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 physiotherapist 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 physiotherapist * 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. |