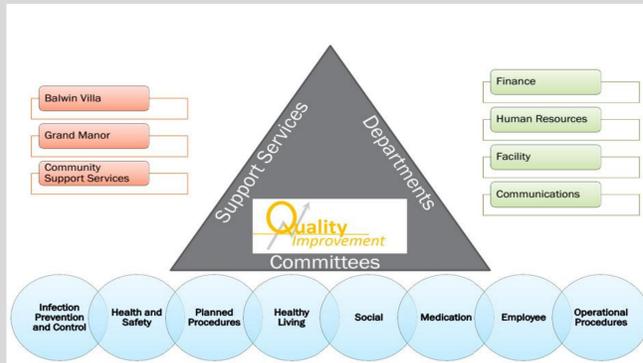# Development of a Client Safety and Quality Management Reporting System

Ryan Mundorf
Quality Improvement Administrator – Excel Resources Society

Background

❖ The Excel Society has a variety of different services, departments and committees collecting and reporting on client safety and quality information.

❖ As a result of our most recent Accreditation Canada survey, our organization decided that we should amalgamate all of our client safety data onto a central incident tracker. From the data collected, each committee and department could identify trends and recommend action.

Problem

❖ The problem of having a variety of different documents, departments and committees collecting and reporting client incident and quality management information is that the information being reported can be inconsistent. Our governing body is required to monitor organization-level measures of client safety, it is difficult for our leadership group to identify and prioritize quality and safety issues without having all of the information pulled together.

Objective

❖ The goal of this project was to develop and implement an accurate client safety and quality management reporting system.

Project Team

❖ Our President/CEO sponsored the initiative. The Quality Improvement Administrator acted as the lead. IPC Committee, H&S Committee, Medication Committee and Planned Procedures Committee assisted with data examination.

Methods

❖ Reviewed applicable Accreditation Canada standards regarding incident management.
❖ Reviewed our current client safety processes and developed an information flowchart.
❖ Generated a preliminary safety incident tracker database.
❖ All of our incident reports from 2015 were collected and entered into a centralized incident data tracker.
❖ Incident data were separated into three categories: Health & Safety, Medication, and Behavioural, and further into subcategories as per committee recommendations.
❖ Data were then graphed and presented to the appropriate committee for identifying trends.
❖ Each set of reports was broken down by department and incident type, and data were quantified as a ratio of incidents experienced per client per year at that location.
❖ The appropriate committee then examined the data to identify trends and make recommendations.

Results

❖ Comparison to Accreditation Canada standards and our current processes indicated that we follow Accreditation Canada's standards well when it comes to the types of safety incidents we are tracking.
❖ There are some discrepancies in reporting styles across departments.
❖ Example 1: *Medication Administration – Wrong Time*. From the review of the data, the Medication Committee saw that Balwin Villa reported zero incidents of medication being administered at the wrong time.
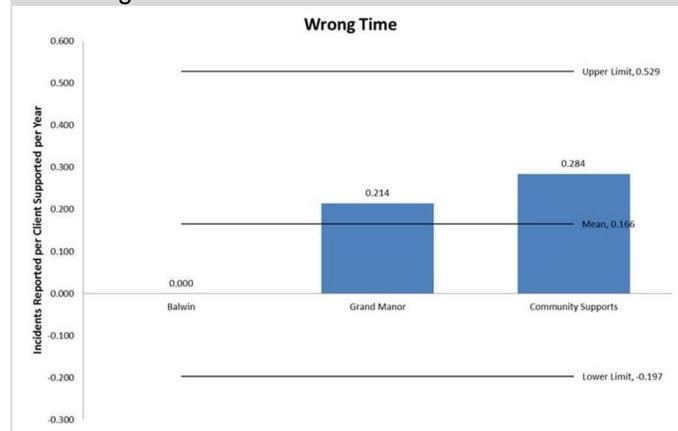
Results
(continued)

❖ It wasn't that Balwin Villa had zero occurrences of medication being administered outside the allotted two hour window. At Balwin Villa they were not documenting a medication as being administered at the wrong time if the pharmacy gave them approval to administer the medication outside of the allowed two hour window. The committee recognized that not every department documented the same way when medication was administered at the wrong time.
❖ Example 2: *Falls - Totals for 2015*. From the review of the 2015 fall data, the Health and Safety Committee identified that Balwin Villa experienced falls at a much higher rate than the other departments.


❖ After doing some benchmarking around falls and individuals diagnosed with dementia, it was concluded that these rates are within an acceptable level of risk as clients diagnosed with dementia are between 3-4 times more likely to experience a fall than clients without that diagnosis.

We need to do a better job clearly defining the specific types of incidents.

We need to do a better job communicating these definitions to the people filling out the reports.

❖ Our Medication, Health & Safety, Infection Prevention & Control, and Planned Procedures Committees each went through this process of evaluating and identifying trends within their respective client safety incident data.
❖ A draft Client Safety and Quality Management report, from our 2015 client safety and quality improvement data (see flowchart), has been completed. It will be presented to our Board of Directors March 17th, 2016.
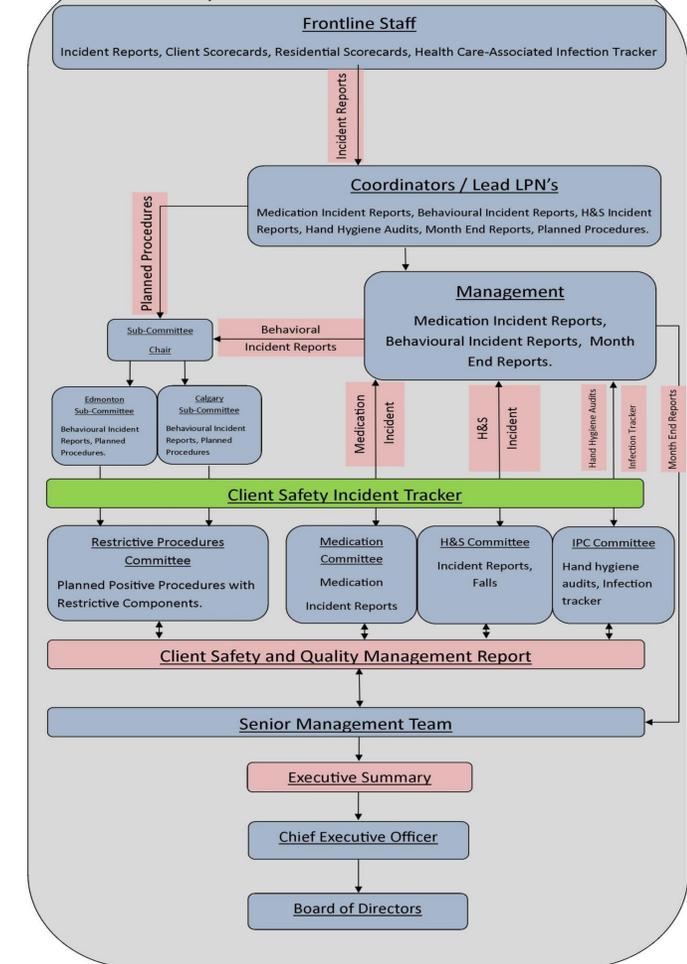
Change Management

❖ Education was provided to our management team around voluntary incident reporting and the risks of using them to compare each department. We did find some value in comparing the different departments incident data. It brought to our attention discrepancies in what different departments defined as an incident. However, we do not want people to stop reporting to give a false indication of safety.
❖ It is also important to note that incident reports are not a measurement of how safe the organization's services are; If approached strategically, they can provide insight into best practices.

Future Considerations

❖ Expand the information we currently track to include whether harm reached the client and whether the incident was disclosed (as per our disclosure policy) to client/family/guardian.