**This form is not meant to be a substitute to the Saskatchewan Health Authority’s or other Agency incident reporting.**

Patient Safety Incidents may occur when professional nursing students provide direct patient care. We want to identify what happened, how and why it occurred, how to reduce the risk of recurrence, and share what was learned. This form should be completed anonymously by College of nursing students and faculty (or Health Authority partners) upon recognition of a Patient Safety Incident.

This form’s purpose is to assist with the identification and management of adverse events and near misses, and to minimize risks and potential injuries to clients, residents, and/or students. Subsequently, recommendations will be developed for quality improvement and risk management.

This form will not be used for student evaluation.

**Please send completed forms directly to Michele Loeffler Michele.Loeffler@usask.ca**

**In the case of a critical incident, please also send to the Associate Dean immediately.**

**DEFINITIONS:**

**Near Miss** An event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event **did not reach the patient**.

**No Harm Event** An incident occurs which reaches the patient, but results in no injury to the patient. Harm is avoided by chance or because of mitigating actions.

**Harm** is defined as a temporary or permanent impairment in body functions or structures. Includes mental, physical, sensory functions and pain.

**Adverse Event** any adverse outcome for a patient, including an injury or complication directly associated with the care or services provided to a patient. This can be physical, emotional, psychological, and cultural.

**Critical Incident** An incident resulting in serious harm (loss of life, limb, or vital organ) to the patient, or the significant risk thereof. Incidents are considered critical when there is an evident need for immediate investigation and response.

**CONTEXT:**

|  |  |
| --- | --- |
| Program: Choose an item. | Campus: Choose an item. |
| Practicum Site and Unit: Click or tap here to enter text. | **Practicum Location (Province):** Click or tap here to enter text. |
| Year in Program: Choose an item. | **Course**: Choose an item. |
| Clinical Area: Choose an item. | **Person Reporting**: Choose an item. |
| Date of Incident: Click or tap to enter a date. | **Date of Report**: Click or tap to enter a date. |
| Term: Choose an item. | **Time during term:** Choose an item. |

**EVENT INFORMATION:**

|  |  |
| --- | --- |
| Type of Incident: Choose an item. | Category: Choose an item. |
| Name of Medication: Click or tap here to enter text. | **Reported to Agency:** Choose an item. |
| Route of Medication: Choose an item. |  |
| Time of day event occurred: Choose an item. |  |
| Describe event in detail: Click or tap here to enter text. | |
| Describe action(s) taken immediately after event: Click or tap here to enter text. | |

**CAUSES:**

|  |  |
| --- | --- |
| Check all that apply: | |
| Miscommunication between  Student and Client  Student and Health Team Member  Student and Faculty  Student and Preceptor or Instructor  Student and other department(s)  Other: Click or tap here to enter text. | Resources  Inadequate information  Staff or faculty not available / staff shortage  Written resources unavailable  Current / credible information unavailable  Inadequate policies and procedures  Other: Click or tap here to enter text. |
| Medical Device  Malfunction  Lack of availability  Product labeling confusion  Other: Click or tap here to enter text. | Individual  Felt pressured to perform task quickly  Did not feel adequately prepared  Fatigued  10 rights and 3 checks not completed  Other: Click or tap here to enter text. |
| Environment  Work area layout problematic  Need for rapid care management decisions  Environment prone to distractions and interruptions  Pt on isolation precautions  Other: Click or tap here to enter text. | Client  Confused  Unsteady or weak  Other: Click or tap here to enter text. |
| Comments: Click or tap here to enter text. | |

**POST EVENT (to be filled out by the instructor):**

|  |
| --- |
| Describe follow up with student: Click or tap here to enter text. |
| Who was notified (by role): Click or tap here to enter text. |
| Is further action required?  No  Yes, describe: Click or tap here to enter text. |
| Implementation plan: Click or tap here to enter text. |
| Evaluation plan: Click or tap here to enter text. |
| Describe follow up with SHA/agency (include details of disclosure, if known): Click or tap here to enter text. |
| Describe preliminary investigation (what happened, how/why it happened, recommended actions): Click or tap here to enter text. |
| How this might be prevented in the future (systems solution): Click or tap here to enter text. |
| Suggested student learning improvements to reduce risk of recurrence: Click or tap here to enter text. |
| Additional recommendations to reduce risk of recurrence: Click or tap here to enter text. |

Privileged and confidential for quality improvement purposes.

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