Administrative Policy Manual

Section:	Quality	**Number:**	XIX - 11
Title:	Critical Occurrence/Incident Review	**Date: (O)**	1999-09-30
		(Revised)	2002-06-20
Issuing Authority:	V.P. – Quality and Planning	**Page:**	1 of 4

Pamela Elliott

Policy:

A critical occurrence/incident review is any situation that, because of its nature, may be a significant risk to the clients, staff, reputation or finances of the Health Care Corporation of St. John's. Outcomes that may result are:

- interruption in normal departmental/clinical activity
- extensive news coverage
- extensive public scrutiny
- adverse effect on normal operations
- extension of the normal capacity of the organization to respond
- legal or financial liability

The following critical occurrences/incidents which may result in the above noted outcomes will be investigated following this process:

- missing patient
- suicide/suicide attempt
- significant patient injury
- unexpected patient death
- criminal activity
- employee dishonesty (e.g. theft)
- breach of confidentiality
- assault/abuse
- employee dismissal

Certain critical occurrences/incidents that are specific to Programs/Departments should be identified by the leadership team and communicated throughout the Program/Department. Investigation of these critical occurrences/incidents should also follow this procedure. All occurrences are to be documented using the Health Care Corporation of St. John's Occurrence Report form.

Title:	Critical Occurrence/Incident Review	Number:	XIX - 11
		Page:	2 of 4

Procedure:

1. The person who first becomes aware of a critical occurrence should notify the Division Manager who will notify the Program/Corporate Director. After hours, the Site Clinical Coordinator is to be notified, and will in turn notify the appropriate Program/Corporate Director and Vice President on-call.

2. The Program/Corporate Director or Clinical Leadership Team will meet with the Risk Manager or Quality Initiatives representative to determine the process for investigation of the occurrence. Normally, the Program/Corporate Director will initiate and coordinate the investigation, and chair all team meetings.

3. The Program/Corporate Director will notify the following individuals as appropriate, and ensure immediate activities have been initiated:

Member	Immediate Activity
Program/Corporate Director and QI	Meet to determine who will chair investigative team and designates who liaises with family
Manager	Liaises with staff Identifies need for Critical Incident Stress Debriefing (access through EFAP Coordinator)
V.P.	Communicates to CEO, Corporate Team and Board; communicates to Health and Community Services/ Government
Clinical Chief	Liaises with Medical Staff
Corporate Communications	Develops strategic message for stakeholders and media
Quality Initiatives (Risk Manager)	Notifies insurer; secures and reviews chart and related documents and equipment. If student is involved notifies appropriate school.

Member	Immediate Activity
Human Resources Policy and Employee Relations	As required – may be needed to investigate issue if potential employee discipline, or occupational health and safety violation
Professional Practice Coordinator	Identify standards of care and/or professional practice related to situation, identifies violations as applicable
Representatives of other affected departments/ clinical areas/educational facility	As required

Note: If any of the Leadership Team members are involved in the Critical Occurrence, the Vice President will designate alternates to investigate.

4. A face to face meeting of all team members will be held by the next working day. At this meeting, the following will be determined:

   - clarification of team members' roles
   - other members to be involved
   - expected activities of investigating team
   - determination of meeting schedule

5. The full team should meet at least once during the process, to discuss progress and to close the investigation.

6. A decision to conduct a review of the incident (as per the Care Service Review Guidelines) will be made by the team.

Documentation

1. The Program/Corporate Director is responsible for documenting the activities of the team.

2. At the end of the investigation, all notes should be collected and secured in one file. The person to hold the file will be determined by the team.

Title:	Critical Occurrence/Incident Review	Number:	XIX - 11
		Page:	4 of 4

Reporting

1. The activities of the investigation will be reported to the Program/Corporate Department Leaders, who in turn will report to the Corporate Quality Initiatives and Board Quality Initiatives Committees. The report should include a synopsis of the event, analysis to identify root cause, and an action plan.