

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	<p>REGIONAL</p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		<p>Level:</p> <p style="text-align: center;">1</p>
	<p>Policy Name:</p> <p style="text-align: center;">Critical Incident Management and Learning</p>	<p>Policy Number:</p> <p style="text-align: center;">10.50.040</p>	<p>Page:</p> <p style="text-align: center;">1 of 7</p>
	<p>Approval Signature:</p> <p style="text-align: center;"><i>Original signed by B. Postl</i></p>	<p>Section:</p> <p style="text-align: center;">GENERAL ADMINISTRATION</p>	
	<p>Date:</p> <p style="text-align: center;">October 2009</p>	<p>Supercedes:</p> <p style="text-align: center;">June 2007</p>	

1.0 **PURPOSE:**

- 1.1 To ensure timely, comprehensive and factual reporting and investigation of Critical Incidents (CIs) in order to promote learning and enhance patient safety through the implementation of system improvements.
- 1.2 To assume the responsibilities as outlined in amendments to *The Regional Health Authorities Act* pertaining to critical incidents.

2.0 **DEFINITIONS:**

- 2.1 "Critical Incident" (CI) is an unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that:
 - a) is serious and undesired, such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay; and
 - b) does not result from the individual's underlying health condition or from a risk inherent in providing the health services.
- 2.2 "Patient" refers to all patients, clients and residents.

3.0 **POLICY:**

- 3.1 Any individual, including employees and medical staff, who becomes aware of a CI shall promptly report it in the manner designated by the WRHA Chief Patient Safety Officer, in accordance with *The Regional Health Authorities Act*.
- 3.2 With the goal of encouraging a culture of reporting, the WRHA shall support individuals who report a CI in good faith.

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- 3.3 The WRHA shall ensure all CIs are appropriately investigated (including debriefing of appropriate staff, patients and family whenever possible) in order to promote system-wide learning through the appointment of Critical Incident Review Committees (CIRC), as described in *The Regional Health Authorities Act*, and as detailed in section 4.0 below.
- 3.4 In the spirit of establishing a just and fair learning culture, the WRHA shall not discipline any staff member involved in events leading to a CI and shall treat the event as a learning opportunity, except as outlined in sections 3.5.
- 3.5 At any time when a staff member or medical staff has demonstrated disregard for patient safety or has acted in breach of any policies or obligations, the WRHA reserves the right to address such instances in an appropriate manner in accordance with applicable policies or processes, collective agreements or Medical Staff By-Laws even when such a staff member or medical staff is involved in a CI.
- 3.6 The WRHA shall evaluate the implemented recommendations arising from CI reviews. Lessons learned shall be shared with all appropriate individuals and organizations, as detailed in section 4.0 below.
- 3.7 Disclosure of the CI shall occur in accordance with the WRHA Policy # 10.50.030 – “*Disclosure of Information related to Care and Treatment*” and as described in *The Regional Health Authorities Act*.
- 3.8 No record or information, including an opinion or advice, prepared solely for the use of a CIRC, or collected, compiled or prepared by a CIRC for the sole purpose of carrying out its duties, may be produced in any legal proceeding.
- 3.9 Even though a CIRC is conducting its investigation of a “critical incident”, the WRHA and other bodies such as the Chief Medical Examiner, the Protection of Persons in Care Office and regulatory bodies have the right to simultaneously review the facts giving rise to a CI. Such review(s) shall be independent of the CIRC and may include meeting with and interviewing some of the same individuals who were interviewed by the CIRC. Individuals shall not be asked questions about the CIRC proceeding during these other investigations or in any legal proceeding but may be asked questions about the facts that gave rise to the CI.

4.0 **PROCEDURE:**

- 4.1 **Any individual who observes or has knowledge of a Critical Incident (CI) shall:**
 - 4.1.1 Ensure that the patient(s) and personnel are safeguarded;
 - 4.1.2 Identify and secure any pertinent equipment/supplies. Determine if the room or scene needs to be secured, e.g. in the case of a suicide, homicide, suspicious death;

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- 4.1.3 Report the CI by calling the WRHA Critical Incident Reporting and Support Line (CIRSL), **24 hours a day, 7 days a week**. Callers who choose to, may report anonymously; and
- 4.1.4 At the caller's discretion, notify his/her manager/supervisor to provide assistance/support. Employees are encouraged to provide the information to their manager/supervisor, following usual lines of reporting.
- 4.2 The information collected from the CIRSL will be sent to the WRHA Patient Safety CI Reporting and Review Application (CIRRA).
- 4.3 A CI notification e-mail will automatically be sent from CIRRA to identified recipients at the involved facility, WRHA Programs, WRHA Patient Safety, and Manitoba Health.
- 4.4 **During regular working hours (08:00-17:00), a facility/program/setting representative** (as identified by the facility/program/setting) shall:
 - 4.4.1 Ensure that:
 - 4.4.1.1 Appropriate disclosure to the patient/family member(s) has occurred;
 - 4.4.1.2 An individual has been designated to provide ongoing contact and support for the patient and family members as appropriate;
 - 4.4.1.3 There is appropriate ongoing support for staff member(s) and physician(s) involved;
 - 4.4.1.4 Any student/trainee contacts his/her supervisor for support;
 - 4.4.1.5 The site insurer is notified when appropriate; and
 - 4.4.1.6 Follow up as appropriate with the individual who contacted CIRSL about the CI.
 - 4.4.2 Ensure that a Critical Incident Review Committee (CIRC) is named to investigate the CI (see Appendix). Collaborate as needed with the WRHA Patient Safety Team to determine the level and membership of the CIRC.
 - 4.4.3 By the **end of the next business day**, advise the WRHA Patient Safety Team in writing (preferably by email) of **the names and titles of the CIRC members**.
 - 4.4.4 Within **88 calendar days** of the CI, send a copy of the CIRC's written final report to the WRHA Patient Safety Team (preferably via email) as well as a hard copy of the CIRC's written final report (via regular mail) to the senior leader (CEO/COO/ED) of the involved facility. The report must be marked "Privileged under Section 9 of the Manitoba Evidence Act" and contain the findings, recommendations and follow-up action plan. In addition, the final report must include confirmation that disclosure has been provided to the patient/family in accordance with *The Regional Health Authorities Act*.

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4.5 **During regular working hours (08:00-17:00), the WRHA Patient Safety Team shall:**

- 4.5.1 Collaborate as needed with the facility/program/setting to determine the level and membership of the Critical Incident Review Committee (CIRC);
- 4.5.2 Participate in and/or chair CIRC's as required;
- 4.5.3 As appropriate, ensure that an appropriate person provides ongoing follow-up and support for the patient/family members;
- 4.5.4 Ensure that Manitoba Health has received initial notification of the CI;
- 4.5.5 Within **90 calendar days** of the CI or upon completion of the CI Review, ensure that Manitoba Health receives a copy of the written final report. The report must be marked "Privileged under Section 9 of the Manitoba Evidence Act" and contain the findings, recommendations and follow-up action plan; and
- 4.5.6 For instances where sites/programs/settings request assistance with a CI investigation, a hard copy of the CIRC's written final report will be forwarded to the senior leader (CEO/COO/ED) of the involved facility or, in the case of Community CIs, to the VP of Community Health Services.

4.6 **When a CI has been reported to the WRHA CIRSL, after hours (between 17:00 and 08:00), or on a weekend or statutory holiday:**

- 4.6.1 **A designated representative from the facility/program/setting** (as designated by the facility/program/setting), if aware of the CI, shall notify the WRHA Administrator on Call by paging her/him. The notification should include the name and contact information of the person reporting, time and date of the CI, a brief description of the facts, and the patient's condition.
- 4.6.2 **The WRHA Administrator on Call**, if aware of the CI, shall notify Manitoba Health by calling the after hours cellular phone. The notification should include the name and contact information of the person reporting, time and date of the CI, a brief description of the facts, and the patient's condition.

5.0 **REFERENCES:**

- 5.1 *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act* (2006, May 3). Winnipeg, Manitoba: Manitoba Health. Retrieved May 5, 2006 from the World Wide Web: <http://web2.gov.mb.ca/bills/38-3/b017e.php>
- 5.2 WRHA Policy # 10.50.030 – Disclosure of Information related to Care and Treatment <http://home.wrha.mb.ca/corp/policy/policy.php>

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Policy Contacts:

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APPENDIX

CRITICAL INCIDENT REVIEW COMMITTEES

In order to lead a CIRC, an individual must have completed one of the workshops required by the WRHA Patient Safety Team. Ideally, all CIRC members should have completed such a workshop. The WRHA Patient Safety Team maintains a list of such individuals.

Certain individuals must be excluded as a **member** of the CIRC, specifically anyone who:

- has a conflict of interest in the CIRC; e.g. Manager of the involved Unit;
- was or is directly involved in providing care to the patient;
- has a potential future role in disciplinary matters arising from that CI or the program or site involved; e.g. Manager/Program Director/Medical Director; as outlined in 3.5; or
- is the ongoing patient/family support person.

The appropriate size and type of CIRC will depend on the CI. There are a number of possibilities:

- 1) Site based single person CIRC - the most common and efficient type of CIRC;
- 2) Site based CIRC made up of two or more persons - appropriate if the case is complex or involves more than one program within a site;
- 3) Regional CIRC made up of one or more person(s) - appropriate if the case involves more than one facility, more than one program within the region or if the issues are highly “visible”; and
- 4) External CIRC - appropriate if a consultant outside the WRHA is required.

In all cases a CIRC will:

- 1) Reconstruct the sequence of events:
 - Debrief (hear the story of) involved staff;
 - Debrief (hear the story of) involved patient and family;
 - Gather records;
- 2) Meet with persons who are sources of applicable information;
- 3) Consult with program team regarding recommendations;
- 4) Prepare the final report;
- 5) Ensure that all CIRC documents are marked “Privileged under Section 9 of the Manitoba Evidence Act” and stored in a confidential file in a locked office.

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As needed a CIRC will:

- 1) Seek expert opinions;
- 2) Obtain standards and protocols from external sources;
- 3) Seek information from non-WRHA sources (e.g. family physician, paramedics, pharmacy, literature, etc.); and
- 4) Convene meeting of clinical experts to assist the CIRC to formulate recommendations.

Special situations for a CIRC:

- 1) If there are serious concerns about the competence or performance of a provider, a CIRC may and should contact the appropriate Facility Senior Management member or the Site Executive Director/Community Area Director directly.
- 2) If a CIRC member has a mandatory reporting duty to a licensing body, the CIRC should make the disclosure preferentially through the appropriate Facility Senior Management member or the Site Executive Director/Community Area Director.
- 3) If there are serious concerns about possible criminal activity, a CIRC may involve police, preferentially by notifying the appropriate Facility Senior Management member or Site Executive Director/Community Area Director.
- 4) In addition, there may be parallel investigations underway, e.g. police investigations, administrative reviews.

The CIRC will send a hard copy of the final written report **only** to the senior leader (CEO/COO/ED) of the involved facility and the WRHA Patient Safety Officer who will forward a copy of the final report to the Minister of Health (Manitoba Health). The exception is that, upon written request, a copy of the final report may also be sent to the office of the Chief Medical Examiner and in some cases, the Protection of Persons in Care Office.

The WRHA Chief Patient Safety Officer or designate will create a de-identified abstracted summary of the event, findings and recommendations for those CIs that are felt to have system-wide learning potential. These Safety Learning Summaries (SLSSs) will be accessible on the WRHA Intra- and Inter-net Websites for viewing or downloading as preferred.