

ADMINISTRATION

Policy Name:	OCCURRENCE REPORTING AND MANAGEMENT	Effective Date:	FEBRUARY 18, 2013
Policy #:	AD-01-135	Revision Date:	OCTOBER 9, 2014
Approved By:	CHIEF EXECUTIVE OFFICER	Signature:	<i>Original signed by H. Bryant</i>
Managed By:	DIRECTOR, QUALITY & RISK		

1.0 PURPOSE:

To foster a “just culture” within the Northern Health Region (NHR) that promotes reporting and learning from occurrences and near miss events. To provide a safe environment where human error is acknowledged.

To ensure timely, comprehensive, factual reporting and investigation of occurrence and near miss events by gathering and analyzing all relevant information..

To learn from the occurrence/near miss and to recommend quality and risk management improvements to diminish the chance of a recurrence.

To describe the immediate and ongoing roles and responsibilities of staff, medical staff and responsible leaders, within the Northern Health Region when an event occurs.

To adhere to the Accreditation Canada Required Organizational Practice to establish a reporting system for actual and near miss occurrences and for appropriate follow up.

2.0 DEFINITIONS:

- 2.1 Adverse Event or Occurrence: is an event or circumstance that resulted in or could have resulted in an unintended, undesired outcome. (For Additional Definitions see appendix B).
- 2.2 Near Miss: is an event or circumstance, which has the potential to cause an accident, injury, illness or property damage but did not actually occur due to timely intervention, corrective action or by chance. It provides an opportunity to learn proactively from the experience.
- 2.3 Staff: includes all persons employed by the Northern Health Region as well as members of the medical/dental staff, volunteers, students and others associated through contracts.
- 2.4 Intentional Unsafe Acts: any events that result from a criminal act, a purposefully unsafe act, or an act related to alcohol or substance abuse or patient/resident/client abuse.
- 2.5 Client: refers to all patients, clients and residents/ elders.
- 2.6 Agency Personnel: individuals who are employed by an agency through which the Health Authority contracts for provision of services.

3.0 **POLICY:**

- 3.1 Compliance with this policy is required by all NHR staff and others persons acting on behalf of the NHR including contracted services providers.
- 3.2 The NHR promotes a fair and just culture in order to encourage the reporting of unsafe or harmful events where:
 - 3.2.1 Reporting of events is encouraged within a just culture, where staff feels safe to report.
 - 3.2.2 Staff will be treated with care, dignity, support and respect regardless of the outcome of the event.
 - 3.2.3 The NHR will formally respond to the need for support and counselling to the staff involved in the occurrence as required.
 - 3.2.4 Staff members are protected from assignment of blame and punitive action when submitting an occurrence report unless the staff member was involved in an intentionally unsafe act.
 - 3.2.5 When a staff member has demonstrated disregard for client safety or has acted in breach of any policies or obligations, the NHR reserves the right to address such instances in an appropriate manner in accordance with applicable policies or processes, collective agreements and Medical Staff By-Laws even when such staff member is involved in an occurrence.
 - 3.2.6 Occurrence reports will be used for the purpose of organization learning and improvement.
- 3.3 All staff who witness an adverse event or near miss event are required to:
 - 3.3.1 Submit an occurrence report;
 - 3.3.2 Notify the appropriate manager or designate
 - 3.3.3 If the person affected is a client, documentation of the event is required in the client's health record. Documentation in the health record is not required for Near Miss events.
 - The completion of an occurrence report does not take the place of the requirement to document appropriately in the health record.
- 3.4 Manager or designate are responsible to:
 - 3.4.1 Respond to reports of adverse and near miss event reported;
 - 3.4.2 Ensure that all occurrence reports are read, advance and shared as appropriate;
 - 3.4.3 Ensure all occurrences involving client abuse that meet the criteria outlined in the Protection for Persons in Care Act will be reported to the Protection of Person's in Care Office;
 - 3.4.4 Ensure that all occurrences involving workplace staff injury or workplace safety and health concerns are reported to Human Resources within 24 hours or by the next business day;
 - 3.4.5 Provide feedback to staff about how the submitted reports are contributing to patient safety and;
 - 3.4.6 Submit the occurrence report to Patient Safety within 10 days.
- 3.5 Patient Safety is responsible to:
 - 3.5.1 Ensure a regional database is maintained for all occurrence report tracking purposes;
 - 3.5.2 Monitor and maintain the occurrence reporting system;

- 3.5.3 Analyze patient safety data for the purpose of supporting the development of recommendations for system improvements that will make patient care safer;
- 3.5.4 Review, share and follow up on adverse and near miss events submitted via occurrence reports.

4.0 **PROCEDURE:**

4.1 **Any individual who observes or has knowledge of an occurrence shall:**

Initiate immediate action within the scope of their responsibility to:

- Ensure client and staff safety;
- Ensure the individual receives prompt intervention for any harm suffered or anticipated; and
- Maintain the scene of the occurrence where an investigation may be required. This could include but is not limited to ensuring equipment is removed from the scene if faulty and secured until further investigation.

Notify manager/and or designate immediately if staff are injured at work.

Follow the process outlines in the Occurrence Report Process Map (Appendix A).

Complete a NHR Occurrence Report:

- If more than one individual observed or has knowledge of the occurrence, those individuals must collaboratively decide who will complete the Occurrence Report.
- The report will contain a factual and non-judgmental description of the occurrence; it will not assign cause or blame.
- If the occurrence involves more than one person or event, an occurrence report form must be completed for each person and/or event.

Forward the Occurrence Report to your manager/and or designate.

Do not make copies of form.

4.2 **The Manager and/or designate shall:**

Assess the need for further immediate action within the scope of their responsibilities to:

- Ensure safety and reduce any further loss or risk;
- Ensure the individual receives prompt intervention for any harm suffered or anticipated.
- Further evaluate the scene of the occurrence if necessary.
- Provide support to staff members involved in occurrence as required.

Report occurrences involving client abuse that meets the threshold outlined in the Protection for Persons in Care Act to the Protection for Persons in Care Office (1-866-440-6366) in consultation with appropriate Senior Manager.

Review the occurrence report for accuracy, ensure all fields are completed and complete the investigative section of the report in a timely fashion.

- document or attach all information regarding the review, investigation and follow-up including outcome actions.

Ensure appropriate investigation and follow-up of occurrence is conducted in consultation with other departments and appropriate senior manager as deemed necessary.

Submit the Occurrence Report for data entry within 10 days.

Provide feedback to staff about how the submitted reports are contributing to patient safety.

4.3 For medication related occurrences:

- Manager/ designate will forward Occurrence Report to Pharmacy;
- Pharmacy Manager will investigate occurrences and complete investigation section of Occurrence Report;
- Pharmacy will forward to Patient Safety within 10 days.

4.4 For occurrences related to workplace staff injury and/or workplace safety and health concerns:

- Manager/designate within 24 hours or by the next business day, will notify and forward the Occurrence Report to Human Resources;
- Human Resources will complete investigation section of Occurrence Reports as appropriate;
- Human Resources will forward to patient safety within 10 days.

4.5 Occurrence Reports shall be forwarded to the following Data Entry staff:

LTC Facilities	Long Term Care, Admin Support
All other sites	Patient Safety Coordinators
Home Care	Admin Assistants

4.6 Patient Safety shall:

Assess all information being received for continuous quality improvement purposes.

Ensure that appropriate statistical reports are available to Managers, Executive Leadership Council, CEO and Board.

Conduct an ongoing audit of occurrences as deemed necessary.

5.0 REFERENCES:

- 5.1 Accreditation Canada Required Organizational Practices 2014
- 5.2 Manitoba Health & Healthy Living Critical Incident Reporting & Management Policy
- 5.3 Manitoba Health & Healthy Living Critical Occurrence Reporting and Management Policy
- 5.4 NHR Critical Incident Reporting and Management Policy - Policy AD-06-60
- 5.5 NHR Critical Occurrence Reporting and Management Policy- Policy AD-06-55
- 5.6 NHR Accident Investigation – Workplace - Policy HR-09-140
- 5.7 NHR Zero Tolerance for Abuse Policy – Policy AD-01-130
- 5.8 Protection for Persons in Care Act of Manitoba; see NHR policy AD-06-30
- 5.9 Alberta Health Services Policy PS-11-01

6.0 APPENDICES:

- Appendix A - Regional Occurrence Report Form
- Appendix B - Occurrence Reporting Process Map
- Appendix C - Occurrence Reporting Quick Tips Guide