Policy: **Reporting Adverse and Sentinel Events**
Effective: **April 9, 2014**
Review: **Annual**

A. Purpose

To develop informed strategies designed to reduce the number, severity of frequency of adverse and sentinel events by identifying their root causes.

To promote a culture of safety and accountability through a reporting framework that recognizes human error but does not tolerate reckless acts.

Reckless Act Definition: State of mind accompanying an act that either pays no regard to its probable or possible injurious consequences, or which through foreseeing such consequences persists in spite of such knowledge.

B. Policy Statement

Evergreen Nursing Services strongly believes in the reporting of adverse and sentinel events by all staff, as reporting such events provide the necessary information for addressing their root causes. Staff are required to report any event with the following outcome:

- An error occurred that resulted in the need for increased patient monitoring but no patient harm
- An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm.
- An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.
- An error occurred that resulted in permanent patient harm.
- An error occurred that resulted in a near-death event (anaphylaxis, cardiac arrest)
- An error occurred that resulted in patient death.

C. Rationale

Reporting adverse and sentinel events are an invaluable step in the cycle of making improvements in the care provided. In the absence of knowing of potential harm or harm events, corrective action cannot be taken to prevent reoccurrence of such events.

D. Policy Scope

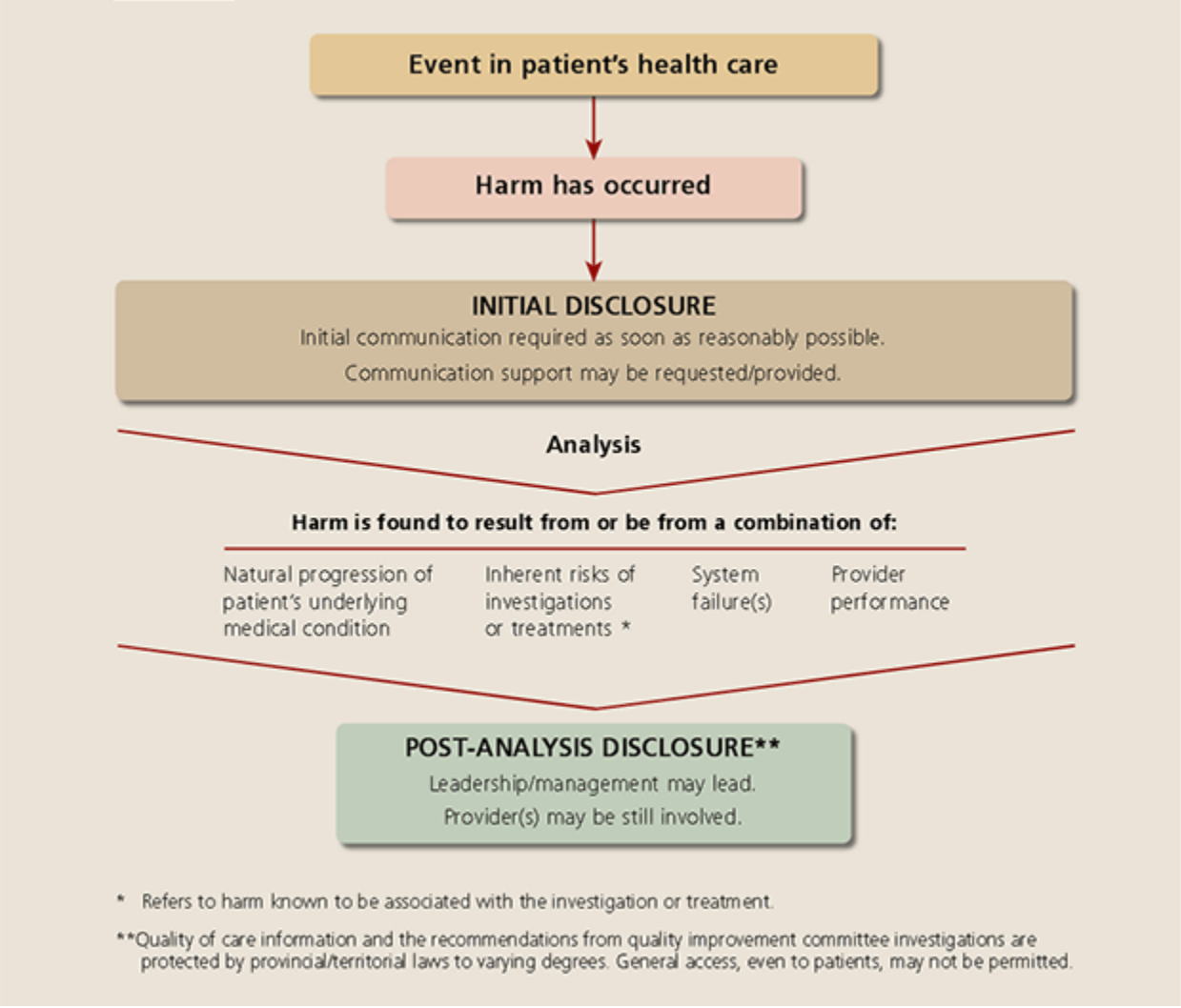
This policy applies to all Evergreen Nursing Services employees ("Covered Individuals") including full time permanent and casual employees.

"Place of Care" (the location of service delivery) policies may identify additional requirements and responsibilities regarding reporting sentinel and adverse events. Evergreen Nursing Services staff are required to comply with all Place of Care policies and reporting regulations. Employees that choose not to comply with Place of Care policy regulations may be refused work by the Place of Care due to non-compliance.

E. Disclosure

Evergreen Nursing Services will disclose any adverse or sentinel event to the client as soon as reasonably possible.

Figure A: Disclosure Process (CMPA, 2014)



Initial Disclosure: Patient, Client and Family are informed of any adverse or sentinel event that falls under the reporting requirement criteria and made aware that an investigation will take place to determine the cause of the event. Following the conclusion of the investigation, the patient, client and or family will be provided with a breakdown of events. Speculation of events will not be provided at this point as it may cause: unnecessary distress and distrust (CMPA, 2014).

Investigation and Analysis: The adverse or sentinel event is investigated to determine if the event was: Preventable or potential and if it was the result of human error or a reckless act.

It is important that an investigation of the event take place, as a adverse or sentinel event are known to most often result from a complex interplay of factors. A single failure rarely leads to harm. Most often a series of failures cascade to result in harm. While employee actions or inactions may initially appear to be the only contributing factors, it is often the case that latent conditions such as equipment and facility design, training and maintenance, and organizational factors such as policies, procedures, clinical practices and resources are contributing factors to harm. However, Evergreen Nursing Services assumes accountability for the quality of their clinical work.

Post-Analysis Disclosure: Based on the analysis of the adverse or sentinel event, additional information will be disclosed.

F. Responsibilities

1. All Covered Individuals are required to submit an Adverse and Sentinel Events Report to Evergreen Nursing Services' Office Manager within two (2) hours after the shift in which the event took place ends.
2. If a sentinel or adverse event takes place during a shift and is not revealed until after the shift ends, the employee may be required to complete an Adverse and Sentinel Event Report.
3. The Director of Nursing will lead and participate in the adverse and sentinel event disclosure procedure.
4. The Director of Nursing and/or the Office Manager and/or the Nursing Supervisor will review the Adverse and Sentinel Event reports to identify the root causes of the reported errors and work with staff to identify corrective actions and initiatives.
5. The Nursing Supervisor will maintain a tracking record of all Adverse and Sentinel Events, identify trends and research initiatives designed to prevent or decrease the frequency of events.
6. The Office Manager will review all sentinel events with Owner, Rosie Watson weekly and the impacts of preventative initiatives with at the end of each quarter.
7. The Nursing Supervisor will report Adverse and Sentinel events to Accreditation Canada, maintaining client confidentiality.

Appendix A: Adverse and Sentinel Event Report Form

ADVERSE AND SENTINEL EVENT REPORT

EVERGREEN NURSING SERVICES LTD.
Phone: 604.264.7959 Fax: 604.264.8894
Email: evergreennursing@shaw.ca

Date: _____

Client Name: _____

Type of Incident: _____

Time of Incident: _____

DESCRIPTION OF EVENT

Reported By: Staff Member: _____

Other: _____

Brief description of error including outcome:

_____

_____

_____

_____

ACTION TAKEN

Physician/MHO Notified Yes ☐ No ☐ Date: _____ Time: _____

Name: _____ Phone: _____

Supervisor Notified: Yes ☐ No ☐ Date: _____ Time: _____

Name: _____ Phone: _____

DESCRIBE THE IMMEDIATE ACTION TAKEN:

_____

_____

_____

_____

Reporting Staff Name: _____ **Signature:** _____

Date Submitted: _____

MEDICATION/TREATMENT ERROR REVIEW – TO BE COMPLETED BY MANAGEMENT

TYPE OF ERROR	**BREAKDOWN POINT**	☐ **PREVENTABLE**	☐ **POTENTIAL**
☐ Omission	☐ Not transcribed		
☐ Wrong drug	☐ Transcribed incorrectly		
☐ Extra dose	☐ Charting error		
☐ Wrong time	☐ Communication problem		
☐ Wrong rate	☐ Physician order problem		
☐ Wrong route	☐ Wrong medication dispensed		
☐ Wrong preparation	☐ Medication unavailable		
☐ Wrong dosage form	☐ Labeling problem		
☐ Wrong patient	☐ Medication Administration error		
☐ Other	☐ Other		

OUTCOME

☐ Category A: An error occurred that reached the patient but did not cause patient harm.

☐ Category B: An error occurred that resulted in the need for increased patient monitoring but no patient harm.

☐ Category C: An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm.

☐ Category D: An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.

☐ Category E: An error occurred that resulted in permanent patient harm.

☐ Category F: An error occurred that resulted in a near-death event (anaphylaxis, cardiac arrest)

☐ Category G: An error occurred that resulted in patient death.

ACTION TAKEN:

_____

_____

_____

_____

_____

Manager Name: _____ Date of Review: _____