

**SAHTU HEALTH AND SOCIAL SERVICE AUTHORITY**  
**Policy**

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**ADMINISTRATION POLICY**

**INCIDENT REPORTING  
AND MANAGEMENT**

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**POLICY:**

Incident reporting is the cornerstone of patient safety and the main source of risk management. To enhance patient/client safety, Sahtu Health and Social Services Authority (SHSSA) requires that all staff witnessing or discovering an incident, adverse event or occurrence, report it as soon as possible within 24 hours, by notifying their supervisor, and submitting an incident report directly to the manager responsible for their program area.

If the incident has not been reported within the required 24-hour time frame, staff are still responsible for ensuring the incident is reported as soon as possible.

**DEFINITIONS:**

**1. INCIDENT**

“An event that is unusual, unexpected, and may have an element of risk, or a negative effect on clients, groups, staff, or the organization.”

*Canadian Council on Health Services Accreditation (CCHSA 2003)*

**EXAMPLES OF INCIDENTS INCLUDE, BUT ARE NOT LIMITED TO:**

- Falls
- Intravenous transfusion error/reaction
- Medical records- Requests from the Coroner, RCMP, lawyer or family
- Lost medical record
- Medication errors resulting in no apparent harm e.g. a missed dose of an antibiotic
- Narcotic Discrepancy
- Zero Tolerance: Verbal or physical abuse, threats of intended or unintended violence, sexual harassment
- Equipment failure or malfunction
- Damage to or loss of SHSSA’s or a third party’s property

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### 2. CRITICAL INCIDENT

“ A serious unintended complication that could include actual or potential loss of life, limb or function related to a health service or program provided by SHSSA.”

*SHSSA December 2004*

“A critical incident can be defined as an incident resulting in serious harm (loss of life, limb or vital organ) to the patient, or the significant risk thereof”.

*Canadian Patient Safety Dictionary*

**Examples of critical incidents include, but are not limited to:**

- Sudden, unexpected death of a client while under care
- Surgery performed on a wrong body part or wrong patient in an SHSSA facility
- Abduction of infant or child while under care of SHSSA
- Missing patient or resident

### 3. Adverse Event or Occurrence - See Policy ADM.110

“Usually negative or unfavourable reactions or results that are unintended, unexpected, or unplanned”.

*Canadian Council on Health Services Accreditation (CCHSA 2003)*

**Example of an adverse event or occurrence**

- Negative reaction to blood transfusion or administration of a drug

### 4. PATIENT SAFETY

“ Freedom from accidental injury”.

*Health Canada*

“The prevention and mitigation of unsafe acts within the health care system ”

*National Steering Committee on Patient Safety” (NSCPS, 2002)*

### PURPOSE:

1. The purpose of incident reporting is to improve and strengthen patient safety by identifying and analyzing the underlying causes, so that appropriate quality improvements and system wide changes can be made. See Appendix A for procedures.
2. To promote an SHSSA culture of safety and system competency

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**REFERENCES:**

1. Canadian Council on Health Services Accreditation (CCHSA)
2. Saskatchewan Health – Regs.on Critical Incident Reporting, September 15,2004
3. r-L Solutions-“Risk Monitor Pro”
4. Canadian Patient Safety Dictionary
5. National Steering Committee on Patient Safety (NSCPS)

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### *Appendix "A"*      **Risk Monitor Pro Procedures**

Risk Monitor Pro is SHSSA's electronic incident management software and its use is mandatory when submitting, adding follow up, and closing incidents.

An Icon exists on your desktop and is named Risk MonitorPro. Double-clicking the icon will open the web-based software and allow you to select options available as per your authority. When opening a new incident you must fill out each mandatory field identified in the color red. If you cannot complete the incident in one sitting you can close it and come back to it later by opening an existing incident report. When the incident is complete click the submit button. See the flow diagram in Appendix C to better understand the process behind the scenes.

#### **Responsibilities:**

##### All Employees

1. **MUST** report and submit incidents within 24 hours of the incident's occurrence.
2. Attach all pertinent (chart exerts, lab results, prescriptions, letters, etc) information in the incident detail section

##### Supervisors / Managers

1. **MUST**, upon notification that an incident has been submitted in your area, commence follow up within 24 hours.
2. Record all follow up in the software and attach all pertinent (chart exerts, lab results, prescriptions, letters, etc) information in the incident detail section.
3. When the incident is ready to be reviewed by Senior Management add a follow up and select follow up type "Review Complete." This triggers the Senior Management review.

##### Senior Management

1. Review all incidents that have "Review Complete," in the follow up type field.
2. If required request further action of employees to complete the follow up.
3. Record in Senior Management minutes that the incident was reviewed and any actions resulting, including if the incident is to be closed.
4. Review monthly Severity, Incident Type, and Site reports to identify any broad organization concerns and take/record all resulting actions.

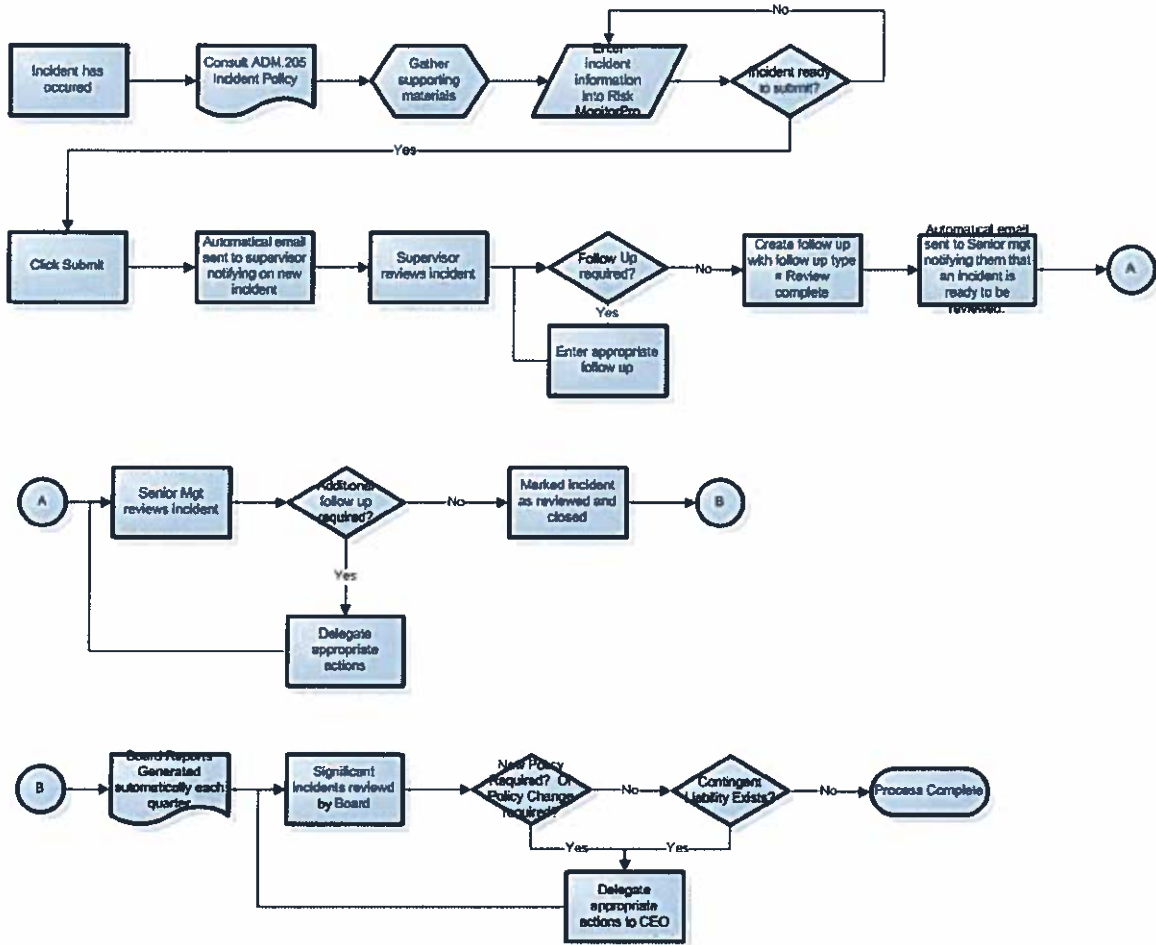
##### Director Health & Social Programs / CEO

1. As superadmin users of the software you are required to close all incident reports senior mgt identifies as ready to be closed.
2. As superadmin users you are required to identify all incomplete, suspended, and duplicate files and take appropriate action to ensure policy adherence, and data integrity is maintained.
3. Provide quarterly reports to the Board of Trustees identifying incidents that prompt changes to policy, new policy, or procedural changes.
4. Provide quarterly reports to the Board of Trustees on incidents that may have result in a contingent liability for the organization.

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### Appendix "C" Process



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Approved by:   
Chad Fehr, CEO