

Leamington Mennonite Home
Long Term Care

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Incident Reporting	SUBJECT: Sentinel & Adverse Events	SECTION: D POLICY: 6
DATE: July 12, 2022	Administrator's Signature: _____	

SENTINEL & ADVERSE EVENTS

POLICY:

An emergency response plan will be put into effect at the time of a sentinel / adverse event to ensure a safe and secure environment for residents, staff, and visitors. The organization is committed to early identification of risk factors that could result in a sentinel / adverse event if prompt and appropriate action is not taken.

Adverse Event: Usually a negative or unfavourable reaction or result that is unintended, unexpected, or unplanned.

Sentinel Event: 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.

PROCEDURE:

Responding to the Event:

The Nurse or designate will:

- 1) Ensure staff first take immediate action to prevent further injury or damage.
- 2) Ensure designated staff provide care and comfort to residents and/or others affected by the incident.
- 3) Ensure staff follow procedures as outlined in the Emergency Management Manual, depending on the nature of the event.
- 4) Report all sentinel events immediately to Support Services in the following sequence until you reach someone:
 - QRM Lead of the Home
 - RVP, LTC Operations
 - EVP, LTC Operations
 - President & CEO
- 5) Notify the next of kin and other affected parties as appropriate as soon as possible; document time and date of such.
- 6) Document the occurrence on the Internal Incident Report form or in the electronic documentation system with a full description of the occurrence, circumstances, and witnesses.

The Director of Care or designate will:

- 1) Contact the provincial regulatory authority as outlined in legislation.

- 2) Initiate the Critical Incident System Report as per provincial regulatory authority.

The QRM Lead or designate will:

- 1) Communicate with the RVP/EVP LTC Operations and community partners as required.
- 2) Determine who will be the spokesperson should the press contact the Home.
- 3) Instruct staff to not speak with the media except to refer them to the QRM Lead.
- 4) Contact the organization's Insurance provider as directed by the RVP/EVP LTC Operations.
- 5) Determine if additional notifications need to be sent based on the parameters below:
 - If the event is of a criminal nature, the police are to be contacted. This includes physical assault, sexual assault, and/or other crime related activities.
 - If the event involves the care of a resident, the Attending Physician/Medical Advisor will be called. This includes medication errors or delay in treatment.
 - If the event is environmental in nature, the fire department, police, and Medical Advisor will be contacted as appropriate.

The Investigation:

The QRM Lead or designate will:

- 1) Utilize the Investigation Guidelines (XXIII-D-10.50(a)).
- 2) Ensure that pictures or diagrams that support statements or recount occurrence are taken.
- 3) Consult the RVP/EVP LTC Operations to determine if additional investigation is required.
- 4) Complete a thorough report, which will include the names of the individuals involved, completed incident reports, internal and provincial Incident Reports, and obtained statements of staff, residents, and families.
- 5) Make recommendation to RVP LTC Operations for system or process changes that will prevent occurrence or reoccurrence of adverse / sentinel event.
- 6) Forward report with a detailed briefing note to RVP LTC Operations for further review by senior executives.

External service providers, police, fire, College of Nurses, and/or provincial regulatory authority may conduct their own investigation or in conjunction with the Home dependent on nature and severity of event.

Follow up:

The QRM Lead will:

- 1) Review the results of all internal and external risk management activities to identify areas presenting an immediate threat and areas requiring improvement to manage potential threat, i.e. falls management, elopement, aggressive behaviours, infection control, outbreak readiness, emergency readiness, WSIB/WSBC, etc.
- 2) Make resources available for counseling for staff, residents, and families as deemed appropriate.

The Administrator will:

- 1) Coordinate a review team to evaluate the system/process deficiency that resulted in the occurrence of the event. The team will be responsible for further recommendations for remedial action to the EVP, LTC Operations for Executive involvement as appropriate to ensure that approved remedial actions are implemented and evaluated.
- 2) Share Teachable lessons with other Home in the organization.