



ALBERTA HEALTH SERVICES

Ongoing Management Checklist

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Ongoing Management Checklist

All of these steps should be considered for Clinically Serious Adverse Events

Case description of the event _____

Accountable Leader – Individual with ultimate accountability to manage/lead this event

Name: _____

Ensure that applicable steps in the immediate management algorithm have been undertaken (R.E.S.P.O.N.D.)
 (see Appendix "A" Alberta Health Services *Immediate and Ongoing Management algorithm*)

Note issues arising/follow-up required _____

Ensure completion of an Urgent Notification to an Emerging Issue form

Single point of contact: Patient/Family: _____

AHS Contact: _____

Name of Ongoing Disclosure contact _____

Others to Inform?

Internal Notification

Name _____

Name _____

Name _____

External Notification

ie. Mandated Legislation Reporting,
 Protection of Persons in Care Act

Name _____

Name _____

Name _____

Other

Name _____

Name _____

Name _____

Confirm if there is a need for ongoing support:

a. Patient / Family

b. Staff and Medical Staff

Timeline Completed

What type of evaluation is required?

a. Quality Assurance Review under Section 9 of the *Alberta Evidence Act*?

If yes, name of assigned Quality Assurance Committee/Chair _____

- See QAC Chair Handbook

b. Other review? (e.g., administrative review, local process improvement, case review for educational purposes, quality improvement project, Patient Concern Resolution Process)

If yes, type of review and responsible lead _____

Notes _____
