



## NEVER EVENTS IN HEALTHCARE

**Never events** are patient safety incidents that result in serious patient harm or death and are preventable using organizational checks and balances. These events highlight the need for system-level prevention, not blame, and serve as a call to action for safer healthcare (Healthcare Excellence).

Never events do not imply blame; **“never” is a call-to-action**, not a demand or an attempt to shame mistakes (Never Events for Hospital Care in Canada, 2015).



### HOW MANY NEVER EVENTS APPLY TO HEALTH PEI?

There are **15** never events for hospital-related care. These are outlined in HPEI’s *Patient Safety and Environmental Incident Reporting and Management* policy.

### WHAT ARE SOME EXAMPLES OF NEVER EVENTS?

- Harm from **improperly sterilized instruments or equipment** by the healthcare facility.
- **Any Stage 3 or 4 pressure injury** acquired after admission.
- **Surgery performed** on the wrong body part or wrong patient.
- Patient in a secure facility or highest level of observation leaves without the knowledge of staff.
- **Wrong tissue, biological implant, or blood product** given to a patient.
- Patient death or serious harm due to an **accidental burn**.

Further information on never events can be found: [Never Events for Hospital Care](#) or Appendix B of the [Patient Safety and Environmental Incident Reporting and Management Policy](#)