

Evergreen Nursing Services' Adverse Incident Reporting Policy

Effective: April 9, 2014
Last Review Date: February 4, 2019
Review: Annual

A. Purpose

To develop informed strategies designed to reduce the number, severity of frequency of adverse incidents 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 incidents by all employees, as reporting such events provide the necessary information for addressing their root causes. Employees are required to report any event with the following outcome:

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

C. Rationale

Reporting adverse incidents 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

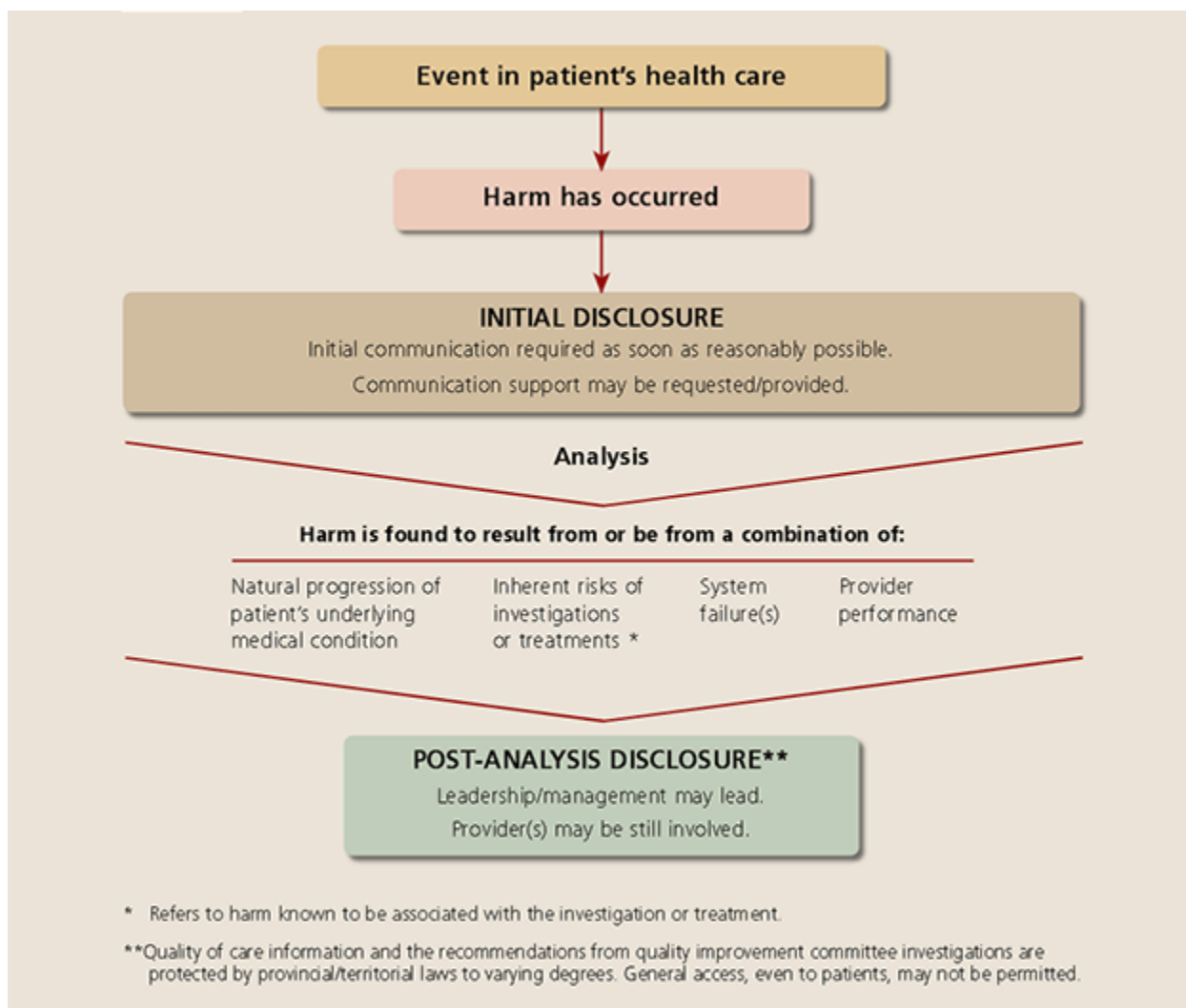
This policy applies to all Evergreen Nursing Services employees (“Covered Individuals”) including full time permanent and casual employees.

“Place of Care” (the location of service delivery) policies may identify additional requirements and responsibilities regarding reporting sentinel and adverse events. Evergreen Nursing Services’ employees 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 incident to the client and primary contact on file as soon as reasonably possible.

Figure A: Disclosure Process (CMPA, 2014)



Initial Discloser: Client and Family are informed of any adverse incident 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 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 incident 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 an adverse incident is 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 incident additional information will be disclosed.

F. Responsibilities

1. All Covered Individuals are required to submit an Adverse Incident Report to the Evergreen Nursing Services' Office within two (2) hours after the shift in which the event took place ends.
2. If an adverse incident takes place during a shift and is not revealed until after the shift ends, the employee may be required to complete an Adverse Incident Report.
3. The Director of Nursing and/or RN Supervisor will lead and participate in the adverse incident disclosure procedure.
4. The Director of Nursing, RN Supervisor and/or Executive Director will review the Adverse Incident Report to identify the root causes of the reported errors and work with employee to identify corrective actions and initiatives.
5. The Director of Nursing and/or Executive Director will maintain a tracking record of all Adverse Events to identify trends and research initiatives designed to prevent or decrease the frequency of events.
6. The Executive Director will review all Adverse Incident Reports and the impacts of preventative initiatives with the Owner on a quarterly basis.
7. The Director of Nursing and/or RN Supervisor will report Adverse Incidents to Accreditation Canada during scheduled surveys, maintaining client confidentiality.

Appendix A: Adverse Incident Report Form

ADVERSE INCIDENT REPORT
EVERGREEN NURSING SERVICES LTD.
Phone: 604.264.7959 Fax: 604.264.8894
Email: info@evergreennursing.ca

Date: _____

Client Name: _____

Type of Incident: _____

Time of Incident: _____

DESCRIPTION OF EVENT

Reported By: Employee: _____

Other: _____

Brief description of incident/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 Employee: _____ **Signature:** _____

Date Submitted: _____

FOR OFFICE USE ONLY

NATURE OF INCIDENT:

- Client Fall (During Shift)
 Client Fall (Prior to Shift)
 Medication Error
 Psychosocial Incident
 Other _____

COMPLETE BELOW IF MEDICATION ERROR:

- | | |
|--|--|
| <input type="checkbox"/> Omission | <input type="checkbox"/> Not transcribed |
| <input type="checkbox"/> Wrong drug | <input type="checkbox"/> Transcribed incorrectly |
| <input type="checkbox"/> Extra dose | <input type="checkbox"/> Charting error |
| <input type="checkbox"/> Wrong time | <input type="checkbox"/> Communication problem |
| <input type="checkbox"/> Wrong rate | <input type="checkbox"/> Physician order problem |
| <input type="checkbox"/> Wrong route | <input type="checkbox"/> Wrong medication dispensed |
| <input type="checkbox"/> Wrong preparation | <input type="checkbox"/> Medication unavailable |
| <input type="checkbox"/> Wrong dosage form | <input type="checkbox"/> Labeling problem |
| <input type="checkbox"/> Wrong patient | <input type="checkbox"/> Medication Administration error |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

OUTCOME:

- Category A: An event and/or error occurred that reached the patient but did not cause patient harm.
 Category B: An event and/or error occurred that resulted in the need for increased patient monitoring but no patient harm.
 Category C: An event and/or error occurred that resulted in the need for treatment or intervention and caused temporary patient harm.
 Category D: An event and/or error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.
 Category E: An event and/or error occurred that resulted in permanent patient harm.
 Category F: An event and/or error occurred that resulted in a near-death event (anaphylaxis, cardiac arrest)
 Category G: An event and/or error occurred that resulted in patient death.

ACTION TAKEN:

Supervisor Name: _____

Date of Review: _____