

Saint John of God Kerry Services

Hospitality - Compassion - Respect

50

Moderate Incident Management Procedure

Saint John of God Kerry Services

Title: Moderate Incident Management Procedure

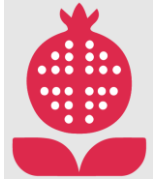
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Moderate Incident Review Policy

Policy Statement

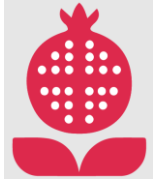
It is the policy of Saint John of God Kerry Services to adhere to the Health Service Executive (HSE) national guidelines on safety incident management and investigation insofar as possible. In November 2020 the HSE launched its Incident Management Framework (IMF) and Guidance document. The framework has been adopted by the Board of SJOGCS including SJOG Kerry Services. This policy statement and operational procedure is based on that framework but is particular to the needs and governance structures of SJOG Kerry Services.

In line with all incident management procedures, it is mandated that all incidents that occur in SJOGCS are identified, disclosed, reported, categorised, reviewed and investigated where indicated and necessary in accordance with the methodologies prescribed in the HSE Incident Management Framework and Guidance document 2020. In addition, the principles of open disclosure will be followed in all cases as laid out in the SJOGCS Standard Operating Procedure and wider National Policy on Open Disclosure. The CEO and Board of SJOGCS recognises the importance of learning from incidents and therefore promotes an environment within which individuals and groups are encouraged to report, investigate and disseminate safety learning from incidents promptly and openly within the framework of a 'just' culture, which does not seek to apportion unfair blame.

To promote a just culture, SJOGCS will always aim to:

- be just in its approach to incident management review and investigation.
- be committed to the protection and wellbeing of its individual supported/patient, employees, and others by supporting them through the application.

This Incident Management Procedure applies only to Moderate Rates Incidents including those of an occupational health and safety nature deemed appropriate for assessment and review under the process outlined throughout this document. For Category 1 (major or extreme) Incidents please refer to National SJOGCS Incident Management Policy and procedure No 19.



Category 2 - Moderate Rated Incidents

In all cases where a Moderate Category 2 incident occurs, a Local Incident Management Team (LIMT) must be convened by the Risk and Behaviour Support Co-ordinator inviting appropriate persons to the meeting (i.e., Programme Manager, Operations Manager, Person in Charge, Clinical Health and Safety input). In advance of the LIMT the Preliminary Assessment Form Part A (Appendix 2) is completed by the appropriate person and submitted to the chair of the LIMT.

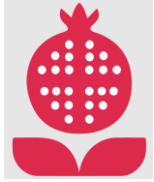
The Risk and Behaviour Co-ordinator will in consultation with the Local Incident Management Team (LIMT) determine if further review is necessary. Local incident management teams should ensure that incidents are validated and classified correctly. The Programme/Operations manager completes Preliminary Assessment Form Part B.

The Programme Manager/ Operations Manager or delegate updates the incident review section in NIMS. Preliminary Assessment form, meeting minutes and any other supporting documentation is uploaded to NIMS.

The final completed Preliminary Assessment Form is furnished to administration support for the regional director and the form is subsequently submitted to the CEO's office.

The Programme Manager / Operations Manager ensures corrective actions are implemented. The Quality and Safety Committee review and ratify decisions taken by the LIMT.

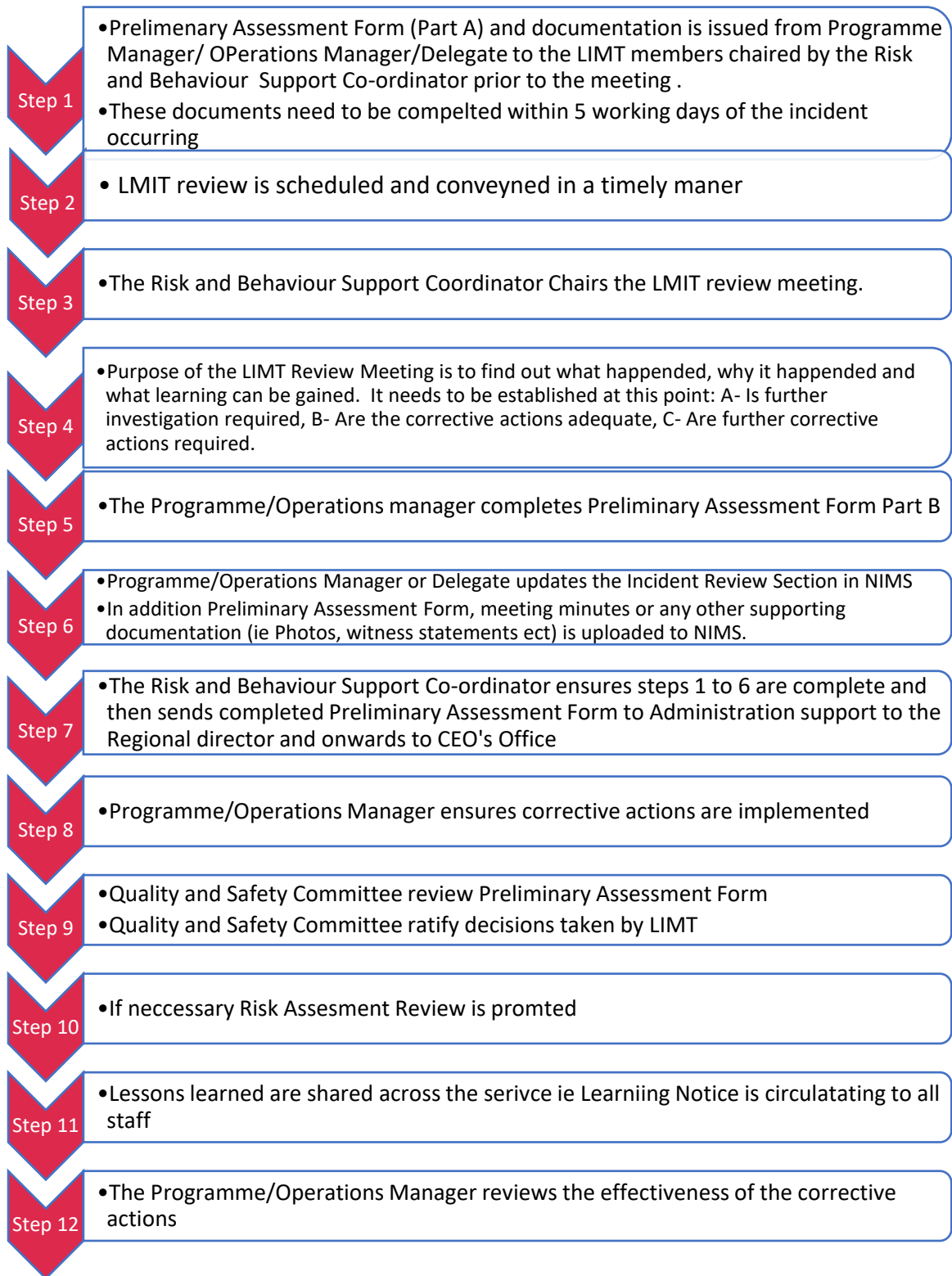
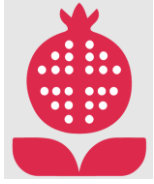
The NIRF (FLOWFORMA) option is "injury requiring medical treatment" (see below for clarification). This will then be automatically placed on NIMS as a moderate (Category 2 incident). The NIMS is the only formalised system where information about an incident should be sought and where information is updated. Where any ambiguity exists as to the classification of a moderate incident the SJOGCS Clinical Safety Manager (CSM) should be contacted.



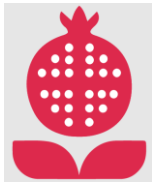
Moderate Incidents

The HSE risk impact table (Appendix 1) defines a moderate rated injury as:

- Significant injury requiring medical treatment e.g., fracture or suturing of an open wound and/or an incident requiring counselling.
- An incident reportable to e.g., HSA (employee incident) Garda (violence, harassment aggression) HIQA (NFO3 completed within 3 days) and greater than three-day absence (staff) as a result of the incident.
- 3 to 8 days extended hospital stay.
- Impaired psychosocial functioning greater than 1 month and less than 6months.

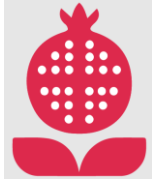


Initiate open disclosure Journey in line with National and Local Policy. The above review process should be completed as soon as possible but generally within 30 days.



1. IMPACT TABLE

	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required. <3 days absence. <3 days extended hospital stay. Impaired psychosocial functioning greater than 3 days less than one month.	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Garda (violent and aggressive acts). >3 Days absence. 3-8 Days extended hospital Stay. Impaired psychosocial functioning greater than one month less than six months.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of service users or member of the public. Permanent psychosocial functioning incapacity.
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 treated to & treated as an equal, or not being treated with honesty, dignity & respect – readily resolvable.	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week).	Unsatisfactory service user experience related to poor treatment resulting in long term effects.	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision.
Compliance (Statutory, Clinical, Professional & Management)	Minor non compliance with internal PPPGs. Small number of minor issues requiring improvement.	Single failure to meet internal PPPGs. Minor recommendations which can be easily addressed by local management.	Repeated failure to meet internal PPPGs. 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. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticable 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. Reputation 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.
Adverse Publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/ investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale/public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in the Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation.	National/International media/adverse publicity. > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/ Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action, Public (independent) inquiry.
Finance	0.33% budget deficit.	0.33-0.5% budget deficit.	0.5-1.0% budget deficit.	1.0-2.0% budget deficit.	>2.0% budget deficit.
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.



Preliminary Assessment Form

Note: Guidance in italic font should be deleted on completion.

Part A – to be completed in advance of the SIMT/Review decision making meeting.

A. 1. Incident Details

NIMS Reference No:

Date entered on NIMS:

Date of Incident:

Incident Type: (brief description)

Date Notified to SAO/LAO

Date of SIMT/Review decision meeting:

Date Report Completed

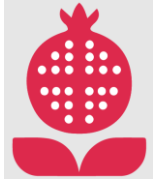
A.2 Background to Incident

*Include detail of:
The background to the service user e.g., their health status and reason for admissions/attendance
A brief chronology of the events leading up to the incident.*

A.3 Actions taken to date

Include detail of the current status of the service user affected and assurance that the following have been addressed:

- *The immediate care needs of the service user and that, if required, a plan for further care is in place.*
- *An assessment to identify any immediate actions required to prevent harm to others as a consequence of the incident.*
- *The immediate supports needs of persons affected i.e., service users, -relevant person(s) and staff*
- *Detail of any meetings held with the service user/-relevant person(s)*
- *That Open Disclosure has been initiated or if not that an explanation of why not, is provided.*
- *That a named service user/-relevant person(s) and staff designated support persons have been appointed*
- *Detail of any questions or issues raised by the relevant person(s) that require consideration by the SIMT/Review decision making meeting.*
- *That the incident has been factually documented in the service user's healthcare record.*
- *That any equipment or drugs implicated in the incident have been taken out of service and retained for examination.*
- *That the incident has been reported onto NIMS and to any other bodies/agencies external to the service.*



A.4 Name and title of Person completing Part A

Part B – Record of Decision (to be completed at the SIMT/or review decision making meeting)

B.1 Management of Incident to date

Based on Part A and discussions at the meeting include here an assessment of the adequacy of actions taken or planned in relation to the incident. Include also details of any further actions required.

B.2 Appropriate Pathway for Review of Incident Reported

Having considered Part A is the SIMT/Review decision making meeting satisfied that the Incident Management Framework is the appropriate pathway for the management of this issue?

Yes No

If No, please indicate which alternative review/investigation route is most appropriate. (See making decisions about appropriate reviews/investigations pathways guidance – IMF Guidance Section 3)

If Yes, AND it is also decided appropriate to also conduct a review/investigation using an alternative pathway, please document below the alternative pathway and recommendation in relation to scheduling of the two processes.

B.3 Information required for decision making in relation to review under the IMF

Is further information required to assist a decision to review? Please select one option below:

Yes No

If yes, please indicate the type of information required

Healthcare Record Review

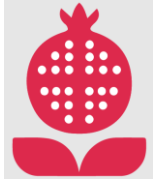
Other Specify:

B.4 Approach to review

Please indicate the decision as to the approach of review to be conducted. Please select one option below:

Comprehensive Review If Comprehensive Review is selected, proceed to Part C

Concise Review If Concise Review is selected, proceed to Part C.



No further Review

If No Further Review selected complete Section B.5 and refer to relevant Quality and Safety Committee for completion of B.6.

B.5 Sign off of decisions where No Further Review Required

If the decision is NOT to commission a Comprehensive Review or Concise Review, please set out below the reason or rationale for this decision and the evidence upon which it was based,

Reason:

Please outline below, any learning opportunities identified along with the arrangements required to ensure that these inform relevant care or management practice.

Date:

For Category 1 Incidents Senior Accountable Officer (SAO) Details

Name:

Signature:

Date:

For Category 2 Incidents Local Accountable Officer (LAO) Details

Name:

Signature:

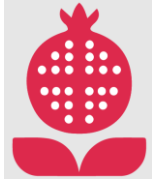
Date:

Decisions where No further Review required must be:

- Submitted for review and ratification by the relevant Quality and Safety Committee or other equivalent committee.
- Communicated to persons affected i.e., service user, relevant person(s) and staff.
- Entered onto NIMS and this should include the reason and rationale for same.

These incidents should be incidents in an Aggregate Review process.

B.6 No Further Review Required – Ratification of Decision



Ratified by Quality and Safety Committee or equivalent committee Please select one option below:

Yes No

If No is chosen, please outline the reason for this below and submit this form to the SAO/LAO (as appropriate)

Reason:

Date:

Part C – for Incidents where a decision to further Review has been taken, please complete this section.

C.1 Comprehensive Review

A decision has been taken to commission a Comprehensive Review

Yes No

Note: The Final Report of the Comprehensive Review must be accepted by the Review Commissioner within 125 days of occurrence of the incident.

C.2 Concise Review

A decision has been taken to commission a Concise Review

Yes No

If the decision is to commission a Concise Review, indicate whether this will be by way of any option below. Please select one below:

Multidisciplinary Team Approach

(Tick appropriate box for methodology to be used)

Systems Analysis

After Action Review

Incident Specific Review Tool

Desktop Review

The Final Report of the Concise Review must be accepted by the Review Commissioner within 125 days of occurrence of the incident.



C. 3 Level of Independence attaching to the review.

Please select one option below

1. Membership of Team internal to the team/department/NAS Operational Region
 2. Membership of Team internal to the service/hospital/NAS Operational Area
 3. Membership of Team external to the service/hospital but internal to the CHO/HG/NAS Corporate Area
 4. Membership of Team involve persons external to the CHO/HG/NAS Directorate
-

C.4 Scope of the Review

This should set out the timeframe to be reviewed e.g., from admission to incident occurrence, from referral to incident, from X date to Y date.

C. 5 Composition of the Review Team

Whilst it is not necessary to identify by name members of the Review Team at this stage the composition by title/profession should be listed.

C. 6 Contacts in relation to the review process

Review Commissioner (SAO – Category 1 Incidents or LAO – Category 2 Incidents)

Name:

Email:

Telephone:

Service User Designated Support Person

Name:

Email:

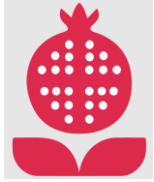
Telephone:

Staff Liaison Person

Name:

Email:

Telephone:



SIGNATURE PAGE

I have read, understand, and agree to adhere to the attached Procedure:

Print Name	Signature	Area of Work	Date
_____	_____	_____	_____
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