**A**

# CONFIDENTIAL
# FIRST NATIONS AND INUIT HEALTH BRANCH
# PATIENT SAFETY INCIDENT - OCCURRENCE REPORT
## Description of Event and Community Level Actions

**Identification #:**___________

**Date of Discovery** (dd-mm-yyyy): ___________ **Date of Occurrence** (dd-mm-yyyy):_________ **Time of Occurrence** (hh:mm): ______

**Community:**_________________________________ **Division:** □ PC □ HCC □ PH

**Location:** □ FNIHB Facility □ FNIHB Grounds □ School □ Patient's Home □ Community □ Other ____________________

**Provider(s) Involved:** □ CHN □ NP □ CHR □ HCC □ MD □ Dent. □ NNADAP □ MH □ Other ____________________

**Patient Incident:** □ Yes □ No **Patient Age:** ______(years) **or** _____ (months) **Sex:** □ Male □ Female □ Non-binary

**B**

**Patient Safety Incident.** If applicable, check (x) only one.

| Medication / Immunization | Intervention / Treatment | Diagnostic Test | Patient Fall | Self-Harm | Violence to Patient |
|---|---|---|---|---|---|
| □ Allergies<br>□ Known □ Unknown<br>□ Omission<br>□ Wrong Patient<br>□ Wrong Medication<br>□ Wrong Dose / Rate<br>□ Wrong Route / Site<br>□ Wrong Time / Delay<br>□ Documentation Error<br>□ Storage /Packaging / Labeling<br>□ Expired / Recalled Medication<br>□ Other __________ | □ Allergies<br>□ Known □ Unknown<br>□ Omission<br>□ Wrong Patient<br>□ Wrong Treatment / Intervention<br>□ Wrong Time / Delay<br>□ Documentation Error<br>□ Sterility / Contamination<br>□ Other ______________ | □ Omission<br>□ Wrong Patient<br>□ Wrong Test<br>□ Wrong Time or Delay<br>□ Documentation Error<br>□ Sterility / Contamination<br>□ Other _____________ | □ Near Fall<br>□ During activity<br>□ Found on the floor<br>□ Other __________ | □ Self Destructive Behaviors<br>□ Suicidal Ideation<br>□ Recurrence<br>□ Attempted Suicide<br>□ Recurrence<br>□ Suicide<br>□ Drowning<br>□ Hanging<br>□ Poison<br>□ Overdose<br>□ Other ____________ | □ Psychological<br>□ Cultural<br>□ Physical<br>□ Verbal<br>□ Sexual<br>□ Other ____________ |

**C**

**Other Occurrences or Associated Factors to Patient Safety Incidents.** Check (x) all that apply

| Patient Factors | Clinical Practice | Service Delivery Issues | Security Issues | Equipment/Supplies | Facility |
|---|---|---|---|---|---|
| □ Diagnosis<br>□ Pre-existing Conditions<br>□ Allergies<br>□ Substance Use<br>□ ETOH □ IV Drug<br>□ Opioid □ Other<br>□ Other _____________ | □ Scope of Practice<br>□ Policy<br>□ Intervention / Treatment<br>□ Diagnostic Test<br>□ Medication<br>□ Documentation<br>□ Other __________ | □ Patient Transport<br>□ Medevac<br>□ NIHB<br>□ Community Transp.<br>Mode: □ Taxi □ Ambulance<br>□ Air □ Boat<br>□ Other: ______<br>□ Pharmacy related<br>□ Shipping Issues<br>□ Meds Not Received<br>□ Dental<br>□ Physician Services<br>□ Mental Health Services<br>□ Receiving Facility<br>□ Workforce: Staff Shortage<br>□ Other ___________ | □ Security Guard Issues<br>□ Policing Issues<br>□ Theft / Missing Personal Property<br>□ Theft / Missing Facility Property / Materials / Supplies or Medications<br>□ Damage to Property<br>□ Other ____________ | □ Computer Defect<br>□ Telecomm. Systems Failure<br>□ Medical Device Malfunction<br>□ General Equipment Breakage<br>□ Availability of Medical Supplies or Medication<br>□ Storage / Packaging<br>□ Expiration □ Recall<br>□ Cleanliness □ Contamination<br>□ Other __________ | □ Fire<br>□ Flood<br>□ Power Outage<br>□ Heating / AC<br>□ Cleanliness<br>□ Contamination<br>□ Maintenance<br>□ Internet Connection<br>□ Air Quality<br>□ Other ________ |

| Cultural Safety | Violence to Staff | Community / Environmental |
|---|---|---|
| □ Language Barrier<br>□ Lack of Respect<br>□ Discrimination<br>□ Racism<br>□ Lack of Cultural Awareness<br>□ Other __________ | □ Physical<br>□ Verbal<br>□ Sexual<br>□ Other___________ | □ Fire □ Flood □ Inclement Weather<br>□ Toxic Spills / Chemical Exposure □ Major Accident<br>□ CDC Outbreak □ Political issues<br>□ Animal Bite □ Death<br>□ Other _________________ |

**D**

**Brief Description of Event**

**E**

**Actions taken by Nurse (CHN)/ NIC or other health care personnel.** Check (x) all that apply

| Consultation | Intervention | Notification | | |
|---|---|---|---|---|
| □ Physician □ NP □ CHN □ NIC<br>□ Mental Health Services<br>□ Child Care Services<br>□ Police<br>□ Community Program Staff ______________<br>□ Other ________________ | □ Medical Evacuation by:<br>□ Land □ Air<br>to: ______________________<br>□ Observation _______ hrs<br>□ Discharged to: ______________<br>□ Accompanied by: ____________<br>Date:_______ Time:_______ | □ Nurse Manager<br>□ Facilities / Maintenance<br>□ Regional Security Manager<br>□ Regional Pharmacist<br>□ EHO<br>□ Other __________________ | □ Health Director<br>□ Chief & Council ________<br>______________________<br>□ Other ________________<br>______________________<br>______________________ | □ NSRC<br>□ OCISM<br>□ Coroner<br>□ Police<br>□ Other<br>__________________<br>__________________ |

**Follow-up required at community level:**

| Prepared by (Print name): | Signature: | Date Report Completed: | Date Report Sent: |
|---|---|---|---|
| | | | |

Indigenous Services Canada / Services aux Autochtones Canada

Canada

**CONFIDENTIAL**
**FIRST NATIONS AND INUIT HEALTH BRANCH**
**PATIENT SAFETY INCIDENT - OCCURRENCE REPORT**
**Analysis and Recommendations**

**Page 2 - To be completed by the Nurse in Charge / Nurse Manager / Patient Safety Officer as per regional processes.**

Date of Occurrence**:** (dd-mm-yyyy): ______________ Community: ____________________ Identification #: ________________

## F

| Nurse in Charge or Nurse Manager | | Patient Safety Officer* / Incident Manager* *for patient safety incidents only |
|---|---|---|
| **Actions taken:** | | **Actions taken:** |
| **How the incident / occurrence affects the ability to deliver health services:** | | **How the incident / occurrence affects the ability to deliver health services:** |
| **Recommendations:** | | **Recommendations:** |
| **Name:** | **Title:** | **Name:** |
| **Signature:** | **Date** (dd-mm-yyyy): | **Signature:** **Date** (dd-mm-yyyy): |

## G

**Sections G and H to be completed by the Nurse in Charge or Nurse Manager for Patient Safety Incidents only.**

**The consequences to the patient involved:**

**Severity Rating of the Patient Safety Incident:**
-□-Risk situation -□-Near Miss -□-Reached patient no harm -□-Temporary harm -□-Permanent harm -□-Patient death

**Initial Disclosure Status:**
-□- N/A -□- Planned -□- Completed/Date (dd-mm-yyyy): _____________

**Sentinel Incident:** -□- Yes* -□- No
**If yes, alert DoN immediately.*

## H

**Suggested Incident Analysis Type:**
-□- N/A -□- Concise -□- Comprehensive (complete Nurse Manager's initial investigation report)* -□- Multi-incident
**Comprehensive analyses are completed for all sentinel incidents.*

**Contributing Factors (**post analysis**):**
-□-Task -□-Equipment -□-Work Environment -□-Patient -□- Care Team -□-Organization -□- Cultural Safety and Humility

**Category of Ambulatory Problems / Errors (**post analysis**):**
□ Judgment error □ Continuum of Care □ Delay in Treatment □ Adverse Drug Events
□ Communication Problems □ Missed/Delayed Diagnoses □ Avoidable Harm □ Common Issues

## I

**Report forwarded to:**
□ Director of Nursing □ Regional Director □ Health Director □ HQ □ OCISM □ Facilities □ Regional Security □ Coroner □ EHO □ Other

Name: _________________________________ Signature: _________________________________
Title: _________________________________ Date report closed (dd-mm-yyyy):_________________