

Client Safety Committee
Annual Report
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Submitted by:

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Responsibilities

The Client Safety Committee advises the Chief Executive Officer (CEO) on matters related to patient safety within the agency and ensures compliance with the standards and required organizational practices (ROP's) identified by Accreditation Canada. The committee meets, at a minimum, quarterly to discuss and review all issues related to patient safety and make recommendations, where appropriate, to the CEO for remedial action.

Committee Composition

The committee is comprised of:

Permanent members:

Chair – Director, behavioural residential services
Chief Executive Officer or designate
Director, rehabilitative services
One Safe Management advanced instructor
One behavioural therapist
One medication coordinator

Members with a two year terms and the option of extending for two years:

A minimum of one direct care staff from each residential service
A minimum of one direct care staff from community services

Committee Activities and Goals

During the past year the committee was involved in a number of activities to enhance and improve patient safety within the agency.

Client Safety Culture

Committee members continued to focus on enhancing the culture of client safety in the organization. Root cause analyses (RCA) were conducted for any fall exceeding the threshold of more than two falls in a 30 day period. It was necessary to adjust three clients' fall thresholds to an individualized threshold to reflect their unique

circumstances. RCAs were also conducted for medication administration errors that required client monitoring and for the administration of PRNs that exceeded clients' personal thresholds. RCAs have proven to be an important tool to assist in identifying opportunities for improvement. Subsequently it was determined to conduct RCAs for emergency department visits which exceeded two in a calendar year.

The committee also introduced information about RCAs to the new hire orientation and training as well as information on the appropriate use of the hospital emergency department.

The "Just Culture" policy was introduced to the organization in 2017. The policy speaks to making decisions about care with the best information available with the best intentions in mind. It articulates the differences between making a mistake and choosing to behave in a careless or negligent manner.

During National Patient Safety Week, October 24 - October 30, 2016, the client safety committee scheduled activities to increase awareness and knowledge of client safety. Client safety word searches and games were distributed daily to services. Services submitted their answers to the games and were awarded prizes during the December joint staff meeting as a wrap up to client safety week.

Good Catch Identification

Over the course of the year awards were presented to the staff that identified near misses and hazards within the agency that had the potential to cause harm. There were a total of 86 good catches identified by staff with the annual target being 85.

Annually a good catch of the year award and plaque is presented to the good catch which was determined to have the most impact.

Cindy Shanz, Cathy Wever Place, was awarded the Good Catch of the Year for reporting that the bees had nested in an area of a dumpster where it was necessary to place your hand to open the lid. There are a number of staff that have sensitivity to bee stings ranging from mild to life threatening.

Client Good Catch Identification

In 2016, in an attempt to involve clients in promoting safety in their home, a client good catch program was introduced. Clients were invited to report anything that they saw as hazardous or dangerous within their homes. These were submitted to the manager/supervisor and forwarded for review at the client safety committee.

Although the program was not launched until July 2016, with a target of 40 client good catches for the year, the number of client good catches has been encouraging. There were 43 client good catches in 2016-17.

Certificates of recognition were awarded for client good catches with the inaugural good catch going to a client at the Transitional Living Services (TLS) who found that painters had painted over her smoke detector possibly making it inoperable.

Client Bedroom Checks

To further involve clients in the care and safety of the home, clients were encouraged to become involved in checking their personal spaces for any safety hazards.

During monthly health and safety inspections clients were asked to inspect their personal space using a specific check list. A goal of 90% of residential clients being involved in the monthly bedroom check was established. This was another successful endeavor as 93% of clients were involved in checking their rooms for hazards.

Medication Management

Over the course of the year the committee tracked and reviewed medication errors and the reasons for errors. The most prevalent client errors were refusals, while the majority of staff errors were documentation errors. Education with respect to medication administration occurred throughout the year. With these efforts, documentation errors decreased.

The committee undertook an investigation into missed dose medications and learned that missed doses could be reduced by approximately 75% if the second medication administration check occurred consistently. The committee is exploring the introduction of processes to ensure accountability for the second check.

Prospective Risk Analysis – (PRA)

In the month of September client safety committee members and the chair of the committee attended individual service meetings to present the results of the prospective risk analysis. The risk analysis which was completed jointly by the joint occupational health and safety committee and the client safety committee concentrated staff safety when a single staff visiting a client at their home is greeted at the door by someone other than the client whom the staff do not know.

While it was noted that several policies, procedures and training were in place to address the situation, the committee identified opportunities for improvement which included developing “First Time Home Visit Guidelines” and creating a fact sheet on client identifiers

Client Safety Committee Goals

The following provides a summary of the committee's goals and performance for 2016-17 as well as the goals and indicators for the 2017-18 fiscal.

Client Safety Committee Goals for 2016-2017

Goal	Indicator	Result
Create a culture of client safety in the organization	90% score on the agency Client Safety Culture Survey – Feb 2017	Deferred due to Accreditation site visit and completing the AC survey
	Threshold developed for frequent users of Emergency Departments – October 2016	Complete
	90% of Clients will participate in H&S bedroom checks by March 2017	93%
	90% of residential clients have 30 min of physical activity on their daily activity schedule – March 2017	100%
	Clients will submit 30 client good catch forms annually	Complete

Client Safety Committee Goals for 2017-2018

Goal	Indicator
Create a culture of client safety in the organization	90% overall score on the agency Client Safety Culture Survey
	1 Family member part of the client safety committee by March 18
	100% of residential clients will participate in H&S bedroom inspection
	90% of residential clients have 30 minutes of physical activity on their daily activity schedule
	Clients will submit 40 good catches annually

Other goals related to patient safety are articulated in the organization's Quality Plan.