UPDATE: QM-60
Incident Learning System (ILS)

QM-60 provides an overview of the ILS reporting process at Thunder Bay Regional Health Sciences Centre (TBRHSC)

What's new?

- **Purpose Change:** Addition to the principles of Just Culture to clarify that staff are to submit incident reports without fear of blame for unintentional mistakes.

- **Policy Statement Change:** Addition of 'patients and visitors' to clarify the scope of incidents and near misses reported in the patient safety side of the ILS.

- **Scope Change:** Updated the categories list to match the categories available in the report template.

- **New Definitions Added:**

  After Hours: 1600 - 0800 hours Monday to Friday; 24 hours on weekends and recognized holidays. (*Added for consistency with other hospital policies.*)

  Incident Triage Team (ITT): A group of leadership who will meet within 48-72 hours of a critical incident to determine if a Quality of Care (QOC) Review is required, and if so, what type of review.

- **Procedural Updates:**

  Procedure 5.2: Updated to clarify who staff should contact when a patient safety incident occurs. Added the process of QRM scheduling a meeting with the ITT within 48-72 hours, and reference to policy QM-80 *Quality of Care Reviews*.

  Procedure 5.3: The addition of references to new appendices, which provide further information on incidents that require ILS reports, and instruction on how to report if the ILS is not functioning, with reference to QM-190 *ILS Downtime Procedures*.

  Procedure 5.6: Further explanation of incident classifications provided.

  Procedure 7: References updated; information on debriefing included.

  Appendix B: Definitions of Incident Classifications updated.

  Appendix C: Added examples of incidents involving suspected harm to neonate/infants that staff should report in the ILS, including suggested categories, types and actions to choose in the report template.

Process Reminders

- Reporting in this policy refers to events in which <u>patients</u> are <u>physically</u> harmed (incident) or could have been physically harmed (near miss).
- This policy does not describe the process for reporting events in which staff are harmed or potentially harmed. For those events, please refer to OHS-os-207 *Accident/Incident Reporting and Investigation – Employee*.
- 'Privacy' is no longer a category in the ILS. Staff are to report Privacy Breaches directly to the Privacy Officer by emailing TBRHSC.Privacy@tbh.net.
- The purpose of reporting is not punitive but meant as a means from which to learn and make improvements to our processes and procedures in order to avoid recurrence of an incident.
- Document the incident or near miss in the patient chart. However, reports are internal documents used for process improvement and should not themselves be referenced in a patient chart.
- Incident reports can be released if requested under the *Freedom of Information Act*.
- Therefore, reports should:
    - focus only on facts;
    - give as much detail as possible;
    - avoid blaming, making assumptions or including opinions.

If you have any questions, please contact:
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