![Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg]

Patient/Client Safety Event
Standard Operating Procedure for Initial Event Management

Please reference WRHA policy: Critical Incident Reporting and Management – 10.50.040 occurrence, Near Miss Reporting and Management – 10.50.020		**Feb 2016**	
Step	**Actions**	**Person Responsible**	**When**
1	**Ensure patient/client safety** **Complete patient/client assessment and provide care as indicated**	Immediate Care team	Immediately
2	Notify physician and immediate supervisor/designate	Immediate Care Provider/Staff Involved	Once Patient/Client is Safe
3	Secure the area and equipment involved • See back of this form for instructions	Immediate Care Provider/Staff Involved	As soon as possible
4	Co-ordinate safety huddle with care team • See back of this form for huddle guideline	Manager/Designate	As soon as possible
5	Communicate the safety event to patient/client/family Include in conversation: 1. The **facts** of what happened (avoid opinions or guesses) 2. What will be done to address what happened (medical treatment etc.) 3. An expression of regret that the event occurred (I'm sorry that this happened) 4. Inform the patient/client/family that a review of the event will take place and provide the patient/client/family with the name of a contact person who will provide updates and manage future questions.	Most appropriate team members available at this time	As soon as possible
6	Document the patient/family conversation in the patient's medical record.	Person (s) involved in the Patient/Family conversation	Immediately after conversation
7	Evaluate need for staff support (CISM, De-brief, EAP)	Manager/Delegate	Ongoing
8	Enter the safety event into the RL system or if RL is unavailable Phone 204-788-8222 to report the event	Staff Involved	As soon as possible
9	The safety event will be reviewed by site leadership through the occurrence process or by the WRHA through the Critical Incident Process	Site Leadership/WRHA	Upon receipt
10	If the event is verified as a Critical Incident site leadership will receive notification from the RL system and will be responsible for: • Ensuring the Critical Incident Disclosure Record is completed with the patient/client/family. (copy forwarded to intake coordinator to upload into RL file) • Providing a copy of the completed Critical Incident Disclosure Record to the patient/client/family (as per current legislation) • Ensuring the patient/client/family have been offered dedicated support throughout the CI process (Patient Relations Officer or Designate) • Facilitating Patient Safety Consultant access to information/equipment/reports and staff for assessment and privileged interview	Site Leadership	Begins once the verification notification is received

Safety Huddle

When a safety event occurs a quick post event huddle helps to identify any safety concerns that lead to the event and supports the patient, family and staff's emotional and physical needs. Huddles can be initiated by any staff member and should take no more than 10 minutes

S – (Situation)
- what happened, when did it occur

B – (Background)
- what lead to the safety event

A – (Assessments)
- What treatments/interventions are required to ensure patient safety
- Who has been notified (physician, manager/designate)
- Is there equipment involved (if so remove the equipment from circulation, attach a do not use tag and complete a maintenance requisition)
- Does the team need support

R - (Recommendation)
- Who will Report the event in RL
- Who will communicate with the patient /family to inform them about the safety event, treatments and next steps?
- If the patient/family request to review the chart or would like to have chart documents please contact your manager/FPCM/or delegate.

Managing Equipment Involved in a Safety Event

- Where suspicion or evidence of equipment failure, malfunction/involvement exists, change/replace the current equipment.

- Remove the questionable equipment from service and do the following

  1. Complete and attach a red clinical engineering "DO NOT USE" tag and indicate the suspected malfunction.

  2. Do not change or adjust the settings

  3. Connecting equipment should be saved

  4. Retain and preserve any disposable products that may have been involved (e.g. IV tubing, breathing circuits, electrodes)

  5. Place the equipment in your units designated maintenance zone


RL SAFETY EVENT REPORTING

Use RL to report safety events online. Your report needs to be completed and sent during one sitting. You cannot save it and come back to it for re-entry. If you have more information to add after submitting your file, talk with your manager.

1. Double-click on the RL **RL6 Submission** Icon on the Desktop. You do not need to login!

2. Double-click on the safety event type you want to report on from the Icon Wall.
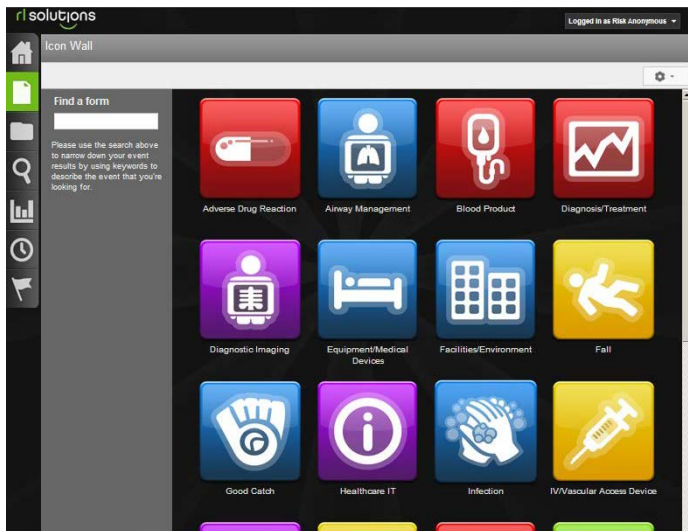
DO NOT use the back button
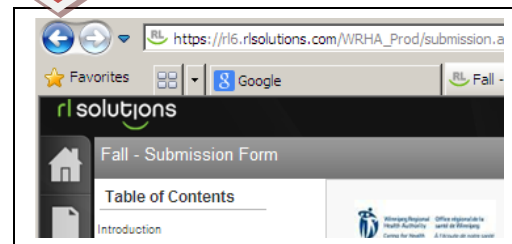
3. Complete the report ensuring all mandatory fields are entered (fields with a green *).

4. Click the button. **Submit** Once the report is submitted the file reference number appears on the screen. After the report is submitted you cannot add additional information to it. If you want to follow-up on the report or add additional information you can reference the file number with your manager.

More detailed instructions on safety event submission can be found on WRHA Insite under Quality and Patient Safety