	Clinical Adverse Events, Close Calls and Hazards Policy	Corporate Policy & Procedures Manual
		Number: III-45 Date Approved July 9, 2019
Approved by: Chief Operating Officer and Chief Medical Officer Policy Lead: Clinical Quality Consultant	Date Effective September 9, 2019	
	Next Review (3 years from Effective Date) September 2022	

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the *Definitions* section.

Purpose To provide **health care providers** and leaders with a standard approach for responding to **clinical adverse events (CAE)**, **close calls** and patient/resident safety **hazards**.

To ensure that the needs of the patient/resident, their **family**, and health care providers are managed appropriately.

Applicability This policy applies to all Covenant Health facilities, **staff**, **medical staff**, volunteers, **learners** and any other persons acting on behalf of Covenant Health.

Responsibility All Covenant Health staff, physicians, volunteers, learners and any other persons acting on behalf of Covenant Health will demonstrate commitment to the safety of all patients/residents by adhering to this policy.

Principles Patients and Residents: We will support and treat our patients, residents and their families with care, compassion, respect and dignity, keeping those we serve at the centre of all we do. We believe in a collaborative approach to improvement that includes engagement with patients, residents and those who have been involved in CAEs. We will work to help support them and to maintain or rebuild trust in Covenant Health.

Providers: We recognize that health care providers may also be harmed when a CAE occurs. When patients or residents are harmed, health care providers may suffer from professional and personal distress. We will support and treat our providers with care, compassion, respect and dignity.

Patient and Resident Safety: Mitigating risk of harm to patients and residents is of primary importance in delivering high quality, safe and reliable care.

Just Culture: We are committed to provide a just culture model of shared accountability between Covenant Health, employees and staff including physicians, that supports a consistent, fair, systematic and constructive approach to response, decision-making and management of CAEs, close calls, hazards and/or report of error . Refer to Covenant Health policy # III-35, [Just Culture](#).

Learning: We recognize that understanding and learning from CAEs, close calls and hazards is essential to improving patient/resident safety. This is accomplished respectfully with sensitivity, empathy and compassion for all involved. Lessons learned should be used to improve healthcare practices, processes and systems in order to reduce the likelihood of similar occurrence in the future.

Policy Statement

Covenant Health shall provide a safe, compassionate, collaborative and just response to clinical adverse events, close calls and hazards, and learn from them to improve patient/resident care and safety. This shall be accomplished through the following actions:

1. Immediate Management of Clinical Adverse Events, Close Calls and Hazards: during which a single **clinical leader** shall promptly coordinate and ensure:
 - Safety and support of patients/residents, their families, staff, medical staff and others involved;
 - Documentation of the measures taken to manage the event; and
 - Notification of the event to involved health care providers, the most responsible practitioner and appropriate escalation to Covenant Health leaders.

Link to: [Immediate Management Procedure](#)

2. Disclosure of Harm: to communicate factual information to the patient/resident and family in an empathic, honest and transparent manner, supportive of the patient/resident's and family's needs, when there has been:
 - Any degree of harm (e.g. **minimal, moderate** or **severe harm** or death)
 - Any known potential for future harm; and
 - Any change in patient/resident care or monitoring which will occur as a result of the event.

Link to: [Disclosure of Harm Procedure](#)

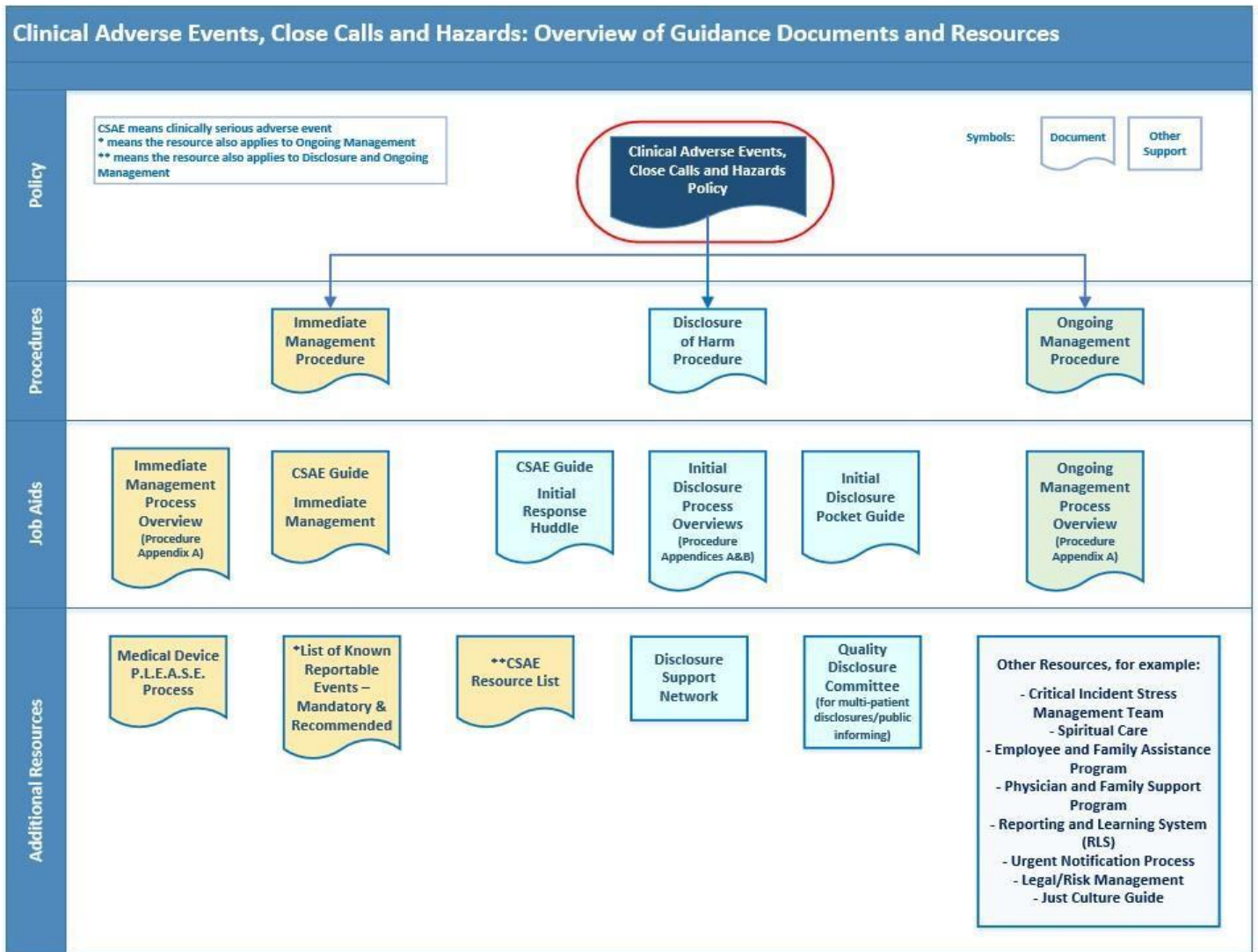
3. Ongoing Management of Clinical Adverse Events, Close Calls & Hazards: during which a single **responsible administrative leader** shall co-ordinate the ongoing response to all CAEs:
 - That result in moderate or severe harm or death;
 - That have not been resolved to the satisfaction of the patient/resident and family during the immediate management of the CAE; or
 - At the discretion of the responsible administrative leader in events involving less clinically serious harm, close calls and/or hazards.

Link to: [Ongoing Management Procedure](#)

4. Reporting of Clinical Adverse Events, Close Calls and Hazards: for which the responsible administrative leader is accountable to:
 - Ensure mandatory reporting occurs and
 - Promote reporting in the **Reporting and Learning System** (RLS) in a manner consistent with current privacy policy and legislation.

Link to: [List of Reportable Events](#)

Overview of Guidance Documents and Resources



Definitions **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) dissatisfaction with health care management, or require a change in patient/resident care, death or disability.

Clinical leader means a leader immediately available to provide immediate management of a clinical adverse event. This may be a charge nurse, on-duty supervisor, administrator on call, most responsible health practitioner, unit manager or other leader as appropriate.

Close call means an event that has potential for harm and is intercepted or corrected prior to reaching the patient/resident.

Disclosure means the formal process involving an open discussion between a patient/resident, their families, and staff of Covenant Health about the events leading to a clinical adverse event, hazard or harm.

Family(-ies) means one or more individuals identified by the patient/resident as an important support, and who the patient/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 patient/resident, resulting from the care and/or services provided, that negatively affects the patient/resident's health and/or quality of life.

Hazard means a situation that has potential for harm and does not involve a patient/resident.

Health care provider means any person who provides goods or services to a patient/resident, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Covenant Health.

Just culture means an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety issues, where reporting and learning are key elements.

Learner means a **student**, intern or resident health care provider trainee under the supervision of another health care worker, licensee or practitioner.

Medical staff means physicians, dentists, oral and maxillofacial surgeons, podiatrists, or scientist leaders who have a Covenant Health Medical Staff appointment.

Minimal Harm means an outcome that is symptomatic, symptoms are mild, loss of function or harm is minimal or intermediate but short term and no or minimal intervention (for example extra observation, investigation, review or minor treatment) is required.

Moderate harm means the outcome is symptomatic, requiring intervention (for example, additional operative procedure, additional therapeutic treatment) or an increased length of stay, or causing minor permanent, long-term harm or loss of function.

Reporting and Learning System for Patient Safety (RLS) means the electronic software program designated by Alberta Health Services to report patient/resident related events resulting in adverse events, close calls or hazards.

Responsible administrative leader means the most senior administrative or medical leader involved in helping to manage the clinical adverse event, close call, or hazard procedure. For example:

a) Nurse Manager or Program Manager and/or medical lead/director, clinical section chief or clinical department site chief;

Or

b) Non-clinical manager, site/facility lead, Director, Senior Operating Officer and/or facility chief, facility/community medical director, clinical section chief, clinical department head, Associate Chief Medical Officer or Chief Medical Officer.

Severe Harm means an outcome is symptomatic, requiring life-saving intervention or

major surgical/medical intervention, or shortening life expectancy or causing major permanent, long-term harm or loss of function.

Staff means all Covenant Health employees, students, and other persons acting on behalf of or in conjunction with Covenant Health.

Student means those individuals enrolled in an entry-level health care discipline education program leading to initial entry-to-practice as a regulated or non-regulated health care provider.

Related Documents

Covenant Health Clinical Adverse Events, Close Calls and Hazards procedures and supporting documents:

Procedure # III-45.PROC.1, [Immediate management of Clinical Adverse Events, Close Calls and Hazards](#)

Procedure # III-45.PROC.2, [Disclosure of Harm](#)

Procedure # III-45.PROC.3, [Ongoing Management of Clinical Adverse Events, Close Calls and Hazards](#)

[List of Known Reportable Events – Mandatory and Recommended Management of Known or Suspected Medical Device Malfunction \(P.L.E.A.S.E. Process\)](#)

[Clinically Serious Adverse Event Guide – Immediate Management – Acute Care](#)

[Clinically Serious Adverse Event Guide – Immediate Management – Continuing Care \(in development\)](#)

[Clinically Serious Adverse Event Guide – Initial Response Huddle- Acute Care](#)

[Clinically Serious Adverse Event Guide – Initial Response Huddle- Continuing Care \(in development\)](#)

[Clinically Serious Adverse Event Resource Guide](#)

[Initial Disclosure Pocket Guide \(in development\)](#)

Covenant Health [Our Commitment to Ethical Integrity](#)

Covenant Health policy # III-35, [Just Culture](#)

Covenant Health policy # X-5, [Privacy Accountability](#)

References

Accreditation Canada Leadership Standards (Accreditation Canada, 2019)

Alberta Health Services Patient Safety Policy Suite (Alberta Health Services, 2017)

Alberta Quality Matrix for Health (Health Quality Council of Alberta, 2005)

Canadian Disclosure Guidelines (Canadian Patient Safety Institute, 2011)

Critical Incidents and Multi-Patient Events: Risk resource guide (Healthcare Insurance Reciprocal of Canada, 2015)

Disclosing harm from health care delivery: Open and honest communication with patients, 2nd Ed. (Canadian Medical Protective Association, 2015)

Disclosure of Harm to Patients and Families; Provincial Framework (Health Quality Council of Alberta, 2006)

Harm to Healing – Partnering with Patients Who Have Been Harmed (Canadian Patient Safety Institute, undated)

Health Ethics Guide, 3rd Ed. (Catholic Health Alliance of Canada, 2012)

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Your feedback about this document and its contents is welcomed.
Submit feedback to covenantpolicy@covenanthealth.ca.