



Provincial Health Services Authority

UNUSUAL OCCURRENCES, INCIDENT REPORTING AND FEEDBACK HANDLING POLICY: BREAST SCREENING

(G E N E R A L – S A 0 3 0)

Summary of Changes

	NEW	Previous
BC Cancer	August 2022 (merged with SA 020)	February 2018 June 2007 July 1992 (SA 020) – now archived

Last Revised:	07/JUNE/2023	Next Review:	07/JUNE/2026	
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UNUSUAL OCCURRENCES, INCIDENT REPORTING AND FEEDBACK HANDLING POLICY: BREAST SCREENING

1. Introduction

1.1. Purpose

The Breast Screening Program has a centralized review system when reporting unusual occurrences. This centralized review process ensures responses are timely and standardized, that frequently occurring incidents are recognized and improved upon, and that resolutions are initiated and appropriately addressed.

The purpose of this policy is to:

- Understand the proper handling of unusual occurrences, incidents and feedback at the Screening Centre or Program level.
- Outline the roles and responsibilities of those in scope of this policy
- Identify who is responsible for monitoring compliance and potential outcomes for non-compliance with this Policy.

1.2. Scope

All Breast Screening Program Staff

2. Policy

The Breast Screening Program aligns with the PHSA [Patient Safety Event Management and Review Policy](#).

All BC Cancer Breast Screening Program related incidents (i.e. reporting errors, amendments, accidents, near-misses), or program-related participant feedback (i.e. complaints or compliments), must be reported to the Client Services Manager and/or Provincial Practice Leader with a copy of all relevant documentation including an [Unusual Occurrence Form](#), when applicable.

The Breast Screening Centres must perform and meet any Health Authority or employer-required reporting obligations in addition to the Breast Screening Program requirements. This may include the centre's Health Authority Risk Management Team, Patient Safety Learning System (PSLS) regional reporting, and/or employer incident forms.

When appropriate, individual screening centres must attempt to address participant feedback related to operational practices (i.e. scheduling, eligibility, quality control issues) before referring to the Program for assistance.

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3. Responsibilities and Compliance

3.1. Responsibilities

Breast Screening Centre Chief Technologists, Lead Clerks and/or Centre Managers

Responsible for communicating unusual occurrences, incidents and feedback to the Breast Screening Program for awareness and support.

Breast Screening Operations Director, Client Services Manager, and Provincial Practice Leader

Responsible for guidance and assistance, when required.

3.2. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members observing a violation of this policy may support others to review and understand the policy and/or advise their management of the need for education and support of the policy. If a deficiency in adherence to the policy occurs, the appropriate documentation should occur through the Patient Safety Learning System (PSLS).

4. Related Documents

[Unusual Occurrence Form](#)

PHSA [Patient Safety Event Management and Review Policy](#)

PHSA [Critical and Non-Critical Patient Safety Event Review Procedure](#)

PHSA [Stop the Line to Ensure Patient Safety](#)

PHSA [Stop the Line: Authority to Intervene to Ensure Patient Safety Procedure](#)

PHSA [Patient Safety Culture](#)

PHSA [Disclosure of Patient Safety Events](#)

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Approving Body:	Breast Screening Quality Management Committee		
Final Sign Off:	Name	Title	Date Signed
	Dr. Charlotte Yong-Hing	Medical Director – Breast Screening	07-JUNE-2023
Developed By:	Name	Dept.	HO
	Amanda Hunter	Breast Screening Program	PHSA-BC Cancer
	Mary Nagy	Breast Screening Program	PHSA-BC Cancer
Owner(s):	Mary Nagy, Client Services Manager	Amanda Hunter, Provincial Practice Leader	
Posted Date:	23-JUNE-2023		
Version:	2.0		
Revision:	Name of Reviser	Description	Date
	Amanda Hunter	Updated policy template, merged with SA 020 Feedback from Breast Screening Program Users	07-JUNE-2023

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