SunCountry HEALTH REGION

The Quality Report

Continuous Quality Improvement (CQI) November – December 2016

Patient Safety Incidents

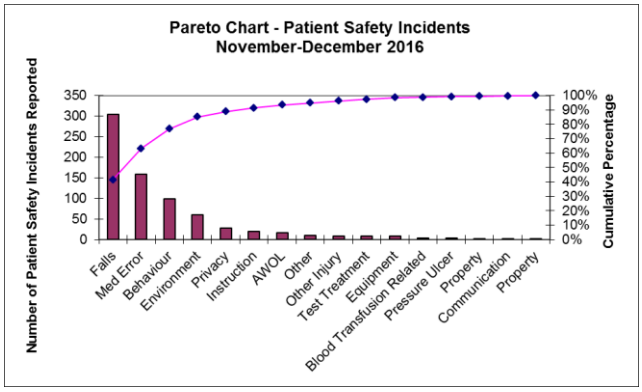
A Patient Safety form is used to identify and manage risks that may jeopardize the safety and well-being of patients, residents, clients, visitors, contractors, and physicians in the Region. All unusual incidents or potential adverse events are factually reported and investigated.

There were 729 patient safety incidents reported (at time of print) during November-December 2016, a 34% increase from the previous period of 545 reported incidents.

The most commonly reported incidents were: Falls (304 or 42%), Medication Errors (159 or 22%), and Abusive/Aggressive Behavior (99 or 14%). Other commonly reported incidents include: Environment (60 or 8%), Privacy (27 or 4%), Instructions (19 or 3%), AWOL (16 or 2%), or 92% of incidents. Falls were the highest reported incident during this period.

The following Pareto Chart displays the most to least commonly reported incident types on the Patient Safety Reports. The top three types of incidents account for 78% of all incidents reported.

Figure 1
Pareto Chart for Patient Safety Incidents Reported
For the Period November-December 2016



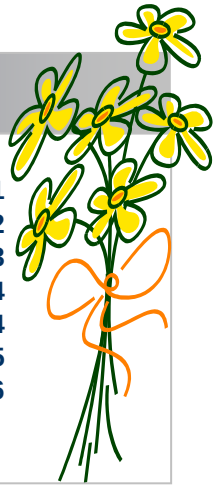
Patient safety incidents are coded according to level of severity (see the following chart).

Code 1 -	**incident did not result in harm or injury.**
Code 2 -	**incident results in minimal emotional harm or minor injuries that required basic first aid or short term monitoring. Lab and x-ray results (if performed) remained normal or unchanged.**
Code 3 -	**incident had the potential for or caused an adverse outcome. This also includes serious incidents where the potential for litigation was thought to be prevalent.**
Code 4 -	**tragic incident where the potential is that litigation could be initiated at any time. This category includes unanticipated deaths or situations that had the potential for major loss of function or injury.**

Of the 729 patient safety reports in the November-December 2016 period, 396 (54%) were reported as “Code 1”, 237 (33%) were “Code 2” and 9 (1%) were reported as “Code 3”. There were no “Code 4s” reported during this period. The remaining 87 (12%) were “Good Catches/ Near Misses” caught before harm was done.

Contact Felecia Watson Felecia.Watson@schr.sk.ca for more information about these reports.

Also In This Issue



- 105 staff safety incidents reported during November and December (at December 21), a 22% decrease from last report period (i.e., September and October 2016) of 82 reported incidents.
- The most commonly reported incidents were Slips, Trips, Falls (24 or 23%), Transfer, Lifting, Repositioning Patients (20 or 19%), Violent or Aggressive Acts (18 or 17%), and Exposure to Harmful Substance or Environment (17 or16%).
- 30 staff safety incidents were reported to the WCB because harm occurred to the staff – 9 involved medical attentions beyond first aid and 21 involved lost time from work. Type of injuries included:
    - 21 sprains or strains
    - 2 contusions/bruises
    - 2 fractures/dislocations
    - 2 lacerations/cuts

Lessons Learned

"When events are not shared, lessons are not learned"

Too close for comfort…

A resident was observed walking the halls of his facility carrying a butter knife. A staff member tried to separate him from this item by asking if she could wash it. The resident suddenly stabbed her several times in the stomach and once in the neck area!

Fortunately this altercation did not result in injury. Now imagine the result had the object been edged and/or pointed!

There are a couple of lessons to be learned from this incident:

1. Do not leave cutlery unattended
2. Do not get too close to anyone carrying an object that has the potential to be used as a weapon

Five Why / Root Cause Analysis

From November 28, 2016 to December 18, 2016, there were 17 **reported** incidents across SCHR from slips, trips and falls (external) – parking lots and sidewalks due to weather related issues. Six employees required medical attention beyond first aid and/or lost time from work.

When investigating these incidents, SCHR utilizes the 5 WHY/Root Cause analysis procedures. The procedure involves using 2 direct causes and 4 sub causes:

1. Systems
    - Footwear policy (HR-20-15)
    - 5 second Rule (what did you see, what did you hear, what did you do)
2. Environment
    - Lighting
    - Weather conditions

1. Systems

- Did the employee wear appropriate footwear for the weather conditions present at the time (winter boots with rubber /not slip soles)? SCHR policy addresses appropriate footwear but this does not mean just for indoor usage.
- Did the employee utilize the 5 second rule? Open the vehicle door – look down to the ground – what did they see – did they test that ground before exiting the vehicle – once exited did they do foot tests while walking towards the place of work (shuffling slowly to see if ground changes) – did they repeat foot tests when walking on sidewalks towards place of work?

2. Environment

- Lighting - Was it dark when the employee arrived or left the place of work? Was there sufficient lighting for the employee to see the ground or their vehicle?
- Weather conditions – How much time did the employee spend in their place of work – did they utilize the 5 second rule when leaving their place of work to determine weather, parking lot, sidewalk etc conditions – has the weather changed from their time of entering their place of work?

All of these factors when utilized by employees as a whole can greatly reduce or eliminate slips, trips and falls (external).

Remember – Safety is everyone responsibility. Think safety …… Always

Near Misses / Good Catches

A near miss is defined as an event or situation that did not result in patient or staff injury because the safety issue was identified before harm occurred.

Near Misses/Good Catches

Perfect time to provide an Up to date snap shot of the Region's good catches for patient safety.

Well done everyone!!!

January	11.52%
February	11.41%
March	9.78%
April	8.50%
May	12.01%
June	12.76%
July	11.34%
August	13.07%
September	13.24%
October	13.87%
November	15.12%
December	12.50%

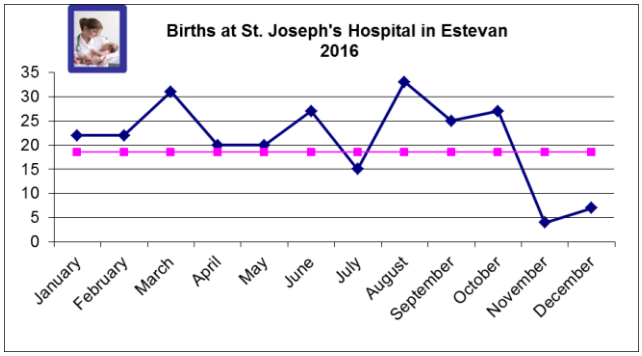
A staff member emptied the contents of the medication cart garbage into a large waste basket and noted two safety engineered insulin needles. She dumped the contents of the waste basket on the floor and sifted through contents with forceps. In total, she found 7 blood glucose lancets and 4 safety engineered insulin needles. She disposed of them in the sharps container. Communication was provided to all nursing staff in the facility on the use of sharps containers.

Babies Delivered In SCHR

St. Joseph's Hospital welcomed 11 births during the period of November and December 2016.

The following chart shows the number of births since January 2016. The median number of births per month is 19.

Figure 2
Births at St Joseph's Hospital
January – December 2016



As of October 31, 2016 there were 242 births in 2016 at St. Josephs Hospital of Estevan.

Critical Incidents

There were no Critical Incidents reported during the months of November and December.

Concern Handling

The Sun Country Health Region believes in a client-focused health system and understands that it is necessary to receive input from consumers about the quality of care and services that are provided. The Sun Country Health Region employs a Regional Manager of Quality Improvement and Patient Safety (also known as Quality of Care Coordinator (QCC) to manage and discriminate the concerns the region receives. Concerns are received by phone, email or in writing and then investigated and followed up on.

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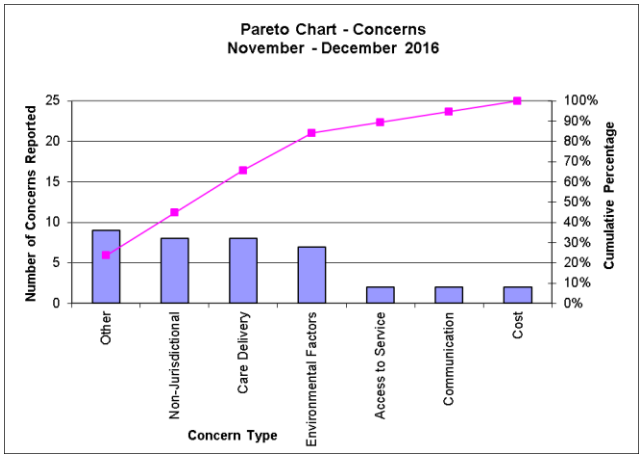
There were a total of 38 concerns received during the months of November and December.

Figure 3 shows the top areas of concern that were received. The most common areas of concern were related to Other (9), Care Delivery (8), Non-Jurisdictional (8) and Environmental Factors (7) which accounted for 84% of the concerns received.

Figure 3
Concern Area by Type



Carnduff Queries - The reaction of the community in Carnduff, to decision made by the Board of Directors, was evident through the Concerns line in November. Of the 8 concerns categorized as "Other", 7 were community members from Carnduff voicing their reactions.

Who, What, When, Where and Why – these are the basic 5 questions of life. They all relate to the non-jurisdictional concerns received during November and December. Of the 8 non-jurisdictional concerns, 7 were community members looking for further information.

- **When** will my MRI be booked?
- **Where** are the sleep centers in the province?
- **How** do I return items to Saskabilities?
- **What** options are there for AED training?
- **Who** do I talk to about LifeLine services?

Safety First – of the seven concerns regarding Environmental factors four were in regards to Safety.

- Two related to EMS
  - Do your ambulances have snow tires?
  - Unit being driven unsafely
- One related to concern of a resident becoming increasingly aggressive
- One related to the heating issues in Coronach

Of the 38 concerns received in November and December, all have been closed in the QCC office.

Bouquets

The QI/Patient Safety Department would like to send a huge bouquet to the Patient/Family Advisors who helped with the recent Long Term Care Survey. 27 Patient/Family Advisors spent 70 hours surveying our long term care residents and their families from across the Region. These Advisors not only volunteered their time to do the surveys, but also to attend a training session. The residents appreciated the opportunity to have a face to face discussion about their care and services. Watch for more details about the long term care experience survey, results and next steps!

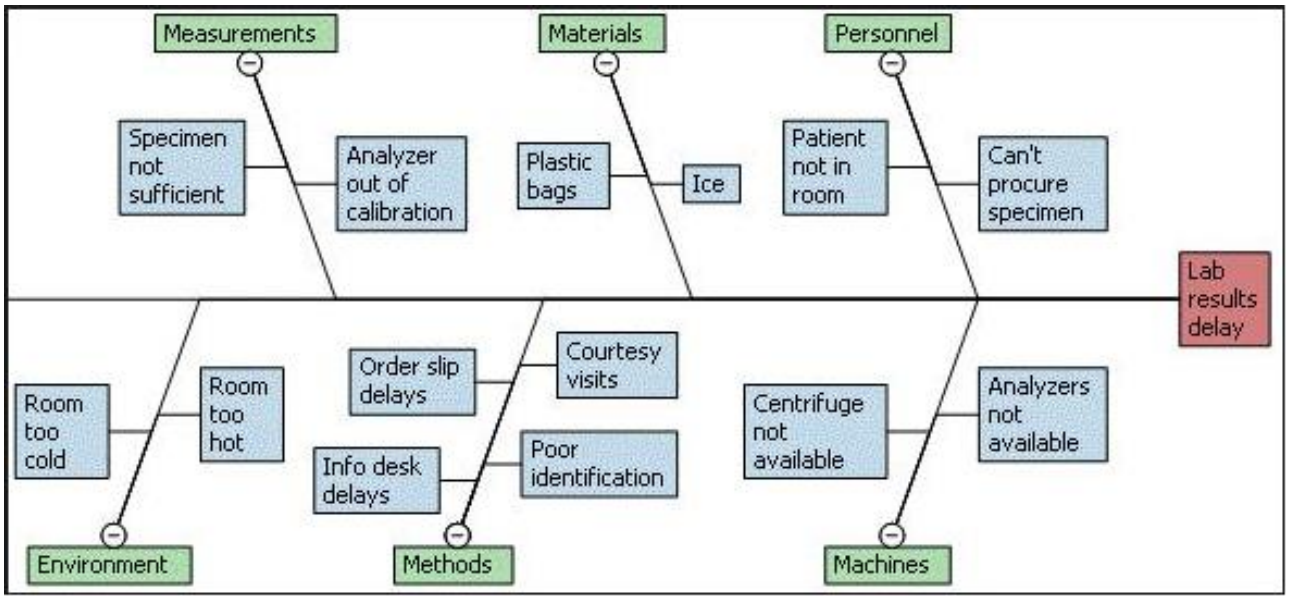
CQI Tools – Fish Bone Diagram Cause and Effect

Cause and effect analysis helps you to think through the causes of a problem thoroughly, including its possible root causes. It is only by identifying the main causes that you can permanently remove the problem, or reduce the delay.

A cause and effect diagram is a tool that helps you do this. The 'effect' is the problem you are working on, for example 'waiting time' or lab results delay (see below). The tool can help you identify major causes and indicate the areas for further investigation. It will help you understand the problem more clearly.

By going through the process of building the diagram with you team, everybody gains insights into the problem and possible solutions. The people involved benefit from shared contributions, leading to a common understanding of the problem.

The diagram can also be used as part of a root cause analysis as the first step in identify factors that contributed to an incident.
The cause and effect diagram is sometimes called a fishbone diagram (because the diagram looks like the skeleton of a fish) or an Ishikawa diagram (after its inventor, Professor Kaoru Ishikawa of Tokyo University.



Intake and Placement

The CQI Report has included information on the number of people on the long term care priority list (waiting placement) and those waiting transfer to another facility. On February 1, 2016, a **new LTC Intake and Placement process** went "live".

The **aim** of the new process was:

- to better serve the resident/family in a timely fashion
- to reduce LTC wait times
- to increase consistency related to screening and approval/denial of applicants
- to develop work standards and improve communication

The information below tracks the number of clients presenting for LTC screening and admission, number of clients who had a respite care stay arranged, and the number of clients who are waiting for their preferred facility.

For the months of November and December combined:

- 35 clients were presented for LTC screening and placement
- 35 clients had a respite stay arranged for them in one of our facilities.
- At the end of December, there were 31 clients on the Regional list who are waiting for their preferred facility. This is below the median of 34 clients per month for the time period.

Figure 4
Intake and Placement: Clients waiting for Preferred Facility

Bouquets

In the past year, SCHR's Pulmonary Rehab and Cardiac Rehab programs have increased both in number of participants and the number of locations offered. The chronic disease programs would not be possible without Mary Deren (TeleHealth Coordinator).
Her dedication and commitment to delivering programs and always putting the clients first, has allowed clients to link to our health professional without leaving their home community.
Thank you Mary