Team Name: Quality, Planning & Performance Team Lead: Regional Lead - Quality, Planning & Performance Approved by: Chief Executive Officer	Reference Number: ORG.1810.PL.001 Program Area: Quality, Planning & Performance Policy Section: General
Issue Date: May 26, 2015 Review Date: April 1, 2017 Revision Date: May 10, 2023	Subject: Safety Event Reporting

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

A Patient was engaged in the development of this policy.

POLICY SUBJECT:
Safety Event Reporting

PURPOSE:
The purpose of this policy is to assist/guide staff on reporting of safety events i.e.) near miss, occurrence, critical incident and/or critical occurrence.

BOARD POLICY REFERENCE:
Executive Limitation (EL-2) Treatment of Clients
Executive Limitation (EL-7) Corporate Risk
Executive Limitation (EL-9) Communication and Support to the Board

POLICY:
Southern Health-Santé Sud recognizes the importance of safety and the potential for safety events to arise in the health care system. Southern Health-Santé Sud promotes a culture of safety with an emphasis on process improvement, rather than casting blame.

Southern Health-Santé Sud protects all staff against reprisal from reporting of safety events i.e.) near miss, occurrence, critical incident and/or critical occurrence. Any staff member who is made aware of a safety event is to follow the applicable checklists outlined in the policy. Reporting is strongly encouraged to support safety of the overall healthcare system.

DEFINITIONS:
Critical Incident (CI): An unintended event that occurs when health services are provided to an individual and result in a consequence to him or her that:

- is serious and undesired such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay, **and**

- does not result from the individual's underlying health condition or from a risk inherent in providing the health services.

Critical Occurrence (CO): An event involving substantial risk or harm to employees, physicians, volunteers, students, visitors and others associated with the organization or to reputation through negative media/social media, security, or property damage of a potential financial loss greater than $25,000.

Near Miss (NM): An event that happened but did not reach the client or employee.

Occurrence (O): An event or circumstance where there may be minor or major injury to an individual and/or damage to, or loss of, equipment or property.

Statement of Claim: A Statement of Claim is an originating process in the Court of King's Bench that is used when one party is suing another party.

IMPORTANT POINTS TO CONSIDER:

For the purpose of this policy and its supporting documents, the terms Patient, In-Patient/Out-Patient, Resident, and Client are synonymous.

All Safety Event Reporting requires education in order for staff to be properly informed related to their roles and responsibilities. Staff are required to be familiar with the policy and checklist requirements for each type of safety event. Any additional education i.e.) LMS/Power Point Voice Over Education sessions, attending regional orientation will be included at the top of each specified checklist.

Safety Event Reporting documentation is to be completed prior to the end of the shift/workday. When completing a paper copy of a Safety Event Report use an ink pen. When completing electronically the report is still required to be **printed off** and reviewed by a manager because the information has no direct link to a database and requires manual data entry. Electronic signatures are acceptable.

Do not reference completion of a Safety Event Report in a health record. Rationale is that patients have the right to access their own health records and the purpose of a Safety Event Report is to gather data for system improvement not for litigation purposes.

Original Safety Event Reports are to be retained by the facility/site/program. Refer to Retention Schedule for Non- Client Records (ORG.1410.PL.202).

Photocopying of a Safety Event Report is discouraged for the purpose of maintaining accurate records. However, a copy of the original report may be shared with certain stakeholder's internally to the Service Delivery Organization (SDO) if the circumstance of the event is pertinent to the stakeholder's roles and responsibilities within the SDO. External sharing of a Safety Event Report is limited; if requested by an external Stakeholder a consultation with the Privacy & Access Specialist needs to occur prior to sharing. Acceptable external stakeholders that do not require a consultation with the Privacy & Access Specialist include the Office of Chief Medical Examiner; Protection for Persons in Care Office (PPCO) or another SDO conducting a critical incident review.

Each facility/program is responsible for designating an employee(s) to enter Safety Event Reports into the regional database. Safety Event Reports are entered into the database by the fifth (5) business day of the following month.

Affiliate/contract health corporations/community not for profit proprietary organizations are required to report all critical incidents and critical occurrences to the Patient Safety Coordinator(s) and the Manager on Call (if after hours) as soon as possible, and prior to the end of the shift/workday.

Insurance Claims regarding Southern Health-Santé Sud owned property and liability are to be reported according to the following applicable checklists based on dollar value:

- if the value of loss/damages is expected to be greater than $25,000 follow the Management of a Critical Occurrence Checklist
- if the value of loss/damages is expected to be less than $25, 000 follow the Management of a Near Miss and Occurrence Checklist

Statements of Claim served/received at a site are to be immediately directed to a Senior Leader, Regional Lead – Quality, Planning & Performance and the Administrative Assistant - Quality, Planning & Performance as soon as possible, prior to the end of the shift/workday. Complete a Safety Event Report and follow the Critical Occurrence Checklist.

PROCEDURE:

1. Complete Safety Event Report (ORG.1810.PL.001.FORM.01) for all safety events. A Safety Event Report Resource Guide (ORG.1810.PL.001.SD.01) has been created to assist in completion of this form.
2. For all near misses (NM) and occurrences (O) follow the Management of a Near Miss and Occurrence Checklist (ORG.1810.PL.001.SD.02).
3. For all critical incidents (CI) follow the Management of a Critical Incident Checklist (ORG.1810.PL.001.SD.03).
4. For all critical occurrences (CO) follow the Management of a Critical Occurrence Checklist (ORG.1810.PL.001.SD.04).

SUPPORTING DOCUMENTS:

ORG.1810.PL.001.FORM.01	Safety Event Report
ORG.1810.PL.001.SD.01	Safety Event Report Resource Guide
ORG.1810.PL.001.SD.02	Management of a Near Miss and Occurrence Checklist
ORG.1810.PL.001.SD.03	Management of a Critical Incident Checklist
ORG.1810.PL.001.SD.04	Management of a Critical Occurrence Checklist

REFERENCES:

Accreditation Canada QMENTUM PROGRAM Standards Leadership Version 14 ROP 15.4
Canadian Incident Analysis Framework 2012 ISMP Canada
Government of Manitoba- *The Health System Governance and Accountability Act*: web2.gov.mb.ca/laws/statutes/ccsm/h026-5e.php accessed on February 28, 2023
Government of Manitoba- *The Manitoba Evidence Act*: web2.gov.mb.ca/laws/statutes/ccsm/e150e.php. accessed on February 28, 2023

Government of Manitoba- *The Apology Act*: web2.gov.mb.ca/laws/statutes/ccsm/a098e.php accessed on February 28, 2023

Government of Manitoba-*The Personal Health Information Act*: web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php accessed on February 28, 2023

Manitoba Health (July 2012). *Critical Occurrence (CO) Reporting and Management Policy*. HCS 200.14.

Manitoba Health *Critical Incident Reporting and Investigation* accessed on January 25, 2023.

Manitoba Health *Manitoba Critical Incident Reporting Guidelines* accessed on January 25, 2023.

Southern Health-Santé Sud - Mandatory Reporting Policy - ORG.1810.PL.010