

Patient Safety Incident Resource

Background

Patients encounter risk of harm each time they seek health-care services. These risks may be related to assessment procedures and interventions, while others relate to environmental factors (e.g., fire, flood, tornado) or are sector-specific (e.g., telerehabilitation services).

Four distinct elements provide the foundation for managing patient safety incidents:

- Proactive identification of risks to patient safety.
- Effective responses to near misses, no-harm, and harmful incidents when they do occur.
- Implementation and refinement of risk-mitigation strategies based on reviews of patient safety incidents and their root causes.
- Evaluation of the effects of implemented recommendations.

All physiotherapists must:

- Be aware of the risks and harms related to the assessment and treatment interventions used in their practice, including common and mild side effects as well as the more severe outcomes that could cause harm.
- Communicate risks and potential harms in a meaningful way when obtaining patient informed consent for assessment or treatment.
- Develop plans and processes for managing patient safety incidents, and train individuals involved in the management of patient safety incidents in these plans and processes.
- Track patient safety incidents arising in the practice setting, using incident reports to refine patient safety incident management plans and make changes to clinical practice to enhance patient safety.
- Be familiar with sector specific and environmental risks relevant to their practice and practice setting and develop management plans to address these risks.

This Resource is intended to:

- Help physiotherapists reflect on the patient risks and harms associated with their clinical practice and the assessment and treatment interventions they employ.
- Develop a framework to classify harms, track the harms occurring in their individual practice and engage in continuous quality improvement.
- Develop Patient Safety Incident Plans relevant to their practice.

Classifying Patient Safety Incidents

The term Patient Safety Incident refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. The World Health Organization's conceptual framework for the International Classification for Patient Safety¹ defines three types of patient safety incidents:

Near Miss - are patient safety incidents that did not reach the patient Example: the physiotherapist notices the acupuncture needles they were about to use have become contaminated. The physiotherapist discards the needles in an appropriate sharps container.

No-harm Incidents are patient safety incidents that reach the patient, but no discernible harm resulted. Example: a patient reports that their hot pack feels too warm and requests additional padding. The physiotherapist offers to add an extra towel between the hot pack and the skin to address the concern. After providing the towel, the physiotherapist checks the hydrocollator and notes the temperature was set too high and readjusts it to an appropriate temperature.

Harmful Incidents are patient safety incidents that result in harm to the patient. Sometimes referred to as adverse events, sentinel events, or critical incidents. When considering a harmful incident, an "adverse event" is non-preventable harm resulting from a justified action where the correct process was followed for the context in which the incident occurred². Example: The physiotherapist sees a patient for post-op mobilization following a total knee replacement. The patient experiences a vasovagal episode when standing at the bedside and falls to the floor. The patient sustains a laceration to their head and a fractured right wrist resulting from the fall.

Tracking and categorizing patient safety incidents

While large employers, such as the RHAs and Shared Health, may have internal incident reporting systems, smaller physiotherapy clinics or employers may lack specific processes and procedures to collect and track this information, limiting their ability to review contributing factors and apply measures to mitigate against future incidents.

The College of Physiotherapists of Manitoba endorses the use of the terminology adopted by the World Health Organization to increase the consistency of categorization and description of these incidents. Employing consistent language to describe the nature of patient safety incidents and tracking information regarding these incidents will facilitate quality improvement initiatives and research, enhancing efforts to increase patient safety and prevent incidents within the physiotherapy practice environment. Quality data regarding the common patient safety incidents encountered within a specific practice setting will also inform the development of plans and processes to address incidents when they occur.

A Shared Responsibility

Physiotherapy employers' actions to prevent and respond to patient safety incidents include:

- Developing and maintaining patient safety incident reporting systems appropriate for the practice setting, to collect site specific data related to risks and harms.
- Monitoring emerging risks and patient safety incident reports.

The College of Physiotherapists of Manitoba acknowledges with thanks the College of Physiotherapists of Alberta for content in the development of this guideline. (2024)

- Providing individuals working in the practice setting with plans for managing patient safety incidents (including near misses) and other emergencies when they occur.
- Providing training and education to individuals working in the practice setting regarding patient safety, patient safety incident management plans and reporting expectations.

Considerations when creating patient safety incident management plans

Physiotherapists must consider the people, equipment, processes and data available regarding risks within their practice setting when designing patient safety incident management plans. Patient safety incident management plans should include:

- Strategies for when the incident occurs while the patient is in the clinic, including whether it is safe for the patient to leave the setting unaccompanied and follow up after the patient has left the setting.
- Strategies for when the patient safety incident becomes apparent after the patient has left the practice setting.
- Procedures for timely communication between the treating therapist and the patient when the patient:
 - Requires guidance on how to manage harms identified after leaving the practice setting.
- Regular review of the incident management plans with all individuals working within the practice setting.

A **Patient Safety Incident Management Plan** would address the following topics:

Patient Safety Incident Plan Indicator

- Identify the situation/incident type this plan applies to.

Publication Date

- Include the date the plan was created.

Management

- List the steps to prevent and/or manage the incident/harm should it arise.

Equipment

- List any equipment required to manage this event and where it is located.

Personnel Involved

- List the individuals who would be involved in managing the event and describe their roles and responsibilities.

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- List who would need to be notified.

Patient/Family Role

- List the actions to be undertaken by the patient/family in the practice setting.
- List the routine instructions to be provided to the patient/family for care after the patient leaves the practice setting, including the need for someone to be with them and ongoing communication with the physiotherapist.
- Include any protocols that the patient is directed to follow to assist with management of the event.

Follow Up Actions

- List actions to be undertaken by the treating physiotherapist or others involved in the management of the incident and relevant documents or resources including but not limited to:
 - Signs and symptoms to be monitored
 - Communication to be completed by the physiotherapist
 - Follow up with other health care professionals involved in the patient's care
 - Patient communication as required (for advice/questions)
 - Incident review
 - Site specific forms for tracking and reporting
 - Identify contributing factors
 - Identify measures to mitigate risk and reduce chance of recurrence
 - Disclose to patient/family the findings of the incident review and measures implemented
 - Issue an apology when appropriate
 - Supports available to personnel involved

Date of Next Review

- The plan should be reviewed on a regular basis to ensure the information remains current and appropriate.

Training Frequency and Date(s) Completed +/- Confirmation of Training

General Tips:

- Personalize your plan to match the kinds of things you do in practice.
- Ensure your plan is easy to understand, accessible and communicated to anyone in the practice who might encounter a patient in distress. Remember that the incident may be identified by a non-PT staff person – a receptionist, another health care provider, your employers, the patient, or their caregivers so the plan should be well understood by all.

References:

1. World Health Organization & WHO Patient Safety. (2010). Conceptual framework for the international classification for patient safety version 1.1: final technical report January 2009. World Health Organization. <https://iris.who.int/handle/10665/70882>
2. Patient safety incident reporting and learning systems: technical report and guidance. Geneva: World Health Organization; 2020. License: <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>.
3. College of Physiotherapists of Manitoba. *The Physiotherapists Act*. Available at: <https://www.manitobaphysio.com/wp-content/uploads/The-Physiotherapist-Act.pdf>. Accessed February 2, 2024.
4. College of Physiotherapists of Manitoba. Practice Direction 4.36 Risk Management and Safety. Available at: <https://manitobaphysio.com/wp-content/uploads/2024/03/4.36-Risk-Management-and-Safety-.pdf>. Accessed on May 1, 2024.