

TITLE

PATIENT SAFETY ALERTS AND SAFER PRACTICE NOTICESSCOPE

Provincial

DOCUMENT

PS-95-05

APPROVAL AUTHORITY

Quality Safety and Outcomes Improvement Executive Committee

INITIAL EFFECTIVE DATE

November 1, 2017

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Not applicable

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy (#PS-95)

SCHEDULED REVIEW DATE

November 1, 2020

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.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To outline the steps and responsibilities for the development, distribution, completion and evaluation of **Patient Safety Alerts (PSA)**.
- To outline the steps and responsibilities for the development and distribution of **Safer Practice Notices (SPN)**.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Identify a Patient Safety Hazard**

- 1.1 A patient safety hazard is a condition, or a set of circumstances that if left unchanged, could **harm** or contribute to the harm of a **patient**.
- 1.2 **Staff** and **medical staff** who become aware of a patient safety hazard shall contact their site or program **Patient Safety staff**.
 - a) Patient Safety staff contacts are listed on the Patient Safety page of Insite.
- 1.3 The Patient Safety staff shall:

- a) discuss the identified hazard with the staff, medical staff or **accountable leader** to determine if the PSA/SPN process is appropriate, and if so, assist with the completion of the Alberta Health Services (AHS) *Patient Safety Alert or Safer Practice Notice Request – Email Template* (see Patient Safety page on Insite);
 - b) review available information from the **Reporting and Learning System for Patient Safety** (RLS) to determine the frequency of voluntary reports submitted for similar adverse events and close calls;
 - c) consult with Pharmacy Services, Contracting, Procurement & Supply Management (CPSM), Workplace Health and Safety (WHS), Patient Relations (PR) and Health Professions Strategy & Practice (HPSP) to determine if other incidents or issues exist that were not reported in RLS, and to determine if related equipment or medication advisories or notifications are underway or planned;
 - d) seek information from external sources like the Institute for Safe Medication Practices Canada (ISMP) and Global Patient Safety Alerts, or internal databases run by PR, Policy Services, HPSP and Patient Safety Recommendation Tracker; and
 - e) review the *Alberta Health Services Hazard Assessment Tool* (see Patient Safety page on Insite) to determine which method of distribution is most suitable.
- 1.4 A PSA shall be developed and distributed where the patient safety hazard requires an alert, specific action to mitigate the hazard and an evaluation to determine if the action was completed.
- 1.5 A SPN shall be developed and distributed where the patient safety hazard requires reminders of safer and improved patient care practices.

2. Develop Content

- 2.1 Patient Safety staff will use a consultative process to develop the PSA/SPN and include, as appropriate:
- a) senior leadership;
 - b) HPSP;
 - c) CPSM;
 - d) Pharmacy Services;
 - e) staff;
 - f) Clinical Nurse Educators;

- g) communications advisors;
 - h) Legal & Privacy;
 - i) Human Factors Department; and/or
 - j) other subject matter experts (e.g., Facilities Maintenance and Engineering [FME], and Strategic Clinical Networks [SCN]).
- 2.2 An executive sponsor / senior leader from the applicable operational or program area(s) will be required to support and endorse the content and distribution.
- 2.3 Patient Safety staff will access the locked templates and insert the draft content developed. Photographs or graphics shall be included when possible.
- 2.4 The executive sponsor / senior leader shall submit the initial drafts of the PSA/SPN to the Provincial Patient Safety Department leadership for review and feedback.
- 2.5 Patient Safety staff shall make any necessary edits and create a draft for the review and conditional approval of the executive sponsor from the operational or program area(s) involved (or delegate).
- 2.6 Final approval of a PSA/SPN shall be required of the Vice-President, Quality & Chief Medical Officer (or delegate) prior to distribution.

3. Distribution

- 3.1 A provincial or zone distribution list shall be developed by Patient Safety staff in consultation with identified stakeholders during development of the PSA/SPN.
- a) Distribution within a single zone is only appropriate if the identified hazard (product or process) has been determined by the accountable Patient Safety Department Leader via the review of internal data not to exist in other zones.
- 3.2 The SPN shall be distributed via email from the executive sponsor's office to the identified appropriate/impacted areas. Once a SPN is received by email, the recipients shall review and further distribute it within their areas of responsibility, as appropriate.
- 3.3 The PSA shall be distributed via email from the executive sponsor's office to the identified appropriate/impacted areas. Once a PSA is received by email, the recipients shall review and further distribute it as a high priority item within their areas of responsibility, as appropriate.

4. Required Feedback Process for All Patient Safety Alerts (PSAs)

- 4.1 All PSAs require those individuals designated (see section 8 of this document) to perform a task in the PSA to provide feedback to the Provincial Patient Safety

Department via a specified response mechanism (see Appendix A: *Safety Alert Feedback Process*). Reports shall be summarized and distributed to zone and program leaders by the Provincial Patient Safety Department.

- 4.2 The Provincial Patient Safety Department will monitor the RLS for a minimum of six (6) months or, if a recurrence is reported, until a period of three (3) months has passed with no new reports.
- 4.3 Applicable zone and other leaders shall be notified if any new RLS reports are identified, with the expectation that they follow up to ensure the PSA was circulated, reviewed and acted upon.
- 4.4 SPNs do not require feedback to the Provincial Patient Safety Department.

5. Review Cycle

- 5.1 The Provincial Patient Safety department will track all PSA/SPN and shall review all PSA/SPN at least every three (3) years to ensure they stay current.
- 5.2 The Provincial Patient Safety Department will chair a quarterly PSA/SPN Review Committee.
- 5.3 At each three (3) year interval, the PSA/SPN will be presented to the review committee for reassessment of the PSA/SPN. Following the review committee's processes that they have established, which will include a review of current relevant best practice, data and information, the review committee will consider next steps for each PSA/SPN.
- 5.4 Based upon the consensus of the review committee, a recommendation will be made to the executive sponsor of the original PSA/SPN to either re-issue the updated PSA/SPN or consider the PSA/SPN resolved.
 - a) For those PSA/SPN where the hazard still exists, but the mitigating strategies require revision, the PSA/SPN shall be updated by Provincial Patient Safety in collaboration with appropriate operations, and then be labelled "updated".
 - b) Those PSA/SPN no longer applicable shall be labelled "resolved". "Resolved" means that the equipment is no longer in use across AHS, the identified hazard no longer exists / has been significantly reduced, or has been translated into new policies and procedures.
- 5.5 Chair of the review committee will contact the executive sponsor of the original PSA/SPN for their review and decision to support or challenge the outcome of the review committee deliberations.
- 5.6 Upon the decision from the executive sponsor of the original PSA/SPN, the process to re-issue the updated PSA/SPN or resolve the PSA/SPN will be initiated.

- 5.7 Those PSA/SPN that are resolved shall be re-issued, by the Provincial Patient Safety Department with a resolved notice and direction to remove older postings.

6. Post on Alberta Health Services Websites

- 6.1 Provincial Patient Safety Department shall ensure that the PSA/SPN are available on:
- a) the Patient Safety page on Insite; and
 - b) the AHS external website. (See Appendix B: *Patient Safety Alert or Safer Practice Notice Process Map*).
- 6.2 Provincial Patient Safety Department may:
- a) share relevant PSA/SPN content with reciprocal, external patient safety partners, such as ISMP, Global Patient Safety Alerts, Health Canada, etc.; and
 - b) consult with Legal & Privacy prior to sharing, when appropriate.
- 6.3 All bulletins shall contain the standard legal disclaimer:

“This material is intended for use only by Alberta Health Services staff / medical and midwifery staffs. External readers should review the information in the context of their own environment to determine applicability. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.”

7. Retain

- 7.1 All PSA/SPN shall be retained as per the AHS *Records Retention Schedule*.

8. Action Required by Roles

- 8.1 All staff and medical staff shall:
- a) read PSAs/SPNs posted in the work area and adopt new practices as specified;
 - b) seek clarification of issue(s) and suggest resolution, if required;
 - c) follow all requirements as communicated in the PSA/SPN, and as advised by the manager or **clinical leader**;
 - d) ask questions of the manager or clinical leader if the information is not understood or if it is difficult to follow the required or suggested actions; and

- e) support fellow staff or medical staff members with the appropriate actions required to address hazards.
- 8.2 The Executive Leadership Team shall:
- a) confirm that a structured and coordinated distribution process for PSAs/SPNs is in place within their areas of accountability. This shall include authorizing delegates to maintain distribution lists and to disseminate PSAs/SPNs on their behalf;
 - b) confirm that a process is in place to receive reports from the Provincial Patient Safety Department, upon evaluation of the completed or outstanding responses to a PSA;
 - c) receive and act upon reports from the Provincial Patient Safety Department after reviewing the RLS, if any additional occurrences are identified; and
 - d) provide support during the three (3) year review process.
- 8.3 Program/Zone Executive Leadership (ZEL) shall:
- a) sponsor PSAs/SPNs about identified patient safety hazards within their area of accountability, for organization-wide or zone distribution;
 - b) confirm that a structured and coordinated distribution, implementation and evaluation process for PSAs/SPNs is in place within their area of accountability, including an assigned delegate to act on their behalf; and
 - c) upon receipt of a PSA/SPN, review for applicability and distribution as appropriate, within their area of accountability.
- 8.4 Program/Site Leadership shall:
- a) receive the PSA/SPN, review and further disseminate the PSA/SPN as appropriate, to affected staff and medical staff; and
 - b) designate an individual within their area of accountability to provide feedback to the Provincial Patient Safety Department regarding the PSA, including that the alert has been distributed and action taken in their area of accountability, via the specified response mechanism.
- 8.5 Supervisors / Managers / Clinical Leaders shall:
- a) review the information contained in the PSA/SPN, including a review of the local processes, equipment, safe work practices, etc., as they relate to the PSA/SPN content;
 - b) communicate the PSA/SPN to their direct reports (e.g., posting in work areas, staff briefings, communication binders); and

- c) communicate with the assigned designate for the program/site that all PSA actions have been completed, or provide rationale if not.
- 8.6 Staff / Medical Staff Leaders shall:
- a) provide clinical expertise during the development of the PSA/SPN;
 - b) engage applicable stakeholders in the development of the PSA/SPN; and
 - c) suggest additional and alternative methods of communication and education, to increase spread of the message to front-line staff and medical staff.
- 8.7 Patient Safety staff shall:
- a) provide advice and support to clinical operations, Pharmacy Services, medical staff and HPSP leaders on the appropriate use of the PSA/SPN process;
 - b) collaborate with staff, medical staff and leaders to develop PSAs/SPNs;
 - c) populate the locked templates for PSAs/SPNs, in collaboration with appropriate, affected staff and medical staff;
 - d) coordinate distribution of information with external agencies such as ISMP, Global Patient Safety Alerts, Health Canada, etc.; and
 - e) initiate the review cycle for all PSAs/SPNs produced for ongoing applicability and appropriateness of content (at least once every three [3] years).

DEFINITIONS

Accountable leader means the individual who has ultimate accountability to ensure the consideration and completion of the listed steps in the management of the Alberta Health Services *Patient Safety Alerts and Safer Practice Notices* Procedure. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Clinical leader means the senior 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.

Harm means an unexpected outcome for the patient, resulting from the care and/or services provided, that negatively affects the patient's health and/or quality of life.

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

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient Safety Alert (PSA) means the standard document and process used when an issue requires urgent attention and action. These alerts are rare and require feedback to the Provincial Patient Safety Department that appropriate action was taken.

Patient Safety staff means staff employed to promote quality patient care and patient safety at a site, program, business area, zone or provincial level.

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

Safer Practice Notice (SPN) means the standard document and process used to inform staff, medical staff and midwifery staff of changes to or reminders of leading practice.

Staff means all Alberta Health Services employees, midwifery staff, students and other persons acting on behalf of or in conjunction with Alberta Health Services.

REFERENCES

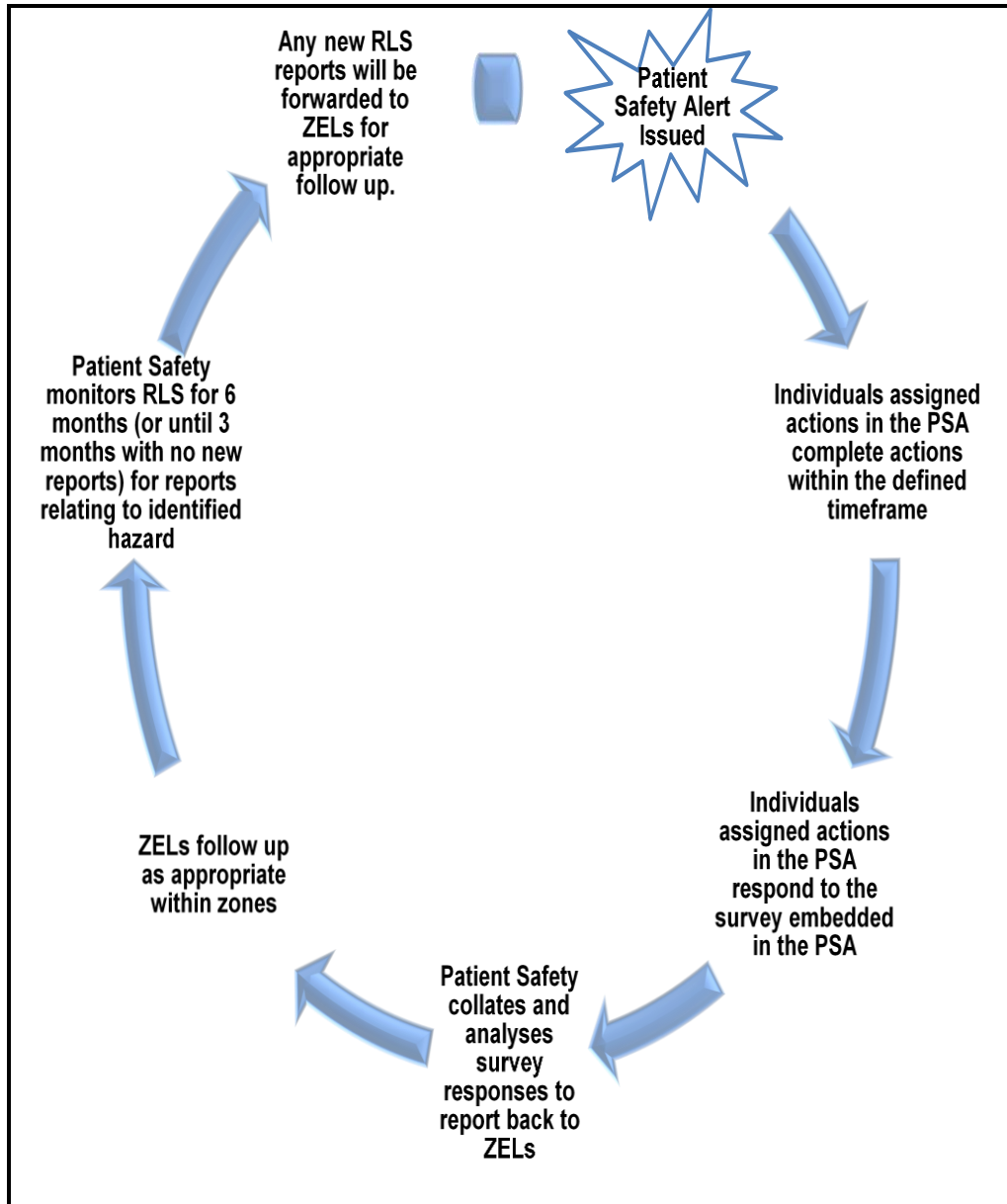
- Appendix A: *Patient Safety Alert Feedback Process*
- Appendix B: *Patient Safety Alert or Safer Practice Notice Process Map*
- Alberta Health Services Governance Documents:
 - *Records Retention Schedule (#1133-01)*
- Alberta Health Services Resources:
 - *Patient Safety Alert or Safer Practice Notice Request Email Template (Patient Safety)*
 - *Alberta Health Services Hazard Assessment Tool (Patient Safety)*

VERSION HISTORY

Date	Action Taken
November 1, 2017	Non-substantive change
Click here to enter a date	Optional: Choose an item

APPENDIX A

Patient Safety Alert Feedback Process



PSA: Patient Safety Alert
RLS: Reporting & Learning System for Patient Safety
ZEL: Zone Executive Leadership

Patient Safety Alert or Safer Practice Notice Process Map

