	POLICY
CATEGORY: ALL DEPARTMENTS	DATE: 2011-06 – O NUMBER: GEN-AD-1078
AUTHORIZED BY: AKOS HOFFER, CEO	REVISION DATE: January 14, 2015
SUBJECT: DISCLOSURE OF CRITICAL INCIDENTS	

PURPOSE

To provide a clear and consistent process related to the disclosure of critical incidents at The Perley and Rideau Veterans' Health Centre (Perley Rideau).

To clarify the roles and responsibilities of all staff related to the disclosure of critical incidents.

To assist and support staff in the disclosure process of critical incidents.

To foster a safe, open, and transparent environment in which to communicate information regarding critical incidents.

POLICY


In the interest of resident rights and safety, it is the policy of the Perley Rideau that there will be open and transparent disclosure of all critical incidents.

Disclosure is required for all critical incidents, regardless of the nature and/or severity of the outcome. This would include disclosure for events such as medication errors, falls, skin impairments, etc.

All employees have ethical and professional obligations to report any and all critical incidents (actual or suspected). All volunteers, visitors, tenants, and residents are expected to report any critical incidents, (actual or suspected).

Residents/Power of Attorney's (POA's) will be provided information about medical conditions and therapeutic treatments, including possible unexpected and undesired results. When there is a critical incident, the resident/POA has the right to know:

- The facts about what happened
- The steps that were and will be taken to minimize the harm
- That the healthcare provider regrets what happened
- What will be done to prevent similar events in the future


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APPLICABILITY/SCOPE

This policy applies to all Perley Rideau residents, tenants, volunteers, visitors, and employees.

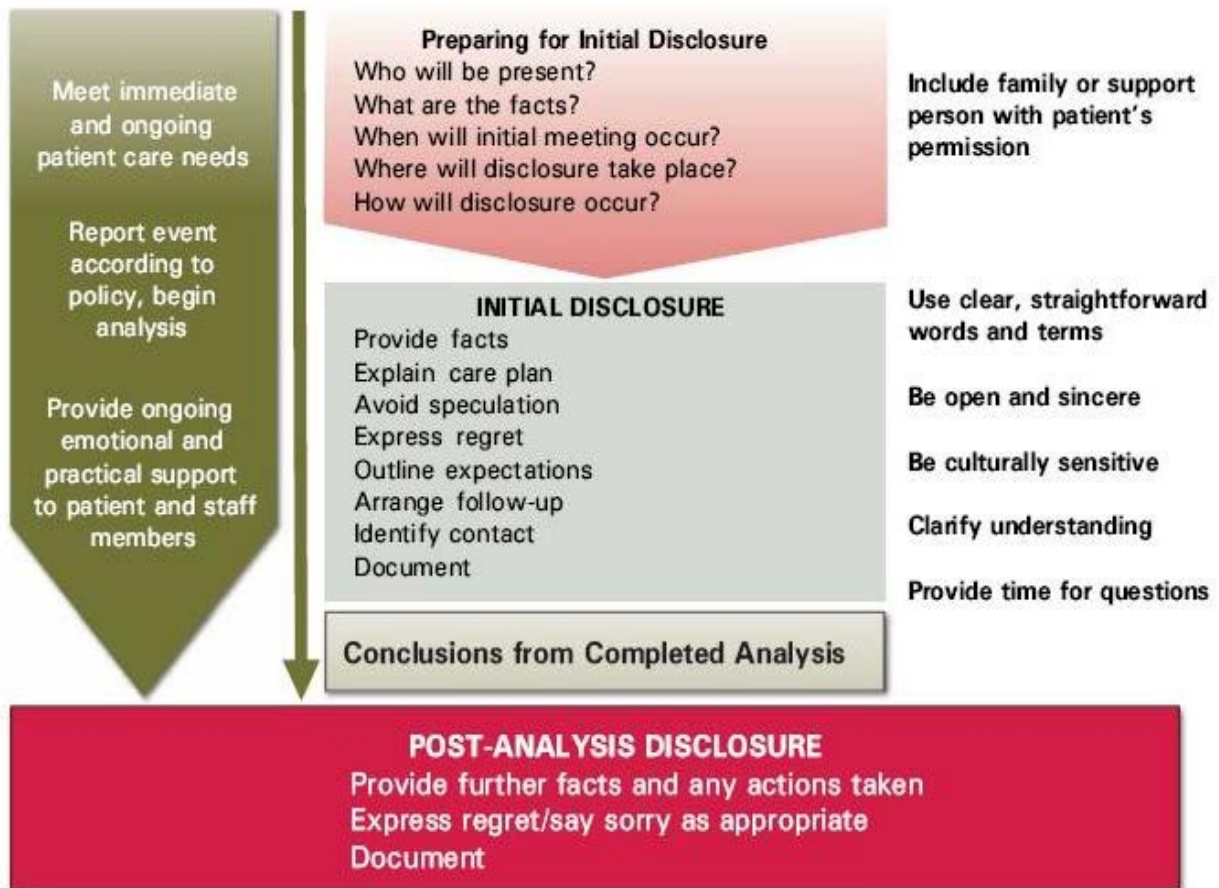
PROCEDURES


- Care team with Director of Nursing Operations (when applicable, Director of Community Outreach for OIE) to determine who should be present during the disclosure discussion as well as the most appropriate time and location for discussion. It is preferable that this discussion occurs with a staff member(s) with whom the resident is familiar and comfortable. Residents and families should also have the opportunity to determine who should be present on their behalf.
- Care team with Director of Nursing Operations (when applicable, Director of Community Outreach for OIE) to determine what facts to provide during the disclosure discussion and how the disclosure should occur, including who will lead the discussion.
- Request consent from the resident regarding disclosure of the incident to the family. In the case of a resident who is cognitively impaired, inform the POA of the incident and of the actions taken to date.
- During the initial disclosure discussion, provide the facts and the known outcome(s) of the incident. Apologize, express regret, while avoiding speculation or blame. Describe the steps that were and will be taken related to the care of the resident.
- Inform the resident/POA of the investigation process and what they can expect to learn from the investigation, with timelines. Provide time for questions and clarify whether the information is understood. Offer practical and emotional support (spiritual care, counseling, Resident Care Liaison) as needed.
- Director and/or Manager will schedule follow-up discussions with the resident/POA, keeping them informed throughout the process. These discussions will include provision of facts as they become available, and actions taken as a result, including those which have resulted in system improvements. Follow-up encounters should be planned and continued until reasonable resolution is reached.

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The Disclosure Process

(Canadian Disclosure Guidelines, p. 15)



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DEFINITIONS

Critical incident: any occurrence which poses a potential or actual risk to the safety, security, welfare and/or health of an individual(s) or to the safety and security of the facility.

Safety Incident: Any event or circumstance which poses a potential or actual risk to the safety, security, welfare and/or health of an individual, which could have resulted, or did result, in unnecessary harm to an individual(s) while in the care of Perley Rideau.


Harm: By way of action or omission thereof, an impairment of structure or function of the body and/or any deleterious effect arising there from that negatively affects a resident's health and/or quality of life. Harm includes disease, injury, suffering, disability and death.

Harmful Incident:

Level 1 - Any Safety Incident that results in harm, whereby the extent of the harm results in death or major and enduring loss of function to the individual and is not primarily as a result from the individual's underlying medical condition or from a known risk inherent in providing care. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time care and/or services were sought or began. **Ex:** Individual falls resulting in death.

Level 2 - Any Safety Incident that results in harm, whereby the extent of the harm results in an injury or change in health status to the individual whereby hospital transport for investigation and/or treatment is recommended and/or required. The injury is not primarily as a result from the individual's underlying medical condition or from a known risk inherent in providing care.
Ex: Individual falls resulting in suspected fracture.

Level 3 - Any Safety Incident that results in harm, whereby the extent of the harm results in an undesirable outcome, injury, complication, or experience for the individual directly associated

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with the care or services provided to that individual. The incident occurs during the process of receiving care and/or health services and is not primarily as a result from the individual's underlying medical condition or from a known risk inherent in providing care.
Ex: Individual falls resulting in a bruise and pain.

No Harm Incident:

A Safety Incident that reached an individual, however no discernible harm resulted.
Ex: A medication is administered to a resident for whom it was not intended; however, there is no harm.

Near Miss:

A Safety Incident that did not reach the individual but for which a recurrence carries a significant risk. A proactive step was performed to prevent the incident from reaching the individual.
Ex: A staff member checks the wrist band of a resident and identifies that the medication is not intended for that resident.

Report:



The process by which a safety incident is recorded and communicated within Perley Rideau.

Disclosure:

The process by which a safety incident is communicated to the resident/POA by Perley Rideau.

Risk Management:

The various actions and processes required to accurately and efficiently record, monitor and analyze all resident safety incidents using the Risk Management Incident Reporting tool in PointClickCare (PCC).

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REFERENCES

- Disclosure Working Group. *Canadian Disclosure Guidelines*. Edmonton, AB: Canadian Patient Safety Institute (CPSI); 2008 www.patientsafetyinstitute.ca
- Perley Rideau Policies:
 - Safety Culture Policy
 - Safety Incident Management Policy
 - Critical Incident and Mandatory Reporting to the MOHLTC
 - Resident Safety Incident Response and Reporting Policy
 - Resident Abuse – Zero Tolerance