REPLACEMENT NOTICE

Saskatoon Health Region Policy:
Critical Incident Reporting (7311-50-008)

has been replaced with

Saskatchewan Health Authority
Policy Directive:
Critical Incident Reporting (SHA-02-003)

The above is a direct link.

The procedure is below.

Replacement Notice
August 17, 2018

PROCEDURE

Number: 7311-50-008
Title: Critical Incident Reporting

Authorization	Source: Director, Safety & Wellness Cross Index:
[ ] President and CEO [X] Vice President, People Practice and Quality	Date Approved: September 2004 Date Revised: April 13, 2017 Date Effective: May 1, 2017[1] Date Reaffirmed: Scope: Former SHR, HCOs and Affiliates

1. PURPOSE

The purpose of this procedure is to establish the process for a coordinated approach to investigation, analysis and reporting of recommendations of critical incidents.

2. PROCEDURE

2.1 Report the potential or actual critical incident immediately to the Most Responsible Physician, Manager or designate responsible for the area where the injury occurred, and the Registered Nurse, responsible for the patient, client or resident, as appropriate.

2.2 Report the potential or actual critical incident using the former Saskatoon Health Region's (SHR's) Safety Reporting process (see former SHR Procedure, Safety Incident Reporting Systems, Appendix B).

2.2.1 When the Safety Response System or Online Adverse Event Management System (AEMS) is used automatic notification to the appropriate individuals will occur.

2.2.2 HCOs report potential and actual critical incidents to the Safety Alert Centre (306-655-1600 or 1-866-655-1600) providing detailed and identifying information.[2]

If the following has not been completed as part of the safety reporting process:

2.3 Document on health record:

- A brief statement of the safety incident regarding who, what, where and when.
- Do not include opinions, assign blame or speculate what may have occurred. Complete ALL sections of the report to the best of your ability.
- Describe the nature of the safety incident and extent of any injuries to the patient, client, resident, or visitor (e.g. "the patient/client/resident/visitor

[1] Updated August 17, 2018 to reflect 'former' SHR throughout and references updated to reflect *The Provincial Health Authority Act*.

[2] *The Critical Incident Regulations*, 2016 s.6(1) and(2)

sustained a laceration approximately 4 cm long to the left forearm" and the treatment provided).

- Any statements made by patient, client, resident or visitor.
- Notification of parent/guardian/proxy/SDM/next-of-kin as appropriate.
- DO NOT include reference to the completion of a safety report in the health record.

2.4 Quarantine all equipment, medication, or supplies may have contributed to the actual or potential critical incident.

2.4.1 The packaging and other components of the item will be placed in a bag and labeled “Do Not Use".

2.4.2 Tagging and locking out (disable or remove from service) of equipment will occur immediately to prevent use during the investigation and identify/communicate “Do Not Use”.

2.4.3 Transport equipment to Facilities Management/Maintenance Services immediately if safe to do so.

2.4.4 Immediately contact Clinical Engineering if biomedical equipment is involved.

2.4.5 Inform Enterprise Risk Management that the item(s) have been quarantined.

2.4.6 Photographs of equipment, medication and/or supplies may be necessary for documentation purposes.

2.5 The incident is determined to be a reportable critical incident by Patient Safety in consultation with operational leadership.

2.6 Patient Safety will notify appropriate senior management that a critical incident has occurred.

2.7 Patient Safety notifies the Ministry of Health and the President and CEO or designate of the critical incident within **three business days** following the incident occurrence or the date the former SHR became aware of the incident.

2.7.1 Notification will include de-identified, factual information about the critical incident.

2.8 The former SHR/HCO investigate the critical incident through a multidisciplinary review including:

2.8.1 The circumstances leading up to and culminating in the critical incident;

2.8.2 Any current practice, procedure or factor involved in providing the health service that contributed to the occurrence of the critical incident;

2.8.3 Actions considered, developed or required as follow up to the critical incident; and

2.8.4 Implementation of any recommendations resulting from the critical incident review.

2.9 Patient Safety/HCO will prepare a written report.

2.9.1 Feedback/direction will be provided to appropriate stakeholders involved in the multidisciplinary review and senior leadership to implement quality improvements as required.

2.9.2 HCO forwards the detailed report to Patient Safety.

2.9.3 Patient Safety prepares and submits a de-identified factual report to the Saskatchewan Ministry of Health including actions taken, planned and quality improvements the former SHR /HCO will be implementing as a result of the critical incident review.

2.9.4 Appropriate senior managers within the former SHR/HCO will receive a copy of the written report.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Safety & Wellness.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action, up to and including termination of employment and/or privileges.

5. REFERENCES

Critical Incident Regulations 2016, Saskatchewan
Saskatchewan Critical Incident Reporting Guideline, 2004
The Provincial Health Authority Act, 2017