## Prevent & Respond to Patient Safety Incidents

The College sometimes hears from patients who were unfortunately harmed during a PT appointment. They may have fallen during an exercise, or the application of a modality caused harm or similar incidents. The patients will sometimes describe how they perceived the situation was poorly managed. The College finds that in most cases, the PT themselves did not have a ***plan*** to manage incidents, and there was no learning or continuous quality improvement after the event.

**Patient Safety Incident Management plans**

Building patient safety incident management plans can be developed proactively or by reflecting on an incident that occurred in your practice.

1. Invest time to identify the anticipated risks to patients in your setting. Personalize patient safety incident plans to match the kinds of things you do in practice and how you should respond.
2. Develop a plan for you (or other staff) to manage safety incidents.

Patient safety incident management plans should include:

* A list of what could cause harm to a patient during or after assessment or the treatment of a patient?
* How is the incident recognized? What were the signs?
* What steps need to be taken to immediately manage the situation, and who should be involved while the patient is **in** the clinic. Do you have a clear plan to respond if a patient should go into cardiac arrest? What is a patient falls or has an episode of dizziness? Consider if it is safe for the patient to leave the setting unaccompanied. What follow-up is needed? And what is the time frame?
* What steps should be taken when the patient's safety incident becomes apparent **after** the patient has left the practice setting (e.g., the patient calls with reports of a new pain at the injury site or has greater difficulty with moving...).
* Instructions or advice to be given to patients to manage any incidents should they occur after the patient leaves your practice.
* Instruction to document a summary of any incidents in the patient chart.

Patient safety management plans can be written up in various formats. Ensure your plan is easy to understand, accessible and communicated to anyone who might be involved. Routinely review the plan. We have included a suggested template in **Appendix 1** but other examples are available by searching the literature on patient safety.You decide what works best in your workplace! The template can be modified and used for managing patient care incidents (i.e., a burn from an electrotherapy treatment, etc.) and non-patient care related incidents (e.g., a fire in the building). Samples for learning only are included in Appendix 2.

# Appendix 1: Patient Safety Incident Management Planning Template

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| Patient Safety Incident Identifier (e.g., Near Miss, No-harm or harmful) | Identify the situation/incident type this plan applies to. How was the incident recognized? |
| Publication Date | Date the plan was created |
| Purpose | Define the purpose of the plan, its application, and limitations. |
| Immediate Management | List the steps and strategies to prevent and/or manage the incident/harm should it arise. |
| Equipment (type and location) | List the equipment required to manage the event, and where the equipment is located. |
| Personnel Involved | List the individuals involved in managing the event.  Describe their roles and responsibilities. |
| Patient/Family Role | List the actions to be undertaken by the patient/family while 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 accompaniment or supervision and ongoing communication with the treating physiotherapist.  Include any protocols that the patient is directed to follow to assist with management of the event. |
| Recommended Follow-up Actions | List actions to be undertaken by the treating therapist or others involved in the management of the incident and relevant documents or resources, including:  Signs and symptoms to be monitored by the patient or on subsequent visits  Communication to be completed by the treating therapist  Follow up with other health professionals involved in the patient’s care  Patient communication to address concerns/provide advice  Incident Review, including:  Site specific forms for tracking and reporting.  Incident analysis to understand contributing factors.  Identification of measures to mitigate risk and reduce the chance of recurrence.  Disclosure to the patient/patient’s family of findings of the incident review and measures implemented.  Issuing an apology when appropriate  Support available to personnel involved in the incident. |
| Date of Next Review | Patient safety incident management plans should be reviewed regularly to ensure currency and continuing appropriateness. |
| Training Frequency & Date(s) Completed | When did the training of involved personnel occur? |
| Confirmation of Training (Optional) | Names and signatures of individuals attending training. |

# Appendix 2: Patient Safety Incident Management Planning

# Sample 1

# The example is for consideration and has not been approved by the College.

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| Patient Safety Incident Identifier (Near Miss, No-harm or harmful) | Minor bleeding at needle site, not requiring medical assistance. |
| Publication Date | July 4, 2022 |
| Purpose | Bleeding or bruising can occur at the needle site in rare cases and may be increased by treating an area with high capillary density, or with a patient on anti-coagulation medications, or by receiving deep needle stimulation.  To be used when the bleeding is mild and can be managed/bleeding is stopped and without the need for medical assistance. |
| Immediate Management | Provide first aid:  Equipment needed: Sterile gloves, gauze or cotton wool, tape to keep wound covering in place, scissors. Cleaning solution for wound.  PT or PTA (Physiotherapist Assistant) wears clean gloves  If the bleeding is on the arm or leg, the patient should be lying, and limb placed in a comfortable position at heart level or slightly above.  Using gauze or cotton wool apply direct gentle pressure to the area of bleeding and maintain pressure for 30 seconds bleeding soaks gauze continue to apply pressure. Check to make sure the bleeding has stopped. When bleeding has stopped, clean and apply an antiseptic cream and cover area with sterile gauze or tape.  Wash and sanitize the treatment area. |
| Equipment (type and location) | Clean Cotton wool, gauze, gloves, and cleaning solution, placed within easy access of PT in the treatment area close to the patient. |
| Personnel Involved | The PT will inspect the site, assess the risk by asking the patient some questions and supply directions on how best to manage the patient’s bleeding.  The treating PT may direct the PTA or the patient to help with managing the application of gentle pressure over the clean gauze at the bleeding site. Until bleeding stops. |
| Patient/Family Role | The patient is given verbal and written instructions around managing the wound site at home (Includes: To check site, clean the area with soap and water, rinsing well and apply antibiotic cream to prevent infection).  If the area appears irritated or painful the patient should call the treating PT to report symptoms and/or seek medical advice. |
| Recommended Follow-up Actions | The PT documents the incident in the patient record (date time depth of needle, size of needle).  The PT will follow up with the patient related to the incident within 24-48 hrs. by telephone and at any subsequent visit  If bleeding continues at treatment site or there is pain, then the patient is advised to seek medical advice. |
| Date of Next Review | June 2023 |
| Training Frequency & Date(s) Completed  Optional | Review of first aid supplies February 2022, next review September 2022  Review of sterile techniques when performing acupuncture and when managing minor bleeding (Inservice December 2021). Follow up annually. |
| Signature of those trained | E. Stack. PT (July 4, 2022)  G. Bee PTA (July 4, 2022) |

# Sample 2 Burns

# Example only, this is for consideration and has not been approved by the College.

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| Patient Safety Incident Identifier (Near Miss, No-harm or harmful) | Harmful Burns occurring as a result of use of a TENS machine |
| Publication Date | July 5, 2022 |
| Purpose – identify the risk of burns with TENS | There is a risk of burns to the skin underneath the TENS electrodes if a patient has:  Decreased cutaneous sensation  Medicated creams/ointments on skin  Previous burns in the area  Not been provided with a method to contact the physiotherapist in case they are feeling uncomfortable  There is a risk of burns to the skin underneath the TENS electrodes if the machine:  Has not been serviced according to manufacturer’s recommendations  Has any loose connections or malfunctioning parts |
| Immediate Management | Before using a TENS machine, perform the following tasks:  Ask whether any lotions or topical medications have been applied to the treatment area and consider if they may impact the ability to use the TENS machine.  Conduct sensation testing.  Follow the manufacturer’s instructions.  Check and record the device settings.  Set a timer.  Monitor the treatment.  If leaving the room during any treatment, you should inform the patient:  how long you will be gone and how to reach you  how to reach another qualified staff member if you are not immediately accessible  to alert you during the treatment if there is anything that may indicate a problem (e.g., discomfort, burning sensation, etc.)  how to turn down/off or disconnect the device if there is a problem |
| Equipment (type and location) | First Aid Kit (located in staff kitchen) and cool compress (located in fridge of staff kitchen) |
| Personnel Involved | **Physiotherapists** with first aid training:  Inform the patient that you suspect they have suffered a burn and identify the suspected cause.  Show the patient the suspected burn area, apologize for the incident, and check in with the patient.  Mitigate any harm by providing first aid to the area (if you are qualified and the patient consents) like applying a cool compress.  Recommend that the patient seek (immediate, if necessary) medical attention.  Check the settings on the electrophysical machine and record/photograph for the clinical record (preferably in the presence of the patient) and explain to the patient why you are doing this. (Document settings to be able to test device later)  Request the patient’s permission to contact them later by telephone or email to follow-up. If they agree, check in with the patient to see how they are doing until the situation has resolved.  Make a written record of your initial and any follow-up conversations with the patient regarding the incident. |
| Patient/Family Role | Consider asking the patient if they would like the area photographed and included in their clinical record  Recommend that they seek medical attention, and how urgently it might be needed.  Provide the patient with information regarding the use of a cool compress.  Monitor area of burn for signs of infection (redness, swelling, pus) |
| Recommended Follow-up Actions | If consented to, the physiotherapist to contact the patient to follow-up on medical advice received and how they are feeling.  All communication with patients is to be included in the patient record.  Review alternate treatment to area that would not exacerbate burns but could help with original symptoms/goals of PT treatment.  Monitor area of burn for signs of infection (redness, swelling, pus)  Review PT treatment plan/home exercises to ensure no positions or treatments could aggravate burn area.  Have the device checked/tested and do not use it again until you have results confirming that it is operating within proper parameters. |
| Date of Next Review | Review Management of Burn protocol yearly, or earlier if another incident occurs before one year. |
| Training Frequency & Date(s) Completed | First Aid training is mandatory for all PTs who use electrophysical agents in their treatments. |
| Confirmation of Training (Optional) | Names and signatures of individuals who have successfully completed training. |

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