Patient Safety in Ambulatory Care: Why Reporting Counts

August 11, 2010 Diane Schultz, RPh and Sheila Yates, MPH







- Group Health provides medical coverage and care to more than 628,000 residents in Washington state and North Idaho who are covered by health plans offered by Group Health Cooperative or its subsidiaries.
- Group Health Cooperative was opened in 1947 by a community coalition dedicated to making quality health care available and affordable. Today it is one of the few health care organizations in the country governed by consumers.
- Group Health owns and operates 26 primary care medical centers, 6 specialty care units and one hospital. Employing over 9000 employees including 900 Specialty and Primary care physicians.

#### How is Ambulatory Care Different?



- Lack of research
- Patients not as sick
- Patients initiate treatment
- Long term relationships with patients
- Multiple locations not under one roof
- Transitions in care
- Historical lack of electronic medical record system

#### A Foundation of Safety



- Leadership buy in
- Include in organization's mission, policies and training programs
- > Appropriate resources
- Prioritize and focus improvement efforts
- > Ability to measure improvements



#### March 2009:

"To build a climate of a safe culture takes courage. Our vulnerabilities have to emerge from behind the walls of our clinics, our offices, our hospitals. Each of us can and must challenge others to do better, to learn more, and to ask questions. This is difficult terrain, but we are heartened to have you with us to continue to forge this path together."

Michael Soman, MD

**Chief Medical Director, Group Health** 



- Measure impact of patient safety initiatives
- Compare with external benchmarks
- Target opportunities for improvement
- Increase awareness
- Results guide the use of resources and planning



- I know how to report patient safety concerns
- Staff will freely speak up if they see something that may negatively impact patient care
- Medical errors are handled appropriately in this area
- I am encouraged by my colleagues to report any patient safety concerns that I have
- I know proper channels to direct question regarding patient safety

(Survey questions from the Safety Climate Survey, Center for Healthcare Quality and Safety - Univ of Texas)



**Reporting systems/forms need to:** 

- be easily accessible
- quick to complete
- have an option for reporting anonymously
- include a mechanism for providing feedback to the reporter
- share learnings and improvement activities
- address staff concerns



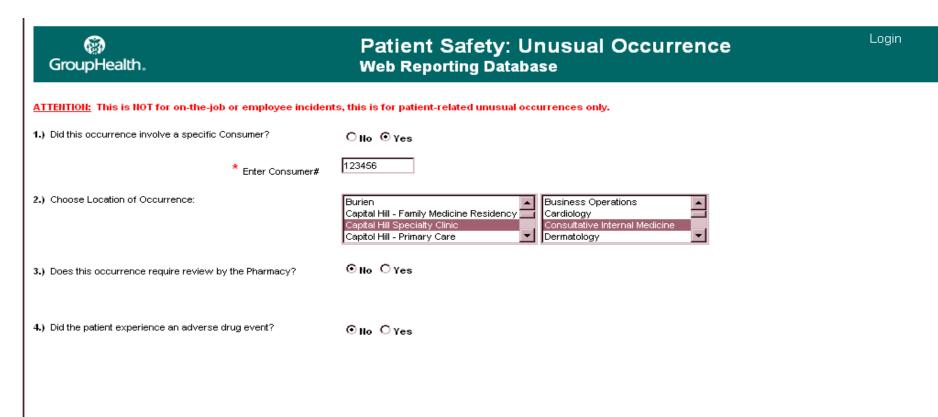
- Paperless
- Multiple links
- Quick to complete
- Asks for specifics on event
- Routed directly to manager
- Capable of creating reports self service





#### **Demonstration of Unusual Occurrence Reporting Tool**

#### **Unusual Occurrence Reporting Form**



GroupHealth.

Create Report

#### **Reporting Form- Continued**



🚱 GroupHealth.	Patient Safety: Unusual Occurrence Web Reporting Database	Login
Use this re	Unusual Occurrence Report report for any patient or visitor unusual occurrence and near misses	
Location: Capital Hill Specialty Clinic - Con:	nsultative Internal Medicine Manager(s) to Route to: Dennis Lew	
ATTENTION: Please verify that the Patient	nt Information is correct. If not, click Cancel and create a new report	
PATIENT INFORMATION		
Name: TEST MVS	Contact Phone:	
Consumer#: 00123456	Alt Phone:	
Address:	Birthdate:	
Address2:	PCP:	
City, State, Zip:	MD:	
	d Field * Date of Occurrence 15	
Today's Date: 08/02/2010		
	* Date of Occurrence 15	
Today's Date: 08/02/2010	* Date of Occurrence 15	

#### Reporting Form- Cont.



🚱 GroupHealth.	Patient Safety: Unusual Occurrence Web Reporting Database	Login		
OCCURRENCE INFORMATION *= Required Field Today's Date: 08/02/2010 * D	ate of Occurrence			
* Briefly describe occurrence in enough detail identifying injuries, effects, individuals involved, equipment involved, medications involved, and any immediate actions taken. Limit to 1000 characters.				
You have 1000 characters left.				
OPTIONAL INFORMATION Witnesses Reported by yates	Your Job Function Cther			
* Would you like to receive follow-up Yes v information regarding this case? * Please enter your email address for follow-up:				
Cancel Submit to Manager	Submit to Patient Safety / Quality			



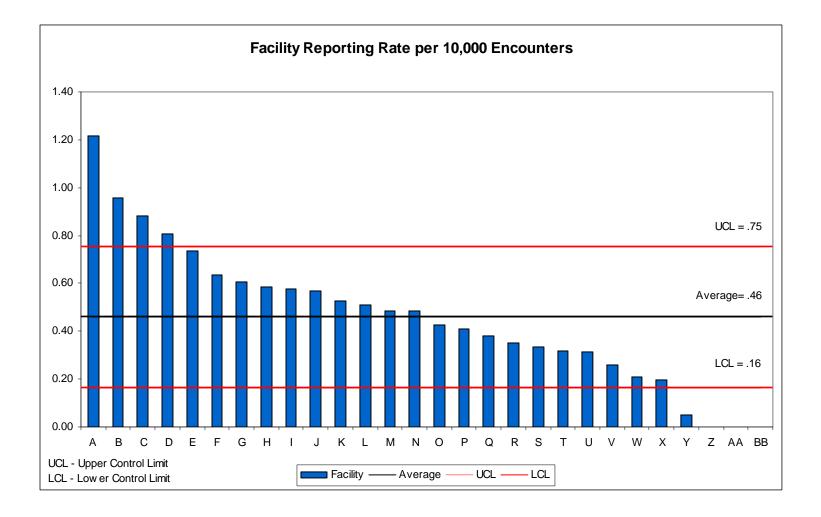
- <u>Treatment issues</u> delay in treatment or consultation; supplies or instruments not available
- <u>Medication issues</u> missed medications; incorrect medication or dosage; illegible documentation/use of unapproved abbreviations; medication given to incorrect patient; adverse drug events
- <u>Documentation issues</u> inadequate or incorrect patient identification; incomplete or inadequate medical information
- <u>Communication concerns</u> hand-offs to other staff; transfer issues involving other facilities; breach of patient confidentiality
- <u>Equipment failures that pose a threat to patient safety</u> exam tables, radiology equipment



- Communicate reporting expectations during new employee orientation
- >Include in annual competencies
- > Provide yearly refresher on reporting expectations
- Include in orientation to any temporary or agency staff

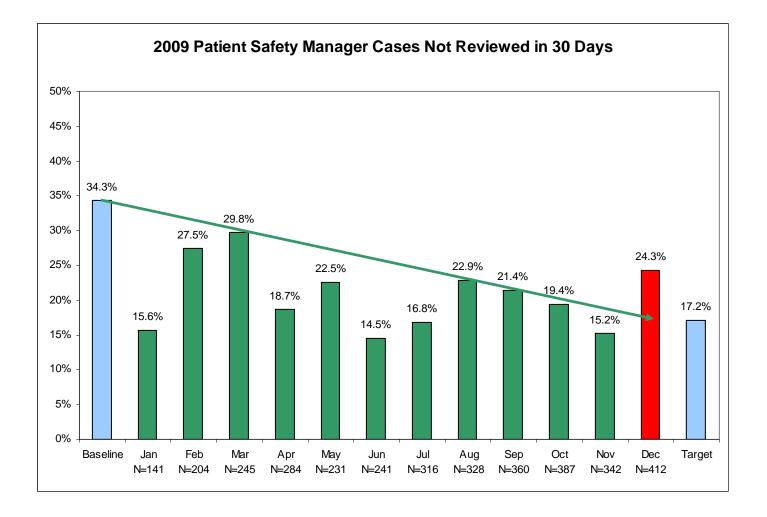
Measurement





30 day closing





### Superstar Award





#### Superstar Award





## Superstar Award







I met with a nurse recently who was involved in choosing the wrong medication off the shelf prior to a procedure. There were some key root causes of the error, including look alike bottles and stocking procedures, but what struck me personally was when she said "I wasn't afraid to report it since I knew it wouldn't be punitive."





- Anonymous reporting
- "Near miss" reporting
- Timely review of concerns
- Transparency
- Involve staff in improvement efforts
- Share learnings/data with senior leaders



# Questions???

Diane Schultz, RPh schultz.d@ghc.org

Sheila Yates, MPH yates.sm@ghc.org

