

TITLE

PATIENT SAFETY LEARNING SUMMARYSCOPE

Provincial

DOCUMENT

PS-95-06

APPROVAL AUTHORITY

Quality Safety and Outcomes Improvement Executive
Committee

INITIAL EFFECTIVE DATE

November 1, 2017

SPONSOR

Quality and Healthcare Improvement

REVISION EFFECTIVE DATE

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 01, 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 provide a process where **patients, staff and medical staff** can see the linkage between reporting, managing and analyzing **clinical adverse events (CAE)** and safety concerns, culminating in the sharing of recommendations for improvement.
 - In this procedure, references to the patient will include the **family** if the patient wishes.
- To provide guidance for sharing of recommendations and lessons learned from system reviews, other types of reviews and initiatives done to improve patient safety.
- To outline the steps and responsibilities for the collaborative development, de-identification and distribution of Alberta Health Services' (AHS) approved Patient Safety Learning Summary (PSLS).
- To ensure that the information contained within a PSLS is communicated in a manner that promotes a just culture, supported by transparent communication and in collaboration with patients, staff and medical staff.

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. Compiling Recommendations Generated**

1.1 Upon completion of the following types of internal reviews or initiatives:

- a) **Human Factors evaluation;**
- b) **Quality Improvement initiative;**
- c) **Simulation-based training (eSIM);**
- d) **Patient Safety Review (PSR);** and
- e) **Quality Assurance Reviews (QAR),**

the reviewer or initiative lead, in consultation with the **accountable leader**, may direct the creation of a PSLS document outlining lessons to be learned, if applicable.

1.2 The PSLS shall be documented using the AHS *Patient Safety Learning Summary -Template* (see the Patient Safety, Quality Assurance / System Analysis Tools page on Insite).

2. Developing Content

2.1 **Disclosure** of harm to patients shall occur as per the AHS *Disclosure of Harm* Procedure and should not be delayed in order to prepare a PSLS.

2.2 The PSLS shall be developed using a consultative and collaborative process with the patients, staff and medical staff involved in the process. The following individuals or teams may also be involved, as appropriate:

- a) review/initiative lead and team members;
- b) operational owners assigned to implement the recommendations;
- c) **Patient Safety staff;**
- d) accountable leader managing the CAE; and
- e) others, as appropriate.

2.3 The accountable leader will discuss with all involved, including patients, staff and medical staff members as appropriate:

- a) confirm that a PSLS is a document created as an outcome of the review process;

- b) review any questions or concerns that may align with the PSLS process; and
 - c) as appropriate, provide them with a copy of the *AHS QAR / PSR Reference Card* (available on the Patient Safety page on Insite).
- 2.4 The information contained within the PSLS shall have individually identifying information removed to protect the privacy of patients, staff and medical staff members involved, in accordance with the *Health Information Act* (Alberta). This includes the following:
- a) location and date of the event;
 - b) age and gender of the patient;
 - c) outcome for the patient (unless relevant to the learning); and
 - d) name of medications, equipment or procedures involved (unless relevant to the learning).
- 2.5 To help ensure de-identification is completed, see the *AHS Patient Safety Learning Summary Reminder Sheet* (see the Patient Safety, Quality Assurance/System Analysis Tools page on Insite).
- a) Contact the AHS Information & Privacy Office if there are concerns about privacy or proper/adequate de-identification for a particular matter (see the *AHS Non-Identifying Health Information Privacy Standard*).
- 2.6 To help ensure speculation and opinion are not included, see the *AHS Patient Safety Learning Summary - Tips & Worksheet* (see the Patient Safety, Quality Assurance/System Analysis Tools page on Insite).
- 2.7 Consult with Patient Safety staff and the Communications Department that supports your area to review the final draft PSLS, as appropriate, to ensure that it does not contain unnecessarily confusing or inflammatory language.
- 3. Learning from External Reviews and Initiatives**
- 3.1 Patient safety can be improved by sharing applicable improvements learned from other types of external reviews or initiatives, including but not limited to:
- a) **Fatality Inquiries;** and/or
 - b) **Health Quality Council of Alberta Reviews.**
- 3.2 Upon receipt of a Fatality Inquiry or Health Quality Council of Alberta Review, the accountable leader and Patient Safety staff shall review the information to determine if there are patient safety lessons to be shared. They may choose to create a PSLS using the approved template.

4. Approval of a Patient Safety Learning Summary

4.1 Approval of a PSLS from Quality Assurance Committees:

- a) Once the draft PSLS is developed by a Quality Assurance Committee, it shall be emailed to the Patient Safety Learning and Improvement Department.
- b) The provincial Patient Safety Department shall review the document to ensure removal of individually identifying or speculative information.
- c) The provincial Patient Safety Department may consult with Legal & Privacy in the review of the content of the PSLS.
- d) The provincial Patient Safety Department shall keep a copy of the PSLS document and forward a copy to the Quality Assurance Committee (QAC) Chair and the Patient Safety Representative supporting the QAC.

4.2 Approval of a PSLS from all other sources are the responsibility of the accountable leader.

5. Distribution of Patient Safety Learning Summary

5.1 The final version of a PSLS shall be provided to the accountable leader, for approval and distribution to the:

- a) patient or **alternate decision-maker** affected by the CAE or safety concern;
- b) staff and medical staff affected by the CAE or safety concern; and
- c) program site or affected patient care area or setting.

5.2 The final version of a PSLS may be made available for local distribution where doing so would directly support a patient safety learning or initiative applicable to the area including discussions at team meetings.

5.3 The final version of a PSLS may be made available for provincial distribution and include:

- a) inclusion as an appendix to the AHS *Patient Safety Quarterly Reports*;
- b) sharing at provincial meetings such as the Quality, Safety and Outcomes Improvement Executive Committee (QSO) and Clinical Operations Executive Committee (COEC) meetings; and
- c) sharing with key stakeholders including Quality Councils, Practice Councils and Strategic Clinical Networks.

6. Retaining

- 6.1 The final version of the approved PSLs shall be sent to the Provincial Patient Safety Department.
- 6.2 The Provincial Patient Safety Department shall keep a centralized list and electronic copy of all approved PSLs.
- 6.3 The Provincial Patient Safety Department will categorize the PSLs in order to post on the Patient Safety page of Intranet.
- 6.4 In the event there are concerns regarding the content of a PSL, the Provincial Patient Safety Department staff will consult with the accountable leader responsible for producing the PSL and/or the Communications Department and Legal & Privacy to make any revisions necessary prior to posting.
- 6.5 Per the AHS *Records Retention Schedule*, all PSLs shall be kept for 30 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 Learning Summary* Procedure. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but the accountability remains at the senior level.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

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) death or disability to dissatisfaction with health care management, or require a change in patient care.

Disclosure means the formal process involving an open discussion between a patient and staff of Alberta Health Services about the events leading to a serious clinical adverse event, hazard or harm.

Family (-ies) means one or more individuals identified by the patient as an important support, and who the patient 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.

Fatality Inquiry means an inquiry held before a judge at the Provincial Court that determines the deceased's identity and the date, time, place and circumstances of their death.

Health Quality Council of Alberta Review means a request to assess or study matters respecting patient safety and health service quality in Alberta's health care system.

Human Factors evaluation means a study by the Human Factors Department of how health care providers work, that result in a report of processes and equipment that contribute to a high quality, safe, efficient health care system.

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 Review (PSR) means a system analysis to identify opportunities for system improvements. Where the facts are sufficient to understand what happened there is no need to establish review protection as per the *Alberta Evidence Act* (Alberta) section 9.

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

Quality Assurance Review (QAR) means a quality assurance activity conducted under the terms of Section 9 of the *Evidence Act* (Alberta).

Quality Improvement initiative means a systematic approach to making changes that leads to better patient outcomes, stronger systems performance and enhanced professional development. It is supported by the ongoing cooperation between health care professionals, patients, researchers, planners and educators.

Simulation based training (eSIM) means training conducted by scenarios with the intention of creating a safe and meaningful environment.

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

- Alberta Health Services Governance Documents:
 - *Disclosure of Harm Procedure* (#PS-95-01)
 - *Non-Identifying Health Information Privacy Standard* (#IPO-2013-0004)
 - *Records Retention Schedule* (#1133-01)
- Alberta Health Services Resources:
 - *Patient Safety Learning Summary Reminder Sheet* (Patient Safety)
 - *Patient Safety Learning Summary - Template* (Patient Safety)
 - *Patient Safety Quarterly Reports* (Patient Safety)
 - *QAR / PSR Reference Card* (Patient Safety)
- Non-Alberta Health Services Documents:
 - *Alberta Evidence Act* (Alberta)
 - *Health Information Act* (Alberta)

VERSION HISTORY

Date	Action Taken
November 01, 2017	Non-substantive change
Click here to enter a date	Optional: Choose an item