

SUBJECT: **ADVERSE EVENTS / SENTINEL EVENTS**
APPROVED BY: Chief Executive Officer _____
EFFECTIVE DATE: 2008 06
REVISED/REVIEW DATE:

Purpose:

To provide a standardized approach in identifying, reporting, investigating, and managing adverse events and sentinel events.

Policy/Standard:

Labrador Grenfell Health identifies and investigates all adverse events which seriously compromise the quality of client/resident care and safety.

Materials Required:

- Incident Report Form # PSQ-5-20-1 (Blue)
- Medication Incident Report Form # PSQ-5-20-2 (Yellow)
- Client record
- Quality Review Report Appendix A

Related Policies:

- PSQ-5-20: Incident Reporting
- PSQ-5-40: Disclosure of Adverse Events/ Sentinel Events

Definitions:

Adverse Event:

An adverse event is an unexpected event in healthcare delivery that results in harm and is not attributable to a recognized complication. (Canadian Patient Safety Institute).

Sentinel Event:

A sentinel event is an unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or

psychological impairment not present at the time services were sought or began. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition. (Canadian Council on Health Services Accreditation)

Severity of Adverse Event:

Minor:

- Level 1: An event occurred but the patient/resident/client was not harmed; or
- Level 2: An event occurred that resulted in the need for increased patient/resident/client assessments and there is no resultant patient/client harm and no treatment/intervention is required.

Moderate:

- Level 3: An event occurred that resulted in the need for treatment and/or intervention and caused temporary patient/resident/client harm; or
- Level 4: An event occurred that resulted in initial or prolonged hospitalization, and/or caused temporary patient/resident/client harm.

Serious:

- Level 5: An event occurred that resulted in permanent patient/resident/client harm or a near death occurrence, such as anaphylaxis; or
- Level 6: An event occurred that resulted in patient/resident/client death.

Levels 3 through 6 shall be discussed with the client/resident and or family. Discussion will be as per Labrador Grenfell Health's policy on "Disclosure of Adverse & Sentinel Events" (PSQ-5-40).

Procedure:

A. Reporting of the Adverse Event

1. Refer to follow Labrador-Grenfell Health's Incident Reporting Policy (#PSQ-5-20).
2. Complete an Incident Report and submit to your immediate supervisor.
3. The Supervisor must submit the Incident Report to Risk Management.
4. For incidents of severity levels 3 through 6, contact the Risk Manager immediately by phone.

B. Investigation & Follow-up

1. The person most immediate to the incident will initiate crisis management and safety activities as described below.
2. After hours, the administrative person in charge of the facility is notified and manages the event.

3. The immediate supervisor/manager, in consultation with Risk Management, will follow-up.

C. Crisis Management

1. Address the immediate needs of the client and family.
2. Ensure the area is safe.
3. The supervisor (or delegate) immediately notifies the:
 - (i) Manager/Director of the Department, and
 - (ii) Attending Physician or most responsible care provider, and
 - (iii) Risk Manager.
4. In the case of a Sentinel Event, the Risk Manager shall notify the CEO, COO (Chief Operating Officer), VP of Acute and LTC, Regional Director of Patient Safety & Quality, and Regional Director of Communications.

D. Safety Activities

1. Record the clinical aspects of the incident/event in the client's health record. No reference to a completed Incident Report should be made in the client's health record.
2. If the incident involves equipment, secure the equipment and mark with a "Do Not Use" sign.
3. Before being reinstated for use, equipment must be assessed and determined to be safe. (Consult with the Facilities Manager/Biomedical Technologist and Risk Manager).
4. Isolate and secure any medication, supplies (including disposable supplies) or equipment which might have contributed to the incident.
5. For Serious Adverse Events (Levels 5 and 6), contact the Health Records Supervisor to secure the client chart.

E. Patient Safety & Quality Follow-Up

The Risk Manager will:

1. Review the Incident Report, discuss with immediate supervisor/manager involved, investigate further if necessary and recommend any further action to prevent recurrence.
2. Contact Labrador-Grenfell Health's insurers to notify them of the incident and receive further direction.
3. Obtain applicable policies and procedures that may pertain to the event.
4. Consult with the immediate supervisor and manager to determine the need for a Quality Process Review or Root Cause Analysis. If deemed appropriate, facilitate the establishment of a CQI Process Team to address the event.
5. A summary of Process Reviews and/or Root Cause Analyses will be submitted to Quality Council (Quality Review Report, Appendix A).

6. Refer to the Incident Reporting Policy (PSQ-5-20) for Risk Manager's duties.

F. Role of Quality Council:

1. Review all Process Reviews/Root Cause Analysis reports.
2. Make any necessary recommendations for further corrective action.
3. Forward information to the Board through the CEO.

G. Role of Senior Executive:

1. Review all serious occurrences and corrective measures taken
2. Make recommendations for further corrective action, if necessary.

All minutes, reports, recommendations, communications and actions made or taken pursuant to this policy are deemed to be covered by the provisions of any federal or provincial legislation providing protection to peer review, quality assurance or other related activities. Furthermore, the department directors, committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the hospital/organization and Board of Directors when engaged in such quality review activities and thus shall be deemed to be protected under Section 8.1 of the Evidence Act of Newfoundland & Labrador.

References

Capital Health Administrative Policy and Procedure Manual

NLAHRM Patient/Resident/Client Safety Manual

Canadian Patient Safety Dictionary

Glossary 6th Edition, CCHSA 2007



**Quality Review Report
For Quality Review Purposes Only**

Date:

Concern/Adverse Event:

Facility:

Attendees:

Areas for Improvement	Actions Required	Responsible Person	Target Date

Submitted by: _____

Date: _____