Patient Safety Annual Report

2017-2018

CASA

Child, Adolescent and Family Mental Health

Introduction

The 2017-18 Patient Safety Annual Report was prepared by the Patient Safety Committee and includes:

- A review of the organization's progress toward completing the CASA Patient Safety Plan for the period 2016-18;
- A summary of CASA's actions to improve patient safety in the 2017-18 fiscal year;
- A summary of the patient safety incident data and trends for incidents occurring in the 2017-18 fiscal year; and
- Observations and recommendations for future projects related to patient safety at CASA.

The CASA Patient Safety Plan

In 2013 CASA's Senior Leadership Council adopted a three-year Patient Safety Plan as recommended by the Safety and Risk Management Committee. In 2016, the Patient Safety Committee renewed the Patient Safety Plan until 2018 and updated it to reflect the progress made in improving patient safety at CASA.

The plan proposes strategies and actions to address three dimensions of patient safety: prevention, risk management, and quality improvement. The detailed plan and progress report are included in Appendix A.

Some highlights of our progress towards completing the plan are:

- Improved documentation of follow-up actions taken to address patient safety events. The Patient Safety Committee reviews events at each meeting and managers provide updates on any follow-up actions that have occurred. This information is documented and entered into our data tracking system.
- All program managers received training in systematic methods of analyzing patient safety event factors.
- All staff are using an electronic reporting form to report patient safety events. This improves transparency and continuity of care by allowing all relevant people to see information about the event quickly and be able to contribute to discussions around the event.

Patient Safety Improvement Activities

CASA continues to address gaps in our safety infrastructure and has been committed to various QI projects over the year. In 2017-18, this included the following:

Full implementation of the Patient Safety Event Management Pilot Study

In 2016, the Patient Safety Committee undertook a pilot study to improve patient safety reporting at CASA. The initial goals of this pilot project addressed three areas of patient safety reporting:

1. Information management
2. Event analysis
3. Event follow-up

The pilot project has now been fully implemented across all CASA programs and a final pilot project report is available on CASA Connect. The report details the process of pilot implementation, some preliminary findings comparing data collected through the new pilot procedure to the old procedure, and recommendations. These recommendations include:

- Recommendations about writing an event report and completing a patient safety event form
- Recommendations about how managers should communicate details about event reports with their teams
- Recommendations on sustaining a positive safety culture at CASA.

Many of these recommendations have been implemented at CASA. A brief summary of actions taken to address these recommendations is below.

WRITING THE REPORT

a. **When an event involves and/or is observed by more than one person, those present will choose one of them to write the report with input from the others.** Staff members are following this recommendation when an event occurs that involves more than one staff member.
b. **Include timelines for report submission in the instructions for reporting a safety event.** Timelines for reporting are included directly on the safety event form.

COMMUNICATING THE OUTCOMES

a. **The Chair of the Patient Safety Committee should distribute completed copies of all patient safety events to the Program Manager, Clinical Lead, Medical Director, and CEO immediately following the Chair's initial review of the report.** The Chair of the Patient Safety Committee sends completed and signed copies to the Program Manager, the Medical Director, the Medical Lead, the Nursing Lead (if applicable), and CEO after all applicable parties have signed off.

SUSTAINING A POSITIVE SAFETY CULTURE

a. **Establish a method for monitoring and reporting progress on the actions recommended in patient safety event reviews and investigations.** The Patient Safety Committee now reviews follow-up recommendation reports at every

meeting. These reports outline the follow-up recommendations for all safety events in the past month. Program managers and all relevant individuals provide feedback on the follow-up actions, and this data gets entered into the safety event tracking spreadsheet.

Organization-wide Training related to Managing Aggressive Behavior.

CASA adopted the Therapeutic Crisis Intervention (TCI) Program which promotes a trauma-informed approach to managing challenging behaviour of clients to keep both CASA staff and clients safe. CASA is committed to on-going TCI Training to ensure that all staff have the tools they need to implement TCI safely and effectively. CASA has re-instated a monthly TCI Working Group. A representative from CASA's TCI Working Group sits on a province-wide TCI Working Group, while the Working Group supports programs across CASA in their implementation of TCI, and reviews policy and procedure.

Event Incident Review

CASA undertook two in-depth patient safety investigations this year: one on a high number of medication errors at CASA House and the other on a serious suicide attempt at a CASA facility. Final reports and recommendations were prepared following each review. The reports described terms of reference for the review, the review team, and their methods. The reports presented summaries of the information gathered and findings, and recommended actions that would prevent or mitigate the risk of similar events occurring.

The report of the comprehensive study of a suicide attempt was shared with the CEO, Program Manager, and clinical leadership of the program. The report of the aggregate study of medication errors was presented to the Program Manager and the CEO for action.

As a result of the study of medication errors, CASA House has undertaken extensive conversations about medication administration at CASA House. This has led to the retention of some practices as well as the evolution of others. The changes that have occurred as a result of the report are listed below.

- Program psychiatrists are now notified of all medication errors related to their patients. The Medical Lead and the Medical Director receive information about all medication errors occurring at CASA House.
- Pink doctor's order sheets are now used for all doctor's orders.
- A tracking sheet for medication changes throughout the week is in the medication room.
- Several changes were made to the weekend pass medication procedure:
    - A weekend pass medication checklist is now in place. Checked and packed weekend medications are kept with the checklist.
    - Nurses receive parents one at a time as they pick their children up for a weekend visit. Nurses ensure that parents receive the weekend medication and understand the weekend pass medication checklist.

    - CASA House has added a checkbox on the weekend progress form noting whether all weekend medications were given or indicating a reason they were not given.
- After several iterations, a new Kardex shift exchange system has been decided on and implemented.

External Patient Safety Annual Report

For the first time, the Patient Safety Committee worked with the Family Advisory Council (FAC) to create a family-friendly version of the Patient Safety Annual Report. This was done to increase our transparency, and ensure that families know about CASA's commitment to safety and quality improvement. There were numerous meetings between members of the Patient Safety Committee and FAC to create an appropriate report. This report is now available on CASA's external website.

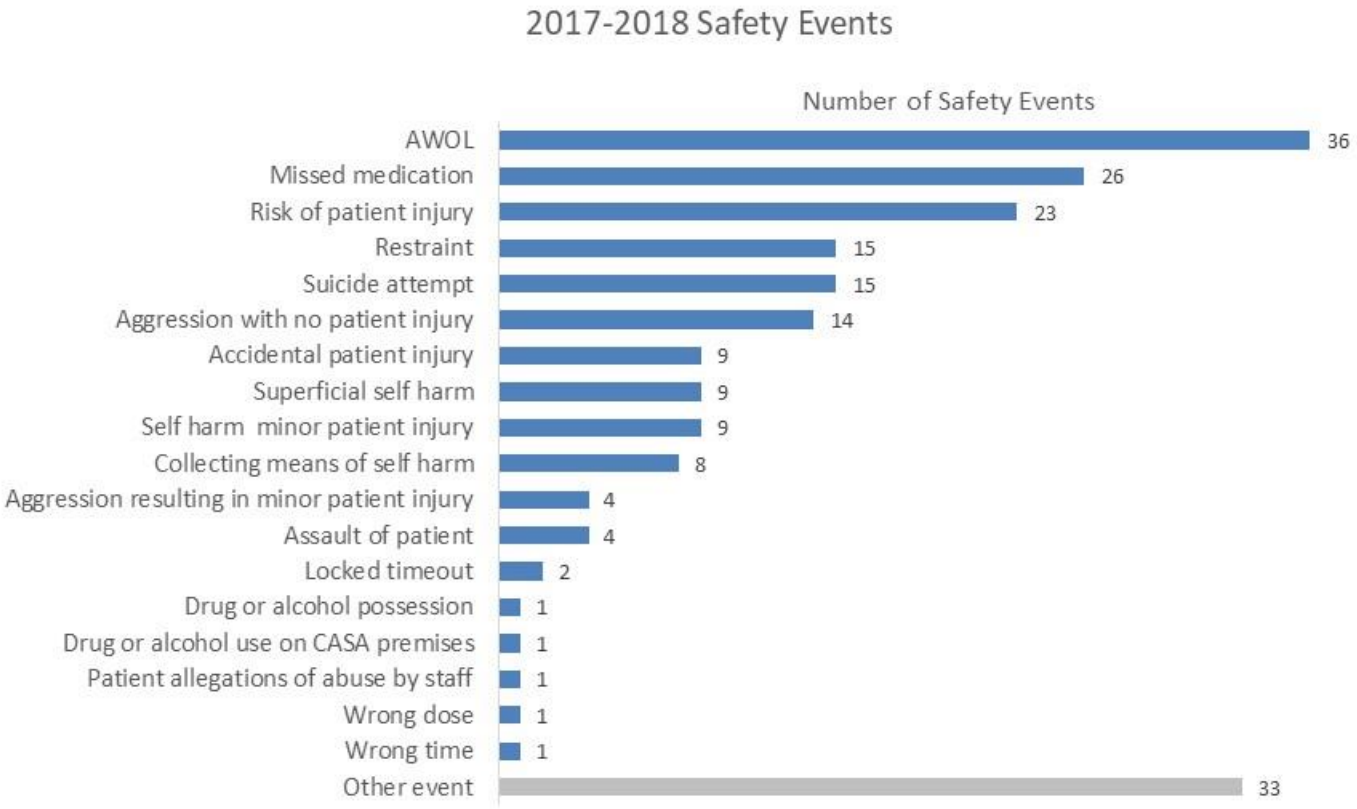
2017-2018 Patient Safety Events

This section presents a summary of the trends in the Patient Safety Incidents reported during the 2017-2018 fiscal year (April 1, 2017 - March 31, 2018). The data presented in this report reflects a definition of a patient safety incident as: "an event which has the potential to harm, or does cause harm to a patient" (CASA Policy A.02. Managing Patient Safety Events). This definition includes:

- All events occurring on CASA property
- All events occurring off CASA property if requiring medical intervention.
- CASA House: medication errors which occur off property.

The data examined in this report reflects only the *reported* safety incidents, and may not represent the total number of patient safety events taking place at CASA in 2017-2018. This data includes events reported using both the pilot and non-pilot event reporting forms.

From April 1, 2017 to March 31, 2018 staff completed **150 patient safety incident reports** which included **205 safety events**. Multiple events may be reported in a single report; for example, a child may exhibit physical aggression and cause a minor staff injury as part of a single incident. There has been a 68% increase in the number of safety incidents reported in 2017-18 compared with 2016-17 (89 reports in 2016-17 and 150 in 2017-18).The majority of reported 2017-18 incidents took place at CASA House (59% of all incidents).



* Assault of a patient (4): 2 of these events occurred off CASA property. 2 of these events on CASA property were between patients.
** Patient allegations of abuse by staff: A patient at CASA House accused a staff member of throwing him across the room.

The five most common types of safety events in 2017-18 were:

AWOL	The most common type of safety event in 2017-18 was an AWOL, with 36 AWOLs occurring in 2017-18. - **16** unique patients were involved in these AWOLs - **One** of these AWOL events occurred off-site and was reported because the child required hospital care as a result of the AWOL - **5/16** patients AWOLed more than once o **One** of those five patients AWOLed 16 times. **Event breakdown:** CDP: 17 *(2 unique kids)* CASA House: 13

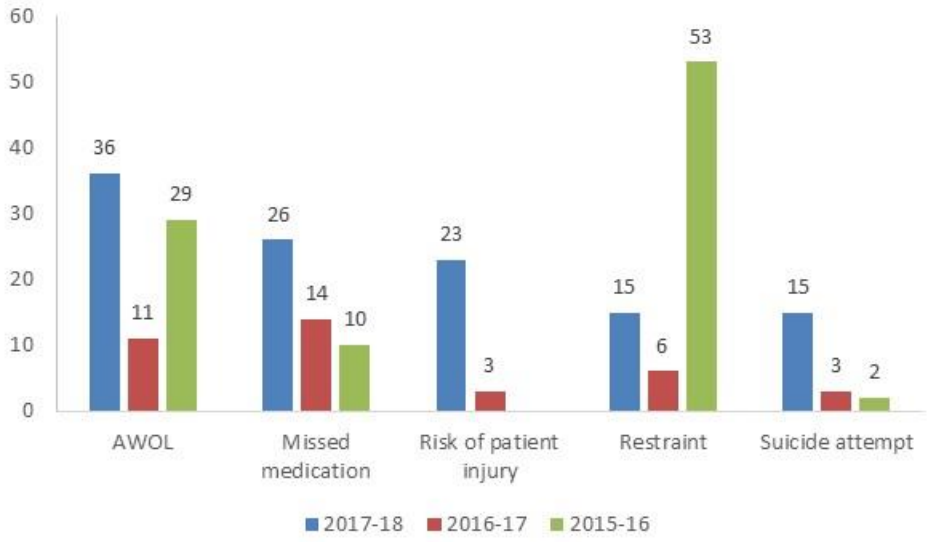
	ADP: 1 SAS: 1 Trauma Clinic: 1 (Offsite)
Missed medication	Missed medication was the second most common type of safety event reported in 2017-18. **Event breakdown:** CASA House: 18 – at the patient's home CASA House: 7 – onsite at CASA House ADP: 1 – onsite at CASA Centre The high number of missed medication events occurring on pass from CASA House points to the need for further education for families about the importance of medication adherence and increased support for families and patients to take their medication as prescribed.
Risk of patient injury	**Event breakdown:** CASA House: 15 CDP: 7 CAMP: 1 This category includes a wide variety of activities that posed a risk to patient injury (e.g., slipping and falling in gym or on playground equipment, patient threatening to throw computer).
Restraint	The restraints that took place in 2017-18 involved 7 unique children **Event breakdown:** CASA House: 11 (7 for one child) CDP: 4 (3 unique children)
Suicide attempt	There were 15 suicide attempts recorded during 2017-18 involving 11 unique children. - 10 suicide attempts occurred off-site. - 4 suicide attempts occurred on-site at CASA House (one patient made 3 suicide attempts) - 1 suicide attempt occurred at CASA Centre in ADP.

Other events included:

- Attempted AWOL (10)
- Med packing error
- Administered med without cover order from CASA psychiatrist
- Unprocessed medication order
- Sexual assault during AWOL from group home
- PRN administration
- Indicating wanting to commit suicide (2)
- Assault on staff
- Use of drugs outside CASA
- Property damage
- Verbal threats to staff
- Did not return on Sunday night

Comparison of common events

The graph below shows the comparison of events from 2015-16 and 2016-17 to the most common 5 events in 2017-18. Please note that the category of "risk of patient injury" was not used in 2015-16 so that data does not exist. Please also note that the category of "missed medication" was not used in 2015-16 so the 10 events noted in this category in 2015-16 are "medication errors".



2017-2018 (in order of most common)	2016-2017 (in order of most common)
AWOL (36)	Medication error (24) - *14 of these were missed medication*
Missed medication (26) (*8 on-site)*	Aggression (15)
Risk of patient injury (23)	AWOL (11)
Restraint (15)	Accidental patient injury (8)
Suicide attempt (15) (*5 on-site)*	Restraint (6)

3/5 of the most common type of safety event were the same between 2017-18 and 2016-17. The change in common events may be partially due to how staff understand the categories (i.e., one event reported under "risk of patient injury" in 2017-18 was about a child becoming disregulated and threatening to hit staff with a computer. In past years, this may have been categorized as "aggression").

Another reason for the change in common events may be due to several children being involved in numerous events during their time at CASA in 2017-18. For example, AWOLs were the most common type of event in 2017-18. This number has been magnified by the high number of events per child (only 16 unique children

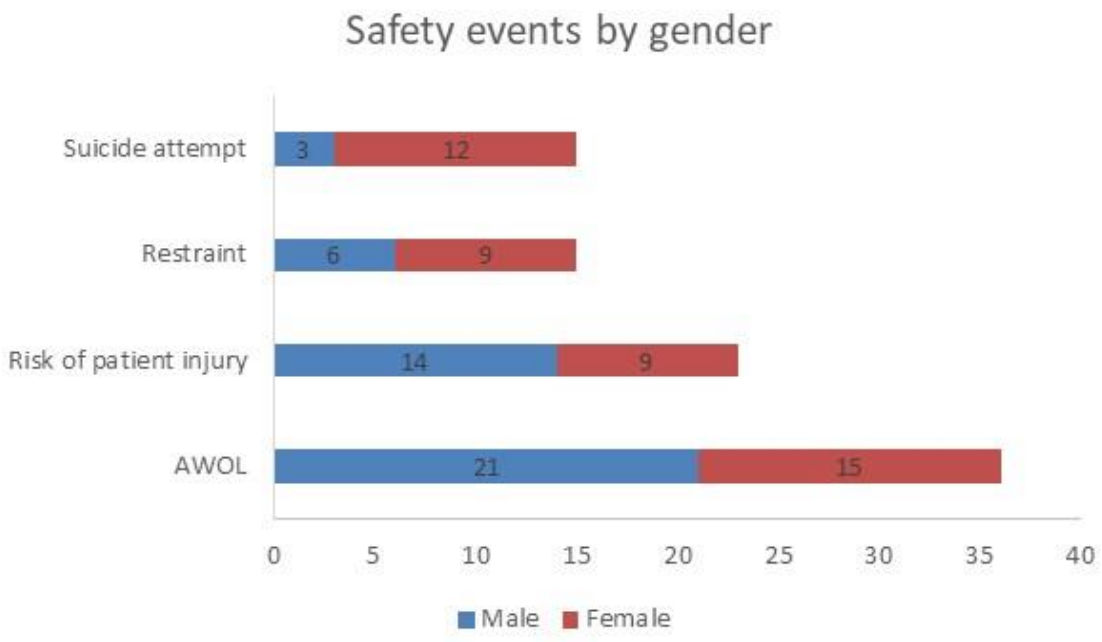
were involved in AWOLs), although the number of unique children involved in AWOLs in 2017-18 is still higher than in 2016-17.

Program and demographics

GENDER

47% of all event reports received involved males, and **50%** of all event reports received involved females. 3% of reports chose not to answer. The number of reports where gender was not reported includes reports that are not about a specific child (i.e., a pill found in a public space), or when the reporter checked "NA" regarding gender on the event form. The 2017-18 ratio of males to females is different than in 2016-17, where 66% of events involved males and only 33% involve females.

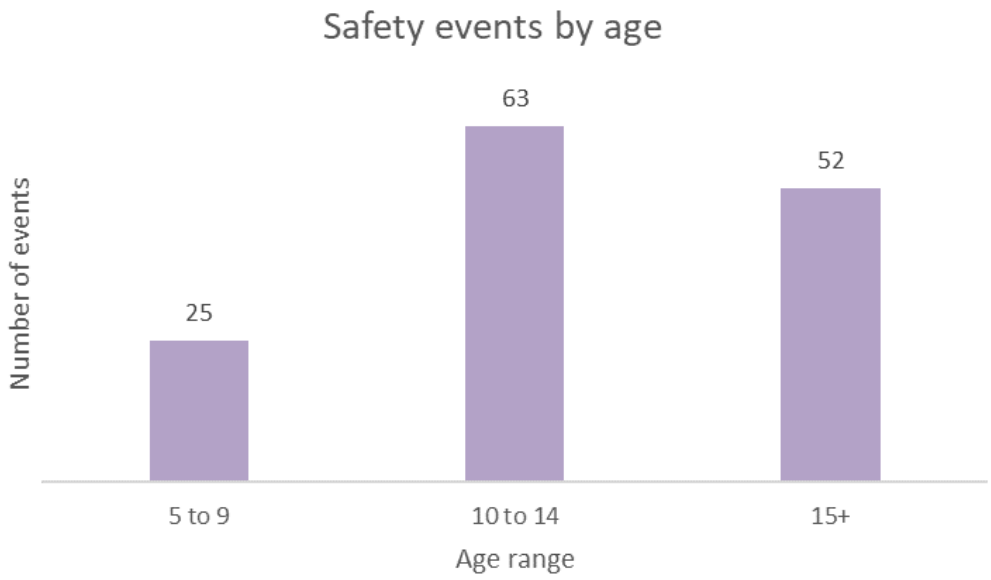
The following table displays 4/5 of the top most common safety events by gender. "Missed medications" was not analyzed by gender as this is something done to the patient rather than by the patient.



AGE

The age range of children involved in safety events in 2017-18 was between 8 and 17 years old. The average age was 13. As seen below, the majority of children involved in a safety event were between the

ages of 10 and 14. Please note that patient age is missing age data for 10 reports, so the data below only includes 140 reports.



NUMBER OF INCIDENTS PER CHILD

There were 77 unique children involved in all reported safety events in 2017-18. **Range of incidents per child: 1-17**
This differs greatly from last year where the range was between 1 and 5. This is because there were several children this year involved in a very high numbers of incident reports. • 59% of children involved in all reported safety events had only 1 incident in 2017-18. • 14% of children (11 children) had 3 or more incidents in 2017-18. • 5% (4 children) had more than 5 incident reports in 2017-18. One child had 17 incident reports and another had 10. • 73% (9/11) children who had 3 or more incidents were in CASA House. • 64% of patients involved in 3 or more incidents were female, and females were involved in slightly more safety events than males. This is different than in 2016-17 where 70% of children who had 3 or more incidents were male.

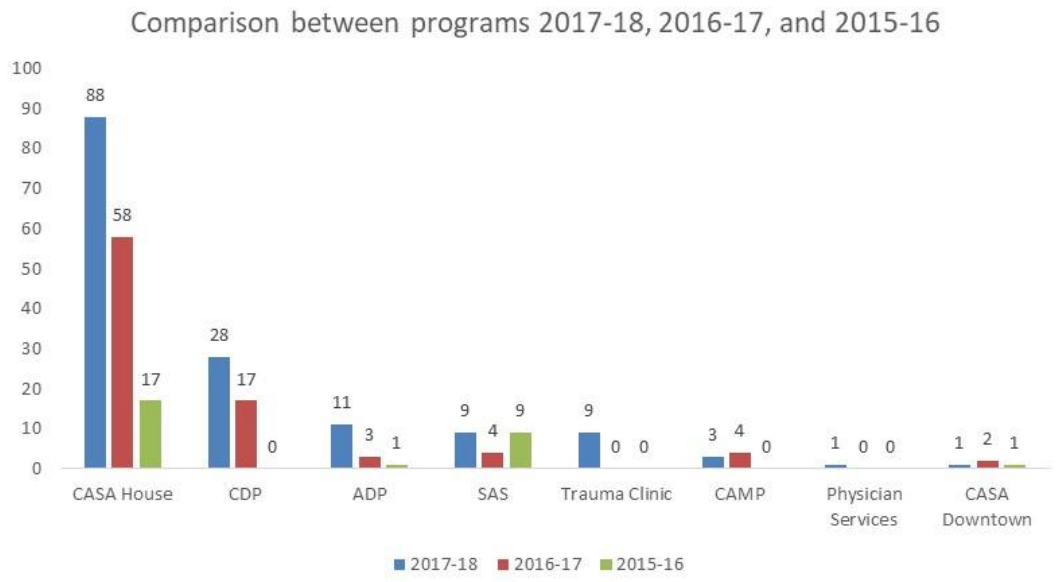
PROGRAM

Program	Number of events
CASA House	88
CDP	28
ADP	11
SAS	9

Trauma Clinic	9
CAMP	3
Physician	1
Downtown location	1

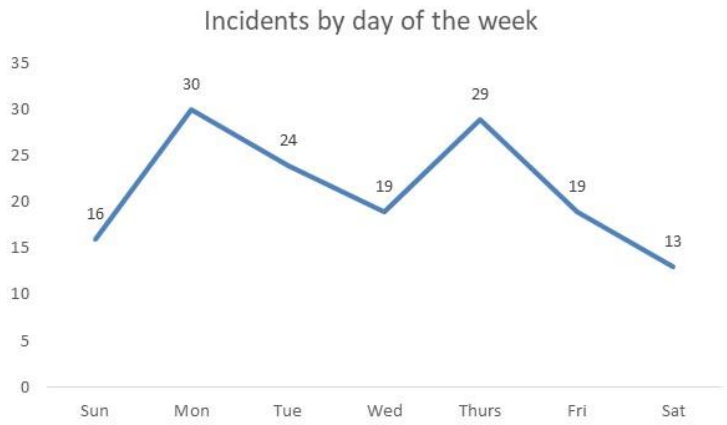
As indicated, the majority of safety events in 2017-18 occurred at CASA House. (Please see Appendix B for a detailed CASA House Safety Event Report). There are several possible reasons for the high number of events at CASA House:

- The definition of a patient safety event includes those events that happen on a weekend pass for patients at CASA House. As seen in the data, 18 of the missed medication errors reported from CASA House occurred at home.
- Increased use of patient safety event reporting and full transition to the pilot reporting procedure may have increased the number of events we know about.
- Children admitted into CASA House may have more severe concerns than in previous years, potentially leading to a higher number of patient safety events.



CASA House has a 51% increase in events from 2016-17. CDP has had a 65% increase in patient safety events, although 17 of those events involved one child.

Safety event occurrence trends



CASA House is the only program that serves patients on the weekend, which is why events can occur on those days; however, with CASA's definition of safety event, (i.e., that an event is reported if a patient requires medical treatment outside of CASA hours), other programs may also report safety events the occur on the weekend.

Observations from data trends

Observations from data trends

1. CASA House has a high number of patient safety events reported in 2017-18. As noted previously, and explored in an in-depth report on CASA House in Appendix B, there may be several reasons for the increase in safety events, including increased knowledge about patient safety event reporting leading to increased compliance with reporting policies and procedures. The high number of safety events occurring at CASA House may provide more information for on-going discussions around potential changes to admission criteria at CASA House.

2. There was a dramatic shift in the gender of children involved in patient safety events this year, as 50% of incidents this year involved females whereas in 2016-17, 33% of all events involved females.
3. There were several instances of children with numerous events per child in 2017-18. When individual children are involved in so many events, it may raise questions around the suitability of the program for that child and their needs, and whether or not CASA can keep them safe. It also highlights questions around whether the factors contributing to the behavior are well understood, whether the care plan is appropriate for that child, and how the plan can be adapted to be more effective in helping the child stay safe.
4. There continues to be a large number of missed medication errors at CASA House this year, and the majority of those errors occurred at children's homes. This points to a continued need for education about medications, and support for families to take medications accurately.
5. Restraints dropped dramatically after the closure of TIES in 2015 with only 6 restraints recorded in 2016-17. 2017-18 has seen a slight increase in restraints (15 in 2017-18). The slight increase in restraints highlight the importance of CASA's continued support of TCI training and ensuring that all staff are familiar with TCI protocols.

Responses to patient safety events

CASA has taken steps to address many of the trends seen in the patient safety events.

AWOL

CASA has recognized the risk of a high number of AWOLs and is working to address AWOL risks in CDP and CASA House. CASA House is in the process of installing a new security system, and discussions continue around how we should address locked doors in a voluntary facility. CASA House is also having conversations around how to ensure children accepted into the program will not be a high AWOL risk, putting both themselves and others in danger.

Discussions around changing the doors in CDP are also occuring. Currently, if a child presses on the door handle it will eventually release. This system allows for both security while adhering to fire code. Discussions are underway with external contractors to address this concern.

Missed medication

In an effort to address high numbers of missed medications, CASA House staff have increased education for both patients and families about the importance of taking medication as prescribed. CASA House also requests occasional medication error reports from the Patient Safety Committee to review with all CASA House nursing staff.

Risk of patient injuries

Risk of Patient Injuries is a broad category of event reporting. Some actions taken this year to address risks of patient injuries include:

- Providing a recommendation to CDP that when playground equipment is icy, children remain inside during recess to prevent any slips or falls in the playground.
- Managing the environment around a disregulated child by removing potentially harmful objects from around the child and removing other children from the area
- Employing TCI techniques and using caring and calming gestures to help a child de-escalate if they pose a safety risk to themselves or others.

Restraints

Restraints increased this year (from 6 in 2016-17 to 15 in 2017-28), with one child being involved in seven restraints at CASA House. Similar to the conversations around the suitability of patients who are at a risk of AWOLing, CASA House is having conversations around the suitability of patients to their program as well as the adaptability of the program.

Suicide attempts

In response to the high number of suicide attempts recorded through our Patient Safety Event tracking system, staff have been working within their programs to keep both their patients and themselves safe by:

- Debriefing with their program managers
- Bringing the file to case conference for review
- Working with the families to complete safety plans and ensure they were able to see patients quickly after the incident occurred
- Working with other health care and social services professionals in the patient's life to support them
- Bringing all suicide attempt events to the Patient Safety Committee for discussion

Recommendations for Further Action

1. CASA should continue to explore why some children are involved in a high number of safety events during their time at CASA, and explore different ways to address this issue.
2. CASA should continue to support staff knowledge around TCI and ensure consistent messaging around TCI and restraints. This is especially important as CASA has seen an increase in restraints this year.
3. CASA may want to explore why CASA House has had such a large increase in incident numbers this year. It may be that CASA House had more events, or it may be that they were more vigilant with reporting which points to an interest in both transparency and quality improvement.

4. CASA should continue to address issues around AWOLs in CASA programs, specifically in CDP and CASA House. The installation of a new security system at CASA House should be evaluated to determine if it decreases AWOLS, and the Patient Safety Committee should continue to monitor the progress of an application to improve door safety in CDP at Centre.

Appendix A: CASA Patient Safety Plan 2016-2018

Strategic Priority: Prevention				
Strategy	**Action***	**Lead**	**Timeline**	**Progress/Status**
Staff Education	Orient all staff to their responsibilities for patient safety during staff orientations	- Human Resources - Patient Safety Chair	Ongoing as part of staff orientation	Complete - Patient safety has been added to the organizational orientation for staff
	Survey staff annually about patient safety culture	- Accreditation Coordinator	Next survey: September 2018	September 2018
	Maintain a CASA CONNECT Patient Safety page and forum which includes: • Patient safety quarterly and annual reports • Policy and procedure updates • Information about leading practices • Information about safety improvements and completed recommendations.	Identified Patient Safety Committee Member and Webmaster	Ongoing	Ongoing
Patient Education	Download information about child and youth safety to waiting room monitors	Clinical Educator	September, 2018	Incomplete
	Consider distribution of information about safe practices to patients and guardians in writing and verbally at the time of admission. Include medication safety, waiting room safety,	Patient Safety Committee	October, 2018	Ongoing

	playground safety			
Prospective risk analysis	Assess patient safety risks at admission and document in the health record	Intake team	Winter 2019	Ongoing
	Review admission practice of developing a written safety plan with the patient and family that addresses identified risks. This includes the proper use of the Caution Indicator form.	Program Managers and Clinical Leads	Fall, 2018	Incomplete
Strategic Priority: Risk Management				
Strategy	**Action**	**Lead**	**Timeline**	**Progress/Status**
Staff Education	Train all staff in Therapeutic Crisis Intervention philosophy; train all clinical staff in philosophy and methods	Clinical Educator	August 2018 is next offered training	Ongoing
	Train all staff in safety event reporting	Patient Safety Chair	Monthly	Ongoing at Orientation for new staff
	Train all clinical and front-line staff in safety event disclosure to families	Clinical Educator, Patient Safety Chair	January, 2019	Incomplete
	Train program managers and safety leaders in systemic methods of analyzing safety event factors	Chair, Patient Safety Committee	June, 2018	Completed
Patient Education	Provide guardians written information and training in crisis de-escalation	Assigned therapist		Ongoing
	Inform patients and guardians about CASA policies and procedures related to	- Program manager - Treatment team		Ongoing

	managing safety events			
	Inform patients and guardians about CASA policies and procedures related to managing safety events through external version of Patient Safety Annual Report.	Accreditation Coordinator	September, 2018	In progress
Tracking and reporting	Report all patient safety events using the electronic reporting form	All staff, physicians and volunteers	Ongoing	Ongoing
	Patient safety data is tracked and reported to leadership and on CASA CONNECT quarterly	Accreditation Coordinator	Ongoing	Ongoing
Timely follow-up and communication	Patient guardians are informed of safety events and invited to participate in debriefings and analysis	Program manager, clinical lead	Ongoing	In progress
	Program managers conduct post event debriefing with staff, patients and families involved in safety events	Program manager	Ongoing	In progress
Strategic Priority: Quality Improvement				
Strategy	**Action**	**Lead**	**Timeline**	**Progress/Status**
Safety Investigation training	Safety leaders, including program managers, are trained in systemic methods of analyzing the factors contributing to safety events. Investigation training is a strategic priority for 2017-2018.	Chair, Patient Safety Committee		Two program managers and the Chair of the Patient Safety Committee attended SAFER training offered by the Health Quality Council of Alberta in June, 2016. Ongoing

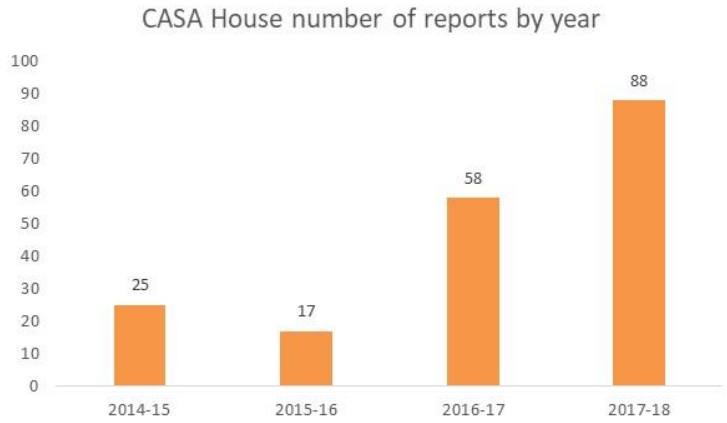
				training with additional Patient Safety Committee members in June 2018
Data reporting and analysis	Identify quality improvements during the review of the safety event with the team and report to the Patient Safety Committee for follow-up and tracking	Program Manager and team		Implemented
	Document follow up recommendations and communicate to staff	Patient Safety Committee		Implemented
	Track progress and report annually	Accreditation Coordinator		Implemented
Communication	Post annual patient safety reports on the CASA website	Accreditation Coordinator		Implemented
	Open invitation to staff and patients to attend meetings of the Patient Safety Committee	Patient Safety Committee Chair		Delayed

* Implementation plans and quarterly progress reports are required for each action

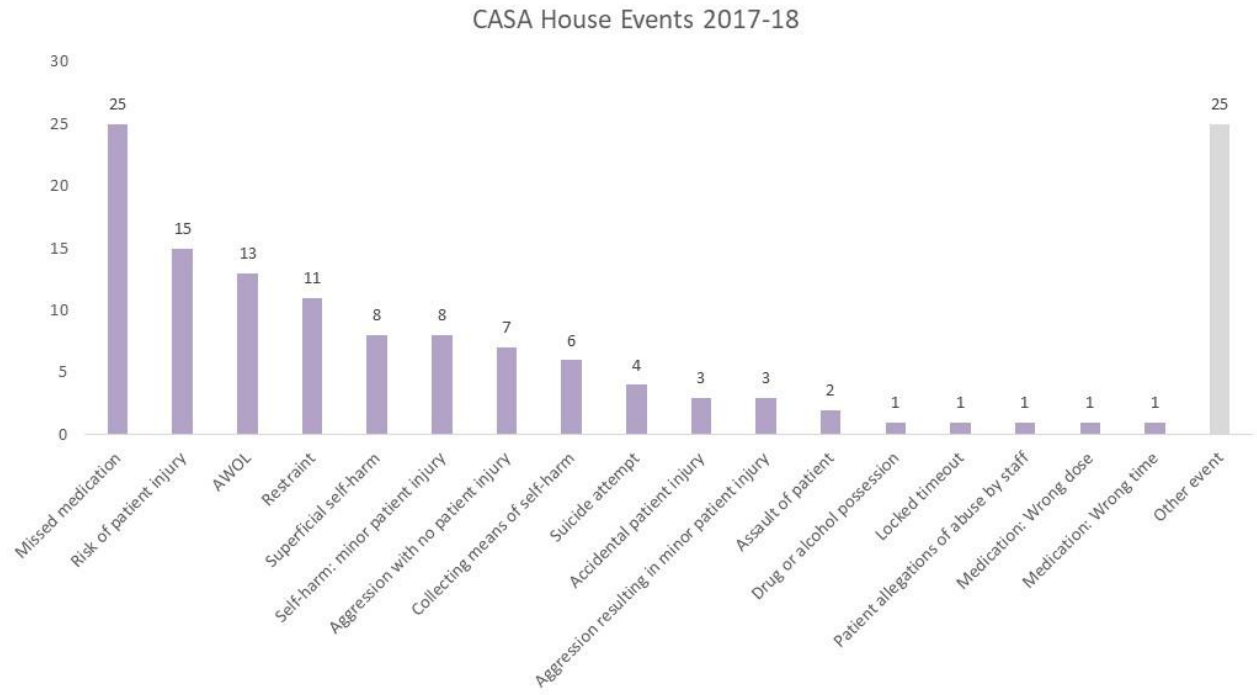
Appendix B: CASA House 2017-18 Report

Overview

In 2017-18, CASA House experienced a larger number of events than in previous years. This year, there were 88 total reports received by CASA House (58% of all reports at CASA came from CASA House). It is important to note that 71 of these events occurred on CASA House property as 17 of the medication errors occurred offsite.



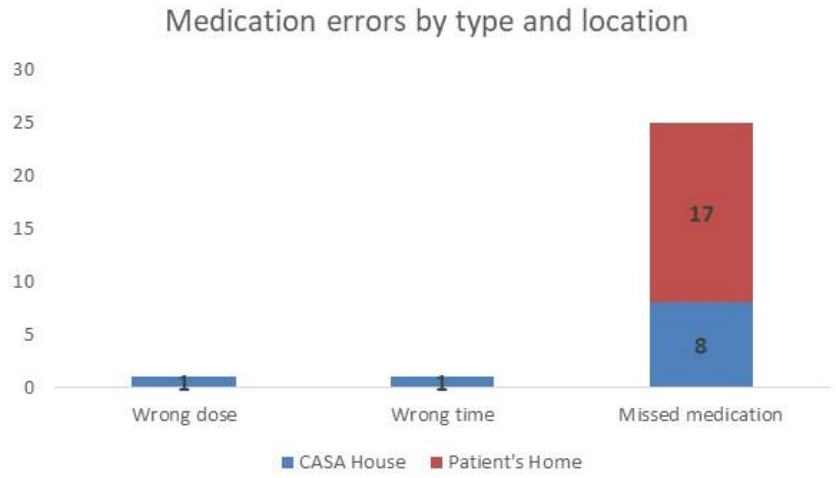
The following chart outlines the different types of events occurring at CASA House in 2017-18.



"Other" events included:

- Attempted AWOL (9)
- Verbal threats to staff (2)
- Property damage (2)
- Other medication errors (7)
- Use of drugs outside CASA (1)
- Assault on staff (1)
- Patient did not return Sunday night (1)
- Attempted self-harm (2)

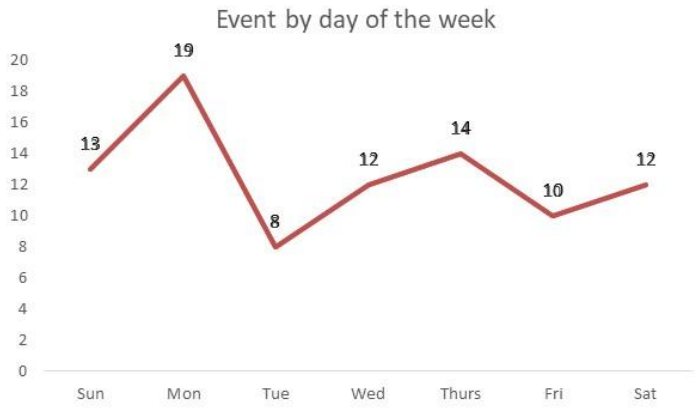
Medication error breakdown

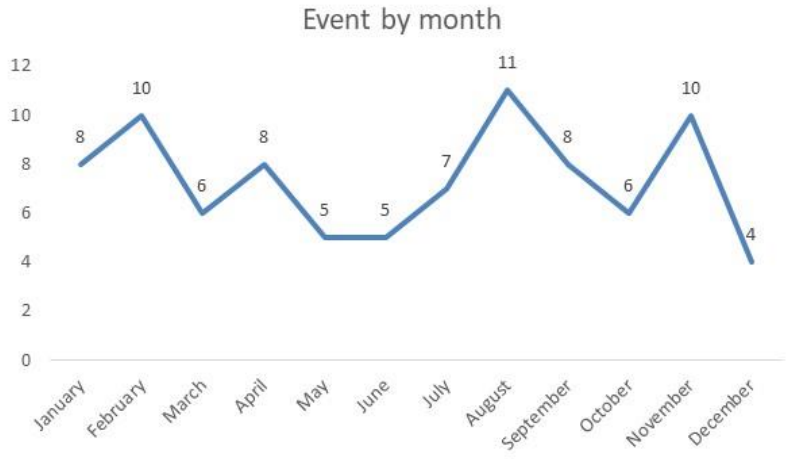


The majority of medication errors were missed medication, with 63% of those missed medication errors occurring outside of CASA House at the patient's home. This points to a need for more education and support for families to make sure their child receives the correct medication on time. Administering medicine at the wrong dose and the wrong time occurred once.

Trends

The table below shows an overview of events at CASA House by day of the week they occurred. More events occur on Mondays, which points to a need for further exploration of why this may be so. Perhaps patients are more dysregulated after a weekend which leads to more events on Mondays.





Analysis of CASA House safety event reports by month shows an uneven distribution of safety events across the year, making it difficult to predict and analyze trends.

There were 41 unique children involved in reported safety events in 2017-18 at CASA House. **Range of incidents per child: 1-10**
• 22% of youth at CASA House had 3 or more incidents in 2017-18 compared to 14% at CASA overall. • 67% of youth at CASA House involved in 3 or more incidents were female