Procedure · HC-SOP-011 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.35

At a glance

- A problem found after a visit, such as a fall discovered later, is reported on discovery, with the time it happened recorded (INC-POL-001).
- Reporting is not judged on whether the caregiver could have known at once.
- Delayed discovery is reviewed as a pattern.
- The review uses the incident process (INC-SOP-001).
- Stop and get help straight away if: a fall found the next morning is recorded as the caregiver’s fault for not reporting at once.

1. Purpose

To make sure incidents discovered late in an unsupervised home are reported and learned from (29.35).

2. Scope

Applies to	Clinical and support staff in the home care service
Locations	All client homes and the service’s offices
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 16

3. Definitions

Term	Meaning
Incident	An event or problem affecting a client or a caregiver that must be reported and reviewed.
Delayed discovery	A problem found after a visit, when it may already have happened earlier.
Estimated time	The best estimate of when the incident happened, recorded in the report.

Report on discovery	Reporting an incident at the moment it is found.
Incident process	The process for reviewing incidents (INC-SOP-001), applied to delayed-discovery incidents without blame by default.
Duty clinical lead	The clinical lead on duty at the time, who receives serious problems first.
Escalation	Passing a serious problem at once to the duty clinical lead, and to the clinical director the same day.

4. Background

In a home where no one else is present, a problem can go unnoticed for days. Incident reporting must allow for that delay, and not assume a problem was reported at once.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the reporting process	Clinician or manager
Caregiver or family member who finds a problem	Reports on discovery	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a client is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Report on discovery.

- Report the incident on discovery, and record the estimated time it happened.

Key point: Reported.

Step 2. Review without blame.

- Review the delay under the incident process, without treating it as personal fault by default.

Key point: Reviewed.

Step 3. Look for patterns.

- Review delayed-discovery incidents as a group each quarter.

Key point: Patterns reviewed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met

Delayed-discovery incidents reported and reviewed	100%	Quarterly	Home care service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Client record or the area file	the period set by the facility’s records policy (in years)

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
INC-SOP-001	Root cause analysis of serious incidents (existing, reused)	Procedure

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	Approved by the ASF Expert Committee

E-learning for this document

- **Incident Reporting, Just Culture and Open Disclosure** (T-09)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 29. (E-009)

Download this document as PDF

Download this document as an editable Word file