

**Leamington Mennonite Home
Long Term Care**

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Incident Reporting	SUBJECT: Critical Incident Reporting	SECTION: D POLICY: 5
DATE: July 12, 2022	Administrator's Signature: _____	

CRITICAL INCIDENT REPORTING

POLICY:

The QRM Lead or designate will ensure that the MOHLTC Critical Incident System report is initiated and followed through for all incidents that meet the criteria as specified.

PROCEDURE:

The QRM Lead will:

- 1) Ensure that the CIS process is sustained at all times.
- 2) Ensure all managers and nurses are aware of the criteria for determining a CI.
- 3) Ensure a communication system for internal reporting of CIs is in place and effective for 24/7 operations.
- 4) Ensure all reports are filed within the MOHLTC timeframes and that reporting to the RVP, LTC Operations is completed.

The Director of Care will:

- 1) Ensure nursing team initiates internal incident documentation through Risk Management for all untoward incidents experienced by residents.
- 2) Ensure the 24-hour report is reviewed daily.
- 3) Ensure any potential critical incidents are reported to the Charge Nurse, ADOC, DOC, and/or Manager on Duty as per the internal reporting structure.
- 4) Ensure all required documentation is completed within expected timelines in the CIS portal as per MOHLTC standards.
- 5) Ensure a process for follow up of all CIs to minimize further risks to residents.

The Resident Safety Committee will:

- 1) Review incidents, analysis, and lessons learned and recommend actions to be taken to improve resident safety, care, and services.
- 2) Conduct an annual review of Critical Incidents and recommend improvements.

The Clinical Care Partner will:

- 1) Review analysis and action plans through a review of Resident Safety Committee minutes of assigned Home.
- 2) Review organizational trending of incidents and recommend approaches to improve.