## **QUALITY and RISK MANAGEMENT**

## **Incident Management System (IMS)**

#### Overview

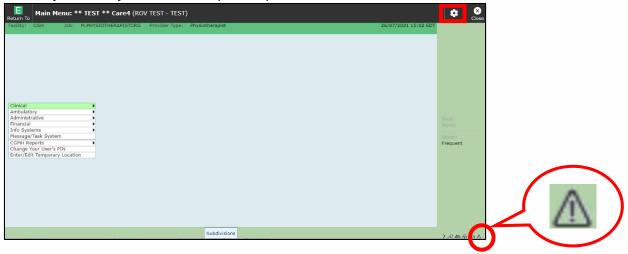
This document provides instructions on how to enter, manage and create a quality of care review within the QRM module.

## **Functionality & Tips**

- The number and type of sections within incident forms may differ slightly depending on the type of Incident being entered and the affected person (e.g. patient, nonpatient or employee).
- Fields that have an \* are mandatory and you will be unable to save without completing them.
- The "-" and "+" buttons above or beside a section will collapse and/or open that section.
- "ALL" button will select all options within a section; click once to select, click twice to deselect.
- The "+" and "X" buttons below entry fields are for adding additional information/names or removing ones entered in error.

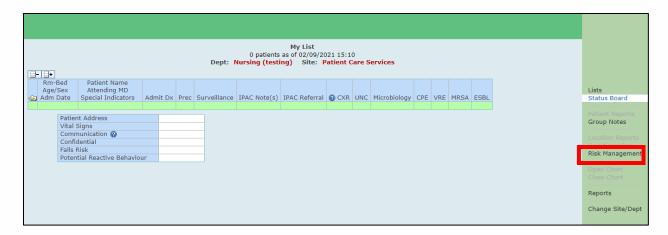
#### **How to Enter an Incident**

In order to enter an incident you can click on the Cog in the upper right corner or the triangle symbol in the lower right hand corner. One or both of these options will be available to you in any Meditech Expanse platform.

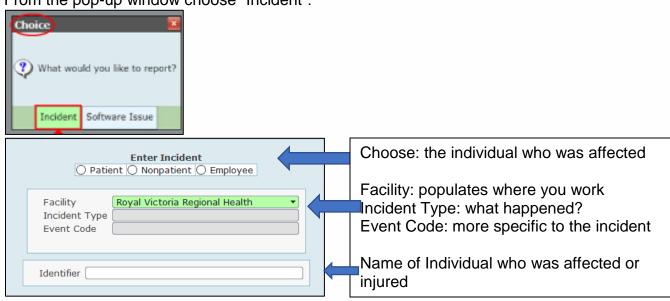


The Incident Management System is also available from PCS/EDM modules via the Risk Management option; then click "New" to start entering an incident.





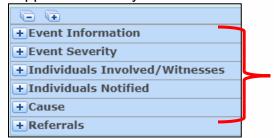
From the pop-up window choose "Incident".



# **Template Outline**

#### **Submitter Sections**

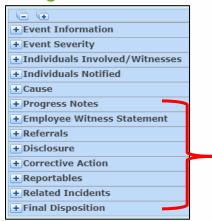
All templates have submitter entry areas and manager/leader entry areas. The submitter area outlines the incident that occurred, any actions taken, the reason the incident happened and any other individuals who were present at the time.



These sections will be filled out by the submitter. However sections differ based on the incident being entered or the individual who was affected.



## **Manager/Leader Sections**

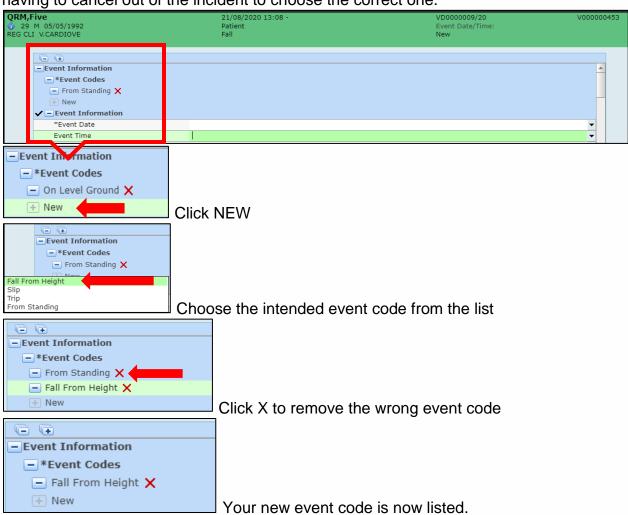


The assigned Manager/Leader can review the submitted information, edit if necessary and complete the remaining sections.

# **Incident Template**

#### **Event Codes**

From here you can change the event code that you picked, on the initial page, without having to cancel out of the incident to choose the correct one.



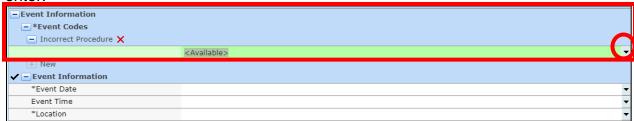


## **CDS (Customer Defined Screen)**

Some incidents have an additional step in the event code section, specifically:

- Compliment, Concern, Discrimination, Inquiry and FYI (Patient Relations RVH only)
- GV Internal Pharmacy (GBGH & RVH)
- GV Imaging Services (GBGH & RVH)
- GV Labour/Delivery and Maternal Child (GBGH & RVH)

These incidents have an additional entry section below the event code that you must enter.



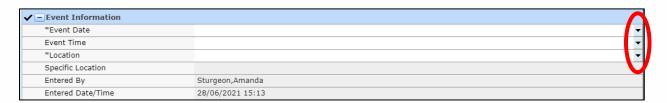
Click the drop-down arrow and select the most appropriate option for the incident you are entering.



In this example event code "Incorrect Procedure" has the additional factor of "Incorrect Body Part Imaged".

#### **Event Information**

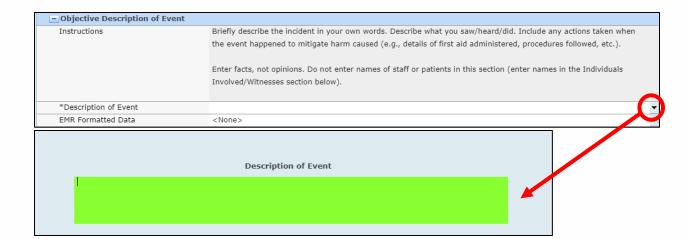
Staff must enter the date of the incident and location; by choosing the location the system knows which manager/leader to send the incident report to. Entered by and Entered Date/Time will automatically populate when the incident is entered.



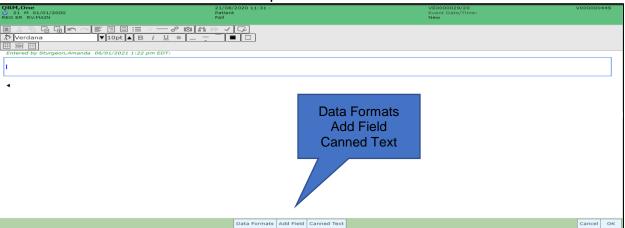
## **Objective Description of the Event:**

Using the drop-down arrow, a documentation box will open. In this section you will document the event, giving only facts, and no names should be used.





Using the drop-down arrow for EMR Formatted Data, will allow you to pull the last entered information from EMR for that patient.



**Data Formats** = documented information directly from patient chart in EMR (e.g. vitals, allergies, labs, imaging).

**Add Field** = any data available on the list, of that has been entered, can be pulled into the documentation (Account, Insurance, Address, Provider, admit date etc.).

**Canned Text** = frequently used, prepopulated statements that can be added to a chart quickly. Note: *EMR formatted Data* section may not be available on some templates.

## **Associated Employee Injury**

Some templates require staff to indicate if an employee was injured during the patient incident, and if so, reminds them to complete a separate Employee Incident.



#### Individuals Involved/Witnesses

Staff can add names of other individuals who were there during the incident. Click on the drop-down arrow and choose from the list. No email notification will be generated and the individual will not be able to view or edit the incident that they are named in.



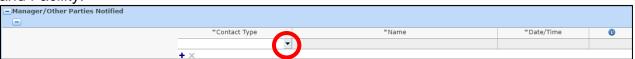


#### **Individuals Notified/Parties Notified**

Staff can identify the individuals who were notified that the incident occurred, this is a single or multiple choice field. Click to select, a second click will unselect.

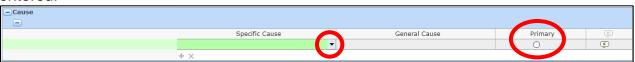


Note: there may be different sections to capture this information based on Incident Type and Facility.



## Cause (Note: not on all templates, it is dependent on facility and/or Incident type)

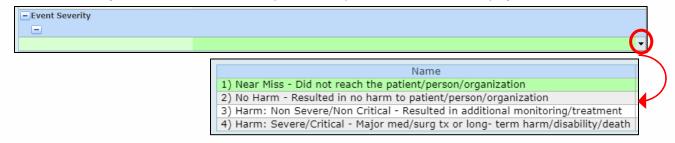
Choose from the list by clicking on the drop-down arrow. Where there is more than one cause, click "+" to choose another. If there is only one associated 'General Cause' it will automatically populate. Where there is more than one cause, you will choose a primary cause (most contributing). The list of causes are specific to the type of incident being entered.



### **Event Severity**

Use the drop-down arrow to open up the menu for your event severity. If needed you can refer to the <u>Event Severity Scale reference</u> document below for clarification.

Note: the severity scale is different between patient/non-patient incidents and employee incidents at CGMH





## **Event Severity Scale Reference**

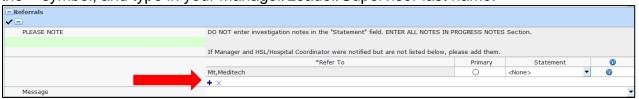
Harm/Severity Levels for Patient and Non-Patient Incidents			
Harm Level	Definition	Clinical / Patient Examples	Non-Clinical / Non-Patient Examples
Near Miss	Incident that did not reach the patient	Wrong isolation signs on door, which is corrected before someone enters with inappropriate PPE     Almost gave a medication and realized the patient has a known allergy to that medication	Ice buildup on the sidewalk at patient entrance     Malfunctioning automatic door that is closing too quickly is reported by a Volunteer and repaired
No Harm	Incident that reached the patient, but no discernable harm resulted	Bloodwork drawn on the wrong patient – discovered and drawn on the correct patient     Wrong medication/dose given to patient with no discernable harm	Malfunctioning automatic door that is closing too quickly hits a volunteer causing them to fall without injury
Harm: Non- Severe/Non- Critical	Patient outcome is symptomatic Symptoms are mild/moderate May require some level of intervention May cause short term to permanent harm or loss of function May require increased length of stay	Incorrect dose of blood pressure medication given to patient resulting in blood pressure drop. IV bolus given; no further intervention required     Post-operative patient given soft diet instead of clear fluids     Patient fall resulting in laceration, bruise, fracture etc.     Patient fall resulting in small subdural hematoma that did not cause any symptoms but required them to stop blood-thinners	Malfunctioning automatic door that is closing too quickly hits a volunteer causing them to fall and fracture an arm     A physical altercation between two visitors results in one being treated for a broken nose
Harm Level	Definition	Clinical / Patient Examples	Non-Clinical / Non-Patient Examples
Harm: Severe/Critical	Patient requires life-saving intervention or major surgical/medical intervention Life expectancy may be shortened May cause major permanent, or long-term harm or loss of function May result in death that on the balance of probabilities was caused or brought forward by the incident	Medication was given that patient was known to be allergic to – patient required transfer to ICU, resulting in increased length of stay     Unexpected death, including suicide within the organization     Patient fall resulting in subdural hematoma that caused one-sided weakness requiring rehabilitation     Defective medical device causes disconnection of dialysis line resulting in significant blood loss requiring transfusion	Infrastructure failure causing death of a visitor

#### Referrals

This section captures who the incident will be sent to. Referrals are automatically populated based on location/unit/area and/or incident type.

## For Allied Health staff and Support Services Staff:

If you do not see your manager listed in the Referrals section, you must add them. Click the + symbol, and type in your Manager/Leader/Supervisor last name.

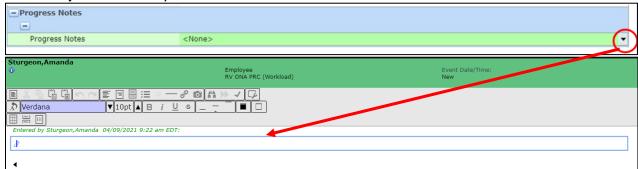


This ends the submission of an Incident by a staff member. The following sections are applicable to Manager/Leaders/Supervisors who follow up on Incidents.

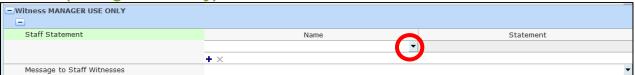


### **Progress Notes**

Managers/Leaders/Investigators will enter notes by clicking on the drop-down arrow which opens up a documentation section. Use the data formatting buttons as described in the Objective Description of Events Section above.



## Witness (Manager Use Only)

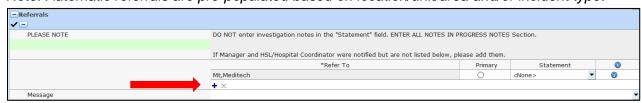


Managers/Leaders/Investigators can add a Staff Witness using the same process as done in previous sections. When a staff witness is added the staff member will receive an email notification asking them to enter a statement. You also have the option of including a message to the employee witness (e.g. *Please provide details of your involvement in the incident. Thanks, Amanda*).

#### Referrals

Where the assigned Manager ("Primary referral") deems necessary they can refer to another Manager/Leader/Supervisor. To add another Manager click on the drop-down arrow or click the + symbol to open the Staff dictionary and search by last name. This will generate an email to that person advising them of their referral and the incident information. Use the Message text box to add a custom message/instructions to the email the referred person will receive.

Note: Automatic referrals are pre-populated based on location/unit/area and/or incident type.

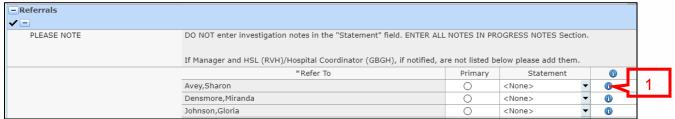


### **Completing your Referral**

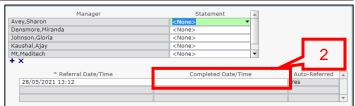
Once you have reviewed a referred incident, entered your progress notes and completed your follow-up on the incident you should mark your referral as "Completed" to remove the incident from your worklist. This also lets other referred Managers know you have finished working on this incident as a (C) will appear in front of your name in the "\*Refer To" list and the "Referrals" column on other referred Manager's worklists.



Note: Choosing "Primary" will bring the Manager/Leader/Investigator to the top of the Refer To list. The primary referral is the person responsible for the management of the incident within IMS.

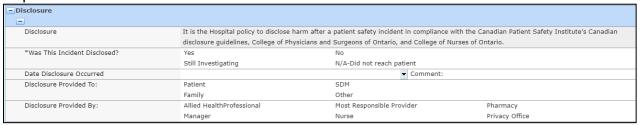


- 1. Click the "i" beside your name.
- 2. Click in the Completed Date/Time field, enter the date & time you completed your involvement. Shortcut reminder: you can enter "t n" and click enter.



#### **Disclosure**

This section appears on all patient incident forms and includes one mandatory question. If the incident was disclosed the other fields should be completed. If disclosure has not yet been decided, choose still investigating. This can be changed prior to setting the final disposition.



#### **Corrective Action**

This is where you can document the corrective action taken to prevent the incident from happening again (e.g., policy review, education etc.).



Click "New"; a picklist will appear, choose the appropriate one. A comment field is available if you want to document a statement explaining the action taken.

## Reportables

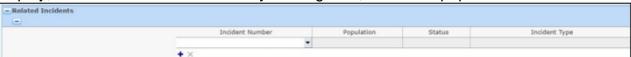
This section is similar to the Corrective Action section. Note: completing this field, does not notify anyone/agency, it strictly documents that a person/agency/committee was notified of the incident.





#### **Related Incidents**

If there are any similar or duplicate incidents for this particular patient, you can link them here. Click the drop-down arrow beside Incident Number and the related incidents will display, choose the associated one by clicking on it; it will now populate in the section.

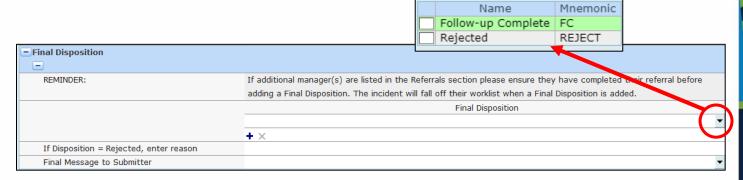


### **Final Disposition**

Final disposition should only be set, by the primary referral, once all other parties in the referral section have entered a statement or completed their review. To complete an incident, choose one of the options from the drop-down menu. If you choose rejected, enter the reason in the comment box below.

Final Message to Submitter: you can enter a custom message in this text box, which will be included in the email sent to the person who submitted the incident. It is suggested you add your name so they are aware of who the message is from; as emails are sent from "Partners4Health".

Once complete the incident will be filed and removed from the Incident Desktop.



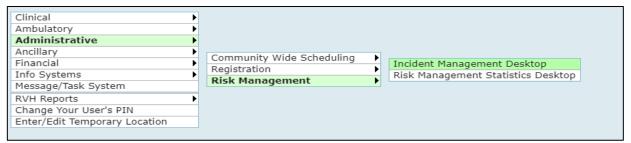


The following pages are for Managers/Leaders/Investigators. This will review Incident Follow-up, Functionality of the Incident Management Worklist and how to create an Incident Review.

# **Incident Management Worklist Reference Sheet**

You can get to the Incident Management worklist in 2 ways:

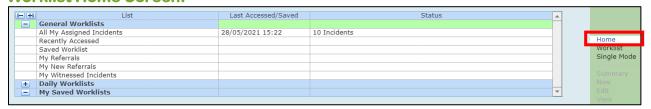
1. Main menu/home screen.



2. Risk Management button on your side menu from PCS, EDM tracker or SUR tracker. Click **Risk Management** and you will be taken to your home screen in the Incident Management Desktop.



#### **Worklist Home Screen:**



By clicking **HOME** on the menu, you will see a summary of incidents, as shown above. Below are the explanation for a few of the most commonly used worklist options.

- All My Assigned Incidents are the incidents which occurred in the area/department/unit you manage.
- My Referrals are all incidents that you have been referred on.
- My New Referrals are the incidents that someone has included you on for your review since your last log in.

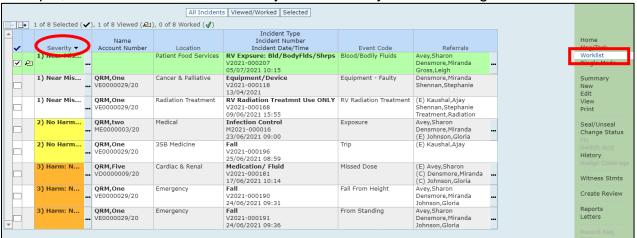


 My Witnessed Incidents are those which you have been added as a Staff Witness and you need to enter your statement regarding the event.

#### **Worklist Screen:**

All columns can be sorted by the label in the blue header bar in ascending or descending order.

An arrow will be visible to show you what the worklist is currently sorted by. For example, the worklist below is sorted by event severity in descending order.



Severity levels are colour coded based on level of harm

Near Miss = No colour/White

No Harm = Yellow

Harm: Non Severe/Non Critical = Orange

Harm: Severe/Critical = Red

## Referrals – Actions Taken by Others



Other Manager's actions to date are indicated by the letter in front of their name:

No letter means they have not opened the incident

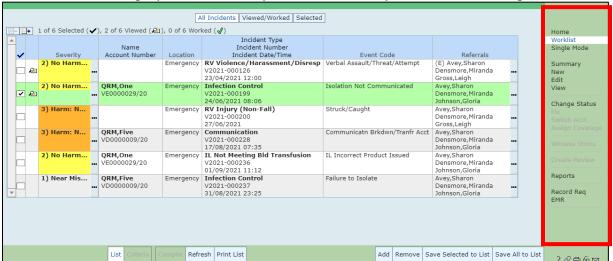
- (V) = Viewed incident
- (E) = Entered notes
- (C) = Completed their involvement



# **Worklist Side Bar Functionality**

The tasks are listed on the right-hand side of the screen, the menu. NOTE: the functions outlined below may or may not be available to you depending on your access. If a function is not available it will not be visible in your side-bar.

When first opening your Risk Management Desktop the right panel functions are limited. Functions that are greyed out are only available when you search via Single Mode.

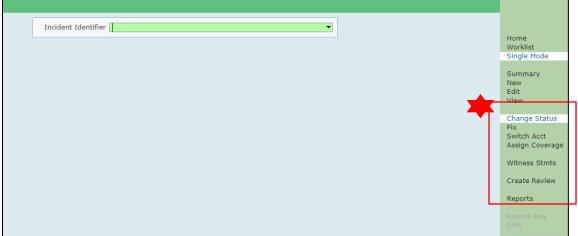


## **Single Mode**

You can search for any incident by clicking on the drop-down arrow and entering the required information in the appropriate fields:

- Incident Number (e.g. V2021-127 the leading zeros are not required)
- Account Number (Name, Account #, EMR # or Medical Record #)
- Employee (Name or Employee #)
- Non-patient (Incident number only e.g. V2021-36)
- Accessed (accounts you have most recently accessed)







## **Summary**

When an incident is selected on the worklist, clicking Summary provides a list of all incidents for the same Account/Med Rec Number (this visit only) or Employee.

#### New

Clicking NEW on the menu, will open the main incident-entry screen to enter a new safety incident

#### **Edit**

When an incident is selected on the worklist, clicking edit allows you to make changes to the incident

#### View

When an incident is selected on the worklist, clicking view allows you to review the incident but you are unable to edit any fields.

#### **Print**

NOTE: For privacy reasons, the print feature is available to a specified group of individuals. When an incident is selected on the worklist, clicking print gives those who have access the option to print or print preview. Upon clicking print you will have the option to supress blank sections, or only print selected fields.

#### Seal/Unseal

This function allows users to restrict access to an incident.



You must choose the incident you wish to seal/unseal by highlighting in the worklist view or by using the single mode search.

- Choose Seal/Unseal Yes/No
- Enter the reason for Sealing or Unsealing
- Hit SAVE

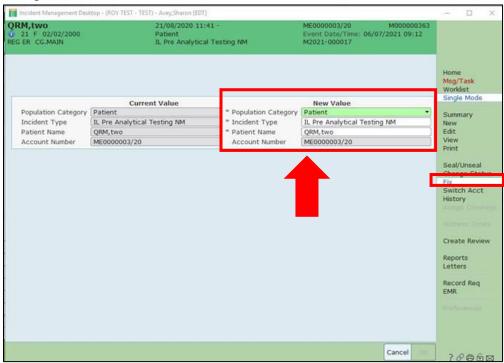
#### Fix

Allows you to change the review type or change the patients name when the wrong one was selected initially. This can only be accessed via a single mode search (e.g., name, account number, EMR or Medical Record number must be known). From the summary



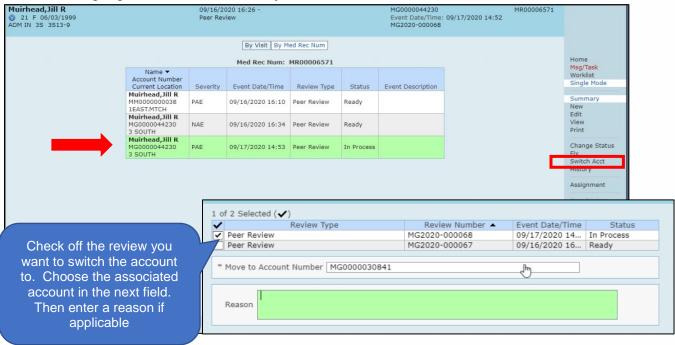
**Quick Key Functions** 

screen select the account you wish to fix. Below you will see we can fix the following categories listed.



#### **Switch Account**

Allows you to switch the account the review was associated to. Again, search by single mode and highlight the incident which you wish to correct and click "Switch Acct".

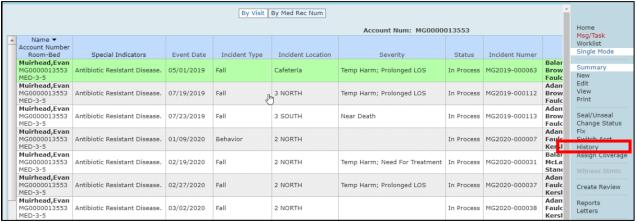


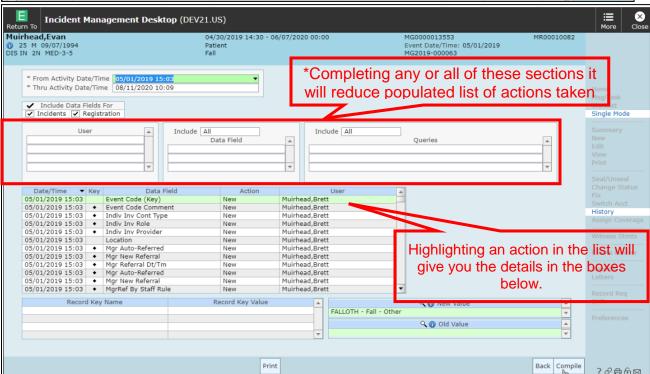


## **History**

This function acts as an audit trail for Incidents, and will display any actions taken and fields that were documented in.

This can be accessed from your worklist or by the single mode function. Highlight the incident you wish to review and click on history on the menu bar.





\*Note: If you choose to filter by Data Field or Queries; you must change Include from "All" to "Selected" by using the drop-down arrow.

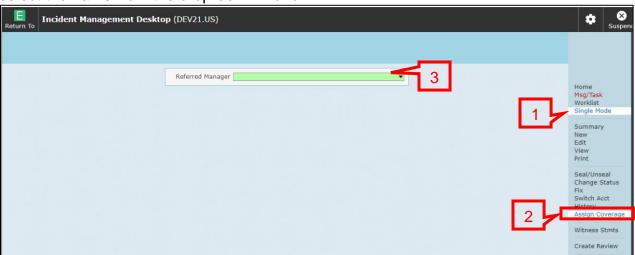
## **Assign Coverage**

This function is used when a Manager/Leader will be off for vacation, leave, etc. and will ensure that incidents will be sent directly to the covering leader for investigation/follow up. Coverage can only be assigned when in Single Mode from the Menu bar.

- 1. Click Single Mode
- 2. Click Assign Coverage

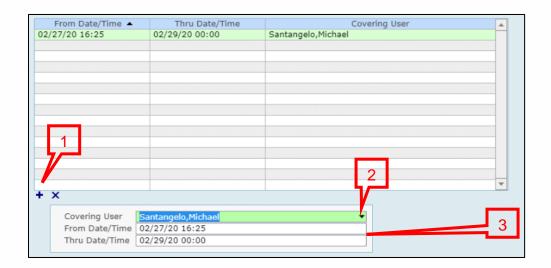


3. Referred Manager is the person requiring coverage (you); type the name in the field or select the name from the drop-down menu.



From the Assign Coverage Screen you will complete the following 3 steps:

- 1. Click + to set a new coverage period.
- 2. Choose the Manager/Leader who will be covering in from the "covering user" drop-down or type in their name.
- 3. Enter the "From Thru" date and time to set the coverage period and click save.

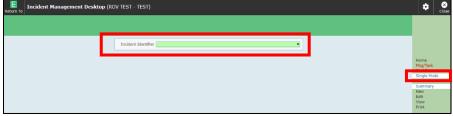




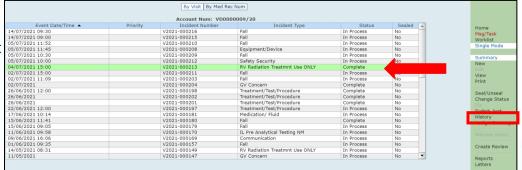
## **Opening a Completed/Closed Incident**

In order to open an incident that has been closed do the following, starting in worklist view:

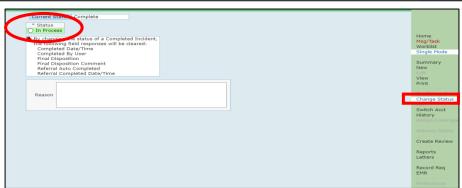
- ✓ Click on Single Mode
- ✓ Choose your search mode
- ✓ Enter the search criteria



✓ Click on the incident



- ✓ Click Change Status
- ✓ Check off In Process
- ✓ Click SAVE





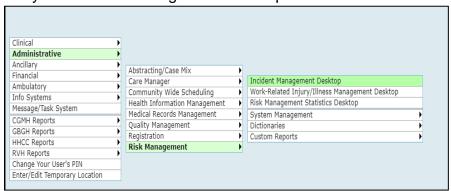
# **Quality of Care Review**

# **Creating a Review**

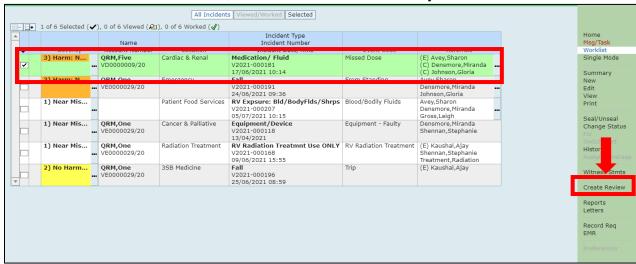
## **Via the Incident Management Desktop**

A review can be created through the Incident Management Desktop as well as the Quality Management Desktop by clicking "New" on the right menu panel. However it is recommended that a Review is created from the Incident Management desktop as it will populate the incident number, location and event date/time, reducing the risk of error. NOTE: Do not start a review without notifying the Quality and Risk department within your organization.

1. Access your Incident Management Desktop

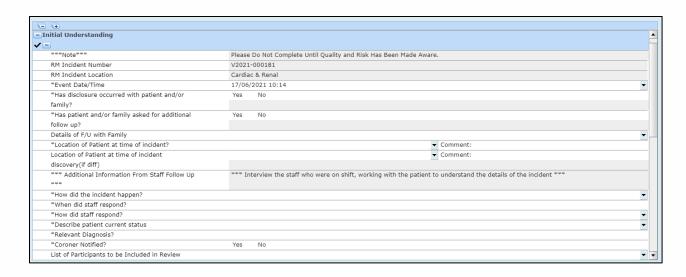


2. Select the Incident for review, click "Create Review" from your sidebar functions



3. Managers/Leader will complete the Initial Understanding of Facts section. Questions/fields with an \* in front are required fields and must be completed before the review can be saved. Once saved this will send e mail notification to Quality and Risk Manager (QRM)/Quality Improvement & Patient Experience Coordinators (QIPEC).





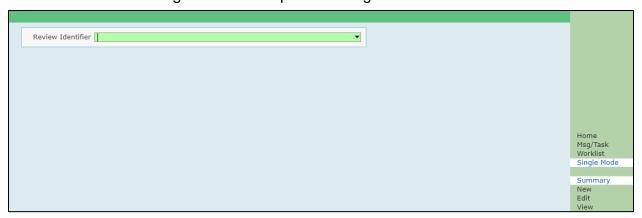
## **Via the Review Management Desktop**

Review Management desktop is access through the Quality Management module. It is recommended that a Quality of Care review is only created this way when a review must be started prior to the incident being entered into the IMS.

 Click Quality Management on your main Meditech menu and select Review Management Desktop



2. In the Review Management Desktop select Single Mode and then select New

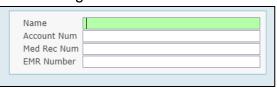


3. Facility should auto populate if you have access to one facility – if you have access to more than one facility please choose your facility using the drop-down arrow

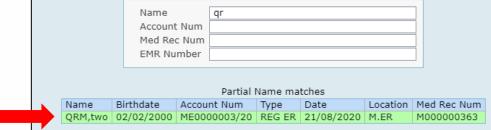




- 1. Search for the patient using any of the following Identifiers:
  - Name
  - Account Number
  - Med Rec Number
  - EMR Number



From the displayed matches, select the patient/incident that you want to start the review for.



## **Accessing a Review**

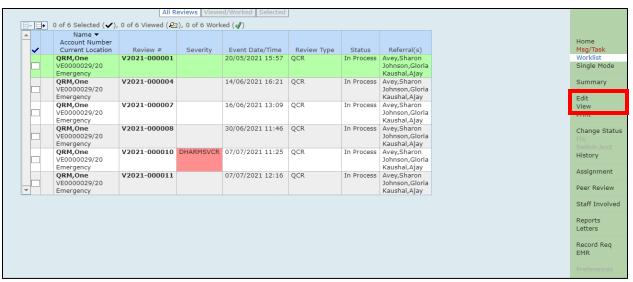
From Review Management Desktop.

 Click Quality Management on your main Meditech menu and select Review Management Desktop

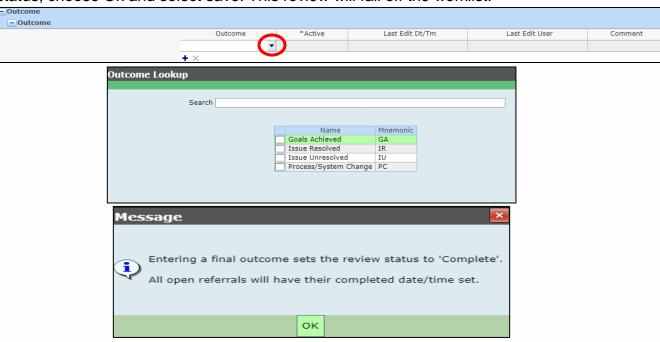


- 2. Your home screen will have different worklists:
  - My Referrals: reviews that have been created by QRM/QIPEC/Manager (QRM and QIPEC's will be auto referred when Managers start a review, when QRM/QIPEC starts a review, Managers have to referred manually – use the drop-down arrow and select appropriate Manager)
  - Recently Accessed: any review that you have recently opened/accessed
  - Review Criteria: allows you to custom compile a list of reviews based on date/facility/ review status
- 3. Worklist will show all the active/open reviews, select or highlight the review you want to access. View allows you to view the incident (this option will not let you edit) or choose edit if you want to add notes etc.





4. When the review is ready to be closed, under Outcome, select the final outcome, this will give you a message that selecting the outcome will set the review to "complete" status, choose Ok and select save. This review will fall off the worklist.



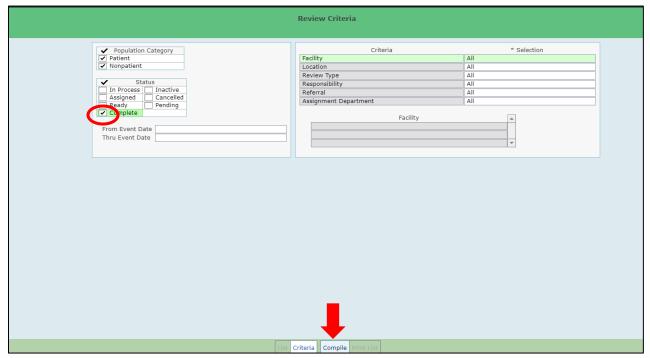
# **Accessing a Completed/Closed Review**

1. From your review desktop choose Review Criteria

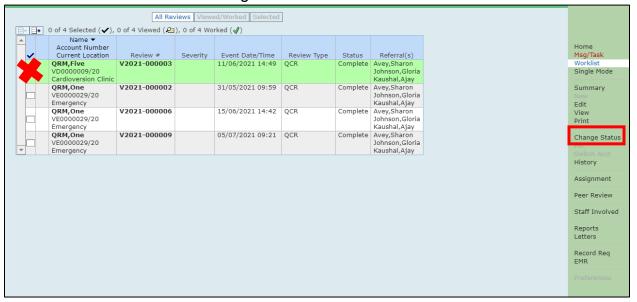




2. Choose Status Complete. As an option you can choose your date range, facility, location (if you have access to more than one location) and then choose "Compile" from the bottom of the screen.

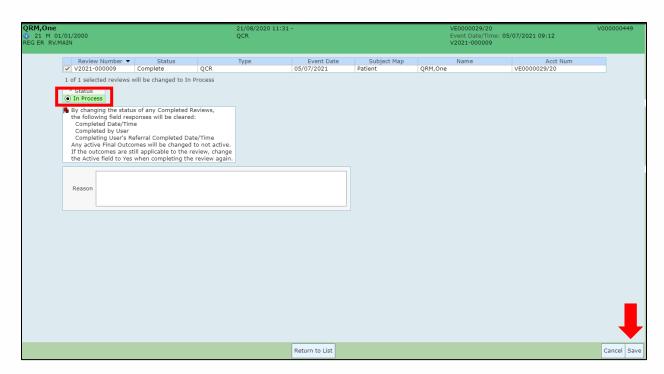


3. You will now see a list of Completed reviews. Select the appropriate review and then utilize the side bar function "Change Status"



4. To change the status of the review from "Complete" to "In Process" go to the "Outcome" section and simply remove the date and time, this will give you a message that ...... will set the review from "Complete" to "In Progress", select save.





The review will now appear on your Review Management Desktop's Worklist.

