Applying the Incident Management System (IMS) Framework to Critical Incidents & Multi – Patient Events

Risk Resource Guide

December 2015

December, 2015.

This document will be updated as new information and insights arise. We are very interested in receiving questions, suggestions and feedback regarding this work. Please direct your comments to:

Healthcare Risk Management
Healthcare Insurance Reciprocal of Canada (HIROC)
4711 Yonge St. Suite 1600
Toronto, Ontario M2N 6K8
Tel: 1-800-465-7357
Email: riskmanagement@hiroc.com

IMS for Critical Incidents & Multi-Patient Events

Contents

.....1
Management Systems for Critical Incident Response 2
manager 2
Leadership 2
Information 2
/Family/Liaison 2
Safety/Support 2
..... 2
Analysis Leader/Facilitator 2
Roles for Multi-Patient Events 4
Protections and Confidentility 5
Protection 5
Assurance Priviledge and Confidentiality 5
Taking During Critical Incident Response 5
Taking During Analysis 5
Study Using the Critical Incident Crisis Management Team IMS Roles 7
Management 7
Leadership 7
Information 7
/Family Liaison 7
Safety/Support 8
..... 8
Analysis 8
Action Sheets 9
Manager 10
Leadership 12
Information 13
Family Liaison 15
Response and Initial Disclosure to Patient/Family 15
Communication 16
Analysis Disclosure 16
Safety/Support 17
Staff 17
..... 19
..... 19
Records and Other Materials 19
Incident Analysis 21
Incident Analysis Team Member (s) 21
.....25

Introduction

As with all important organizational endeavours, an effective response to critical incidents requires careful forethought, effective planning, and strong leadership. Leaders must manage the emerging crisis; support patients; families, staff and physicians; communicate with key stakeholders, and initiate a process to analyze and learn from the incident.

This document integrates key concepts and principles extracted from HIROC's Critical Incidents & Multi-Patient Events Risk Resource Guide (April 2015) and the Institute for Healthcare Improvement's Respectful Management of Serious Clinical Adverse Events white paper (2011) into an IMS-based checklist format as a tool for the critical incident crisis management team (CICMT). Where provincial differences exist in approach, structure or process (e.g. health regions) this scalable tool is intended to provide clarity to the roles and responsibilities in a critical incident response at any healthcare organization and can be adapted to the unique needs of each organization.

Incident Management System for Critical Incident Response

Awareness of a critical incident should trigger an institutional response that will result in the ethical and respectful care of those involved and effective learning to help prevent the recurrence of such events in the future. Utilization of an Incident Management System framework could help ensure a timely and effective response.

The typical roles involved in incident management for a critical incident are outlined in Figure 1 and described below. Depending on staff and resources available, one person could assume more than one IMS role. The team would check in at defined intervals (more frequently initially) to ensure key activities are carried out, receive updates, and review crisis communications. Key roles specific to a critical incident response include:

Incident Manager (e.g. Senior Operations Leader/Risk Manager)**:** Responsible for organizing and directing the incident management response and team. The IM is a position best served by someone other than the CEO of the organization.

Senior Leadership (e.g. CEO, Chief Nursing Officer, Chief of Staff)**:** Responsible for supporting the response team, for keeping the senior leadership team and the board informed and for liaising with high-level government officials as required.

Public Information Lead (e.g. Public Relations/Communications): Responsible for accurate, timely and consistent internal and external communications to enable a coordinated response and minimize confusion.

Patient/Family Liaison (e.g. Most Responsible Practitioner (MRP) &/or Patient Relations): Responsible for ensuring timely information to the patient/family and that their immediate and longer term emotional and informational needs are met.

Staff Safety/Support (e.g. Unit/Area Manager/Director): Responsible for ensuring timely support for staff directly/indirectly involved in the event.

Logistics Lead (e.g. Risk Manager)**:** Responsible for ensuring a decision is made to trigger an IMS response or not, for ensuring key notifications (internal/external) are made, for securing incident-related documentation and equipment, and, as required, for coordinating incident analysis meetings and interviews.

Incident Analysis Lead/Facilitator/Team Members: Responsible for carrying out the incident analysis including development of an event timeline, identification of potential gaps and recommendations for improvement, and preparation of a summary report.

Planning and Finance roles are not required for critical incident response.

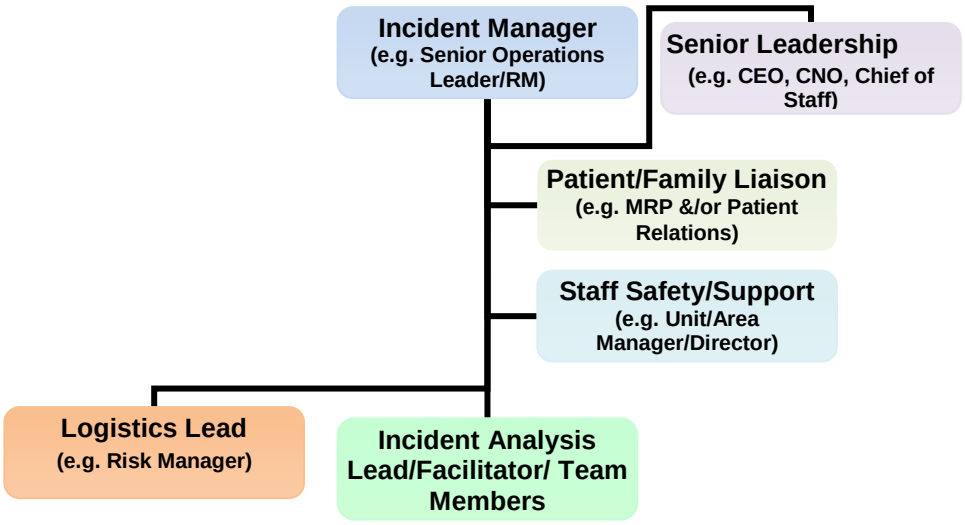

Figure 1: Incident Management System Framework for a Critical Incident Crisis Management Response

IMS Roles for Multi-Patient Events

Multi-patient events, or large-scale adverse events, are defined as individual, or a series of related events, that injure or increase the risk that many patients would be injured because of healthcare management. In general, the increased risk is neither anticipated by healthcare professionals nor recognized at the time of the incident. Examples of multi-patient incidents include: sterilization failures, infectious disease outbreaks, diagnostic errors, and privacy breaches.

While most of the strategies for managing critical incidents apply to management of multi-patient events, there are unique challenges they pose including:

- Identifying patients impacted;
- Identifying severity of impact;
- Notifying patients – how and when;
- Managing the media;
- Medical malpractice implications – class action lawsuits.

For multi-patient events, each of the IMS roles function the same with added responsibility, e.g. The Incident Manager is responsible for organizing and directing the management of the multi-patient event; the Public Information Lead develops a communication strategy and manages the media; the Logistics Lead assists in identifying impacted patients (including identifying severity of impact) and notifies the insurer; the Patient/Family Liaison notifies patients and families and provides support to them.

Refer to HIROC's Critical Incidents & Multi-Patient Events Risk Resource Guide Appendix 5 - Checklist for Managing Multi-Patient Events.

Legislative Protections and Confidentiality

Organizations should follow processes to invoke legislative protections as necessary (e.g. formal decision by quality of care committee) related to critical incident response and initiation of a critical incident analysis.

Privilege protection

An ongoing challenge in critical incident management is how to reconcile the need for staff to feel safe reporting incidents and participating in reviews with a commitment to transparency and full disclosure. In healthcare, if staff does not report incidents, these would largely remain hidden and important improvements in care would not be made. One of the ways to encourage reporting and candid discussion is to provide staff with legal assurances that their input into incident analysis would not be used against them or their colleagues for any other purpose, including disciplinary actions, lawsuits or other proceedings. This assurance is provided through “privilege” protection and includes solicitor-client, litigation, and quality assurance and litigation privilege.

Quality Assurance Privilege and Confidentiality

Inherent in quality assurance privilege is the maintenance of confidentiality and includes a four part test:

(1) Confidentiality is promised to review participants;

(2) Confidentiality is required to ensure participation;

(3) Participation is important to improving care; and

(4) The benefits of improving care outweigh the benefits of disclosure.

Note Taking During Critical Incident Response

Given the potential for subsequent legal proceedings, establish the usual practice of:

- Limiting note taking to matters related to the incident response process and plans only;
- Avoiding taking notes which include personal health information.

While it is appropriate to obtain preliminary facts and discuss how staff are feeling and coping, notes about the critical incident including (potentially erroneous) assumptions about cause should be avoided outside of the formal, confidential analysis process.

Note Taking During Analysis

Given the potential for subsequent legal proceedings, establish the usual practice of:

- Limiting note taking to one person (e.g. facilitator)

- Retaining the written notes only until the final report is completed, then shredding them as they were working documents

Case Study using the Critical Incident Crisis Management Team IMS roles

A married diabetic patient attended the Emergency Department (ED) with hypoglycemia and history of recent seizures. The patient had a seizure in the ED and was admitted to the Intensive Care Unit (ICU). While in the ICU, the patient's blood sugars were obtained and the readings were high. Based on these readings, the most responsible physician ordered the initiation of intensive insulin therapy, and in combination with nursing staff's uncertainty regarding the readings, this resulted in the patient going into an induced coma due to insulin overdose. The patient remains in a persistent vegetative state.

Incident Manager - The Director/Manager responsible for risk management takes the lead for critical incident management. The Incident Manager initiates the incident briefing. The Incident Manager ensures all of the things that need to happen do happen such as initial disclosure, designation of the incident as critical by the Quality of Care Committee/equivalent, reporting of the incident to Medical Advisory Committee (MAC) or equivalent, reporting to the insurer, support to staff/physicians, and follow-up with the family after incident analysis. The incident manager checks in with each of the IMS roles and ensures that briefings are happening regularly.

Senior Leadership – In this case there are two members of Senior Leadership who play prominent roles, the Chief Nursing Officer and the Chief of Staff, as the incident impacts nursing and medical staff. The Chief Nursing Officer may ensure the immediate needs of the family are met in collaboration with the Patient/Family Liaison and participate in disclosure to the patient's family. Based on provincial requirements, the Chief of Staff may ensure the incident is reported to the applicable committee(s) since it has been deemed a critical incident; the Chief of Staff also participates in disclosure to the patient's family. Both roles need to be cognizant of practice issues that require a separate review from the systems analysis.

Public Information – The Director responsible for Communications is the person who provides accurate, timely and consistent internal and external communications to enable a coordinated response. Should the healthcare organization receive an enquiry from the media, the Public Information Lead needs to be prepared to respond, i.e. identify a spokesperson. Internally, a member of Senior Leadership such as the President & CEO leads discussions with staff and physicians about what happened at the organizational level (i.e. Staff Forum) as part of promoting a just culture.

Patient/Family Liaison – The ICU Director or Manager may be the person who initiates disclosure with the family as soon as practicably possible after the incident has been identified and continues to dialogue with the family as more facts and information become known (e.g. post analysis disclosure once the incident has been reviewed). The Patient/Family Liaison is the primary contact for the family to provide timely information and to address their emotional and informational needs. The Patient/Family Liaison apprises the family of the incident analysis process, invites input into incident analysis, and ensures disclosure is documented.

Staff Safety/Support - The ICU Manager ensures emotional support to staff in the ICU. In this case, the Staff Safety/Support Lead needs to be cognizant that working relationships could be impacted given the circumstances of the critical incident. The Staff Safety/Support Lead needs to ensure staff are supported and are comfortable continuing to work. The Staff Safety/Support Lead ensures access to counselling (e.g. Employee Assistance Program) for staff so they can share their feelings about what happened. The Staff Safety/Support Lead identifies the staff who will participate in incident analysis and supports staff through the incident analysis process.

Logistics – The Director/Manager responsible for risk management helps to facilitate a decision on whether to trigger an IMS response to the incident. (In this case, the Incident Manager and the Logistics Lead is the same person). Once the Logistics Lead becomes aware of the incident they alert Senior Leadership of the incident. The Logistics Lead ensures the health record reflects the facts of what happened and ensures involved equipment is sequestered. The Logistics Lead works with clinical leadership to secure relevant policies related to the intensive insulin therapy protocol, paging records, and information related to the functioning of the glucometers that produced high readings as they were not functioning properly. The Logistics Lead reports the incident to the insurer and ensures a timeline of events is drafted in preparation for incident analysis.

Incident Analysis – The Director responsible for risk management/Director responsible for ICU is responsible for conducting a systematic analysis of the critical incident with a goal to improving patient safety, providing answers to the family, and identifying what will be done to prevent recurrence. The Incident Analysis Lead identifies the review team and then interviews the involved staff and physicians to determine what happened. Through the course of the incident analysis process the review team identifies:

1) what happened (reviews timeline of events),
2) what was supposed to happen (review of associated policies and equipment),
3) what typically happens (review of regular practice),
4) why did it happen (review of contributing factors), and
5) what can be done to prevent it from happening again (development of recommendations).

The Incident Analysis Lead collates the recommendations from the review and finalizes the recommendations in collaboration with appropriate hospital leadership (e.g. ICU Manager, Director responsible for ICU, Medical Director for ICU) to prepare a summary report for leadership review.

Job Action Sheets

INCIDENT MANAGER e.g. Senior Operations Leader/Risk Manager

Summary: Responsible for organizing and directing the incident management response and team.

Position Assigned to:_____ **Delegate:** _____

Date: ___/___/____ **Time:** _____**Hrs.**

Contact Phone Number: ___- ___ - ___

Immediate (0-2 Hours)

- ☐ Assume the role of Incident Manager and activate the IMS/elements of the IMS as needed
- ☐ Read this entire Job Action Sheet
- ☐ Notify your usual supervisor and the hospital CEO, or designate, of the incident
- ☐ Initiate the incident briefing and include the following information:
    - o Nature of the problem (incident type, injury/illness type, etc.)
    - o Need for modifying daily operations
    - o Need to establish the Command Centre as required
    - o Identification of the CICMT required to manage the incident
- ☐ Brief all appointed CICMT members of the nature of the problem, immediate critical issues and initial plan of action. Schedule the briefing cycle and designate time for next briefing.
- ☐ Routinely check in with the team using an established briefing cycle
- ☐ Establish immediate priorities to be addressed
- ☐ Oversee messaging to the patient, family members staff, physicians, media with Public Relations and/or Patient Relations
- ☐ In collaboration with the clinical team ensure the immediate needs of patient(s)/family/staff/physicians are met
- ☐ Consider key concepts important in management of critical incidents: disclosure; second victim; just culture; privilege protection
- ☐ Maintain documentation of all key activities, actions, and decisions

Intermediate (2-12 Hours)

- ☐ Ensure designates have been identified to fill the role in your absence

- ☐ Situation updates to staff (as needed)
- ☐ Staff and family support in place

Extended (Beyond 12 Hours)

- ☐ Ensure staff, patient, family, media briefings are being conducted regularly
- ☐ Observe all staff for signs of stress and inappropriate behaviour. Report concerns to the Staff Safety/Support Lead
- ☐ Address any health, medical, safety concerns
- ☐ Ensure all key actions of the CICMT are documented and retained for the Risk Manager
- ☐ Assess the plan developed by the CICMT for completeness
- ☐ Ensure IMS debriefings are scheduled to identify accomplishments, response and improvement issues
- ☐ When immediate crisis response is over, oversee incident debriefing to identify what worked well and opportunities for improvement

SENIOR LEADERSHIP e.g. Chief Executive Officer/Executive Director, Chief Nursing Officer, Chief of Staff, or other member of senior leadership team

Summary: Responsible for supporting the response team, for keeping the senior leadership team and the board informed and for liaising with high-level government officials as required.

In support of the Incident Manager, the CICMT and the critical incident response, mitigate a variety of potential/pending risks

Position Assigned to:_____ **Delegate:** _____

Date: ___/___/____ **Time:** _____**Hrs.**

Contact Phone Number: ___-___-___

Immediate (0-2 Hours)

- ☐ Assume the role of Senior Leadership and receive instruction from IM
- ☐ Read this entire Job Action Sheet
- ☐ If not the Chief Executive Officer (CEO); inform the CEO of the CI and provide regular updates; ensure the board is notified of the CI (through the CEO)
- ☐ Ensure the immediate needs of family and the family are addressed (coordinate with the Patient/Family Liaison)
- ☐ Be prepared to report matters to external regulatory agencies and for enquiries from them
- ☐ Participate in development/review of internal and external communications as appropriate
- ☐ Meet internal reporting obligations, e.g. Medical Advisory Committee or applicable committee(s).
- ☐ Ensure consistent, fair, and just processes for assessing accountability and dealing with potential staff performance issues related to a critical incident, e.g. practice issues

Intermediate (2-12 Hours)

- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ Consider implications for healthcare organization(e.g. reputation)
- ☐ Fulfill the IM role when the IM needs relief
- ☐ Update the Board as required

Extended (Beyond 12 Hours)

- ☐ Participate in critical incident review as appropriate
- ☐ Participate in disclosure to patient/family as appropriate

PUBLIC INFORMATION e.g. Public Relations/Communications

Summary: Responsible for accurate, timely and consistent internal and external communications to enable a coordinated response and minimize confusion.

Position Assigned to:_____ **Delegate:**_____

Date:___/___/____ **Time:**_____ **Hrs.**

Contact Phone Number: ___-___-___

Immediate (0-2 Hours)

- ☐ Assume the role of Public Information Lead and receive instruction from the Incident Manager (IM)
- ☐ Read this entire Job Action Sheet
- ☐ Assess media needs
- ☐ Keep media contact information current
- ☐ Identify key spokespeople (CEO or delegate) and conduct media training as required
- ☐ Review and refine key messages and ensure all public information releases are approved by the IM/Senior Leadership
- ☐ Consult with Risk Management to discuss legal, liability and risk considerations related to communications

Intermediate (2-12 Hours)

- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ Consider the event impact from the longer-term perspective:
  - ☐ Ensure designates have been identified to fill the role in your absence
  - ☐ Provide briefings to senior management and the board, and in consultation with the IM
  - ☐ Organize and prepare support materials for media briefings (as required)
  - ☐ Help develop regular updates for staff as required
  - ☐ Monitor broadcast and print media, using information to develop follow-up news releases and rumour control
- ☐ Ensure file copies are maintained of all information released

- ☐ Document actions and decisions on a continual basis

Extended (Beyond 12 Hours)

- ☐ Participate in event debriefing

See HIROC's Critical Incident & Multi-Patient Events Risk Resource Guide for suggestions for key messages/managing the media.

PATIENT/FAMILY LIAISON e.g. Most Responsible Practitioner (MRP) &/or Patient Relations

Summary: Responsible for ensuring timely information to the patient/family and that their immediate and longer term emotional and informational needs are met.

Position Assigned to:_____ **Delegate:**_____

Date:___/___/____ **Time:**_____ **Hrs.**

Contact Phone Number: ___-___-___

Immediate (0-2 Hours)

- ☐ Assume the role of Patient/family Liaison and receive instruction from IM
- ☐ Read this entire Job Action Sheet

Immediate Response and Initial Disclosure to Patient/Family

- ☐ Ensure a full clinical assessment is completed
- ☐ Ensure the immediate needs of the patient/family are met
- ☐ Address immediate clinical, psychological and emotional needs of the patient
- ☐ As soon as practical, communicate the facts of what occurred, the consequences for the patient, and treatment and follow-up to address these consequences
- ☐ Ensure all communications are culturally and linguistically appropriate
- ☐ Acknowledge the pain and distress caused
- ☐ Apologize and express empathy and compassion (e.g. I'm sorry this happened) even if the etiology/causes of the event are not yet known
- ☐ Avoid speculation, jumping to conclusions, and assigning blame
- ☐ Appoint a staff member (e.g. unit/area manager) to act as key contact and liaison if different from the MRP
- ☐ Discuss the organization's commitment to finding out why the event occurred and to do whatever possible to improve systems to prevent future similar events from happening to ,other patients
- ☐ Provide an overview of the incident analysis process and potential timelines
- ☐ Identify questions that the patient and family hope the analysis will address
- ☐ Document disclosure in the health record in accordance with organizational policy/provincial/territorial requirements

Intermediate (2-12 Hours)

Ongoing Communications

- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ If a delay in reporting back is encountered, apprise them of the situation and apologize
- ☐ Offer practical support (e.g. reimbursement for any out-of-pocket expenses)

Input Into Incident Analysis

- ☐ Discuss the opportunity for the patient and family to provide input into the analysis and explore how and when they might prefer to do this
- ☐ Establish the frequency with which the patient and family want to be updated on the progress of the analysis (e.g. set times or as new information becomes available)
- ☐ Appreciate the patient and family have an important and unique perspective on how the event unfolded and what might be done to improve care in the future
- ☐ Appreciate the patient and/or family may not be ready or able to provide input into the analysis due to acute stress and grief, a reluctance to relive the event, dealing with new medical needs, or managing details of life following the event
- ☐ Consider screening the patient (if available) to determine if psychologically and emotionally ready to participate
- ☐ If the patient and/or family is unable to participate, maintain communication and provide an opportunity to provide input at a later date if they choose

Extended (Beyond 12 Hours)

Post Analysis Disclosure

- ☐ Depending on the incident and with advanced preparation and planning, this could be carried out by the MRP and/or previously identified key contact staff and/or member(s) of the CI management team and/or other senior leader
- ☐ Schedule and carry out an interview with the patient and/or family with members of the CI Management Team (as required); generally this will entail an uninterrupted narrative of the event and suggestions on how care might be improved in the future
- ☐ Apologize (e.g. We deeply regret this occurred)
- ☐ Provide an overview of what happened, highlighting any new facts uncovered in the analysis (ensure these are also recorded in the Patient Relations file/Risk Management file
- ☐ Explain why the event happened and issues identified
- ☐ Outline recommendations for improvement; the steps (taken and planned) to reduce the risk of similar incidents. If the review was undertaken under specific legislative protection, there are confidentiality provisions that must be met.

- ☐ Identify a key contact (if different from the one previously identified) should they want updates on recommendations implementation

STAFF SAFETY/SUPPORT e.g. Unit/Area Manager/Director

Summary: Responsible for ensuring timely support for staff directly/indirectly involved in the event.

Position Assigned to:_____ **Delegate:**_____

Date:___/___/____ **Time:**_____ **Hrs.**

Contact Phone Number: ___-___-___

Immediate (0-2 Hours)

Supporting Staff

- ☐ Assume the role of Staff Safety/Support and receive instruction from IM
- ☐ Read this entire Job Action Sheet
- ☐ Ensure the personal safety of frontline staff has been assessed
- ☐ Identity appropriate frontline staff to participate in investigation of the critical incident
- ☐ Express empathy and deliver emotional "first-aid" (e.g. "I'm sorry this happened to you, we'll figure this out together")
- ☐ Ensure access to counselling (e.g. an employee assistance program or trained peer supports)
- ☐ Ensure access to formal interventions to address emotional or physical deterioration
- ☐ Identify and address unsupportive or critical colleague(s)

Intermediate (2-12 Hours)

- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ Coach on how to interact with and disclose the event to the patient and family as appropriate
- ☐ Provide information on next steps and how staff will be able to contribute to a review of the event
- ☐ Provide information on the law and legal processes that might surround the event; facilitate access to the Risk Manager if they are more suited to speak to this
- ☐ Ensure respectful interactions and discussions with staff in the course of incident analysis

- ☐ Provide support to resume/continue practice
- ☐ Evaluate ability of involved staff to resume activities

Extended (Beyond 12 Hours)

- ☐ Provide further clarity to the Senior Leadership/Incident Manager in especially egregious situations:
  - o Events thought to be the result of a criminal act;
  - o Purposefully unsafe or malicious acts intending to cause harm;
  - o Acts related to substance abuse;
  - o Events involving suspected patient abuse of any kind
- ☐ Participate in incident analysis/report preparation as required
- ☐ Continue to support staff

LOGISTICS e.g. Risk Manager/Clinical Manager

Summary: Responsible for ensuring a decision is made to trigger an IMS response or not, for ensuring key notifications (internal/external) notifications are made, for securing incident-related documentation and equipment, and, as required, for coordinating incident analysis meetings and interviews.

Position Assigned to:_____ **Delegate:**_____

Date:___/___/____ **Time:**_____ **Hrs.**

Contact Phone Number: ___-___-___

Immediate (0-2 Hours)

- ☐ Assume the role of Logistics and receive instruction from IM
- ☐ Read this entire Job Action Sheet

Notifications

- ☐ Ensure senior leadership is alerted to the critical incident including the Most Responsible Physician/Delegate. In off-hours ensure the Administrator-on-Call is notified
- ☐ Help facilitate decision on whether to trigger an IMS/crisis management response to the incident
- ☐ If IMS is triggered, help facilitate identification of the Incident Manager

Health Records and Other Materials

- ☐ Ensure staff record relevant patient care facts as soon as practically possible in health record (if delay is lengthy, appropriate “late entry” notation is required)
- ☐ Discourage changes to the patient record or the creation of personal records
- ☐ Ensure materials are sequestered (patient record, biomedical supplies and devices, video etc.)

Intermediate (2-12 Hours)

- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ Help to decide if an incident report has been/needs to be completed
- ☐ Discourage discussions including email outside of a formal, confidential analysis process

Extended (Beyond 12 Hours)

- ☐ Notify insurer/legal counsel, coroner as appropriate
- ☐ Support/facilitate/contribute to the critical incident investigation (e.g. preparation of a draft timeline of events, setting up staff interviews)
- ☐ Participate in discussions related to disclosure

CRITICAL INCIDENT ANALYSIS e.g. CI Analysis Team Lead/Facilitator (with other Team Members)

Summary: Responsible for carrying out the incident analysis including development of an event timeline, identification of potential gaps and recommendations for improvement, and preparation of a summary report.

Position Assigned to:_____

Date:___/___/____ **Time:**_____ **Hrs.**

Contact Phone Number: ___-___-___

CRITICAL INCIDENT ANALYSIS TEAM MEMBER(S)

Position(s) Assigned to:_____ / _____ / _____

In keeping with organizational policies on critical incidents, the following are some key items to consider:

- ☐ Assume the role of Incident Analysis Team Lead and receive instruction from the IM
- ☐ Read this entire Job Action Sheet
- ☐ Facilitate identification of other team member(s)
- ☐ Ensure designates have been identified to fill the role in your absence
- ☐ Brief other team members and review best practices for incident analysis (see HIROC Critical Incident & Multi-Patient Events Risk Resource Guide)
- ☐ Discuss whether review team members should/could be relieved of some of their usual duties in order to focus on the review
- ☐ Discourage discussions including email outside of the formal, confidential analysis process
- ☐ Identify information sources/data requirements to determine “What happened?” [e.g. health records, clinical data from physiological monitors and other biomedical devices; other records (e.g. paging, staffing and census records); physical artifacts, equipment, maintenance records; audio/visual tapes or photographs]
- ☐ Identify staff to be interviewed and ensure/delegate logistics related to meeting set-ups
- ☐ Review health record and draft/review initial event timeline
- ☐ Identify potential gaps and issues for further exploration

- ☐ Identify information sources to determine “What was supposed to happen?” (e.g. policies, procedures, and guidelines related to key processes under review, literature and other related external reports as required).
- ☐ Determine if additional expert opinion is required
- ☐ Carry out interviews
- ☐ Complete review including:
    - o Identify issues and contributing factors
    - o Develop effective recommendations for improvement

  Prepare a summary report for leadership review and approval

References

1. California Emergency Medical Services Authority. (2014) Hospital Incident Command System Guidebook Fifth Edition.
2. HIROC. (2015) Critical Incident & Multi-Patient Events Risk Resource Guide.
3. Ontario Hospital Association. (2008) OHA Emergency Management Toolkit. Developing a Sustainable Emergency Management Program for Hospitals. Chapter 5, Pg. 49-65.

This document will be updated as new information and insights arise. We are very interested in receiving questions, suggestions and feedback regarding this work. Please direct your comments to:

Healthcare Risk Management
Healthcare Insurance Reciprocal of Canada (HIROC)
4711 Yonge St. Suite 1600
Toronto, Ontario M2N 6K8
Tel: 1-800-465-7357
Email: riskmanagement@hiroc.com