Regional Quality Council and Senior Managers.

NOTE: If at any point the complainant(s) expresses dissatisfaction with the process, they must be advised of the option to contact the Client Relations Consultant.

Serious Complaints (See Definition Section for Details)

1. If a serious complaint is received by:

   a. Front-line staff – Document the serious complaint immediately using the Complaint Form and report it immediately or at least within one (1) working day of receipt of complaint to the manager/director.

   b. Client Relations Consultant – Document the serious complaint immediately using the Complaint Form and refer it to the relevant Quality & Clinical Safety Leader within one (1) working day of receipt of complaint. The Quality and Clinical Safety Leader informs the manager of the area involved of the complaint within one (1) working day of notification of complaint.

   c. Managers/Directors - Document the serious complaint immediately using the Complaint Form and refer it to the relevant Quality & Clinical Safety Leader immediately or within one (1) working day of receipt of complaint.

2. The person whom the complaint is referred to must acknowledge (in person, telephone, e-mail) that they have received the complaint within two (2) working days of receipt of complaint.

3. The Quality and Clinical Safety Leader informs the Regional Claims Manager of all serious complaints. The Regional Claims Manager, in consultation with the relevant Quality and Clinical Safety Leader(s), determines whether Eastern Health's insurer and/or legal counsel is contacted.

4. If a complaint involves more than one program, the Client Relations Consultant notifies the manager and director for each affected program of the complaint.

5. The director(s) must advise their respective portfolio COO(s) of the serious complaint within one (1) working day of becoming aware of the complaint. The portfolio COO communicates information related to serious complaints to the CEO as deemed necessary.

6. The manager(s) and Quality and Clinical Safety Leader(s), in consultation with the director(s) of the affected programs, meet

to develop a review/investigation plan. Other significant parties relevant to the matter are identified and invited to participate in the planning and follow-up.

7. The review/investigation plan is documented on the Complaint Form and identifies:
   - The lead person who coordinates the follow-up and ensures the plan is implemented;
   - Tasks and persons responsible for follow-up;
   - Decisions regarding who communicates and when there will be communication with the complainant;
   - Frequency of meetings/relevant dates to review complaint and complete follow-up.

8. The person completing the follow-up uses the Complaint Form to document all findings and conclusions regarding the review/investigation of the complaint. This completed form is sent to the Quality and Risk Management department.

9. The lead person ensures that review/investigation findings and conclusions are documented and maintained by the Quality and Risk Management department.

10. Within two (2) days of completion of the investigation the designated lead person communicates to the complainant in writing all findings and conclusions of the review/investigation related to the serious complaints.

Responsibilities of Client Relations Consultant and Quality and Clinical Safety Leaders

The responsibilities of the Client Relations Consultant and the Quality and Clinical Safety Leaders in dealing with **all complaints** include:

- Receiving and documenting complaints;
- Providing assistance and guidance in the follow-up and investigation of complaints;
- Coordinating information from multiple sources regarding complaints;

- Communicating outcomes or assisting managers and directors to communicate outcomes to complainants or relevant stakeholders;
- Communicating information related to complaints or inquiries that have potential to become a serious safety issue or legal action against the organization to the Regional Claims Manager and the Director of Quality and Risk Management who will inform the relevant program director/COO/VP;
- Maintaining a database;
- Developing and delivering education sessions regarding this policy for all staff including how to effectively communicate the process to clients/patients/residents and family members;
- Working with Corporate Communications to ensure that effective public communication strategies related to this policy are developed and accessible to clients, patients, residents, family members and other stakeholders. Pamphlets, posters, and a link on the Eastern Health web site are some means of ensuring that this information is available, accessible and understandable;
- Highlighting trends, practices, policy and or program issues that require review and possible revision; and communicating feedback to appropriate area;
- Completing reports, as required by the Regional Quality Council and senior managers.

Supporting Documents *(References, Industry Best Practice, Legislation, etc)*

- Eastern Health Values Statements

Forms

- Complaint Form

Key Words

- Agent(s)
- Complainant

- Complaint
- Minor Complaint
- Serious Complaint
- Working Day

Definitions & Acronyms

Agent(s)	A person, other than an employee, authorized by Eastern Health to act on its behalf. This term includes physicians, volunteers, pastoral care workers as well as staff, contractor and other persons working within Eastern Health facilities or affiliated with Eastern Health.
Complainant	A person who initiates a complaint.
Complaint	A concern or issue which normally arises when a need or expectation is not met thereby requiring follow-up, review or investigation. Complaints are categorized as **minor or serious**.
Minor Complaint	A complaint that can be resolved at a staff, manager or program level. In these situations, the perceived risk to clients, patients, residents, staff, property, and Eastern Health, as an organization, is minimal. It normally involves matters that would require providing an opportunity for complainants to express concerns, have a discussion with staff and or management and to receive acknowledgement/validation of the concern.
Serious Complaint	A complaint that has resulted from or identifies the potential or perceived potential for risk to clients, patients or residents, staff, property or the organization. It may require a review and change of practice or policy and it may have implications for external involvement (i.e. police, government, media, legal) and may require immediate or long-term or gradual corrective action.
Working Day	Monday to Friday 8:30 a.m. - 4:30 p.m.

Eastern Health

Policy History

Policy Name (if different)	AHCIB – Complaint Policy HCCSJ – Consumer Feedback HCSSJ – Compliments and Complaints NCTRF – Consumer Feedback PHCC – Patient/Resident/Visitor Complaints SJNHB – Feedback Program
Policy # (if different)	AHCIB – 1090 HCCSJ – XIX – 10 HCSSJ – 9-a-30 NCTRF – 10-50 PHCC – IV-10 SJNHB – R-QI-30
Date(s) Revised	August 2007

Key:
AHCIB – Avalon Health Care Institutions Board
HCCSJ – Health Care Corporation St. John's
HCS-SJ – Health & Communities Service-St. John's
NCTRF – Newfoundland Cancer Treatment & Research Foundation
PHCC – Peninsulas Health Care Corporation
SJNHB – St. John's Nursing Home Boards

Eastern Health

Complaint Form

PART 1 – To be completed by the person receiving the complaint.

Date of Complaint/Inquiry:
_____

Received by Way of:
☐ Telephone ☐ In Person
☐ Letter/Fax ☐ Email
☐ Third Party ☐ Other _____

Nature of Inquiry:
☐ Access ☐ Administrative
☐ Attitude ☐ Communication
☐ Environment ☐ Confidentiality
☐ Dietary ☐ Financial
☐ Lost Articles ☐ Safety
☐ Quality of Care ☐ Other _____

Complainant Information:
Name: _____
Relationship to Patient/Client/Resident:
☐ Family Member ☐ Friend
☐ Self ☐ Other _____
Home Phone: _____
Other Contact Info: _____

Patient/Client/Resident Information:
Name: _____
Address: _____
Home Phone: _____
D.O.B.: _____
MCP#: _____
Hospital #: _____

Program: _____
Site: _____

Describe Issue, Complaint or Concern:

Resolution Sought:

Referred To:	**Date Referred:**
Signature of Intake Person:	

Copies Sent To:
☐ _____, Chief Operating Officer ☐ _____, Director
☐ _____, Quality/Safety Leader ☐ _____, Manager
☐ _____, Client Relations Officer ☐ Other _____

Eastern Health

Complaint Form

PART 2 – To be completed by the person conducting the follow up.

Date Received: _____

Complaint Follow Up/Action Plan (must identify lead person, tasks, persons responsible, relevant dates and communication with complainant)

Status: ☐ **Outstanding** ☐ **Resolved**

Additional Comments:

Follow Up Conducted By:	**Date:**
Date Complainant Notified:	

Copies Sent To:

☐ _____, Chief Operating Officer
☐ _____, Director
☐ _____, Quality/Safety Leader
☐ _____, Manager
☐ _____, Client Relations Officer
☐ Other _____

For Office Use Only:

Severity Rating 1 – 5 _____

Eastern Health

Policy Name: SENTINEL EVENT	Quality & Risk QRM – 110
Issuing Authority (sign & date)	**Pat Pilgrim, COO, Cancer, Child/Women's Health, Rehab Care** Signed by Pat Pilgrim, dated September 18, 2007
Office of Administrative Responsibility	Quality and Risk Management
Author	Pam Elliott, Director of Quality & Risk Management and Heather Predham, Assistant Director, Quality & Risk Management
Level	I (One)
Original Approval Date	September 18, 2007
Effective Date	Upon Signature
Review Date	February 2008
Revision Date(s)	

Overview

A Sentinel Event is an unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services. (CCHSA, 2007). Eastern Health is committed to a timely and coordinated response to sentinel events in order to ensure a safe environment for all those utilizing health services.

POLICY

The person who identifies the sentinel event must contact appropriate leadership immediately.

The leadership team of the program/department/site in which the sentinel event occurred is responsible for taking the lead on the investigation and follow-up. The Quality and Risk Management Department will provide consultation and support.

Eastern Health

Scope

This policy applies to all employees and agents of Eastern Health.

Purpose

- Ensure each event is investigated thoroughly in a timely manner.
- Ensure that the patient/client/resident and their family receive timely and complete communication throughout the investigation.
- Ensure that the root cause is identified and any system processes are corrected as required to prevent recurrence.
- Identify learning opportunities and communicate as appropriate.
- Evaluate any process changes within a determined period of time.

Procedure

1. Immediate attention is given to the patient/client/resident or others as necessary. The first priority of the person(s) who discovers the sentinel event is to stabilize the patient/client/resident and/or secure equipment and minimize further risk.

2. The person who first becomes aware of a sentinel event must immediately upon securing the situation notify their manager who immediately notifies the appropriate director.

   - After hours call the Site Clinical Coordinator, site manager or the relevant person on-call.

   - After hours the person on-call who receives the message that a sentinel event has occurred is responsible for immediately notifying the appropriate director.

   - The director confirms the sentinel event and notifies their respective Chief Operating Officer.

3. An occurrence report must be completed by the person who first became aware of the sentinel event in accordance with the Occurrence Reporting policy (QRM – 080).

4. The leadership team of the program/department/site immediately contacts a member of the Quality and Risk Management Department

for guidance and support on the process for investigation of the event. This process includes the determination of who will be involved in the investigation, the timeline for the investigation and the approach to disclosure with the patient/client/resident and/or family.

5. The leadership team of the program/department/site involved initiates and co-ordinates the investigation and chairs all team meetings.

- Action plans are developed with assigned timelines and accountabilities. The leadership team of the program/department/site involved is responsible for monitoring the progress of the action plan.

- All aspects of the investigation and meetings must be documented. At the end of the investigation all notes must be collected and secured in one file. The person responsible for keeping the file is determined by the Quality and Risk Management Department in consultation with the director of the program/department involved.

- Progress reports on the status of the event and the investigation must be forwarded quarterly to the Sentinel Event Committee via the Director of Quality and Risk Management. The information in these quarterly reports is reported to the Regional Quality Council.

- For disclosure refer to Disclosure of Adverse Events policy (QRM – 050).

Supporting Documents *(References, Industry Best Practice, Legislation, etc)*

- NL Evidence Act
- CCHSA Accreditation Standards 2007
- *Canadian Patient Safety Dictionary, October 2003*

Linkages

- Disclosure of Adverse Events policy (QRM – 050)
- Occurrence Reporting policy (QRM – 080)
- Responding to Complaints policy (QRM – 100)

Key Words

- Occurrence
- Sentinel Event

Definitions & Acronyms

Agent(s)	A person, other than an employee, authorized by Eastern Health to act on its behalf. This term includes physicians, volunteers, pastoral care workers as well as staff of contractors and other persons working within Eastern Health facilities or affiliated with Eastern Health.
Occurrence Reporting	A process that facilitates the identification, monitoring and analysis of adverse events, hazards, incidents, near misses and sentinel events related to the delivery of health services and care, and/or to the facilities in which we provide the services.
Sentinel Event	An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services. (CCHSA, 2007). See CCHSA Examples of Sentinel Events Table for further clarification.
Regional Quality Council	This group provides leadership and direction for quality improvement within Eastern Health. It establishes priorities for quality improvement based on Eastern Health's strategic plan, reviews by CCHSA and other licensing bodies, departmental/divisional/program surveys, and recommendations from sub-committees. This group monitors and ensures progress on achievement of quality improvement priorities.

Policy History

Policy Name (if different)	AHCIB – Incident Reporting EHCSB – Occurrence Reporting HCCSJ – Critical Occurrence, Incident Review HCSSJ – Occurrence Reporting NCTRF – Occurrence Reporting PHCC – Incident or Unusual Occurrence Reporting SJNHB – Sentinel Occurrence/Event
Policy # (if different)	AHCIB – 1040 EHCSB – A-08-00-001 HCCSJ – XIX-11 HCSSJ – 9-a-40 NCTRF – 05-45 PHCC – IV-20 SJNHB – R-QI-50
Date(s) Revised	September 2007

CCHSA Examples of Sentinel Event

Event Type	Examples
Surgical Events	▪ Surgery performed on wrong body part ▪ Surgery performed on wrong patient ▪ Wrong surgical procedure performed on patient ▪ Retained instruments discovered in patient after surgery/procedure ▪ Patient death during or immediately post-surgical procedure ▪ Anesthesia-related event
Device or Product Events	▪ Patient death or serious disability associated with: ▪ Use of contaminated drugs, devices, products supplied by the organization ▪ Use of function of a device in a manner other than the device's intended use ▪ Failure or breakdown of a device or medical equipment ▪ Intravascular air embolism
Patient Protection Events	▪ Discharge of an infant to the wrong person ▪ Patient death or serious disability associated with elopement from the health care facility ▪ Patient suicide, attempted suicide, or deliberate self-harm resulting in serious disability ▪ Intentional injury to a patient by a staff member, another patient, visitor, or other
Environmental Events	▪ Any incident in which a line designated for oxygen or other came to be delivered to a patient and contains the wrong gas or is contaminated by toxic substances ▪ Nosocomial infection or disease causing patient death or serious disability ▪ Patient death or serious disability while being cared for in a health care facility associated with: ▪ a burn incurred from any source ▪ a slip, trip, or fall

	▪ an electric shock ▪ the use of restraints or bedrails
Care Management Events	▪ Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products ▪ Maternal death or serious disability associated with labour or delivery in a low-risk pregnancy ▪ Medication error leading to the death or serious disability of a patient due to incorrect administration of drugs, for example: ▪ Omission error ▪ Dosage error ▪ Dose preparation error ▪ Wrong time error ▪ Wrong rate of administration error ▪ Wrong administrative technique error ▪ Wrong patient error ▪ Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal test results
Criminal Events	▪ Any instance of care ordered by or provided by an individual impersonating a clinical member of staff ▪ Abduction of a patient ▪ Sexual assault on a patient within or on the grounds of the health care facility ▪ Death or significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within or on the grounds of the health care facility.

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