HSE Incident Management Policy and Procedure

September 2008

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1.0 Incident Management Policy and Procedure

This policy and procedure should be placed in the context of the corporate quality and risk standard and linked to other relevant policies and procedures.

A Toolkit of Documentation to support the HSE Incident Management Policy and Procedure (HSE 2008) is available on the Health Services Executive Internet site. The site address is: http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and-Risk/

2.0 Policy statement

It is the policy of the HSE that all incidents shall be identified, reported, communicated and investigated.

3.0 Scope

This policy applies to all HSE employees.

Persons/agencies providing services or advice, directly or indirectly, to or on behalf of, including agencies and services funded by HSE (refer to service level agreement), must have in place policies and procedures compatible and consistent with the HSE policy.

4.0 Definitions

Please refer to the HSE Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions (2008) for all quality and risk definitions. The site address is: http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and-Risk/

5.0 HSE Incident Management Policy

It is HSE Policy that all incidents when identified should be immediately managed in accordance with this Incident Management Policy. This will ensure that;

- the health and safety of those affected is the primary focus of attention and
- the incidents are reported, investigated and acted on effectively and with the appropriate level of urgency.

The identified causes of incidents will, where appropriate, be managed and resolved locally. Lessons that are applicable nationally will be applied nationally

Communication is central to the effective management of all incidents. When managing an incident, carefully timed and rigorous communication processes must be employed to ensure that all identified audiences, those in our care, employees, senior managers and other relevant outside agencies, are provided with clear and relevant information at the appropriate time.

All managers must monitor incidents and how they are managed, to allow the HSE as a whole to learn from incidents and continually improve its services.
5.0. Open Communication/Open Disclosure

Open communication/open disclosure is a vital component of the incident management process. All incidents should be disclosed to persons affected by the Senior Clinician and/or Senior Manager. The person affected by the incident and/or the next of kin, where appropriate, must be kept informed.

6.0 Incident Management Procedure

All incidents must be reported and responded to immediately.

The primary focus must be:
- the safety and welfare of those affected and/or harmed by the incident
- maintenance and resumption of normal services

The incident management procedure has five phases:

6.1. Identification
6.2. Immediate Management
6.3. Reporting
6.4. Incident Investigation
6.5. Closing the Incident Management Loop

6.1. Identification

All HSE employees and those who supply services to the HSE should be aware of what constitutes an incident so that they are in a position to detect and report incidents when they occur.

An incident may be identified by:

- an employee when an incident occurs
- an employee when an unexpected outcome is detected
- a service user, carer, or visitor who expresses concern or complains about a service, at the time of the incident or at a later time
- incident identification systems such as incident reporting, medical records review, surveillance or audit processes

6.2. Immediate Management

6.2.1. When an incident is identified, the first responsibility is to ensure that the safety, health and welfare of the person/s affected are protected.

6.2.2. Any care that is required must be provided without delay and circumstances reported to the treating clinician or in the case of a non-clinical incident to the appropriate manager.
6.2.3. Any threat to the future safety, health and welfare of service users and/or employees must be removed or minimised

6.2.4. Where required, the incident scene, relevant material and records must be made safe.

Statutory legal reporting obligations should be considered e.g. notification of infectious diseases or notification to coroner. (Refer to Toolkit of Documentation to support HSE Incident Management Policy and Procedure).

6.3. Reporting

6.3.1. Types of incidents to be reported

All incidents must be reported to one’s manager.

An Incident Report Form should be completed by an employee involved in or witness to an incident.

Where an employee is not in a position to do this, the Incident Report Form should be completed by another employee who has witnessed the incident, or by the Line Manager. All Incident Report Forms once complete should be sent to the designated local manager.

It is the responsibility of each manager to assess and manage minor incidents locally and escalate to their line manager as required.

Incidents that result in harm to people or where the standard of care may have been compromised should be prioritised.

6.3.2. Actions that are to be taken by Local Managers on receipt of an Incident Report Form

6.3.2.1. Review the Incident Report Form

6.3.2.2. Do what is required to ensure that:

- People involved are safe.
- Service users and families have the support they need.
- Employees are informed and supported.
- Day-to-day services can be maintained.
- All relevant people are informed e.g. Communications Manager, Senior or Regional Managers, any relevant Authorities.
- If equipment or supplies has been suspected of contributing to the incident they should be taken out of use, labelled and securely retained for examination.
- Where appropriate photographic evidence should be considered to inform any subsequent analysis.
- Medical records and other relevant case notes should be secured.
Local Managers must ensure that the situation is sufficiently stabilised to allow an incident investigation to be conducted as soon as possible.

6.4. Incident Investigation

6.4.1. The local manager must ensure an investigation is undertaken to determine:
- what happened
- the people who have been or may be affected
- why (what were the causes)
- what needs to be done to ensure it does not happen again or if this is not possible, to ensure that the risk of recurrence is reduced as far as is reasonably practicable.

The impact of an incident should be initially assessed using the HSE’s risk impact table (see Appendix I). The level of response to the incident will be determined by the complexity of the incident i.e. simple incident requires simple investigation; complex incident requires a more in depth investigation.

All incidents should be disclosed to persons affected by the appropriate Senior Clinician and/or Senior Manager.

The incident investigation must take a systems analysis/root cause analysis approach.

6.4.1. A written report of the incident investigation must be made outlining the following:
6.4.1.1. chronology of events leading up to the incident
6.4.1.2. issues/problems identified
6.4.1.3. the systems causes/root-causes of these issues/problems
6.4.1.4. recommendations in relation to actions required to address the systems/root-causes and prevent recurrence of a similar incident. (See Toolkit of Documentation to support the HSE Incident Management Policy and Procedure).

6.5. Closing the Incident Management Loop

6.5.1. Local Management

In many cases an incident can be managed locally and does not require to be escalated.

6.5.1.1. If the systems analysis/root cause analysis highlights that there may be disciplinary issues these are referred to the disciplinary procedures.

6.5.1.2. When a systems analysis/root cause analysis highlights that there may be issues in relation to the clinical performance of a Clinician then these must be referred for clinical performance review to the relevant Competence Assurance Authority and the incident investigation must not be considered complete until the findings and recommendations of any clinical performance review are included in the incident investigation report.

6.5.1.3. Where a systems analysis/root cause analysis highlights that other patients may be affected by the quality of services delivered then the care delivered to
these patients must be the subject of a Look Back review and the incident investigation must not be considered complete until the findings and recommendations of any Look Back review are included in the incident investigation report. (Refer to HSE Guidelines on conducting Patient Service reviews or Lookback reviews).

6.5.1.4. If the issues surrounding the report are matters of national concern then the recommendations in the investigation report must be shared with the national system by the Serious Incident Management Team and/or Quality and Risk Office.

6.5.1.5. Incidents must be reported to agencies as per their requirements. (Refer to the Toolkit of Documentation for further information on this).

6.5.1.6. Action plans must be developed to support the implementation of the recommendations of the incident investigation. It is essential that action plans are implemented and these must be monitored to ensure that the recommendations made are fully implemented by assigning a designated person to ensure that the action plans are fully implemented.

Local management must keep records of all incidents investigated, conclusions reached, actions identified as been required, the person responsible for actions and the timeframes for implementation.

Risks identified in the investigation process must be recorded on the local risk register.

If the incident investigation concludes that all the issues cannot be managed locally, a range of other possible steps must be taken. The local manager will review the position with the Local Health Manager/Hospital Network Manager, who will determine and take the necessary actions.

Such actions may include:

**Notification to other statutory agencies** (refer to the Toolkit of Documentation HSE 2008)
- Medical Council
- An Bord Altranais
- Health and Safety Authority
- Irish Medicines Board
- Clinical Indemnity Scheme or other Indemnifiers
- Gardaí Síochána
- Coroner
- Environmental Protection Agency
- Mental Health Commission
- Health Protection Surveillance Centre
- National Haemovigilance Office

**Escalation to National Director/Serious Incident Management Team**

7. **Roles and Responsibilities**

Awareness of the potential for incidents is part of day to day management within any health service.
7.1. **Employees (Including those providing services on behalf of the HSE)**

Employees have the responsibility to comply with the HSE Incident Management Policy with regard to identifying, taking any immediate action required or reporting incidents to their Line Manager and partaking, if required, in incident investigation relevant to them or their service area so as to ensure an expeditious and appropriate conclusion to any investigation.

7.2. **Local Managers - Department Head, Service Manager**

All line managers must accept responsibility for preventing where possible, minimising and managing such incidents. They must support their staff by generating a culture of openness and transparency that allows disclosure of all incidents, as they occur. Line managers are responsible for ensuring that they and their staff are aware of and comply with this Incident Management Policy and Procedure.

Local Managers will endeavour to:

7.2.1. Prevent incidents by ensuring high standards of practice, good preventative risk management practices balanced with an open approach to reporting and learning from incidents.

7.2.2. Ensure all employees are routinely and regularly briefed on this incident management policy and procedure.

7.2.3. Take any steps within their remit to respond to and manage any incidents that arise.

7.2.4. Cooperate with and support staff to participate in investigations that can not be conducted locally.

7.2.5. Implement the recommendations of incident investigations to enhance quality and reduce risk.

7.3. **Relevant Senior Manager - Hospital Manager, Local Health Manager, Support Services Manager**

Senior Managers are responsible for oversight and support of local managers’ actions and preparedness in relation to incidents. They must satisfy themselves that training in incident management and compliance with this policy and procedure is effective in each area within their remit.

They must periodically review incident data to identify patterns, gaps and areas that require attention. In the event of an incident, they must ensure that the incident is properly and safely managed and take on any additional actions that may be required: e.g.

7.3.1. Oversee or commission investigations of incidents within their area of responsibility

7.3.2. Ensure any statutory requirements for reporting has been carried out e.g. Children First, Infectious Diseases Notification (Refer to the Toolkit of Documentation).
7.4. Regional Senior Manager - Hospital Network Manager, Assistant National Director PCCC, AND Support Services

Regional Senior Managers are responsible for compliance in their region with this Incident Management Policy and Procedure. This includes ensuring that all Senior Managers are managing incidents correctly. When an incident occurs, they are responsible for reviewing all issues of regional significance, and acting on the recommendations to make quality improvements and reduce risks.

7.5. National Directors

National Directors have overall responsibility for the management and investigation of incidents within their directorate. In an incident, they will take on any system wide recommendations that may arise from incidents, or from the routine reporting of incident management preparedness.

7.6. Specialist Operational Staff

Relevant specialist employees operating within our service areas like hospitals and local health offices (e.g. Risk Advisors/Managers or Health and Safety Advisors) facilitate, advice and support managers and employees on the Incident Management Process relevant to their area of appointment.

7.7. National Office of Quality & Risk

The Office of Quality and Risk provides information and assurance to the CEO and Board on HSE wide incident management issues. It also monitors compliance with the Quality and Risk Management Standard.
## Appendix I: HSE RISK IMPACT TABLE

<table>
<thead>
<tr>
<th>Injury</th>
<th>Negligible</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
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<tr>
<td>Adverse event leading to minor injury not requiring first aid.</td>
<td>Minor injury or illness, first aid treatment required &lt;3 days absence.</td>
<td>Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). &gt;3 Days absence.</td>
<td>Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.</td>
<td>Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public.</td>
<td>Permanent psychosocial functioning incapacity.</td>
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<td>No impaired Psychosocial functioning</td>
<td>&lt;3 days extended hospital stay impaired psychosocial functioning greater than 3 days less than one month.</td>
<td>3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months.</td>
<td>Impaired psychosocial functioning greater than six months.</td>
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| Service User Experience | Reduced quality of service user experience related to inadequate provision of information | Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal, or not being treated with honesty, dignity & respect - readily resolvable. | Unsatisfactory service user experience related to poor treatment resulting in long term effects. | Unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision. | |

| Compliance with Standards (Statutory, Clinical, Professional & Management) | Minor non compliance with internal standards. Small number of minor issues requiring improvement. | Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management. | Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan. | Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations. | Gross failure to meet external standards. Repeated failure to meet national norms and standards / regulations. Severe critical report with possible major reputational or financial implications. |

| Objectives/Projects | Barely noticeable reduction in scope, quality or schedule. | Minor reduction in scope, quality or schedule. | Reduction in scope or quality of project; project objectives or schedule. | Significant project over – run. | Inability to meet project objectives. Repution of the organisation seriously damaged. |

| Business Continuity | Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service. | Short term disruption to service with minor impact on service user care. | Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service. | Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved. | Permanent loss of core service or facility. Disruption to facility leading to significant ‘knock on’ effect. |


| Financial Loss (per local Contact) | >€1k | €1k – €10k | €10k – €100k | €100k – €1m | >€1m |

| Environment | Nuisance Release. | On site release contained by organisation. | On site release contained by organisation. | Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.) | Toxic release affecting off-site with detrimental effect requiring outside assistance. |