

E.J. McQUIGGE LODGE

MANUAL: Administration

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SECTION: Sec. 1 Resident Safety

APPROVED BY: Administrator

DATE OF ORIGIN:
06/05

REVIEWED DATE(S):
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RESIDENT SAFETY MANAGEMENT CULTURE

E.J. McQuigge Lodge is committed to promoting a culture of safety in which health care providers can readily report harm, close calls and hazards so that the organization can learn and work to improve the safety of resident care.

When health care providers have been involved in situations where there has been failure in the provision of care to a resident, E.J. McQuigge Lodge commits to:

- ◆ Providing appropriate care and support to residents/families and health care providers involved;
- ◆ Evaluating all systemic factors that may have contributed to failure; and
- ◆ Following established procedures for evaluating the actions and behaviours of health care providers

PURPOSE

To ensure the commitment of E.J. McQuigge Lodge to promote a safety culture by conducting safety analyses and/or administrative reviews that are based on fair procedures which support trust between E.J. McQuigge Lodge, its health care providers and residents/families.

Process Guidelines

E.J. McQuigge Lodge will use a framework and follow procedures that are fair when conducting administrative reviews to evaluate health care providers' actions and behaviours. The framework includes three types of actions and behaviours and the organizations' responses to them:

- ◆ **ERRORS** – when there has been a failure in the provision of care to a resident and the health care provider did not deviate from established policies, procedures, standards or protocols, then the health care provider will not be disciplined
- ◆ **NON-COMPLIANCE** – when there has been a failure in the provision of care to a resident and the health care provider deviated from established policies, procedures, standards or protocols, then E.J. McQuigge Lodge will commit to evaluate:
 - The appropriateness of its policies, procedures, standards or protocols and
 - The circumstances that led to the non-compliant action, before determining an appropriate course of action

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- ◆ INTENTION TO HARM – when there has been a failure in the provision of care to a resident and the health care provider intended to cause harm, then E.J. McQuigge Lodge will seek disciplinary action and Ministry of Health and criminal investigations may result.

Definitions

NEAR MISS – means a situation where a resident was nearly harmed, but for one reason or more reasons, the resident was saved from harm.

ADVERSE EVENT – means an unexpected or normally avoidable outcome that negatively affects a resident’s health and/or quality of life, and occurs or has occurred during the course of receiving health care or service from E.J. McQuigge Lodge.

- Sentinel event – a resident suffers complete loss of limb or organ function, requires intervention to sustain life or death has occurred
- Moderate harm – a resident suffers partial loss of limb or organ
- Minimal harm – a resident suffers harm that is less extensive and does not involve loss of limb or organ function
- No apparent harm – at the time of the event or reporting of the event, the resident does not appear to suffer any harm, but could do so in the future

HAZARD – means something that has the potential to contribute to harm or something that could harm an individual

HEALTH CARE PROVIDERS – means all employees of E.J. McQuigge Lodge and those individuals who have been granted privileges to practice in our home. This includes all individuals providing health care or services in our home.

HEALTH CARE OR SERVICES – means all health-related activities that are provided to residents in E.J. McQuigge Lodge.

FAMILY – means a resident’s immediate family and/or significant other

FAILURE – means the condition or fact of not achieving the desired end or ends

RESIDENTS – means all individuals who receive health care or services directly form E.J. McQuigge Lodge

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RESIDENT SAFETY MANAGEMENT DISCLOSURE

E.J. McQuigge Lodge is committed to open and honest discussions with residents/families when residents have suffered harm. E.J. McQuigge Lodge defines this communication process with residents/families as disclosure.

E.J. McQuigge Lodge is also committed, when it is appropriate, to disclosure when a resident has experienced a close call. In these situations, disclosure is discretionary and based on serving the greatest good for the resident.

Purpose

To ensure the commitment of E.J. McQuigge Lodge and its health care providers to be open and honest with residents/families when residents have suffered harm or experienced a close call. E.J. McQuigge Lodge recognizes the rights of residents to information when they have suffered harm. We recognize the importance of disclosure in maintaining and rebuilding trust between residents/families, E.J. McQuigge Lodge and its health care providers when residents have suffered harm or experienced close calls. We recognize that the disclosure process must be respectful of the situation, support the needs of residents/families and the health care providers involved and adhere to appropriate legislation.

Process Guidelines

The disclosure process includes:

- Acknowledging harm to the resident/family;
- Providing an apology for harm and
- Discussing factual information with the resident/family about how harm occurred and recommendations that have been made to improve the system

During the disclosure process, E.J. McQuigge Lodge will provide/facilitate care and support for the residents/families and health care providers involved – including treatment, counseling, debriefing and other forms of assistance that may be appropriate

In most cases, the health care provider most responsible for the resident's care will disclose to the resident/family (Charge Nurse). In some circumstances, as dictated by the severity of the harm, the resident's current health and the health of the health care provider involved, disclosure may also involve a senior manager and/or medical advisor.

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RESIDENT SAFETY REPORTING SYSTEM CRITICAL INCIDENT RESPONSE

E.J. McQuigge Lodge will ensure there is a reporting system for actual and potential adverse events, including appropriate follow-up. It is our policy to ensure legislative reporting is completed as indicated in the LTCHA. Internal incident or adverse event investigation be completed with any occurrence which poses a potential or actual risk to safety, security, welfare and/or health of a resident or staff member or to the safety and security of the facility which requires action by staff.

PURPOSE

To ensure our organization monitors and improves resident safety on an ongoing basis by preventing and managing sentinel events, adverse events and near misses.

All staff must complete a factual and objective report immediately following an incident/adverse or near-miss event. Events involving actual injury to a resident must be reported immediately to the charge nurse and to Administration as soon as possible. If a crime is suspected to have been committed, appropriate officials should be notified as soon as possible by management. Allegations of crimes against the person or property, or other non-fraudulent criminal matters shall be referred to the appropriate law enforcement agency and the Ministry of Health.

Definitions

Critical Incident Is an occurrence that results in harm or risk of harm, to the safety, security, welfare and/or health of a resident, a staff member, and/or to the safety and security of the home.

Critical Incident Response Is the action taken by the inspector when information received from anyone indicates that a CI may have occurred in the home. The inspector may make inquiries, conduct an inspection or take no action depending on whether the inspector believes there is any harm or risk of harm to a resident and if any additional information is required to determine further action.

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Critical Incident Types

- An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding
- An unexpected or sudden death, including a death resulting from an accident or suicide
- A resident who is missing for three hours or more
- A missing resident, returns with injury or adverse change in condition, regardless of the length of time the resident was missing
- An outbreak of a reportable disease or communicable disease as defined in the *Health Protection and Promotion Act*
- Contamination of the drinking water supply
- A resident missing for less than three hours; returns with no injury or adverse change in condition
- An environment hazard, including breakdown or failure of the security system or major equipment or system affecting the provision of care
- A missing or unaccounted for controlled substance
- An injury for which the person is taken to hospital
- A medication incident or adverse drug reaction for which a resident is taken to hospital

LTCHA regulation 107 (1) and (3)

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Reporting Process Guidelines

- ◆ Complete a Resident Incident Report Form or document the event in letter/memo format and give to Administration. Document on resident's chart.
- ◆ If the occurrence poses an immediate risk to resident(s) and which involve intervention by an outside agency or agencies such as police, fire department, hospital, or Medical Officer of Health and Ministry of Health Unusual Occurrence Report must be completed
- ◆ Complete the report with brief, but complete factual information as soon as possible after the event
- ◆ Notify Physician of the event
- ◆ Staff members who report adverse or near miss events should not experience retribution or retaliation for reporting. Staff members should report any alleged retribution/retaliation to their supervisor
- ◆ Notify Family or Substitute Decision Maker

Charge Nurses

- ◆ Complete reports and if appropriate, notify administration
- ◆ Implement appropriate corrective action and document resolution if appropriate
- ◆ Ensure confidentiality of all the names of staff who report any concerns. Charge nurses should fully investigate any alleged retribution/retaliation of staff members who report adverse or near-miss events and take appropriate disciplinary action against those responsible for this

Administration

- ◆ Oversight of all reported events will be shared by the administrator to the owner and the Professional Advisory Committee as needed on a quarterly basis
- ◆ If the event involves equipment a copy of the report will go to the Environmental Team/Joint Health and Safety Committee.
- ◆ A preliminary review is completed and follow-up action is taken as appropriate

Sentinel Events

- ◆ Notify the appropriate individuals within the organization
- ◆ Provide support to residents families and significant others
- ◆ Provide support to staff
- ◆ Collect relevant evidence/information and document

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- ◆ Necessary communications should be completed i.e. Ministry of Health, Police, etc.
- ◆ Receive and compile all reports for risk, quality and legal purposes
- ◆ Analyze and provide recommendations with the use of Root Cause Analysis, focusing on process and system factors,
- ◆ Root Cause Analysis and follow-up plans are presented to the Professional Advisory Committee
- ◆ If necessary prepared to complete a public statement. Identify an appropriate media spokesperson