RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Total Quality Division		**POLICY NUMBER:** DPOTMH-APP-QA-P007-(01)	
TITLE/DESCRIPTION: **JUST CULTURE**			
EFFECTIVE DATE: November 14, 2025	**REVISION DUE:** November 13, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 1 of 7
APPLIES TO: All Employees, Doctors, and Outsourced Personnel ("Covered Personnel") involved in the provision or support of patient care within the RMCI and its subsidiaries		**POLICY TYPE:** Administrative	

PURPOSE:

To promote a safe, supportive, and learning-driven environment where staff can openly report incidents, errors, and near misses without fear of blame, unless unsafe or reckless actions are intentionally committed.

DEFINITIONS:

Just Culture – refers to the culture that promotes trust and fairness by distinguishing between human error, at-risk behavior, and reckless behavior, enabling appropriate accountability.

Incident – refers to any event or occurrence that deviates from expected clinical or operational performance and has the potential to affect patient care, staff safety, or organizational processes. Incidents include adverse events, near misses, and hazards.

Near Miss – refers to an event or situation that **did not result in harm** to a patient, staff, or visitor because the risk was identified and addressed through timely intervention or chance. Near misses provide critical learning opportunities.

Human Error – refers to an unintentional action, slip, lapse, or mistake made during routine tasks. Human error is not subject to punishment; instead, the organization focuses on consoling the individual and correcting system contributors.

At-Risk Behavior – refers to a behavioral choice that inadvertently increases risk where the individual does not recognize or underestimate the potential consequences. Coaching, awareness, and system adjustments are used to address at-risk behavior.

Reckless Behavior – refers to a conscious and willful disregard for substantial and unjustifiable risk that represents a significant deviation from expected practice. Reckless behavior warrants remedial or disciplinary action based on organizational policy.

Anonymous Reporting – refers to a reporting mechanism that allows staff to submit incident reports without revealing their identity, ensuring confidentiality and increasing safety reporting rates. Anonymous reporting is used to capture safety concerns when individuals may fear retaliation.

RESPONSIBILITY:

Employee, All Employees, Unit Heads and Supervisors, Quality Improvement Department, Human Resources Training and Development

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POLICY:

1. The Hospital is committed to maintaining a Just Culture where:
   - 1.1 Covered Personnel feel safe to report events and deviations without fear.
   - 1.2 Unintentional errors are reviewed for learning, accountability, and prevention, not solely focused on punishment.
   - 1.3 Good-faith reporting is free from blame.
   - 1.4 Emphasis is placed on correcting process gaps rather than assigning individual fault.
   - 1.5 Only reckless or intentional disregard of safety and behavioral standards may lead to corrective actions or disciplinary review.

2. **Guiding Principles:**
   The Hospital also adheres to the following principles:
   - 2.1 Fairness and equity: Covered Personnel are treated consistently and evaluated based on behavior, not outcomes alone.
   - 2.2 System focus: The majority of incidents arise from system vulnerabilities; corrective actions prioritize system improvements.
   - 2.3 Transparency: Incident reporting processes are clear, accessible, and encouraged.
   - 2.4 Psychological safety: Covered Personnel are protected from retaliation when reporting errors or concerns in good faith.
   - 2.5 Shared accountability: Leaders, teams, and individuals share responsibility for safe care.

3. **Reporting Expectation:**
   All Covered Personnel are encouraged to report:
   - 3.1 Incidents
   - 3.2 Near misses
   - 3.3 Patient safety concerns
   - 3.4 Process gaps

4. **Reporting Channels:**
   Reports may be submitted confidentially using the Non-Conformity Report (NCR) Form or anonymously via the established Hospital reporting channels.

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4.1 Non-Conformity Report (NCR) From – for reporting process gaps and patient safety concerns. This form shall be submitted to the Total Quality Division office within 24 hours after upon discovery of an incident. (See Non-Conformity Report Policy for more details)
4.2 Near Miss Anonymous Reporting QR Code
4.3 Anonymous Whistleblowing Reporting Platform QR code. (See Whistleblowing Policy and Managing Disruptive Behavior and Workplace Violence Policy for more details)
4.4 Data Security Incident Form QR code. (See Data Breach Response Policy for more details)

5. Accountability Framework

Type of Action	Organizational Response
Human Error (Unintentional): *Unintentional, inadvertent actions*	• No blame response: console the staff; • Support and coaching; • Focus on system or process review and improvement
At-Risk Behavior (Unaware of risk): *Risk-taking without recognition of danger*	• Coaching, training, education, and risk awareness; • Encouragement of safer choices
Reckless Behavior (Knowingly risky) or **Intentional Misconduct**: *Conscious disregard of known risks*	• Possible disciplinary review in accordance with HR policy with corresponding remedial or disciplinary action; • System or process review; • Appropriate corrective action based on severity; • May include counseling, suspension, and other corrective measures

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6. Roles & Responsibilities

Role/Unit	Accountability Scope
All Employees	Follow safety protocols; Promptly report near-misses and incidents; Participate in investigations
Unit Heads and Supervisors	Ensure reporting without fear; Support staff; Participate in investigations; Promote a learning culture
Quality Improvement Department	Lead investigation using non-blame approach; Facilitate root cause analysis; Monitor compliance of corrective actions
Human Resources Training and Development	Provide guidance for behavioral accountability when required

7. Just Culture Decision-Making Framework

Leaders will utilize a standardized framework that guides classification of behaviors and selection of appropriate actions. This may include:

7.1 Evaluating intent.

7.2 Assessing risk awareness.

7.3 Reviewing system factors (e.g., workload, training, environment).

7.4 Determining appropriate system or behavioral interventions.

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8. Incident Reporting and Review

8.1 All Covered Personnel must report incidents or near misses via the established reporting channels.

8.2 The Quality Improvement Office, along with the relevant departments and representatives, conducts a structured review.

8.3 Reviews prioritize root cause analysis, system design evaluation, and prevention strategies.

8.4 Staff involved in incidents will be treated respectfully and supported.

9. Confidentiality and Non-Retaliation:

9.1 All reports are handled with strict confidentiality, and used for learning, not blame.

9.2 Covered Personnel who report in good faith are protected from retaliation.

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PROCEDURE (SOP): N/A

WORK INSTRUCTION: N/A

WORK FLOW: N/A

FORMS: N/A

EQUIPMENT: N/A

REFERENCES:

1. Murray, J., & Merchant, N. (2023). Promoting "just culture" among health professions learners in the clinical environment. Education in the Health Professions, 6(2), 80–80. https://doi.org/10.4103/ehp.ehp_6_23
2. Institute for Healthcare Improvement (IHI). Just Culture Framework.
3. Marx, D. (2001). Patient Safety and the "Just Culture": A Primer for Health Care Executives.
4. World Health Organization. Patient Safety Incident Reporting and Learning Systems.
5. RMCI Whistleblowing Policy.
6. RMCI Non-Conformity Report Policy.
7. RMCI Managing Disruptive Behavior and Workplace Violence Policy.
8. RMCI Data Breach Response Policy.

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	Name/Title	**Signature**	**Date**	**TQM Stamp**
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