
 <div style="display: inline-block; vertical-align: middle;">  <p style="margin: 0;">Perley Rideau The Perley and Rideau Veterans' Health Centre</p> </div>	<p>POLICY</p>
<p>CATEGORY: ALL DEPARTMENTS</p>	<p>DATE: 2011-06 – O NUMBER: GEN-AD-1078</p>
<p>AUTHORIZED BY: AKOS HOFFER, CEO</p>	<p>REVISION DATE: JANUARY 14, 2015</p>
<p>SUBJECT: RESIDENT SAFETY INCIDENT RESPONSE AND REPORTING</p>	

PURPOSE

To diligently and efficiently respond to and report all critical incidents involving residents.

To consistently monitor and trend data related to critical incidents involving residents.


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

POLICY

Any and all resident safety related incidents, regardless of origin and/or nature of harm to the resident, must be reported to the unit RN. At minimum, the items listed below will be reported to the unit RN and via the Risk Management Reporting Tool in PointClickCare(PCC):

- Verbal Aggression Initiated
- Verbal Aggression Received
- Physical Aggression Initiated
- Physical Aggression Received
- Alleged Abuse
- Missing Property
- Choking
- Elopement
- Fall
- Injury of Unknown Cause
- Theft
- Skin Tears
- Bruising
- Lacerations
- Fractures

In addition to the safety incidents listed above, death, injury of unknown cause, loss of limb, injury due to smoking, and any and all other identified injuries will also be reported to the unit

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RN. In the absence of a unit RN, the safety incident will be reported to the RN on-site at the Perley Rideau.

Upon receiving the report of a safety related incident, the unit RN or in the absence of a unit RN, the RN on-site at the Perley Rideau, may choose to delegate the following tasks and/or procedures in whole and/or in part:


- Ensure appropriate care and support for residents, family, and staff.
- Complete the Risk Management Incident Reporting tool in PointClickCare (hyperlinked OR see Appendix A).

Should the safety incident also require notification of the MOHLTC:

- During regular business hours (0800- 1600 hrs) – the RN/delegate immediately notify the Manager by phone or pager – verbal response within 1 hour.
- Outside of regular business hours, during weekends, or holidays - the RN/delegate will immediately notify Admin On Call by pager with an expectation of verbal response as per Admin On Call procedures (hyperlinked OR see Appendix B)
- The Manager/Admin On Call/delegate will notify the MOHLTC per mandatory reporting requirements (hyperlink OR see Appendix C)

Should the incident meet the definition of **Harmful Incident Level 2:**

- During regular business hours (0800- 1600 hrs) - the RN/delegate will immediately notify the Manager by phone or pager - verbal response within 1 hour.
- Outside of regular business hours, during weekends, or holidays - the RN/delegate will immediately notify Admin On Call by pager with an expectation of verbal response as per Admin On Call procedures (hyperlinked OR see Appendix B) and leave voice message or email for appropriate Manager.
- Manager/Admin On Call will immediately notify Director of Nursing Operations by email (when applicable, Director of Community Outreach for O1E); email acknowledged within 12 hours.
- Manager/Admin On Call will notify Chief Nursing Officer within 1 business day by email.
- The Manager/Admin On Call/delegate will notify the MOHLTC per mandatory reporting requirements (hyperlink OR see Appendix C)
- Disclosure

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- Investigation

Should the critical incident meet the definition of a **Harmful Incident Level 1:**


- During regular business hours - the RN/delegate will immediately notify the Manager by phone or pager - verbal response within 1 hour.
- During evening hours, weekends, or holidays - the RN/delegate will immediately notify Admin On Call by pager with an expectation of verbal response as per Admin On Call procedures (hyperlinked OR see Appendix B) and leave voice message or email for appropriate Manager.
- Manager/Admin On Call will immediately notify the Director of Nursing Operations (when applicable, Director of Community Outreach for O1E), Chief Nursing Officer, and Physician by phone or pager; acknowledged within 8 hours.
- Chief Nursing Officer will notify Chief Operating Officer within 24 hours.
- The Manager/Admin On Call/delegate will notify the MOHLTC per mandatory reporting requirements (hyperlink OR see Appendix C)
- Disclosure
- Investigation

APPLICABILITY/SCOPE

This policy applies to all Perley Rideau residents, tenants, volunteers, visitors, and employees. All employees have ethical and professional obligations to report any and all safety incidents (actual or suspected). All volunteers, visitors, tenants, and residents are expected to report any safety incidents (actual or suspected).

PROCEDURES

- The care team will ensure safety of the resident and provide necessary and appropriate medical care. The RN will notify the attending physician as required and obtain additional orders if necessary. Remove all unsafe devices, equipment, medications. Determine whether the incident puts other residents or persons at immediate risk and address accordingly.
- The Manager/Director or delegate will immediately evaluate the impact of the incident on involved staff and/or witnesses and provide support accordingly. The care team will collaborate to ensure that the ongoing needs of the resident(s) are met and will determine

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which members of the care team are critical to the response and initial stages of the process.


- The Manager will ensure that the medical record is appropriately documented regarding both the details of the incident and the communication with the resident and/or family. The Manager will ensure clear and concise documentation of the immediate response to and management of the incident.
- The Manager/Director will determine the scope of any investigation, the timeline of events, and scheduling of participants for interviews when applicable.
- All critical incidents reported via the Risk Management Reporting Tool in PCC will be reviewed daily by the Manager. The Chief Nursing Officer will review all safety incidents for trends on a quarterly basis to provide input for actionable items and quality improvement. The Chief Nursing Officer will be accountable to trend the incidents and make recommendations to implement any data driven process gaps. Incident tracking will follow the provincial format to allow for benchmarking.

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.

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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 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.

 <div data-bbox="402 121 901 235" style="background-color: #0056b3; color: white; padding: 5px;"> Perley Rideau <small>The Perley and Rideau Veterans' Health Centre</small> </div>	<h2 style="margin: 0;">POLICY</h2>
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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).

REFERENCES

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