Disclosure of Adverse Events, Close Calls & Hazards

Purpose
To provide a standard approach for the appropriate disclosure of adverse events, close calls and hazards to patients, residents or substitute decision-makers (SDMs).

Policy Statement
Adverse events shall be disclosed to the patient, resident or substitute decision-makers in a timely, transparent, and empathetic manner. This includes any event where:

- The patient/resident has suffered any degree of harm
- There is a risk of potential future harm
- There is any change in care or monitoring

Close calls or hazards may be disclosed to the patient/resident or substitute decision makers based on clinical and professional judgment as to whether disclosure is in the patient/resident's best interest and/or their expressed wishes.

Applicability
This policy applies to all Covenant Health facilities, staff, physicians, volunteers, students and any other persons acting on behalf of Covenant Health.

Responsibility
All Covenant Health staff, physicians, volunteers, students and any other persons acting on behalf of Covenant Health will demonstrate commitment to the safety of all patients and residents by supporting the principles of the disclosure process.

Principles
The principles that direct the disclosure process are as follows:

1. **Ethical Integrity** – Covenant Health is committed to promoting ethical behaviour that supports those we serve and is in alignment with the organization's values. This commitment includes treating people with respect, keeping those we serve at the centre of all we do, and promoting a culture of continuous quality improvement. Refer to Covenant Health's Code of Conduct - *Our Commitment to Ethical Integrity*.

2. **Informed Consent and Patient/Resident Engagement** – Patients, residents and substitute decision makers (SDMs) are entitled to an accurate understanding of their care, and have the right to make decisions about their health care including consenting to or declining treatment. Respecting patients/residents’ right to know about their care is essential to building and maintaining positive relationships. Healthcare providers should be respectful, supportive and take the patient's/resident's expectations and needs into consideration at all times. Regular, ongoing dialogue and communication is foundational to any care relationship.

3. **Just Culture** – Covenant Health supports a just culture approach to the reporting, response to, and management of adverse events, close calls and hazards. A just culture emphasizes non-punitive reporting as healthcare providers should feel safe, supported, and comfortable in sharing event details for the purpose of wider
learning and system improvement. See Covenant Health Corporate Policy #III – 35 Building a Just Culture.

4. **Apology** – A genuine expression of sympathy or regret for harm that has occurred is a critical element of disclosure. This may include acknowledgement of responsibility when an investigation has been completed and determination of factual responsibility established.

5. **Early Acknowledgement** – After addressing the patient/resident’s immediate health care needs and ensuring the patient/resident’s safety, the disclosure process should begin as early as possible following an adverse event, and where appropriate, a close call and hazard.

6. **Honesty and Transparency** – Relationships between healthcare providers and patients/residents should be built on trust and open communication. By sharing and disclosing information in an open, honest and timely manner, collaborative relationships with patients, residents and their families is promoted and developed.

7. **System Improvement** – Lessons learned from adverse events, close calls and hazards should be used to improve healthcare practices, processes and systems in order to reduce the likelihood of similar occurrence in the future.

8. **Safe and Supportive Environment** – Covenant Health will ensure emotional and practical support is offered (as appropriate) and is available to those involved with disclosure including patients, residents, SDMs, families and healthcare providers. This includes services such as Critical Incident Stress Management (CISM), Employee and Family Assistance Program (EFAP), Spiritual Care, Ethics Service, Human Resources, Quality and Patient Safety Office, and others.

### General Considerations

1. **Legal Considerations**
   - The patient/resident’s privacy should remain protected at all times in compliance with the *Health Information Act* (HIA). Consent must be obtained from the patient, resident or SDM prior to the disclosure of information to anyone other than the patient/resident, unless disclosure is permitted under HIA or otherwise.
   - If a lawsuit is imminent disclosure communication should only occur in consultation with legal counsel. Please refer to Corporate Policy and Procedure #III-5 - Reporting/Investigating Legal Actions and Potential Legal Actions.
   - Covenant Health Legal/Risk Management must be contacted prior to, and be part of, any conversations regarding compensation.
   - Information communicated to the patient must be factual, not speculative.
   - It is recommended that at least two persons acting on behalf of Covenant Health (ie. staff, physicians) be present and involved in the initial disclosure and any subsequent disclosure conversations, both for support for one another and to act as witness to the conversation.
   - Quality Assurance Committee (QAC) activities are privileged and confidential, protected under the *Alberta Evidence Act* and therefore cannot be used in legal proceedings or shared outside the QAC. Only recommendations (resulting from QAC reviews) may be disclosed to the
2. **Special consideration will be necessary in situations that include:**
   - A patient/resident who is a minor;
   - A patient/resident with limited capacity to deal with and understand the disclosure of an adverse event or event (could include legal incapacity or inability to participate for other reasons eg. heavy sedation);
   - A patient/resident who has difficulty communicating due to visual, hearing or other impairment;
   - Specific language needs;
   - Sensitivity to cultural background;
   - Multi-jurisdictional involvement;
   - Multi-facility involvement;
   - When multiple patients/residents are affected;
   - Patients/residents involved in research studies;

3. **Ethical Considerations**
   - Exceptions to disclosure may be made subject to an ethics review process. Exceptions would be considered rare.
Disclosure is a formal process involving open communication and discussion between a patient, resident and/or substitute decision makers (SDMs) and Covenant Health about adverse events, and where appropriate, close calls and/or hazards. Disclosure is an ongoing process in which multiple disclosure conversations may occur over time.

The disclosure process involves the following five (5) steps:

1.0 **Notify**
When a staff member, physician, student or volunteer and any other persons acting on behalf of Covenant Health recognizes that a patient or resident has, or may have, experienced an adverse event:

1.1 **First attend to the immediate needs of the patient or resident** - This may include providing the care themselves or notifying the most responsible physician and/or other members of the care team.

1.2 As soon as reasonably possible notify:
- The immediate supervisor (eg. Charge Nurse, Unit Supervisor) and/or the most responsible administrator of the area (eg. Director, Manager)
- The most responsible physician.
- Other healthcare providers who were involved in the adverse event
- Covenant Health Legal/Risk Management if:
  - the adverse event involved moderate/severe harm or death
  - there is discussion or threat of litigation or compensation

The organization’s insurers will be appropriately notified by Covenant Health Legal/Risk Management.

1.3 Document the details into the appropriate site event reporting system and/or report to external agencies as required. Refer to Corporate Policy and Procedure #III-45 Responding to Adverse Events, Close Calls and Hazards.

When the immediate supervisor (eg. Charge Nurse, Unit Supervisor) and/or most responsible administrator (eg. Director, Manager) becomes aware of an adverse event, they are responsible for:

(a) Notifying the most responsible administrator(s) for any other areas involved in the adverse event.

(b) Ensuring the following are aware of all events involving moderate/severe harm
Disclosure of Adverse Events, Close Calls and Hazards

or death:
  − site administrator (Senior Operating Officer or Executive Director)
  − Chief of Staff/Medical Director
  − Vice President, Quality
  − Other members of the Senior Leadership Team may be notified as appropriate.

IMPORTANT NOTES: For adverse events that take place after-hours and/or on weekends, the manager on-call is available for support and should be notified as per facility protocol. Depending on the circumstances, the manager on-call may notify the Senior Leader on-call with questions related to the disclosure process, including questions regarding the appropriate timing of the disclosure conversation.

In the event of a close call or hazard, the above notification and disclosure should occur based on clinical and professional judgment as to:

- the seriousness of the close call or hazard
- the risk of future potential harm
- whether there is a change in care or monitoring as a result of the close call or hazard
- whether disclosure is in the patient/resident’s best interests and/or expressed wishes
- whether the patient/resident is aware of the event – If the patient/resident is aware of the close call or hazard, an explanation may alleviate concerns and maintain trust with the care team (Reference: Canadian Patient Safety Institute).

All adverse events, close calls and hazards shall be reported as required according to Corporate Policy and Procedure #III- 45 Responding to Adverse Events, Close Calls and Hazards

2.0 Prepare

2.1 Preparing for the initial disclosure conversation is an important part of the disclosure process.

2.2 Disclosure should take place as soon as practically possible after discovery of an adverse event, and where appropriate close call or hazard. Delays in communication with the patient, resident or SDM may create further stress and damage the relationship with the care team. If the patient/resident is unable to participate or lacks capacity, consideration should be given to disclosing to the substitute decision maker(s) and where there is none, to a family member in accordance with Appendix One.

2.3 The most responsible administrator of the area (Director, Manager) should assess the emotional state of the involved healthcare provider(s) including their immediate ability to continue to provide safe care to patients/residents, and should ensure healthcare providers involved have access to debriefing and counseling supports (eg. Critical Incident Stress Management).

2.4 The most responsible supervisor, administrator and/or physician are encouraged to consult with other departments and teams who are available to support healthcare providers during the disclosure process which can be a very difficult experience.
Supports available include Critical Incident Stress Management (CISM) team, spiritual care and ethics service, employee and family assistance, and/or contacting the Covenant Health Quality and Patient Safety Office.

2.5 The most responsible physician, healthcare provider(s) involved, and the administrator of the area where the adverse event, and where appropriate, close call or hazard occurred will assess:

- Severity of harm or potential for future harm to the patient/resident
- Patient’s/resident’s physical or emotional ability to participate in the disclosure discussion
- The appropriate lead for the disclosure conversation. In most instances the lead for the disclosure conversation will be the most responsible physician and/or on-call attending physician. The decision about who should participate and/or lead the conversation is based on:
  - consultation with the physician Site Leader/Medical Director
  - who can provide the best information and has an existing relationship with the patient, resident and/or family
  - who can provide or has information on applicable supports
  - who can coordinate ongoing and follow-up care
  - patient/resident preference
- Others to be involved in the initial disclosure conversation may include:
  - a support person for the patient/resident (eg. family member)
  - the healthcare provider(s) directly involved with the adverse event, close call or hazard as deemed appropriate by the most responsible administrator or physician.

- IMPORTANT NOTE: It is recommended that at least two persons acting on behalf of Covenant Health (ie. staff, physicians) be present and involved in the initial disclosure and any subsequent disclosure conversations, both for support for one another and to act as witness to the conversation. The most responsible physician or the on-call attending physician should be one of the staff members present during the disclosure conversation.

2.6 For adverse events more serious in nature (severe harm or death), the most responsible administrator and most responsible physician are encouraged to involve the site administrator in the preparation for and if determined appropriate, the initial disclosure conversation.

2.7 If the patient/resident is determined to have:

- Capacity - Disclosure conversations should occur with the patient/resident and whomever else the patient/resident wishes and consents to be involved.
- Impaired Capacity and/or Lacks capacity - Disclosure conversations should occur with the substitute decision maker or where there is none, a family member in accordance with legislation (see Appendix One).

2.8 The disclosure conversation should take place in person (where possible) and in a location conducive to being private, comfortable and free of interruptions.
Consideration should be given to patient/resident/family preference.

2.9 If a lawsuit is imminent, disclosure communication should only occur in consultation with legal counsel. Please refer to Corporate Policy and Procedure #III-5 Reporting/Investigating Legal Actions and Potential Legal Actions.

2.10 Covenant Health Legal/Risk Management must be contacted prior to and be part of any conversations regarding compensation and/or settlement.

2.11 The following information can be and cannot be disclosed to the patient/resident:

<table>
<thead>
<tr>
<th>Information which CAN be Disclosed to the Patient/Resident</th>
<th>Information which CANNOT be Disclosed to the Patient/Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A description of what happened, including the sequence of events based on agreed upon facts without speculation;</td>
<td>• Records of Quality Assurance Committees including any sub-committees acting under the direction of and for a Quality Assurance Committee (protected under Section 9, Alberta Evidence Act);</td>
</tr>
<tr>
<td>• Apology/expression of regret;</td>
<td>• Information that could reasonably lead to the identification of a person who provided the health information in explicit or implicit confidence (HIA s. 11(1)(b));</td>
</tr>
<tr>
<td>• Diagnostic test results;</td>
<td>• The results of an investigation relating to the specific actions of a healthcare provider (HIA s. 11(2) b));</td>
</tr>
<tr>
<td>• Consequences of the harm and any resulting changes to the treatment plan;</td>
<td>• Unless consent is obtained, the following cannot be disclosed:</td>
</tr>
<tr>
<td>• Any other relevant factual information;</td>
<td>• Information identifying other patients/residents who might have or were involved in the event, or</td>
</tr>
<tr>
<td>• Steps that will be taken to minimize the chances of similar events occurring in the future, if known;</td>
<td>• Information identifying specific healthcare providers involved in the event</td>
</tr>
</tbody>
</table>
3.0 Initial Disclosure

3.1 The initial disclosure is the first discussion with the patient/resident and/or SDMs that occurs as soon as practically possible after the proper notification and preparation has taken place.

3.2 At this stage, there may be limited information available about what has happened, why and what will be done to prevent recurrence.

3.3 An apology is an important part of the disclosure conversation. In Alberta, apologies and acknowledgement of responsibility and/or wrong doing cannot be used as evidence in legal proceedings. Apologies acknowledging responsibility should be made only when the complete facts are known and such responsibility has been determined. **It is strongly advised that prior to offering an apology with acceptance of responsibility, Covenant Health Legal/Risk Management is consulted.**

3.4 During this discussion, the following should be provided:

- Acknowledgement that an adverse event, and where appropriate close call or hazard, has occurred
- An apology. Examples include:
  - “I am sorry that this has happened to you…”
  - “I am sorry that you had such a difficult experience…”
- A factual account of what happened, if known, along with an account of the current understanding of how the adverse event, and where appropriate, close call or hazard occurred. **This explanation must be free of blame or speculation.**
- An explanation of any changes that may occur in the patient/resident’s care or monitoring as a result of the adverse event, and where appropriate, close call or hazard.
- Offer emotional support (e.g., spiritual care, social worker).
- A commitment to further review and sharing of facts when they are known (see Step 4 – Investigate and Step 5 – Subsequent Disclosure)
- A key contact for the patient, resident and/or family to help address any questions and/or issues after the initial disclosure
- The option to contact Covenant Health Patient Relations

3.5 In some instances, this initial acknowledgement/disclosure may be the only conversation needed to meet the patient/resident’s and/or family needs and the disclosure process can be concluded.

4.0 Investigate

4.1 Further investigation may be needed following initial disclosure in order to address any issues or questions unresolved, determine additional facts and/or to facilitate system improvements. Refer to Corporate Policy and Procedure #III-45-Responding to Adverse Events, Close Calls and Hazards for more information.

4.2 An investigation is required under the following circumstances:

- When a patient or resident dies unexpectedly (unanticipated death)
- When a patient or resident experiences moderate and/or severe harm
- When similar events have occurred and may represent a pattern or trend
NOTE: Consideration should be given to reviewing less serious adverse events, close calls, hazards, and concerns or complaints (associated with unexpected outcomes, adverse events or close calls) as these are opportunities to improve patient/resident care and safety.

4.3 Options for further investigation include:

- **Quality Assurance Review** (eg. Root Cause Analysis)
  - Completed as part of the activities of a Quality Assurance Committee and protected by *Section 9, Alberta Evidence Act*. Details of the review are privileged and confidential, and therefore cannot be used in any legal proceedings.
  - Reviews system contributing factors in order to make recommendations, where appropriate, for systematic improvements to healthcare delivery.
  - Does **not** investigate the actions and behaviors of specific healthcare providers (ie. individual performance and competency)
  - Only recommendations can be shared with the patient, resident or SDMs
  - If the completion of a Quality Assurance Review is being considered, contact the Covenant Health Quality & Patient Safety Office at quality@covenanthealth.ca or (780) 735-2284.
  - Refer to Corporate Policy and Procedure #III-45 – **Responding to Adverse Events, Close Calls and Hazards** for more information.

- **Administrative Review**
  - Examines whether or not individual factors (actions or behaviors) may have contributed to an adverse event, close call or hazard. Administrative Reviews may be conducted in situations other than those directly related to patient safety.
  - Conducted on the basis of a situation and do not replace regular performance evaluations
  - It is recommended that the most responsible administrator consults with the local Human Resource department
  - Refer to Corporate Policy and Procedure #III-45 – **Responding to Adverse Events, Close Calls and Hazards** for more information.

NOTE: Reviews conducted by Patient Relations are done separate from the above and are completed as per the internal patient concerns resolution process in accordance with *Patient Concerns Resolution Regulation*.

5.0 Subsequent Disclosure

5.1 Subsequent disclosure occurs after an investigation is conducted (if required) and additional facts about the situation are to be disclosed.

5.2 Consideration must be given about what information will be disclosed. Any restrictions on information exchange that arise through provincial legislation must be considered. *Please see step 2.11 and/or contact Covenant Health Legal/Risk Management with questions on what can and cannot be disclosed.*
5.3 Individuals present during the initial disclosure conversation should also be a part of any subsequent disclosure conversations.

5.4 During subsequent disclosure, the following may occur:
   - Offer an apology, if appropriate, if it is determined through an investigation that a healthcare provider and/or Covenant Health is responsible for the harm incurred. **It is strongly advised that prior to acceptance of responsibility, Covenant Health Legal/Risk Management is consulted.**
   - Provide actions taken, if any, to prevent possible reoccurrence
   - Sharing of any approved recommendations resulting from a Quality Assurance Review
   - Address any issues or questions that were unresolved during the initial disclosure. Depending on the situation, Covenant Health senior leadership may have a greater role to play during subsequent disclosure conversations.

**Documentation**
It is important that the initial disclosure conversation and any subsequent conversations are documented in the patient's/resident's health record by the person who leads the discussion.

Documentation on the health record should include:
   - Date and time of meeting
   - Who was present
   - Facts presented
   - Offers of support
   - Apology
   - Acknowledgement of responsibility provided
   - Questions raised and responses provided
   - Care and treatment discussed and provided
   - Any requests to review the patient's/resident's health record
   - Follow-up plan presented

Ensure the details of the adverse event, close call or hazard are documented in the appropriate site event reporting system (eg. Reporting and Learning System – RLS) and reported to external agencies as required. Refer to Corporate Policy and Procedure #III-45 – Responding to Adverse Events, Close Calls and Hazards.

**Disclosure Support**
Covenant Health is committed to ensuring that healthcare providers feel supported and prepared through all stages of the disclosure process which can be very challenging. To assist staff and physicians during what often is a very difficult process, the following supports are available:
   - Site Management on-call
   - Senior Leadership on-call
   - Covenant Health Quality & Patient Safety Office
   - Covenant Health Critical Incident Stress Management (CISM) team
   - Covenant Health Ethics and Spiritual Care
   - Guidance from the appropriate liability protection agencies including the
Canadian Medical Protective Association (CMPA) and Canadian Nurses Protective Society (CNPS)

Special Circumstances

1.0 Multi-Jurisdictional Disclosure Process

1.1 Patients/residents often receive care/treatment in various facilities and jurisdictions. As a result, an adverse event, close call or hazard may be discovered in a different jurisdiction and/or facility from where it actually happened.

Example
A patient is transferred from another facility. After transfer is complete and the patient is admitted, the patient’s stats become unstable. After receiving test results, it is determined that the patient received an overdose of medication which was administered at the other facility prior to transfer.

1.2 In the case where the event occurred in another Covenant Health facility:
- The most responsible administrator and/or physician of the area where the adverse event, and where appropriate, close call or hazard was discovered are to notify their site administrator (ie. Executive Director, Senior Operating Officer)
- The site administrator (for the site reporting the event) is responsible for notifying:
  - the site administrator of the site where event took place
  - the appropriate Senior Leaders responsible for the sites involved
- The administrator of the site where the event took place will ensure the appropriate program areas and staff are notified.
- The site administrators and care teams from the facilities involved shall identify an individual to lead the disclosure conversation and others to be involved. It is recommended that there is a representative from each facility and/or care team involved in the disclosure conversation.
- Follow the disclosure process outlined above.
- It is recommended that the site where the event occurred be responsible for conducting any required investigations.

1.3 In the case where the event occurred in an external facility or organization (ie. not a Covenant Health facility):
- The most responsible administrator and/or physician of the area where the adverse event, and where appropriate, close call or hazard was discovered are to notify their site administrator (ie. Executive Director, Senior Operating Officer)
- The site administrator (for the site reporting the event) is responsible for notifying:
  - the site administrator of the site where event took place
  - appropriate Covenant Health Senior Leaders
- Working collaboratively with the external facilities involved, individual(s) will be identified to lead the disclosure process. It is recommended that individuals from the involved organizations/facilities (Covenant Health and external partner) identify individuals from each organization to participate.
2.0 Multi-Patient/Resident Disclosure Process

2.1 Sometimes an adverse event, and where appropriate, close call or hazard involving a single patient/resident leads to the discovery that other patients/residents may have been affected and/or involved. These situations can include complex privacy and legal issues. Covenant Health Legal/Risk Management is to be notified of ALL adverse events, close calls or hazards involving multiple patients/residents.

2.2 In the case where multiple patients/residents have been harmed:

- The most responsible administrator and/or physician of the area where the event took place are to notify their site administrator (ie. Executive Director, Senior Operating Officer). The site administrator is to notify their appropriate portfolio VP who will, in turn, notify the Senior Leadership Team.
- The most responsible administrator and/or physician, site administrator and Senior Leaders will identify an appropriate individual to plan and coordinate the disclosure process.

2.3 Individual disclosure with each patient/resident should be planned, if possible, so that all involved patients/residents receive information at approximately the same time.

2.4 If individual disclosure in not feasible, public notification may be warranted.

3.0 Public Notification

3.1 The disclosure of an adverse event, and where appropriate, close call or hazard, should occur individually prior to public informing and follow the disclosure process.

3.2 Public informing does not take the place of individual disclosure.

3.3 Communication to the public may be warranted where:

- Rapid contact with large numbers of patients/residents is beyond the capacity of Covenant Health to accomplish within a reasonable and appropriate timeframe
- Uncertainty exists as to whether a list of patients/residents involved or impacted by the adverse event, and where appropriate, close call or hazard is accessible or complete
- Incorrect information is circulating to the public
- An adverse event, and where appropriate, close call or hazard may raise public concerns about Covenant Health’s ability to provide quality care

3.4 The decision whether to notify the public will be made by the Covenant Health Senior Leadership Team.

3.5 Covenant Health Communications must be involved in any public notification and will work with the most appropriate spokesperson and leader to plan and implement communication with the public.
Important Contacts

<table>
<thead>
<tr>
<th>Covenant Health Legal/Risk Management</th>
<th>(780) 342-8135</th>
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<tbody>
<tr>
<td>Covenant Health Patient Relations</td>
<td>(780) 735-7494 or toll free 1-877-295-6344</td>
</tr>
<tr>
<td>Covenant Health Critical Incident Stress Management (CISM) Team</td>
<td>Facility switchboard (780) 735-9000 &amp; ask for CISM on-call</td>
</tr>
<tr>
<td>Covenant Health Ethics Consult</td>
<td>Hospital Switchboard (780) 735-9000 &amp; ask for on-call ethics consultant or contact a member of the ethics team</td>
</tr>
<tr>
<td>Covenant Health Quality &amp; Patient Safety Office</td>
<td>(780) 735-2884</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>Contact your facility switchboard</td>
</tr>
<tr>
<td>Employee and Family Assistance</td>
<td>1-866-420-1967 or 780-420-1697 (Edmonton local)</td>
</tr>
<tr>
<td>Covenant Health Manager/Director on-call</td>
<td>Contact your facility switchboard</td>
</tr>
<tr>
<td>Covenant Health Senior Leader on-call</td>
<td>Contact your facility switchboard</td>
</tr>
<tr>
<td>Canadian Medical Protective Association (CMPA)</td>
<td>1-877-763-1300</td>
</tr>
<tr>
<td>Canadian Nurses Protective Society (CNPS)</td>
<td>1-800-267-3390</td>
</tr>
</tbody>
</table>

Definitions

Adverse Event: An unanticipated/unplanned event that reaches the patient/resident and results in no harm, harm (minimal to severe) or death.

Apology: An expression of sympathy or regret. As per the Apology Act (Alberta Evidence Amendment Act, 2008), an apology is not an admission of fault or liability.

Close Call: An event that could have caused harm but was prevented from reaching the patient/resident.

Disclosure: The process of communicating an adverse event, and where appropriate close call or hazard to a patient/resident or SDM by healthcare providers.

Facts: Details of an event that are indisputably the case or have been agreed upon following appropriate investigation.

Harm: An undesirable outcome for the patient/resident, resulting from the care and/or services provided, that negatively affects the patient’s/resident’s health and/or quality of life.

Hazard: A situation or circumstances that could escalate into an adverse event or close call (e.g., equipment malfunction).
**Healthcare Provider**
Those involved with the delivery of healthcare services to patients and residents on behalf of Covenant Health.

**Moderate/Severe Harm**
Moderate harm is an event or circumstance where intervention and/or extended observation (prolonged length of stay) is required. Examples include moderate lacerations, fractures, burns and unintentional heavy sedation. Intervention and extended observation (prolonged length of stay) is required.

Severe harm is an event or circumstance where immediate, life-saving intervention is required and may include an unplanned surgical outcome. Examples include anaphylaxis, permanent injury, disfigurement or a sudden life-threatening change in vital signs.

**Most Responsible Administrator**
The most senior non-physician within the area in which the event took place (eg. Director, Patient Care Manager).

**Most Responsible Physician**
The physician who has responsibility and accountability for the treatment/procedure provided to a patient/resident and who is authorized by Covenant Health to perform the duties required to fulfill the delivery of such treatment/procedure within the scope of their practice.

**Patient or Resident**
An individual who receives treatment or services including provision of health information from a healthcare provider on behalf of Covenant Health.

**Substitute Decision Makers (SDM)**
Substitute decision makers (SDM) include agents pursuant to a personal directive, legal guardians, co-decision makers, and specific decision makers. If none exist, then refer to Appendix One.

**Appendix One**
**Substitute Decision Makers** (which often include family members)

1. Agent pursuant to a personal directive
2. Legal guardian pursuant to Adult Guardian and Trusteeship Act (AGTA), the Child, Youth, Family Enhancement Act, or court order
3. Co-decision makers pursuant to AGTA
4. Specific decision maker pursuant to AGTA which may include family members in the following order:
   i. Spouse or interdependent partner
   ii. adult son or daughter
   iii. father or mother
   iv. adult brother or sister
   v. grandfather or grandmother
   vi. adult grandson or granddaughter
   vii. adult uncle or aunt
   viii. adult nephew or niece
In the absence of any of the above, the substitute decision maker will be the Public Guardian.

Related Documents
- #III-35 – Building a Just Culture
- #III-45 – Responding to Adverse Events, Close Calls & Hazards
- #III-5 - Reporting/Investigating Legal Actions & Potential Legal Actions
- Covenant Health’s Our Commitment to Ethical Integrity: Creating our Covenant Health Culture. Available online at http://www.covenanthealth.ca/resources/pdf/Our_Commitment_to_Ethical_Integrity_FINAL.pdf

References