

## Care – Acuity

This risk relates to high patient acuity and the associated complexity or challenging medical conditions. Risks emerge relating to clinical capacity, emergent care and response, potential for patient deterioration, and shortages in equipment or supplies. This document contains information entered by HIROC subscriber healthcare organizations (acute and non-acute) in the Risk Register application to help you in your assessment of this risk.



### Ranking/ratings<sup>1</sup>

- Likelihood – average score 3.90
- Impact – average score 3.80

**The Risk Register allows for risks to be assessed on a five-point likelihood and impact scale, with five being the highest.**

### Key controls / Mitigation Strategies

- Clinical:
  - ✓ Capacity – healthcare system partnering, bed plans, leadership review, Alternative Level of Care work stream
  - ✓ Patient deterioration – policies to support best practice, escalation guidance, resuscitation training, emergency response teams (adults and neonatal)
  - ✓ Obstetrical unit - timeouts/debriefs utilizing standardized tools such as those from Managing Obstetrical Risks Efficiently (moreOB)
  - ✓ Standardized education requirements across the team (e.g. IPAC, assessment, moreOB and obstetrical orientation)
  - ✓ Standardized communication tools such as, Situation-Background-Assessment-Recommendation (SBAR) including for handoffs and transfer between units
  - ✓ Huddles, and inter-professional rounds
  - ✓ Quality rounds with community partners (e.g. ventilator/trache)
  - ✓ HIROC Risk Assessment Checklists program with action plans implemented
  - ✓ Cross-training of nursing staff on combined units
  - ✓ Visual cues for patients at risk (e.g. falls armband, red socks)
  - ✓ Access to leadership including on-call process
  - ✓ Emergency skills/drills and simulation sessions
  - ✓ Case reviews with action plans to enhance patient safety
  - ✓ Learnings from annual coroner reports reviewed/communicated (i.e. Maternal and Perinatal Death Review Committee)
- Equipment and Supply with Acuity Risks:
  - ✓ Blood shortages – contingency plan development with partner collaboration
  - ✓ Supply shortages – redundancy for enough supplies available minimizing reprocessing after hours
  - ✓ Crash cart availability
  - ✓ CCTV camera usage
  - ✓ Call bells in stretcher bay
  - ✓ Use of bariatric equipment to prevent harm for patients/staff (e.g. evacuation chair, clinical equipment)
  - ✓ Preventative maintenance for defibrillators and available back-up defibrillators if needed



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### Monitoring / Indicators

- Capacity
  - ✓ Census and dashboards
  - ✓ Absenteeism rate
  - ✓ Agency nurse usage
  - ✓ Staffing requirements reviewed each shift
  - ✓ Workload reviews
  - ✓ Alternative Level of Care Targets
  
- Clinical
  - ✓ Learnings from critical incident reviews and case reviews
  - ✓ Number of patient safety events related to acuity and care
  - ✓ Number of workplace violence incidents from mental health and behavioural patients
  - ✓ Number of patient safety incidents per 100 patients
  - ✓ Number of codes (e.g. code blue – cardiac arrest/medical emergency, code pink – cardiac arrest/medical emergency infant or child, code white – violent/behavioural situation)
  - ✓ Number of transfers to other healthcare organizations for higher level care needs
  - ✓ Number of pressure injuries
  - ✓ Patient and family experience survey reviews
  - ✓ Number of complaints related to care
  - ✓ Staff feedback from surveys, huddles
  
- Clinical Maternal/Neonate
  - ✓ Number of critical/harmful events per 100 births
  - ✓ Number of postpartum mothers admitted to critical care unit
  - ✓ Volumes of births and length of stay

