ALBERTA HEALTH SERVICES

Ongoing Management Checklist

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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	**External Notification** ie. Mandated Legislation Reporting, Protection of Persons in Care Act	**Other**
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
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 _____

_____