



**Patient Safety Incident & Occurrence Report Form – Information sheet**

**Section A. Demographic Information** Complete all that apply

|                    |   |
|--------------------|---|
| Identification #   | Please do not complete. This information will be generated by the regional office once the report is entered in the data collection tool.                 |
| Date of Discovery  | Date providers noticed or discovered that an incident had occurred. This can be the same date as the date of occurrence.                                  |
| Date of Occurrence | Date providers believe the incident occurred. This can be the same date as the date of discovery.   |
| Patient Incident   | If an incident directly or indirectly affected a specific patient, or had the potential to affect a patient, or the delivery of care.                     |
| Patient Age        | If a patient incident, then indicate age of patient in years if 3 years or older. If the patient is under the age of 3 years, please indicate the months. |
| Patient Sex        | If a patient incident then complete sex.  |
| Division           | Indicate the division based on the type service /care being delivered.  |

The following patient safety incidents and occurrences will be mandatorily completed by FNIHB health personnel or transferred health authorities / societies when an occurrence takes place. Patient safety incidents and occurrences include, but are not limited to the following (see sections B and C below):

**Section B. Patient Safety Incident:** If applicable, check (x) only one. A patient safety incident is any incident directly or indirectly affecting the patient and the delivery of care. Report the incident in relation to its impact on the patient. Check one box only. Once completed, proceed to section C to indicate all associated factors to the patient safety incident. For other types of occurrences (not patient related), go straight to section C.

|   |  |
|---|--|
| <b>Medication / Immunization</b>  |  |
| Allergies <input type="checkbox"/> Known <input type="checkbox"/> Unknown | Patient presents with an allergic reaction to a medication or vaccine prescribed or administered by the FNIHB provider. Check ✓ whether known or unknown.      |
| Omission  | Patient’s medication or immunization was not given.  |
| Wrong Patient   | Patient received a medication / vaccine that was intended for another patient.   |
| Wrong Medication  | Patient received the wrong medication or vaccine.  |
| Wrong Dose / Rate   | Patient received the wrong dose or the wrong rate (IV flow) of medication or vaccine.  |
| Wrong Route / Site  | Patient received the medication or vaccine via the wrong route (eg. IV instead of IM or wrong IV line).  |
| Wrong Time / Delay  | Patient’s medication or immunization was delayed or received at the wrong time.  |
| Documentation Error   | A documentation error was caught related to the patient’s medication.  |
| Storage /Packaging/Labeling   | Storage, packaging or labeling of the patient’s medication or vaccines prepared and/or administered by FNIHB nurse are problematic (can contribute to errors). |
| Expired / Recalled Medication   | The patient’s medication or vaccines prepared or administered by the FNIHB nurse was recalled or has expired.  |
| Other   | Any other type of medication or immunization incident not listed above.  |

|   |   |
|---|---|
| <b>Intervention / Treatment</b>   |   |
| Allergies <input type="checkbox"/> Known <input type="checkbox"/> Unknown | Patient presents with an allergic reaction to a prescribed intervention or treatment. |
| Omission  | Patient’s intervention or treatment was not done.                                     |
| Wrong Patient   | Patient received an intervention or treatment that was intended for another patient.  |
| Wrong Treatment / Intervention  | Patient received the wrong intervention or treatment.                                 |
| Wrong Time / Delay  | Patient’s intervention or treatment was delayed or received at the wrong time.        |
| Documentation Error   | A documentation error was caught related to the patient’s intervention or treatment.  |



|                           |   |
|---------------------------|---|
| Sterility / Contamination | Medical equipment intended for patient’s intervention or treatment was contaminated, requiring sterilization. |
| Other                     | Any other type of intervention or treatment incident not listed above.  |

**Diagnostic Test**

|                           |  |
|---------------------------|--|
| Omission                  | Patient’s diagnostic test (radiology, laboratory) was not done                                   |
| Wrong Patient             | Patient received a diagnostic test that was intended for another patient                         |
| Wrong Test                | Patient received the wrong diagnostic test.  |
| Wrong Time or Delay       | Patient’s diagnostic test was delayed or received at the wrong time.                             |
| Documentation Error       | A documentation error was caught related to the patient’s diagnostic test.                       |
| Sterility / Contamination | Diagnostic test equipment intended for patient’s test was contaminated, requiring sterilization. |
| Other                     | Any other type of diagnostic test incident not listed above                                      |

**Patient Fall**

|                    |  |
|--------------------|--|
| Near Fall          | Patient or visitor slipped or tripped but was caught or managed to catch himself and avoided a fall.         |
| During Activity    | Patient fall was witnessed and occurred while mobilizing (ex. while walking or getting off examining table). |
| Found on the Floor | Patient fall was not witnessed, patient was found on the floor, stating fell.                                |
| Other              | Any other types of patient fall incidents not listed above.  |

**Self-Harm**

|   |   |
|---|---|
| Self-Destructive Behaviors  | Patient exhibits violence toward self (i.e. inflictions to physical body).  |
| Suicidal Ideation <input type="checkbox"/> Recurrence   | Patient communicating intention to commit suicide (i.e. “cry for help” etc.)<br>Check <input checked="" type="checkbox"/> if ideation is recurrent. |
| Attempted Suicide <input type="checkbox"/> Recurrence   | Patient actually attempting to kill self (i.e. medication overdose). Check <input checked="" type="checkbox"/> if attempt is recurrent.             |
| Suicide <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Poison <input type="checkbox"/> Overdose <input type="checkbox"/> Other | Patient intentionally kills self. Check <input checked="" type="checkbox"/> means utilized.   |

**Violence to Patient**

|               |  |
|---------------|--|
| Psychological | Patient experiences psychological harassment.                            |
| Cultural      | Patient experience is lacking cultural safety, sensitivity and humility. |
| Physical      | Patient experiences physical violence.                                   |
| Verbal        | Patient experiences verbal aggression.                                   |
| Sexual        | Patient experiences sexual violence (ex. sexual harassment, rape).       |
| Other         | Any other types of violence to patient not listed above.                 |

**Section C. Other Occurrences or Associated Factors to Patient Safety Incidents** Check (x) all that apply.  
Indicate in section C all associated factors to the patient safety incident reported in section B. If reporting a non-patient related occurrence, indicate the occurrence and all factors associated with the occurrence here. Check all boxes that apply.

**Patient Factors**

|                         |  |
|-------------------------|--|
| Diagnosis               | Patient’s diagnosis may be an associated factor to the incident.   |
| Pre-existing Conditions | Patient’s pre-existing condition may be an associated factor to the incident.  |
| Allergies               | Patient’s allergies (known or unknown) may have contributed to this incident.  |
| Substance Use           | Patient safety incidents or occurrences related to the ingestion/inhalation of a substance. Please indicate if related to <input type="checkbox"/> ETOH <input type="checkbox"/> IV Drug <input type="checkbox"/> Opioid <input type="checkbox"/> Other. If other, please specify. |
| Other                   | Any other potential patient factor that may be associated with the incident. Please specify.   |



### Cultural Safety

|                            |  |
|----------------------------|--|
| Language Barrier           | A language barrier between the patient and the care providers has affected the patient's ability to access or receive safe care / test / treatment.          |
| Lack of Respect            | Patient is treated disrespectfully affecting his ability to access or receive safe care / test / treatment.  |
| Discrimination             | Patient is discriminated against for various reasons affecting his ability to access or receive safe care / test / treatment.                                |
| Racism                     | Patient is experiencing racism affecting his ability to access or receive safe care / test / treatment.  |
| Lack of Cultural Awareness | A lack of cultural awareness on the part of the service or care providers affecting the patient's ability to access or receive safe care / test / treatment. |
| Other                      | Any other situation deemed culturally unsafe that may impede the patient's ability to access or receive safe care.   |

### Clinical Practice

|                          |  |
|--------------------------|--|
| Scope of Practice        | Incident related to nursing competencies or skills required for the provision of health care services for Indigenous patients.                                       |
| Policy                   | Incident related to a variance from current policy or standards, or their lack of.   |
| Intervention / Treatment | Incident related to an intervention or treatment process, including but not limited to referral and consultation.  |
| Diagnostic Test          | Incident related to diagnostic testing processes including laboratory testing, radiology imaging, etc.   |
| Medication               | Incident related to the medication management process including the ordering / prescribing, transcription, preparation, dispensing and documentation of medications. |
| Documentation            | Any clinical documentation concern noted as related to a patient's health record.  |
| Other                    | Any incident involving clinical or nursing practice not covered above.   |

### Service Delivery Issues

|                         |   |
|-------------------------|---|
| Patient Transport       | <input type="checkbox"/> Medevac <input type="checkbox"/> NIHB <input type="checkbox"/> Community Transp. Incident or occurrences related to the medical evacuation of a patient.   |
| Mode:                   | <input type="checkbox"/> Taxi <input type="checkbox"/> Ambulance <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Other: Indicate with a check <input checked="" type="checkbox"/> the Type and the Mode of transport. |
| Pharmacy related        | <input type="checkbox"/> Shipping Issues <input type="checkbox"/> Patient Meds Not Received Any occurrences or patient safety incidents related to a pharmacy services  |
| Dental                  | Any occurrence or patient safety incident related to dental services.   |
| Physician Services      | Any occurrence or patient safety incident related to physician / medical services.  |
| Mental Health Therapist | Any occurrence or patient safety incident related to mental health services.  |
| Receiving Facility      | Any professional/process issues related to the on-call facility (e.g. availability for telephone consultations)   |
| Workforce               | Any workforce issues (i.e. staff shortage)  |
| Other                   | Any occurrences affecting reduction or changes in pattern of service deemed significant by staff  |

### Security

|  |   |
|--|---|
| Security Guard Issues                                    | Any occurrence or patient safety incident related to security guard issues affecting staff, patients or visitors.   |
| Policing Issues  | Any occurrence or patient safety incident related to policing issues affecting staff, patients or visitors.   |
| Theft / Missing Personal Property                        | Any theft or missing personal property of a FNIHB staff, patient or visitor.  |
| Theft / Missing Facility Property / Materials / Supplies | Any theft or missing facility property / materials / supplies (ex. thermometer, oximeter, etc.)   |
| Theft / Missing Facility Medications                     | Refer to the Policy and Procedures on Controlled Drugs and Substances in FNIHB Health Care Facilities for missing counts, lost or stolen controlled drugs and substances. |
| Damage to Property                                       | Any type of damage to FNIHB property (ex. vandalism of property).   |
| Other  | Other types of security related occurrences not listed above.   |



### Violence to Staff

|          |  |
|----------|--|
| Physical | Physical harm or assault to nursing staff, other care providers or FNIHB support staff.          |
| Verbal   | Verbal abuse or harassment of nursing staff, other care providers or FNIHB support staff.        |
| Sexual   | Sexual harassment, assault or rape of nursing staff, other care providers or FNIHB support staff |
| Other    | Any other type of violence to staff not listed above.  |

### Equipment/ Supplies

|  |  |
|--|--|
| Computer Defect                                | Computer defect affecting the delivery of care or services.  |
| Telecomm. Systems Failure                      | Telecommunications systems failures affecting the delivery of care or services.  |
| Medical Device Malfunction                     | Medical devices malfunction affecting the delivery of care or services.  |
| General Equipment Breakage                     | General Equipment breakage affecting the delivery of care or services.   |
| Availability of Medical Supplies or Medication | The lack of medical supplies or medications affecting the delivery of care of services.  |
| Storage / Packaging                            | Issues related to storage (eg. temperature) or packaging (eg. breakage) affecting the delivery of care or services.                                    |
| Expiration                                     | The expiration of sterile supplies or medications affecting the delivery of care or services.  |
| Recall   | The recall of medical equipment, materials, supplies or medications affecting the delivery of care or services.  |
| Cleanliness                                    | The cleanliness of equipment, materials, supplies or medications affecting the delivery of care or services (eg. dirt noted on equipment or supplies). |
| Contamination                                  | The contamination of medical equipment, materials, supplies or medications affecting the delivery of care or services.                                 |
| Other  | Any other occurrences involving equipment, materials, supplies or medications affecting the delivery of care or services.                              |

### Facility

|                     |  |
|---------------------|--|
| Fire                | Fire in the facility affecting the delivery of care or services.   |
| Flood               | Flood in the facility affecting the delivery of care or services.  |
| Power Outage        | Power outage in the facility affecting the delivery of care or services.   |
| Heating/AC          | Heating or air conditioning issues (eg. too cold or too hot) in the facility affecting the delivery of care or services. |
| Cleanliness         | Cleanliness in the facility affecting the delivery of care or services.  |
| Contamination       | Contamination of the facility (chemical exposure, infectious diseases) affecting the delivery of care or services.       |
| Maintenance         | Maintenance issues in the facility (eg. broken lock on door) affecting the delivery of care or services.                 |
| Internet Connection | Internet connection issues in the facility affecting the delivery of care or services.                                   |
| Air Quality         | Air quality in the facility affecting the delivery of care or services.  |
| Other               | Other facility related issues affecting the delivery of care or services.  |

### Community / Environmental

|                                  |  |
|----------------------------------|--|
| Fire                             | Fire in the community or a forest fire, affecting care delivery (influx of patients, lack of housing for discharge, community evacuation).   |
| Flood                            | Flood in the community affecting care delivery.  |
| Inclement Weather                | Inclement weather such as blizzard or dense fog in the community affecting care delivery (patients or staff unable to present to facility, or resulting in a medical evacuation delay) |
| Toxic Spills / Chemical Exposure | A toxic spill or chemical exposure in the community.   |
| Major Accident                   | Any type of motor vehicle accident e.g. ATV, snow mobile, boat, plane, etc.  |
| CDC Outbreak                     | Communicable diseases outbreak in the community.   |
| Political issues                 | Any political occurrences affecting reduction or changes of services   |



|              |   |
|--------------|---|
| Animal Bites | An animal bite in the community resulting in a risk of rabies.  |
| Death        | Expected/unexpected death in the community (drowning, terminal illness, etc).   |
| Other        | Any other occurrence not listed above affecting reduction or changes in pattern of service deemed significant by staff (i.e. gang related violence in the community). |

**Section D. Brief description of the event.** To be completed by the Field Nurse or Nurse in Charge

Provide a brief and objective description of the patient safety incident or occurrence. Do not assign blame. Do not name the individuals involved.

**Section G Severity Rating and Disclosure** To be completed by the Nurse in Charge or the Nurse Manager

**Severity Rating:**

|                                |   |
|--------------------------------|---|
| <b>Risk situation</b>          | A risk situation is noted, not related at all to a patient or patient care. No impact on patient care.                                  |
| <b>Near Miss</b>               | An incident/error occurred, but the error was caught before it reach the client, staff, or visitor. The potential for harm was averted. |
| <b>Reached patient no harm</b> | An incident/error occurred that reached the client, staff or visitor, but did not cause harm/damage.                                    |
| <b>Temporary harm</b>          | An incident/error occurred that caused temporary harm and/or minor damage to the facility.  |
| <b>Permanent harm</b>          | An incident/error occurred that caused permanent harm and/or major damage to the facility (includes third party damage).                |
| <b>Patient death</b>           | An incident/error occurred that caused an unexpected death and/or damages resulting in long term/permanent closure of the facility.     |

**Sentinel Incident:** Any patient safety incident resulting in permanent harm or in the death of a patient is considered a sentinel incident. In addition, any event that has a potential negative impact on the reputation of the organization, or that attracts media attention or threats of legal action (irrespective of severity rating), can be deemed a sentinel incident. Sentinel incidents must be reported to the DON immediately and from the DON to the REO and to HQ within 24 hrs.

**Disclosure:** Any patient safety incident that resulting in temporary harm, permanent harm or in the death of a patient must be disclosed. In addition, incidents that reached the patient resulting in no harm to the patient, but requiring additional surveillance (including additional interventions, tests or a change in care plan) must also be disclosed. Please refer to the FNIHB Disclosure Policy and Process for guidance.

**Section H. Analysis Incident Analysis** To be completed by the Nurse in Charge or the Nurse Manager

**Contributing Factors:** Applies to all patient safety incidents, and completed post analysis. Reference: The Canadian Incident Analysis Framework (CPSI, 2012).  
**Category of Ambulatory Problems:** Applies to all patient safety incidents, and completed post analysis. Reference: Webster, J. S., et al. Understanding Quality and Safety Problems in the Ambulatory Environment (AHRQ, 2008).

**Abbreviations**

|  |  |
|--|--|
| AC – Air Conditioning                  | NIC – Nurse-in-Charge  |
| ATV – All-terrain vehicle              | NNADAP– National Native Alcohol and Drug Abuse Program       |
| CHN – Community Health Nurse           | NSRC – Nursing Services Resource Center                      |
| CHR – Community Health Representative  | NP – Nurse Practitioner                                      |
| CS – Health Canada, Corporate Security | OCISM – Occupational and Critical Incident Stress Management |
| Dent. – Dental professional            | OTC – Over-the-counter                                       |
| DON – Director of Nursing              | PC – Primary Care  |
| EHO – Environmental Health Officer     | PH – Public Health   |
| HCC – Home and Community Care          | PSO – Patient Safety Officer or Incident Manager             |
| HCP – Health Care Personnel            | REO – Regional Executive Officer                             |
| HQ – Head Quarters                     | RNO Regional Nursing Officer                                 |
| MD – Physician                         | RSM – Regional Security Manager                              |
| MH – Mental Health Professional        | ZNO – Zone Nursing Officer or manager                        |



Indigenous Services  
Canada

Services aux  
Autochtones Canada

Canada