OBJECTIVES

- To promote the use of Patient Safety notifications.
- To outline the steps to initiate, develop, and manage the following Patient Safety notifications:
  - Patient Safety Alerts;
  - Safer Practice Notices; and
  - Patient Safety Memos.

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. Key AHS Patient Safety Notifications

1.1 Patient Safety notifications are communication tools that Alberta Health Services (AHS) uses to inform health care providers about identified hazards and system issues that need to be addressed. AHS Patient Safety notifications include the following:
Patient Safety Alerts, Safer Practice Notices, and Patient Safety Memos

1. Patient Safety Notifications

1.1 Patient Safety Alert (PSA): Clinical leaders use this notification to bring attention to a patient safety hazard that requires health care providers to take immediate action. The risk is usually applicable across multiple zones. PSAs require follow up from individuals in the relevant areas as identified in the notification. PSAs are posted externally to share learnings with other organizations.

1.2 Safer Practice Notice (SPN): Clinical leaders use this notification to bring attention to a patient safety hazard and inform health care providers to take action based on recommended patient care practices. The risk is usually applicable across multiple zones. SPNs are posted externally to share learnings with other organizations.

1.3 Patient Safety Memo (PSM): Clinical leaders use this notification to bring attention to a patient safety hazard and advise health care providers to take recommended action. The risk is limited to a targeted internal audience, usually within a unit, site, program, or Zone.

1.4 Patient Safety notifications only contain de-identified clinical information. If a description of an event is necessary to demonstrate levels of risk, de-identification of patient and event location is necessary before sharing the notification.

2. Identification of a Patient Safety Hazard that Requires a Patient Safety Notification

2.1 Clinical leaders who become aware of a patient safety hazard that may have broader implications to the program/site/Zone/province, should contact their Patient Safety representative for support to develop a notification to increase organizational awareness.

a) Patient Safety contacts are listed on the Patient Safety page on Insite.

3. Initiation of a PSA, SPN, or PSM

3.1 The Patient Safety representative shall:

a) discuss the identified hazard with the clinical leader and/or accountable leader and initiate an environmental scan to determine the scope and potential impact of the hazard;

b) review available information from the Reporting and Learning System (RLS) for Patient Safety to determine the frequency of voluntary reports submitted and recommendation tracker for review of similar clinical adverse events and close calls;

c) consult with the appropriate stakeholders (e.g., Pharmacy Services, Contracting, Medical Device Safety, Workplace Health and Safety, Patient Relations, and Health Professions Strategy & Practice) to determine if other incidents or issues exist that were not reported in RLS.
and to determine if related Equipment & Product Advisory, Medication Advisories, or notifications are underway or planned;
d) seek information from external sources such as the Institute for Safe Medication Practices Canada (ISMP) and Global Patient Safety Alerts; and
e) use the information gathered above, complete the AHS PSA, PSN, or PSM request and submit the request via email to Safety.Alert@ahs.ca.

3.2 The provincial Patient Safety team shall review the request in collaboration with identified stakeholders, including the local Patient Safety representative, and clinical experts, to determine if notification is necessary and if so, whether a PSA, SPN, or PSM is appropriate.

4. Development of Content for a PSA or SPN

4.1 A member from the provincial Patient Safety team shall:
a) ensure the applicable operational or program area(s) has identified an executive sponsor (senior leader) to support the development of the PSA or SPN;
b) support the executive sponsor to create a working group with content experts to develop a draft of the PSA or SPN;
   (i) the following stakeholder representatives, as appropriate, from all Zones/programs should be included:
   • senior leadership;
   • Health Professions Strategy & Practice;
   • Medical Device Safety;
   • Pharmacy Services;
   • health care providers;
   • Clinical Nurse Educators;
   • Communication Advisors;
   • Legal & Privacy;
   • Human Factors department; and/or
   • other subject matter experts (e.g., Facilities Maintenance and Engineering, Strategic Clinical Networks).
c) oversee development of the PSA or SPN by using the approved template(s). Photographs or graphics may be included when appropriate;

d) include development of a backgrounder document as appropriate. The backgrounder document is an extensive version of the PSA or SPN containing evidence-based background information and related references to the notification topic. This document is only shared internally to complement and further explain the notification;

e) forward the PSA and SPN to provincial Patient Safety leadership for review of the initial draft; and

f) 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).

4.2 Final approval of a PSA and SPN shall be required of the Vice-President, Quality & Chief Medical Officer (or delegate) prior to distribution.

5. Development of PSM

5.1 The local Patient Safety representative shall:

a) identify an executive sponsor / senior leader from the applicable operational or program area(s) to support development of the PSM;

b) develop content for the PSM using the approved PSM template;

c) assign a review date at which time a new review date will be assigned, or the document will be archived; and

d) confirm final approval of a PSM from the executive sponsor prior to distribution.

6. Distribution of PSA and SPN

6.1 A provincial Patient Safety representative shall develop a provincial or Zone distribution list in consultation with identified stakeholders during the development of the PSA or SPN.

a) PSAs and SPNs are available on the external AHS website and provincial Patient Safety home page.

b) PSAs and SPNs shall be distributed via email on behalf of the executive sponsor to the identified appropriate/impacted areas. Once the notification is received by email, the recipients shall review and further distribute it within their areas of responsibility, as appropriate.
c) Targeted distribution within a single Zone is only appropriate if the identified hazard has been confirmed by the accountable Patient Safety leader to be limited to a single zone.

d) Share relevant PSA and SPN content with reciprocal, external patient safety partners (e.g., ISMP, Global Patient Safety Alerts, Health Canada).

e) Consult with Legal & Privacy when appropriate (e.g., high profile events).

7. Distribution of PSM

7.1 A local Patient Safety representative shall develop a targeted distribution list in consultation with identified stakeholders during the development of the PSM.

a) PSMs are not available on the external AHS website. They may be posted and distributed internally as appropriate, at the discretion of the accountable leader.

b) PSMs shall be posted in the applicable program areas.

8. Required Feedback Process for PSA

8.1 All PSAs identify individuals who are required to ensure recommended actions are taken and to provide feedback to the provincial Patient Safety team via a specified response mechanism.

a) The provincial Patient Safety team shall summarize the reports and send to Zone and program leaders for distribution.

8.2 The provincial Patient Safety team shall monitor the RLS for events related to the PSA, for a minimum of six (6) months or, if a recurrence of the PSA is reported, monitoring shall continue until a period of three (3) months has passed with no new reports.

8.3 Applicable Zone and other leaders shall be notified if any new RLS reports related to the PSA are identified, with the expectation that they follow up to ensure the PSA was circulated, reviewed, and acted upon.

9. PSA and SPN Review Cycle

9.1 The provincial Patient Safety team shall track all PSAs and SPNs and shall review all the notifications at least every three (3) years to ensure they stay current.

9.2 The provincial Patient Safety team shall chair a quarterly Review Committee.

9.3 At each three (3) year interval, the PSA and PSN shall be presented to the review committee for reassessment. Following the review committee’s established processes, which includes a review of current relevant best practice,
data, and information, the review committee shall consider next steps for each PSA and SPN.

9.4 Based upon the consensus of the review committee, a recommendation shall be made to the executive sponsor of each PSA and SPN to either re-issue or consider resolved.

   a) For those PSAs and SPNs where the hazard still exists, but the mitigating strategies require revision, they shall be updated by the provincial Patient Safety team in collaboration with appropriate operations, and then labelled “updated”.

   b) PSAs and SPNs that are no longer applicable shall be labelled “resolved”. Resolved means that the equipment is no longer in use across AHS, or the identified hazard no longer exists or has been significantly reduced, or the identified hazard has been translated into new policies and procedures.

9.5 The chair of the review committee shall contact the executive sponsor of the PSA and SPN for their review and decision to support or challenge the outcome of the review committee deliberations.

9.6 Upon the decision from the executive sponsor of the PSA and SPN, the process to re-issue the updated PSA or SPN or resolve the PSA and SPN shall be initiated.

9.7 Those PSAs and SPNs that are resolved shall be re-issued by the provincial Patient Safety team with a resolved notice and direction to remove older postings.

10. Records Retention

10.1 All PSAs and SPNs shall be retained as per the AHS Records Retention Schedule.

11. Actions Required by Roles

11.1 The provincial Patient Safety Executive Leadership Team shall:

   a) confirm that a structured and coordinated distribution process for all Patient Safety notifications is in place within their areas of accountability. This shall include authorizing delegates to maintain distribution lists and to disseminate on their behalf;

   b) receive and act upon reports and evaluations related to Patient Safety notifications from the provincial Patient Safety team; and

   c) provide support during the three (3) year review process.
11.2 Site/unit/program/Zone leadership shall:

a) maintain a structured and coordinated distribution, implementation, and evaluation process for Patient Safety notifications within their area of accountability, including an assigned delegate to act on their behalf; and

b) receive all Patient Safety notifications, review, and further disseminate as appropriate, to affected health care providers.

11.3 All health care providers shall:

a) read all Patient Safety notifications posted in their work area and introduce the recommended actions into their care practice, if applicable;

b) seek clarification within their team or with the clinical educator for understanding of the notification, if required;

c) follow all requirements as communicated in the PSA, PSN, or SPN, and as advised by the supervisor, manager, or clinical leader; and

d) support other health care providers with the appropriate actions required to address hazards.

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, Safer Practice Notices, and Patient Safety Memos 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 adverse event 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 patient care.

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.

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

Hazard means a situation something that has the potential to contribute to harm.
Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

a) a co-decision-maker with the person; or
b) an alternate decision-maker on behalf of the person.

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

Recommendation tracker means the database that serves as an organizational memory of the assessment, review, and outcome of health care system investigations resulting from clinical adverse events, close calls, and hazards.

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

REFERENCES

- Alberta Health Services Governance Documents:
  - Disclosure of Harm Procedure (#PS-95-01)
  - Immediate and Ongoing Management of Clinical Adverse Events Procedure (#PS-95-02)
  - Patient Safety Learning Summary Procedure (#PS-95-06)
  - Recognizing, Responding To, and Learning From Clinical Adverse Events, Close Calls, and Hazards Policy (#PS-95)
  - Records Retention Schedule (#1133-01)
  - Reporting of Clinical Adverse Events, Close Calls, and Hazards Procedure (#PS-95-04)