Policy Name:	Policy Number:
RECOGNIZING AND RESPONDING TO CLINICAL ADVERSE EVENTS	**0919**
	Effective Date: **JUNE 29, 2005**
Approved By: Executive Team	Date Revised: October 18, 2021
Reason for Revision: Click on item below and select item from list. **CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.** (Updates and Combines Policies 0916 – Incident Management, 0919 – Disclosure of Adverse Events, 0943a – Critical Incident Policy, and 0943b – TOR Critical Incident Review Committee	Next Date for Review: October 18, 2024
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Policy

OBJECTIVES

- To provide Agapé Hospice staff with a standard approach to managing resident safety good catches and clinical adverse events (CAE).
- To ensure that the needs of the resident, Agapé staff, and visitors are managed appropriately.
- In this policy and its procedures, references to the resident will include the family if/when applicable.

PRINCIPLES

- **Residents**: We believe in a collaborative approach to improvement that includes engagement with residents and those who have been involved in CAEs. We will work to help support them and to rebuild trust in Agapé Hospice.
- **Our People:** We recognize that health care providers may also be harmed when a CAE occurs. When thegood catch residents are harmed, health care providers may suffer from professional and personal anguish. We will support and treat our people with care, compassion, respect and dignity.
- **Resident Safety:** Health care providers aim to minimize risks to residents' physical and psychological well-being. residents, staff and the public should not be exposed to harm where it is reasonably avoidable. Health care providers, to the extent they have control, and health systems are accountable for the quality of resident care they provide to residents.
- **Just Culture:** We support all stakeholders with empathy and thoughtfulness following a CAE. We strive to create an environment where everyone feels safe, encouraged, and enabled to discuss safety concerns. When a CAE occurs, actions are evaluated impartially

in consideration of the circumstance and context of what occurred, rather than results and outcomes. We avoid the temptation to reduce complex issues to simple individual human error.

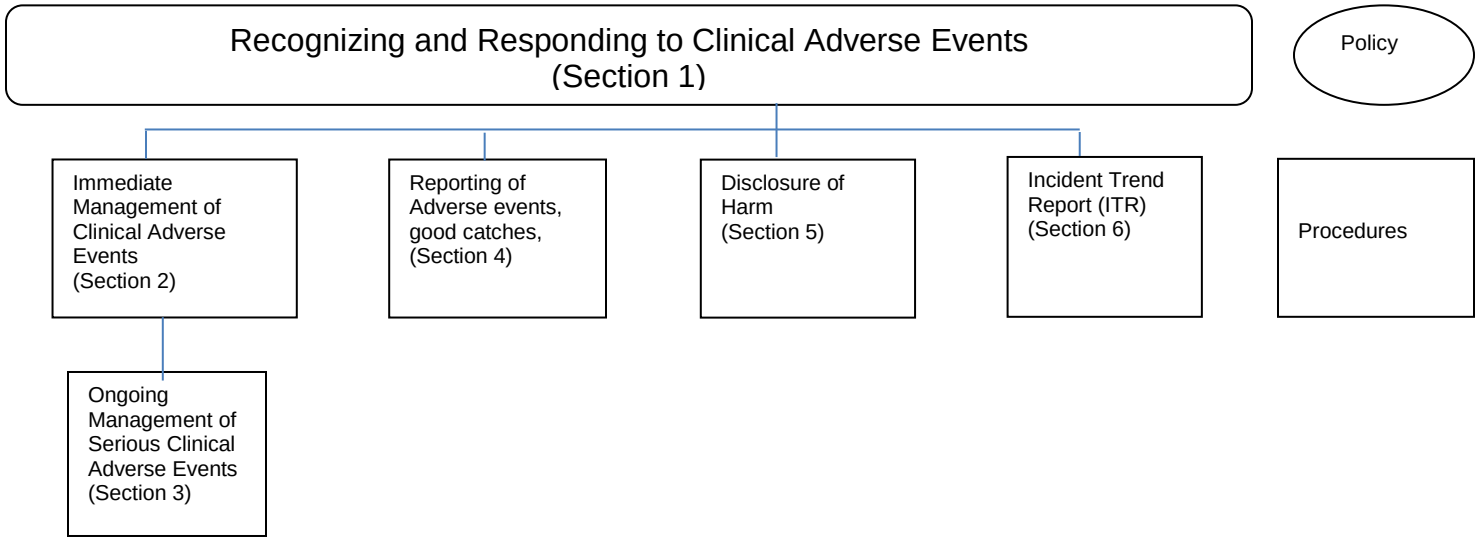
- **Learning:** We recognize that understanding and learning from CAEs is essential to improving resident safety. This is accomplished respectfully with the utmost sensitivity, empathy and compassion for all involved.

APPLICABILITY

Compliance with this document is required by all Agapé Hospice employees, students, volunteers, and other persons acting on behalf of Agapé Hospice (including contracted service providers as necessary).

POLICY ELEMENTS

1. Overview of Clinical Adverse Event Management



1.1 Agapé Hospice leaders become aware of resident CAEs through a number of different ways, including:

a) Verbal notification from staff;
b) Good catch and Incident Reports
c) Notification from concern/complaint management.

2. Immediate Management of Clinical Adverse Events

2.1 Immediate management of CAEs will be coordinated by the most responsible health practitioner who will ensure a fair and consistent response ideally within 24 to 48 hours of the event in accordance with the Agapé Hospice *Immediate Management of Clinical Adverse Events Procedure.*

2.2 During immediate management, the MRHP must consider the following elements:

a) resident/family support (family support);
b) staff support;
c) environmental safety for residents, staff and visitors;
d) documentation of CAE management; and
e) notification to directly involved health care professionals and the Nursing Lead.

2.3 Management of a CAE can be concluded after the immediate management of the CAE stage if:

a) the outcome of the CAE on the resident is not serious;
b) there is no need for further investigation; and
c) the CAE has been resolved to the satisfaction of the resident.

2.4 If the criteria outlined in section 2 of this document are not met, the MRHP will hand over the management of the CAE to the Nursing Lead or Charge Nurse.

3. Ongoing Management of Clinical Adverse Events

3.1 Ongoing management of CAEs will occur:

a) for all events where the outcome of the CAE on the resident is serious (i.e., severe **harm** or death);
b) at the discretion of the Nursing Lead in less clinically serious circumstances, including good catches; or
c) for CAEs that have not been resolved to the satisfaction of the resident during the immediate management of the CAE.

3.2 A fair and consistent process shall be utilized by the Nursing Lead or Charge Nurse.

3.3 Ongoing management of a CAE starts when the MRHP/Nursing Lead or Charge Nurse completes handover to the Education & Clinical Projects Coordinator (ECPC), ideally within 24 to 48 hours of the CAE being identified. Ongoing management of a CAE may take months to complete, but should be prioritized to minimize any delays.

3.4 Ongoing management follows the immediate management process and the ECPC has the additional responsibilities related to the following elements:

a) receiving of handover from MRHP/Nursing Lead or Charge Nurse;
b) notification both internally and as appropriate externally;
c) resident and family support;
d) staff support;
e) environmental safety for residents, staff and visitors;
f) documentation of CAE management;
g) review of the CAE;
h) consideration of any opportunities to improve resident safety; and
i) sharing of review outcomes to improve resident safety.

3.5 In order for resident safety to be realized, the ECPC shall take steps to share what was learned from the review of a CAE with relevant stakeholders within Agapé Hospice, and ensure that effective actions are taken to improve quality and safety.

4. Reporting of Clinical Adverse Events and Good Catches

4.1 The Incident Report (IR) is the appropriate method for reporting CAEs and Good Catches related to resident safety.

4.2 The IR is a system of reporting that plays an important role in supporting resident safety by ensuring that CAEs and Good Catches are reviewed individually and in aggregate.

a) The primary function of the IR is to identify health system risks to resident safety so that action can be taken to mitigate these risks for residents.
b) IR reports are trended, analyzed and shared for the purpose of organization learning.
c) Feedback of organizational learning is provided to **reporters** and also to those who would benefit from such learning.

4.3 All staff have a responsibility to voluntarily report CAEs, and Good Catches for the purpose of learning about and improving the safety of residents and the health care system.

a) Agapé Hospice is committed to fostering a just culture that includes reporting and learning as a key element. This means that reporting is conducted within a psychologically safe environment where human fallibility is acknowledged.
b) Reporting an IR does not replace staff requirements to:

(i) notify Nursing Lead/Charge Nurse of CAEs as per immediate management as needed; and
(ii) document the known facts about the event in the resident's **health record**.

5. Disclosure of Harm

5.1 Agapé Hospice expects **disclosure** conversations to be conducted with residents if there has been any harm, if there is any risk of potential future harm, or if there is any change in resident care or monitoring as a result of resident care provided. These conversations should be supported by leaders, when required.

5.2 When an event has occurred and none of the criteria in section 5.1 of this document are met, disclosure is discretionary, but shall be done if it is felt the resident would benefit from knowing or would want to know.

a) If it is unclear whether the resident would benefit from disclosure or would want to know, disclosure shall occur.

5.3 As part of the disclosure, residents should receive:

a) acknowledgement and an apology, including a commitment to determine the facts without speculation, and share them with the resident in an appropriate and timely manner;
b) the most accurate understanding possible about what has occurred, and its significance for the resident;
c) an understanding of how the organization will respond; and

5.4 Sharing of information with the resident:

a) Information shall be shared in a manner demonstrating compassion and empathy and shall be supportive of the resident's needs.
b) Disclosure of Harm is a process and may require a series of conversations to reach resolution.
c) All information sharing shall be done in a manner that is respectful of the privacy of all individuals involved in accordance with all appropriate applicable legislation.

6. Incident Trend Reports

6.1 When learning arises from the CAE that should be shared broadly, the Clinical Quality Improvement Committee will review and discuss the new learnings so they can be shared with the hospice team.

6.2 An incident trend report will not include any information that identifies the resident, or **health care provider.**

DEFINITIONS

Alternate decision-maker	means a person who is authorized to make a decision with or on behalf of the resident. This may include a specific decision-maker.
Apology	means a genuine expression of sympathy or regret, a statement that one is sorry for what has happened. An apology includes an acknowledgement of responsibility if such responsibility has been determined after analysis of an adverse event.
Clinical adverse event (CAE)	means an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management, or require a change in resident care.
Disclosure	means the formal process involving an open discussion between a resident and staff of Agapé Hospice about the events leading to a serious clinical adverse event or harm.
Event	means any occurrence involving the provision of resident care to a resident by Agapé Hospice staff.
Family(-ies)	means one or more individuals identified by the resident as an important support, and who the resident wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Harm	means an unexpected outcome for the resident, resulting from the care and/or services provided, that negatively affects the resident's health and/or quality of life.
Health care provider	means any person who provides goods or services to a resident, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Agapé Hospice.
Health record	means the Agape Hospice legal record of the resident's diagnostic, treatment and resident care information.
Most responsible health practitioner	means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a resident and who is authorized by Agapé Hospice to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.
Resident Safety	resident safety at a site, program, business area, zone or provincial level.
Resident	means an adult who receives or has requested health care or services from Agapé Hospice and its health care providers or individuals authorized to act on behalf of Agapé Hospice.
Reporter	means an Agapé staff, student, volunteer or other person acting on behalf of Agapé Hospice who reports a clinical adverse event, close call or hazard to the Reporting & Learning System for Resident Safety (IR).
Staff	means all Agapé Hospice employees, contracted employees, students, volunteers, and other persons acting on behalf of or in conjunction with Agapé Hospice.

REFERENCES

- Alberta Health Services Resources:
  - o *Collection, Access, Use, and Disclosure of Information* Policy (#1112)
  - o *Disclosure of Harm* Procedure (#PS-95-01)
  - o *Immediate Management of Clinical Adverse Events* Procedure (#PS-95-02)
  - o *Ongoing Management of Clinical Adverse Events* Procedure (#PS-95-03)
  - o *Reporting of Clinical Adverse Events, Close Calls and Hazards* Procedure (#PS-95-04)

Procedure

IMMEDIATE MANAGEMENT OF CLINICAL ADVERSE EVENTS:

1. Points of Emphasis

1.1. The **most responsible health practitioner (MRHP)** is determined by the circumstances.

1.2. The **MRHP** shall be the individual who:

a) is immediately available at the location of the CAE; and
b) is caring for the resident.

1.3. The duties of the **MRHP** may be turned over to the subsequent **MRHP**, as needed (e.g. at shift changes). Appropriate report will be provided to the new **MRHP**.

1.4 If a CAE occurs, the **MRHP** may consider requesting support from Agapé resources including but not limited to the:

a) Nursing Lead
b) Medical Director;
c) Employee Assistance Program; and
d) Executive Director

1.5 A serious CAE requires ongoing management. The Nursing Lead/Charge Nurse shall ensure the immediate steps are initiated and a handover occurs to the ECPC for ongoing management.

Note: The order of the steps below is recommended; the actual order of the steps must reflect the needs of each situation and may be done concurrently.

2. Resident Support

The **MRHP** will ensure the following occurs as appropriate:

2.1. The medical needs of the resident are being attended to.

2.2. Determine whether any additional residents have been, or have, the potential to be affected by the CAE and ensure all possible steps are taken to prevent further harm.

2.3. If there has been harm, begin the apology and acknowledgement portion of the disclosure process.

2.4. Emotional needs/support for the resident (e.g., private space, reassurance).

2.5. Immediate practical support (e.g., access to a telephone, snacks, quiet space).

2.6. Spiritual support such as assisting with finding a spiritual leader or member of a faith or cultural community.

2.7. Provide contact information for the Nursing Lead.

a) Ensure that the Nursing Lead/Charge Nurse is aware.
b) If appropriate, arrange in consultation with the resident, a single point of contact.

3. Staff Support

The **MRHP** shall ensure the following occurs as appropriate:

3.1. Immediate first aid and/or medical aid is offered to any staff if required under the circumstances.

3.2. Determine the needs of the staff and transfer resident care to alternate providers.

3.3. Support all staff and consider non-medical staff as well as staff who were not directly affected. Where possible, arrange a quiet space for all communication and documentation to occur. Provide emotional support and encourage staff to consider accessing the Employee Assistance Program (EAP).

4. Environmental Safety

The MRHP shall ensure the following occurs as appropriate:

4.1 Maintain or create a safe environment. Ensure the area is safe for residents, visitors, and staff before allowing anyone to return.

4.2 In the event of severe harm causing death, leave all medical devices, medications, clothing, and/or invasive items with the deceased until removal is approved or directed by the Medical Examiner.

4.3 If medical devices are involved in, or suspected of contributing to a CAE, follow the *PLEASE Quarantine* process outlined below:

Preserve evidence by not changing settings or disconnecting parts unless needed to do so.

Label the involved devices for quarantine and leave together.

Ensure reporting of medical device problems to maintenance department.

Apply surface disinfection and biohazard containment.

Send for quarantine and hold equipment; attached products go to maintenance.

Establish a secure chain of evidence by maintaining product under quarantine until next steps have been determined. If there was harm, do not release items or information to the vendor until authorized by the appropriate department.

4.4 For a suspected medication-related CAE:

Medication dispensing errors – including transcription errors

a) Notify pharmacy.
b) If applicable, secure, quarantine, and remove from circulation the medication(s) involved.
c) Record lot numbers and don't put any further medication in to circulation until advised by pharmacy that it is safe to do so.
d) Pharmacy will provide collaborative support to the **MRHP**.
e) If needed, pharmacists will provide assistance to the **MRHP** with the clinical management of the resident.

5. Documentation of Clinical Adverse Event

For all CAEs the **MRHP** shall ensure the following occurs:

5.1 The CAE is documented in the **health record** and shall include:
- a) known facts;
- b) the resident care plan as a result of the CAE;
- c) notification(s) of others of a CAE (e.g., Nursing Lead/Charge Nurse); and
- d) the facts of disclosure conversations that have occurred.

Note: Only objective data shall be documented on the health record. Thoughts and opinions should not be included.

5.2 CAEs, including a Good Catch should be reported using the IR documentation.

a) Documenting on the IR does not replace the obligation for staff to document information relating to resident care in the health record.

5.3 In addition to reporting to the IR, there is additional mandatory notification of certain events. These include but are not limited to the following:

- a) Anyone with reasonable and probable grounds to believe there is or has been abuse against a resident shall report to *Protections for Persons in Care*.
- b) Any incident in which the safety or security of a resident is breached must be documented and reported to the Nursing Lead or Executive Director so that reporting can occur in accordance with the process and guidelines set out in the *Continuing Care Health Service Standards* (Alberta Health).
- c) Anyone with reasonable or probable grounds to believe that a child has been or there is substantial risk that they will be abused, neglected or emotionally injured, has a legal responsibility to contact the nearest office of Child and Family Services or Delegated First Nations Agencies.

5.4 If staff injury has occurred, report to the Nursing Lead and Employee Relations Manager.

5.5 In addition to the above, when there has been a serious CAE, the MRHP shall:

a) Record the names and contact information of all staff involved, visitors present, or anyone else who may have relevant information about the serious CAE.

6. Notify/Handover

6.1 The MRHP shall communicate the CAE to all directly involved health care professionals, so that appropriate resident care and monitoring will occur.

6.2 In the event of a serious CAE, such as a **Reportable Incident**, (see Appendix A) the MRHP shall notify the Nursing Lead ASAP and ensure that handover of CAE management is done with the Nursing Lead and appropriate documentation is completed.

ONGOING MANAGEMENT OF CLINICAL ADVERSE EVENTS

1. Points of Emphasis

1.1 Ongoing management of CAEs will occur:

a) for all events where the outcome of the CAE on the resident is serious (i.e., severe harm or death);
b) at the discretion of the Nursing Lead/ECPC in less clinically serious circumstances, including harm or good catch Incident Reports.
c) for CAEs that have not been resolved to the satisfaction of the resident during the immediate management of the CAE.

1.2 The ECPC/NL is responsible for coordinating all aspects of the ongoing management of a CAE.

1.3 The ECPC/NL may request support from the following resources:

a) The Salvation Army;
b) Alberta Health Services;
c) Employee Assistance Program (EAP); and
d) Agapé Hospice Joint Health & Safety Committee.

1.4 The resident may request that family member(s) be included in any discussions.

1.5 Some CAEs may affect multiple residents. All affected residents involved shall be supported using this procedure as appropriate.

2. Handover/Notification

2.1 After being notified about a CAE, the ECPC/NL will receive a handover report from the **MRHP** who handled the immediate management of the CAE.

a) The ECPC will review the work to date regarding the CAE and ensure that all steps have been completed or continue as appropriate.

2.2 The ECPC shall provide notification of the CAE and how it is being managed to the following in a timely manner:

a) Nursing Lead
b) Clinical Quality Improvement Committee;
c) Agape staff

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2.3 As appropriate, the ECPC/NL shall ensure mandatory reporting to external bodies in a manner keeping with applicable privacy policy and legislation. This will include but not be limited to:

a) Alberta Health;
b) Alberta Health Services;
c) regulatory bodies (e.g., College & Association of Registered Nurses of Alberta [CARNA], College of Physicians & Surgeons of Alberta [CPSA]); and
d) regulated reporting to organizations such as Protection for Persons in Care, Child and Family Services, and the local Police agency.
e) The Salvation Army

2.4 The ECPC/NL will liaise with the Executive Director in the event that there is a need to contact The Salvation Army Public Relations Department to respond to the public regarding a CAE.

3. Resident Support

3.1 The ECPC/NL shall determine whether any additional residents have been or have the potential to be affected by the CAE and ensure all possible steps are taken to prevent further harm.

3.2 As appropriate, the ECPC/NL shall ensure continuation or initiation of disclosure of harm occurs.

3.4 The NL/ECPC, in partnership with the resident, shall assess any practical and emotional supports the resident may need.

a) Every effort shall be made to secure these supports through existing Salvation Army Agapé Hospice resources.
b) Practical supports may include, but are not limited to:

(i) parking;
(ii) food;
(iii) transportation;
(iv) accommodation;
(v) community support;
(vi) additional medical care; and/or
(vii) other considerations as determined by specific circumstances.

c) If the resident requests a copy of the health care record, the Nursing Lead shall ensure that it is provided promptly without expense to the resident.

3.5 The NL/ECPC may at any time, provide the resident and the family with further contact information.

4. Staff Support

4.1 The ECPC/NL shall support and communicate with the staff by:

a) reviewing immediate supports that have been offered and determining whether additional support is required;
b) providing information regarding the process and next steps of managing the CAE, including informing the staff that they:

(i) may be contacted for purposes of review or analysis;
(ii) may be asked to participate in a meeting with the resident; and
(iii) should be informed of any new findings and recommendations; and
(iii) pharmacy, when applicable.

4.2 If staff is unable to continue to provide safe resident care, the Nursing Lead will coordinate with Employee Relations to determine appropriate management of time off work.

5. Environmental Safety

5.1 If medical devices are involved in or suspected of contributing to a CAE, the ECPC will work through resolving the issue in coordination with maintenance department/manufacturer.

5.2 In the case of a suspected pharmacy related errors, the ECPC shall notify:

a) pharmacy for awareness and to implement possible corrective action; and
b) the Clinical Quality Improvement Committee.

6. Documentation of Clinical Adverse Event (CAE) Management

6.1 The **MRHP** will document all steps taken related to the *Immediate Management of Clinical Adverse Events.*

a) Copies of the documentation CAE's involving serious harm should be provided to the:

i) Nursing Lead;
ii) Executive Director; and
iii) Clinical Quality Improvement Committee.

6.2 Documentation related to CAE management will be separate from the health record of the resident.

a) Only portions of the CAE management that relate to or impact the resident's care or safety shall be documented on the resident's health record.

7. Review of the Clinical Adverse Event (CAE)

7.1 The ECPC/NL leader shall review each CAE to identify potential issues related to quality of resident care and services provided.

a) The purpose of the initial review is to determine whether additional review or investigation is required to learn from the CAE and to make improvements to the health care system.
b) The ECPC/NL will review the facts of the CAE, confirm factual information with others (e.g., staff involved) and determine appropriate follow-up processes.

7.2 The ECPC/NL can move to inform and improve without investigation if the initial review of factual information provides an understanding of how and why a CAE occurred and:

a) hazards are already well-known and shall be addressed through quality improvement; and/or
b) another method of learning from the CAE has been selected that is related to improving **health care professionals**' practices rather than system improvements.

7.3 The ECPC/NL may determine that additional investigation is required to learn about the CAE, so that improvements to resident safety can be made.

a) an **Administrative Review** (also known as Performance Review) may be considered/conducted, as appropriate.

8. Inform and Improve

8.1 After the required evaluation(s) have been completed, the **ECPC** shall ensure that:

a) the results of the evaluation(s) are shared as appropriate; and

b) steps are taken to improve health care services, at the individual or organizational level as appropriate.

1. REPORTING OF CLINICAL ADVERSE EVENTS

1.1 Reporting of Incidents (IR) is intended for Agape Hospice internal reporting, which is focused on a system approach where resident safety is advanced by learning from clinical adverse events for the purpose of improving health care.

1.2 Reporting of clinical adverse events, is most effective within a just culture, whereby staff feel safe to report without fear of reprisal. Staff participation in the identification and reporting of clinical adverse events, is key in achieving a just culture.

1.3 All submitted IR reports of clinical adverse events are reviewed individually and in aggregate, trended and shared for the purpose of organizational learning.

1.4 IR reports are shared within Agape Hospice for quality improvement purposes.

a) All reporter and reviewer narrative fields must contain strictly factual, relevant information. No opinions, speculation or accusations are to be included.

Note: This does not preclude providing resident identifiers in the resident-affected fields of the IR.

1.5 The following should be reported to the NL/CN directly (an IR is not required).

a) Performance management;
b) Performance issues;
c) Lost property, security or privacy breaches;
d) Narcotic discrepancies when no resident is involved;
e) Criminal activity.
   i. If a report describing criminal activity or deliberate harm of a resident is received, it shall be forwarded immediately to the NL for follow-up.

2. Disclosure of Harm

2.1 If a clinical adverse event results in any harm to a resident, if there is any risk of potential future harm, or if there is any change in resident care or monitoring as a result of resident care, then the *Disclosure of Harm* Procedure shall be followed.

a) In cases where a close call has occurred, disclosure is discretionary based on whether it is felt the resident would benefit from knowing or would want to know. If unsure of the resident's preference, the Disclosure of Harm process shall occur.

2.2 Disclosure status shall be recorded on the IR report.

3. Confidentiality

3.1 Information submitted to the IR will be managed in accordance with *The Salvation Army Code of Conduct* and legislation, including the *Health Information Act* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta).

4. Roles and Responsibilities in Reporting of Clinical Adverse Events

4.1 Reporters:

a) Before submitting an IR report, a Reporter is required to:

(i) Document the facts of the clinical adverse event in the resident's **health record**. The fact that an IR report was submitted shall not be documented in the health record.

b) All Reporters have a responsibility to voluntarily submit IR reports regarding clinical adverse events, that they are aware of, either as an involved party or discoverer.

(i) IR reports shall be submitted as soon as possible, ideally within 72 hours of discovering an event.
(ii) More than one (1) person may submit an IR report regarding the same event.
(iii) A Reporter does not need to be directly involved in an event in order to submit an IR report.

c) Reporters shall include as many resident identifiers as possible in a IR report to facilitate necessary follow-up.

(i) If there are multiple residents involved in the event, all residents may be included in a single IR report.

d) Reporters shall report the degree of harm for the event based on the information available to the Reporter at the time of the reporting. (see IR form for *Severity Definitions*).

(i) If multiple residents are reported in a single event, the resident with the greatest level of harm shall be used to determine the degree of harm for the events.

4.2 Users with permissions to read and review IR reports (ECPC, Nursing Lead, members of the Quality Improvement Committee) should:

a) provide feedback to staff regarding the use of IR reports to make system improvements;
b) conduct IR trending and analysis of IR reports to identify system issues for the purpose of making system improvements.

5. Trending and Analysis of Individual and Aggregate IR Reports

5.1 IR reports shall be used to:

a) educate staff;
b) solicit ideas on how to reduce further safety risks;
c) provide information on actions taken to reduce resident harm;
d) provide context for resident safety risks;
e) assist in identifying potential solutions; and
f) review the results of system improvements.

6. Rejecting IR Reports

6.1 The following types of reports shall be moved to rejected status:

a) lost property (reporters should attempt to find lost item and/or report to supervisor as appropriate);
b) performance complaints (Reporters should submit to an appropriate supervisor); and
c) privacy breaches without a resident safety component (reporters should submit to appropriate supervisor).

7. IR Education

7.1 Education will be provided on the Reporting of Clinical Adverse Events, during orientation and annually.

DISCLOSURE OF HARM

1. The Decision to Disclose

1.1 Disclosure of Harm (**disclosure**) is a formal process involving discussion between a resident, and **staff** about the **events** leading to CAE in the following circumstances:

a) a resident has suffered any degree of harm;
b) there is any potential for future harm; or
c) there will be any change in resident care or monitoring as a result of a CAE.

1.2 When an event has occurred and none of the criteria in section 1.1 of this procedure are met, disclosure is discretionary, but shall be done if it is felt the resident would benefit or would want to know.

a) If it is unclear whether the resident would benefit from disclosure or would want to know, disclosure shall occur.

1.3 The diagram in Appendix B: *Disclosure of Harm Process Map* outlines the steps that should be taken when it is decided that disclosure will occur. Detailed information on each step appears in this document.

2. Disclosure Process

2.1 Disclosure may require a series of conversations between residents and staff, and/or ECPC/Nursing Lead.

2.2 Disclosure shall be conducted in a truthful, compassionate, empathic, honest and transparent fashion.

2.3 Disclosure is comprised of the following stages as required until resolution is achieved.

a) Resolution will be considered achieved when the resident has been provided:

(i) with the most accurate understanding possible about the CAE;
(ii) information about any impact to the resident care
(iii) the organization's response; and
(iv) any questions and needs expressed by the resident have been addressed by Agapé Hospice to the extent possible.

2.4 Acknowledgement and apology

a) When a decision has been made to disclose (see section 1 of this procedure), acknowledgement and apology is the first stage. This may be provided by any staff to meet the immediate needs of the resident. Acknowledgement and apology shall include:

(i) acknowledgement that a CAE has occurred and has resulted in harm or potential for future harm;
(ii) an apology for what has occurred;
(iii) if known, an explanation of what has happened, without speculation;

(iv) exploration and understanding of the resident's questions and needs, with offers of support as warranted;
(v) a commitment to further investigation when necessary and sharing of facts own; and
(vi) an explanation of any changes in resident care or monitoring due to the CAE.

b) Acknowledgement and apology should occur as soon as practically possible, ideally within the first few hours of recognizing the CAE.

c) Acknowledgement and apology may be initiated by and include relevant staff such as:

(i) staff involved in the CAE;
(ii) the MRHP;
(iii) the Nursing Lead.

d) In some instances, acknowledgement and apology may complete the disclosure requirements and meet the resident's needs. The resident shall be encouraged to contact Agapé Hospice again should further questions arise.

e) Components of the Initial Disclosure meeting include:

(i) an apology for what has occurred;
(ii) exploration and understanding of the resident's questions and needs, with offers of support as warranted;
(iii) if known, an explanation of what has happened, without any speculation;
(iv) helping the resident understand the process for further investigation and further disclosure if it shall occur;
(v) as appropriate, an explanation of any changes that may occur in the resident's care or monitoring because of the CAE; and
(vi) establishing a key contact for the resident to help them through the remainder of the disclosure.

2.5 Subsequent Disclosure Meetings

a) A subsequent disclosure meeting may be needed following an initial disclosure meeting (see section 2.5 of this procedure) in order to discuss the following, including but not limited to:

(i) providing additional facts that may not have been available or known at the initial disclosure meeting;

(ii) further exploring and understanding resident questions and needs, with offers of support as warranted; and/or
(iii) providing explanations, results of reviews and any applicable next steps.

b) Multiple subsequent disclosure meetings may be necessary.

3. Disclosure Planning

3.1 The Nursing Lead and/or the **MRHP** of the involved area where the CAE occurred, in consultation with the most responsible health practitioner and/or other staff as appropriate, shall assess:

a) the severity of harm or potential for future harm;
b) the resident's physical/emotional ability to participate in disclosure; and
c) whether disclosure support is necessary.

3.2 If the resident is unable to participate in disclosure meetings, the **alternate decision-maker** may be engaged regarding disclosure in alignment of this document and privacy legislation.

3.4 If the CAE is determined to be more serious in nature, or has the potential to impact the reputation of Agapé Hospice, the Nursing Lead, in conjunction with the **MRHP** shall determine:

a) the most appropriate disclosure method:
- individual resident disclosure; and/or

b) who will lead the disclosure, and
c) additional supports, advisors and/or resources.

3.5 The Nursing Lead, in partnership with the resident, shall assess any practical and emotional supports the resident may need.

a) Every effort shall be made to secure these supports through existing Agapé Hospice resources.
b) An Agapé Hospice Executive Director may be consulted when necessary.
c) Practical supports may include, but are not limited to:

(i) parking;
(ii) food;
(iii) transportation;
(iv) accommodation;
(v) community support;
(vi) additional medical care; and/or

(vii) other considerations as determined by specific circumstances.

d) If the resident requests a copy of their health care record, the Nursing Lead shall ensure that it is provided promptly without expense to the resident.

3.7 The resident has a partnership role in determining what supports they require throughout disclosure, and in determining when and who should be included in disclosure meetings.

3.8 Involvement in a CAE where a resident has suffered harm can be traumatic for staff. The Nursing Lead/ECPC will connect staff to provide support as needed. The Nursing Lead/ECPC shall assess staff and ensure they are able to continue to provide safe care, but if not, make appropriate arrangements.

5. Disclosure Process Overview

5.1 Disclosure Concerning Residents

a) If the resident has capacity, disclosure shall occur with the resident and whomever else the resident wishes, once appropriate consent for information sharing is obtained from the resident.
b) If the resident lacks capacity, disclosure shall occur with the identified alternate decision-maker. The alternate decision-maker may also consent to include whomever they wish to be involved. The resident should be engaged to the extent possible. This means it may be necessary to repeat the initial disclosure discussion if the resident's capacity or mental state improves.
c) If there are any questions about the resident's capacity to consent, the Nursing Lead shall be contacted immediately to determine to whom disclosure should occur.
d) Where the resident has died, only individuals authorized by law to exercise the resident's rights under the Health Information Act (Alberta) may be included in disclosure. These persons may also consent to include whomever they wish to be involved.

5.2 What Should Be Disclosed

a) Agapé Hospice shall provide:

(i) the most accurate factual understanding about the CAE as possible following appropriate investigation;
(ii) if known, how the CAE occurred;
(iii) any known impact on the resident's care now or in the future;

(iv) any steps agreed to be taken in response to the CAE including any steps that will be taken to minimize the chances of similar events occurring in the future; and
(v) the names and position title of any staff who were performing the employment or contractual responsibilities in relation to the CAE.

5.3 What Cannot Be Disclosed

a) Legislation may restrict information that can be shared during disclosure.
b) The following information cannot be shared with the resident unless consent from individuals who will be identified has been obtained:

(i) information identifying other residents who might have been involved in the CAE; and
(ii) any administrative measures actioned with respect to staff including any disciplinary action.

5.4 Apology

a) An apology is an important part of every disclosure conversation and should occur as appropriate throughout disclosure.
b) Apologies acknowledging responsibility shall be made when the complete facts are known and such responsibility has been determined.
c) As per the Alberta Evidence Act (Alberta), an apology itself cannot be used as evidence of fault or liability in legal proceedings.

5.8 Documentation

a) Disclosure conversations shall be documented in the health record by the person who leads the discussion. Documentation includes the following:

(i) date, time and location of meeting;
(ii) who was present;
(iii) consents obtained;
(iv) facts presented and by whom;
(v) offers of support to resident;
(vi) questions raised by resident and responses provided and by whom;
(vii) care and treatment discussed and provided;
(viii) requests to review the resident's health record;
(ix) follow-up plan presented;
(x) the designated resident spokesperson;
(xi) list of any outstanding questions from the resident; and

(xii) details of any telephone calls (time, date, by whom, reason for contact and if contact was made, if a telephone message was left, the name with whom the message was left).

b) Residents may request any information contained in their health record in accordance with privacy legislation and Agapé Hospice policies.

6. Multi-Resident Disclosure Process Overview

6.1 A single resident CAE may lead to the discovery that others may have been affected. At times, there may be a CAE where the number of residents affected is uncertain until a review is complete.

6.2 When a multi-resident CAE is discovered, the Executive Team shall designate an individual experienced in disclosure to plan and coordinate the process.

6.3 The complexity of multi-resident CAEs may necessitate creation of a multidisciplinary steering team to manage the CAE. This may include:

a) persons with clinical expertise regarding the CAE;
b) accountable leaders;
c) supports for residents and staff
d) Clinical Ethics Service; and/or
e) Salvation Army Legal.

6.4 In a multi-resident CAE where the number of affected residents is small and the facts of the CAE are clear, the disclosure team may be able to communicate directly with each resident and there may be no need for public notification.

6.5 When it is decided by the Executive Team that public informing is warranted, every effort shall be made to disclose the CAE to the affected residents and staff before public informing; however, it must be recognized that this may not always be achievable. Multi-resident disclosure is guided by:

a) Multi-resident disclosure involving harm:

(i) Follow the same process as individual disclosure, when possible.
(ii) Individual disclosure should be planned so that all involved residents receive consistent information as close to the same time as possible.
(iii) If individual disclosure is not practical initially, follow the public notification process and follow up with individual disclosure.

7. Public Informing Process

7.1 Public informing may be considered when:

a) incorrect information is starting to circulate to the public; and/or
d) a CAE may raise public concerns about Agape Hospices' ability to provide quality care.

7.2 Public informing does not take the place of individual disclosure. When feasible, each resident affected by the CAE should be contacted individually prior to public informing.

7.3 When feasible, involved staff should be informed prior to public informing.

INCIDENT TREND REPORT

1. Compiling Reports

1.1 The Incident Trend Report (ITR) shall be documented quarterly.

1.2 Upon completion of the following types of internal reviews or initiatives:

a) **Quality Improvement Committee review**; and/or
b) **trend analysis**;
c) the **ECPC** may direct the creation of a celebration or tip sheets with new learnings, if applicable.

2. Developing Content

2.1 The ITR shall be developed using a consultative and collaborative process with the staff involved in the process. The following individuals or teams may also be involved, as appropriate:

a) Most Responsible Health Practitioner;
b) Nursing Lead;
c) Quality Improvement Committee members; and
d) Residents/families, as appropriate.

2.2 The information contained within the PSLS shall have individually identifying information removed to protect the privacy of residents and staff members involved, in accordance with the *Health Information Act* (Alberta). This includes the following:

a) location and date of the event;

b) age and gender of the resident;
c) outcome for the resident (unless relevant to the learning); and
d) name of medications, equipment or procedures involved (unless relevant to the learning).

Policy Name:	Policy Number:
RECOGNIZING AND RESPONDING TO CLINICAL ADVERSE EVENTS	**0919**
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APPENDIX A

Reportable Incident Decision Guide: Health Funded Accommodations

Does the incident relate to the accommodation or health service standards and result in one of the following:

Resident death or serious harm*

Yes

Did the incident occur due to an error or omission in the provision of accommodation or health services?

No → Yes, Report

Did the incident occur due to an assault or aggression?

No → Yes, Report

Did the incident occur due to the accommodation, grounds or equipment being in disrepair, in an unsafe condition or used in an unsafe manner?

No, Not Reportable / Yes, Report

Resident/Client unaccounted for

Yes

Did the resident's absence occur outside the limits set out in their assessment, individual plan or accommodation policy?

No → Yes, Report

Did the resident's absence occur as result of equipment or technology failure?

No → Yes, Report

Did the resident's absence occur as result of an error or omission of personnel?

No, Not Reportable / Yes, Report

Unplanned activation of a contingency plan

Yes

Did the activation occur due to a loss of utilities?

No → Yes, Report

Did the activation occur due to a breakdown of essential equipment?

No → Yes, Report

Did the activation occur due to a staff disruption?

No → Yes, Report

Did the activation result in an evacuation?

No → Yes, Report

Did the activation occur due to severe weather?

No, Not Reportable / Yes, Report

Extensive damage to the accommodation

Yes

Did the damage affect the ability to provide accommodation or health services?

No → Yes, Report

Did the damage require residents to be relocated (off site or within the site)?

No → Yes, Report

Is the accommodation, grounds or equipment in disrepair or in an unsafe condition?

No, Not Reportable / Yes, Report

***Serious Harm**: Physical or psychological injury which is life threatening and/or traumatic to the individual

Extensive Damage: Damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected

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Health funded reportable incident examples

Resident Death or Serious Harm	Resident/Client Unaccounted for	Unplanned Activation of Contingency Plan	Extensive Damage to the Accommodation
Examples of reportable incidents may include, but is not limited to:			
Error or Omissions o Falls* (witnessed & unwitnessed) o Medication Errors (unsecured medications being ingested, missed medications, wrong client/dosage/medication/route/time) o Risk agreement or care plan not adhered to o Choking o Burns, scalding o Ingestion of chemicals/toxins o Sharps injury o Unexpected death	**Resident absence** o Unexplained resident absence o Abnormal extended absence of a resident o Elopement	**Loss of utilities** o Power o Gas o Water o Telephone Service **Breakdown of Essential Equipment** o Loss of heating equipment o Loss of service equipment o Loss of elevator	**Services affected** o Flood (water main break, sprinkler system failure) o Damage to section of building
Assault or Aggression o Self-harm o Aggressive behaviour to others o Sexual Assault o Attempted suicide	**Equipment or technology failure** o Failure of door alarms or bed alarms	**Staff Disruption** o Strike o Site isolation o Shortage **Evacuation** o Full/Partial	**Relocation** o Flood o Fire o Gas leak o Overall building damage
Accommodation, Grounds, Equipment in disrepair/unsafe o Equipment malfunction o Operator error (in use of equipment) o Ice or snow that has not been removed o Injury due to disrepair o Tripping hazards	**Error or omission of personnel** o Failure of daily accounting systems o Failure of site security	**Severe Weather** o Tornado o Summer or winter storms o Excessive Heat	**Unsafe conditions** o Roof leak/collapse o Damage to section of building

*Fall: unintentionally coming to rest on the ground, floor or other lower level (definition as per Alberta Health Services policy)

APPENDIX B

Disclosure of Harm Process Map