

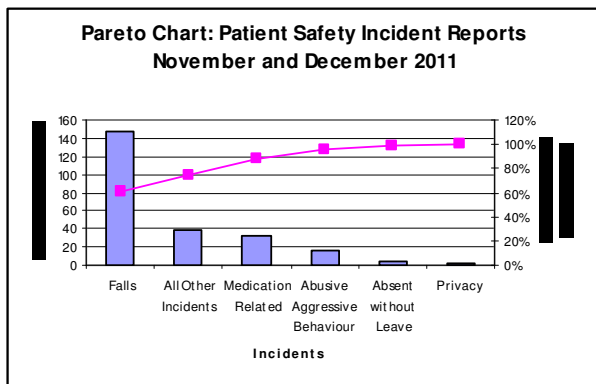
**Felecia Watson**- Regional Director CQI & Strategy & Planning **Chris McKee**- LEAN Specialist  
**Amy Ryan**- QI and Patient Safety Manager **Frank van der Breggen**- Regional Manager of Risk Management  
**Niki Rodine** - Clinical Improvement Facilitator **Susan Buehler** – Administrative Assistant

## Patient Safety Incident Forms

There were a total of 213 patient safety incidents reported during November and December 2011. The most commonly reported incidents were Falls (60%), Abusive/Aggressive Behavior (12%), Medication Errors (13%) and Absent Without Leave (2%). All other incidents account for the remaining 13%.

The following Pareto Chart displays the most to least commonly reported incidents on the Patient Safety Reports.

**Figure 1**  
**Pareto Chart for Patient Safety Incidents Reported November to December 2011**



**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.

Patient safety incidents are coded according to level of severity. 118 (55%) of the Patient Safety Reports for November and December 2011 were coded as “1”, 92 (43%) were coded as “2”, and 3 (2%) were coded as “3”.

## Lessons Learned

*“When events are not shared, lessons are not learned.”*

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The following are examples of patient safety incidents that were reported during November and December 2011:

- Two fentanyl patches were found on a resident. Both patches were removed prior to the administration of the new patch. Staff members are reminded to check for old patches before applying new patches.

- A resident was on the toilet and slipped while being assisted with their pant legs. Staff caught the resident. It was later discovered that the raised toilet seat had slid off. There was a staff discussion about the toilet seat raisers being put on correctly (if they are put on correctly, they should not move). Staff may recall a Provincial Issue Alert that was distributed about toilet seat raisers and the story of a LTC resident who fell as the result of an inappropriately attached seat raiser and later passed away due to her injuries.
- Both pharmacy and nursing staff interpreted a Warfarin order as 5 mg when it should have been read as 0.5 mg. This is a leading example of how the lack of a leading zero causes medication errors.

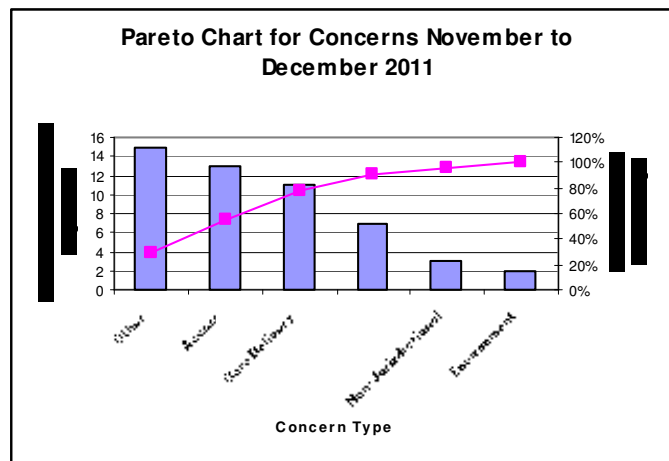
#### Near Miss/Good Catch

- A patient almost received the wrong medication (Mirapex) instead of Risperdal, because it had been incorrectly packaged with their bedtime medications. The error was caught prior to administration. Great work!

### Concern Handling

There were 51 concerns reported between November and December 2011, compared to 71 from last year. This represents a 29% decrease from last year. Figure 2 shows the top areas of concern that were received. The most common areas were Access to Service, Care Delivery, Cost, and Other.

**Figure 2 - Concern Area by Type  
September to October 2011**



### Concerns

#### Examples of Concerns Received:

1. An e-mail was received inquiring about physicians in the region who are accepting new patients. There is a list on the website for members of the public who are looking for a new physician; this information was sent to the gentleman.
2. A patient went in for blood work at one of our regional labs and was disappointed and frustrated by the process. After waiting for an hour to get her blood drawn, she was told that she needed to fast first. She was disappointed that no one had asked her about fasting when she first arrived at the lab.
3. Several calls came in from members of the public upset about their ambulance bill. There are still many people who aren't aware that ambulance services are not a benefit. We encourage staff to educate patients about this and have posters and brochures available in waiting areas.

4. A call came in from a woman who lives in a rural area. She was inquiring about access to Therapy Service in her area and if there is a limitation on the number of treatments that are covered by Saskatchewan Health. Therapies visit her area every 2 weeks and as long as there is improvement, Therapies staff will continue to work with these clients.
5. People were referred to or received information regarding:
  - Out of region surgeries
  - Housing supplement program
  - Information regarding wait times
  - Contact information for WCB

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### Critical Incidents

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Critical incidents are defined as serious, undesirable and unexpected health events including but not limited to the actual or potential loss of life, limb, or function. Critical incidents may involve acts of commission (e.g. administration of the wrong medication) or omission (e.g. failure to institute a recommended therapeutic intervention) and are related to problems in practice, products, or procedures and /or other aspects of the system.

Critical Incident and case reviews are held for quality improvement purposes. The reviews are held to evaluate facts relating to the management of care and to improve the quality of the care provided. If you have been invited to a review, and are feeling uneasy about the process or have questions, please contact Amy Ryan (842-8675).

There was a critical incident review held following an incident that occurred in our region in December. A resident accidentally received a dose of Levemir

instead of the expected dose of Lovenox. The patient was transferred to a hospital for observation but returned to the facility later that same day as she was doing well. A review of the incident led to the change of insulin being drawn up at the time of administration with the cart beside the nurse administering medications. Staff at the review also noted that the time pressure to get the medication pass done can lead to rushing and that paying attention and focusing on the task at hand is important.

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### Utilization

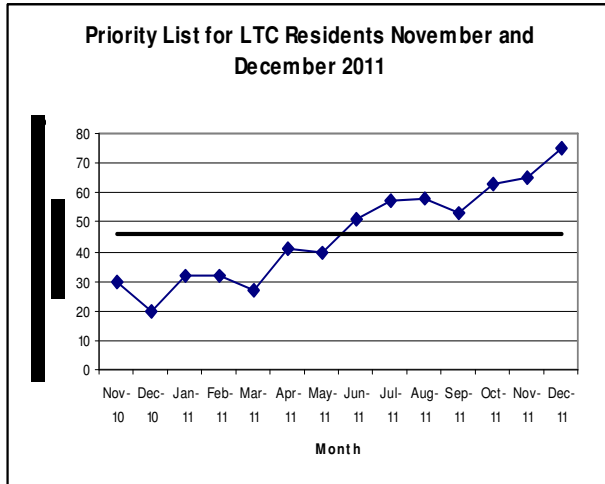
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SCHR supports residents that want to continue living at home through the Home Care services we provide. However, there are situations when it is best for residents to transition into Long Term Care. Potential residents are screened and placed on the priority list based on their needs. After they are offered a bed in a facility within 100kms of their home, they can be placed on to the transfer list to move into a preferred facility. The goal of this process is to get residents that require care into facilities as soon as possible and to then allow residents to be placed into a preferred site once their health care needs are being met.

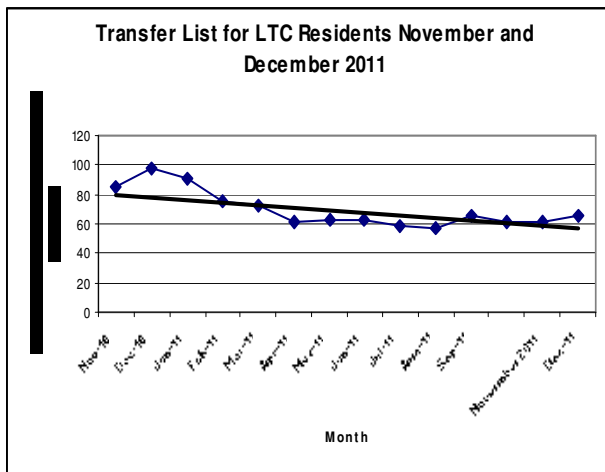
As of December 31, 2011 there were **75 people on the Priority List** and **65 people on the Transfer list**.

The following charts show the number of people on each list over the past year. Figure 3 shows an upward shift in the number of people on the priority list. The median number over the time period was 47. Figure 4 shows a slight decline in the number of people on the transfer list.

**Figure 3 - Priority List  
November 2010 to October 2011**



**Figure 4 - Transfer List  
November 2010 to October 2011**

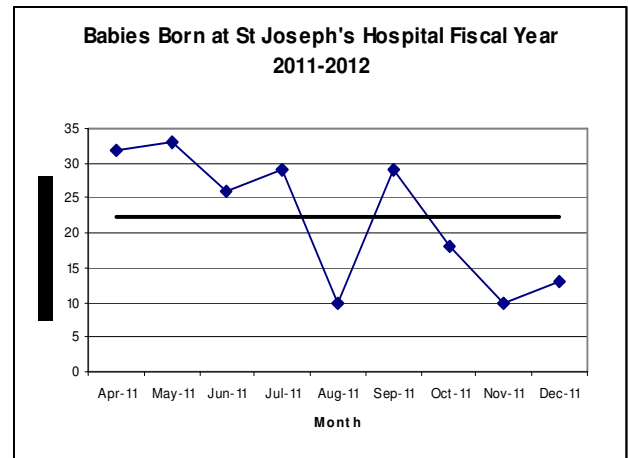


**Babies Delivered in SCHR**

There have been 200 babies delivered at St Joseph’s Hospital since April 2011. There were 10 babies born in November and 13 babies born in December. The chart below shows the number of births each month for the current fiscal year.



**Figure 5 - Births  
at St Joseph’s Hospital  
2011-2012 Fiscal Year**



**Near Misses**

**“We shouldn’t punish people who report mistakes. Rather, we should look upon mistakes as evidence of a faulty system**

**and create an environment where people feel comfortable about reporting and discussing them” - Lucien Leape**

Did you know that in Sun Country Health Region, approximately 7% of all patient Safety Incident Reports that are completed are for Near Misses?

A Near Miss or Good Catch is defined as a patient safety event or situation that did not happen or produce patient injury, but only because of chance (e.g. a nurse realizes that a physician wrote an order in the wrong chart). These events may also be termed a “close call”.

Any time that there is a near miss, whether it is a potential medication error or almost repeating an unnecessary test, the incident shows holes or gaps in our process.

Reporting and investigating the causes of near misses will lead to a safer environment for both patients and staff.

In 2012, it would be great to increase the reporting of near misses from 7% to over 10%. Remember to report near misses and remind other staff to report near misses as well.

## Living LEAN - Kelly Beattie, CHSM Kipling

I am extremely excited to work with the staff implementing LEAN throughout the healthcare services in Kipling! We are very fortunate to have had Chris McKee facilitate our training and start us off on a very positive journey. Four sessions were held at the end of June and two more in August – successfully training 88% of staff from acute and long term care – we were also fortunate to involve a few staff members from home care!

The training was well received by staff and over the months since training began, processes are thought through with a different perspective, often considering, “Are they Lean?” I have had numerous discussions with staff and am often met with the question, “Is this the leanest way to do it?” It is very encouraging to hear how the training is really being applied. A very extensive list of Lean projects has been compiled by staff and we are in the beginning stages of them. Staff members are eager to become “Lean” and I as a Manager am very encouraged by their enthusiasm! I feel very fortunate to have a large group of staff that are truly applying their learning, creating better working environments and systems for themselves and those they serve!

In the upcoming weeks and months I will continue to share our experiences as we really begin “Living Lean”!

## Surgical Safety Checklist – Niki Rodine

In 2008, the World Health Organization developed a surgical checklist to ensure that surgical patients were as safe as possible. The checklist has been adopted by surgical teams around the world and has helped to prevent hundreds of potential errors.

The Surgical Safety Checklist is a series of questions, in a checklist format, that a surgical team (surgeon, anaesthetist, nurses and patient) will go through during three separate times: before anaesthesia, before incision and before the patient leaves the operating room. The Surgical Safety Checklist was designed to increase communication between members of the surgical team and decrease the potential for surgical errors to occur.

In 2011, Sun Country Health Region began using the checklist in the operating rooms in the region. The most recent results show that 27% of surgeries in the region have correctly completed all of the steps in the checklist. Making sure each of the team members are included in the checklist in all three phases (briefing, time out, debriefing) has been the most challenging issue to overcome.

If you, or someone you know, will be having a surgical procedure done, please ask to be included in the checklist. I encourage you to ask, listen and talk to the members of your surgical team - it is their goal to keep you safe.

**Surgical Safety Checklist**

**Before induction of anaesthesia** (with at least nurse and an anaesthetist)

- Has the patient confirmed his/her identity, site, procedure, and consent?
  - Yes
  - No
  - Not applicable
- Is the site marked?
  - Yes
  - No
  - Not applicable
- Is the anaesthesia machine and medication check complete?
  - Yes
  - No
  - Not applicable
- Is the pulse oximeter on the patient and functioning?
  - Yes
  - No
  - Not applicable
- Does the patient have a:
  - Known allergy?
    - Yes
    - No
    - Not applicable
  - Difficult airway or aspiration risk?
    - Yes
    - No
    - Not applicable
  - Risk of >500ml blood loss (7ml/kg in children)?
    - Yes
    - No
    - Not applicable

**Before skin incision** (with nurse, anaesthetist and surgeon)

- Confirm all team members have introduced themselves by name and role.
- Confirm the patient's name, procedure, and where the incision will be made.
- Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - No
  - Not applicable
- Anticipated Critical Events**
  - To Surgeon:
    - What are the critical or non-routine steps?
    - How long will the case take?
    - What is the anticipated blood loss?
  - To Anaesthetist:
    - Are there any patient-specific concerns?
  - To Nursing Team:
    - Has sterility (including indicator results) been confirmed?
- Is essential imaging displayed?
  - Yes
  - No
  - Not applicable

**Before patient leaves operating room** (with nurse, anaesthetist and surgeon)

**Nurse Verbally Confirms:**

- The name of the procedure
- Completion of instrument, sponge and residue counts
- Specimen labeling (read specimen labels aloud, including patient name)
- Whether there are any equipment problems to be addressed

**To Surgeon, Anaesthetist and Nurse:**

- What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Revised 1 / 2009 ©WHO, 2009

*“Coming together is a beginning.  
Keeping together is progress.  
Working together is success.”  
Henry Ford*

It’s hard to believe that 2011 is behind us and there is another year full of challenges ahead of us. The last year has been one of beginnings and successes...I’m going to take this time to reflect on some of the accomplishments every one of you have been a part of in the past year – our progress.

### Coming Together

The times we’ve been able to come together this past year has been what provided me with the most satisfaction. The “Walk This Way” training I have had the privilege of delivering to over 20% of the Region in the last six month. This always results in lots of good discussion and seems to provide a starting point for making simple improvements from the ground up. The front line perspective I come away with is a huge benefit as I look for ways to improve the training and gain a better understanding of what work still needs to be done in the Region. Coming early in 2012 will be the roll out of “Flight SC201” a second level of Lean Training that we will be rolling out to further build Regional capacity in process improvement!



The Region’s CQI teams continue to meet and focus on improvements that will have huge impacts on the care being provided every day. Teams have been working on projects like VTE prophylaxis protocols, ER patient brochure standardization, LTC admission chart standardization, Failure Modes Effect Analysis (a proactive approach to problem solving), and many more. Without these teams “coming

together”, there’s no doubt in my mind SCHR would not be where it is today!

### Keeping Together

In the last few months, Team CQI has expanded! We have been happy to welcome Niki Rodine, Clinical Improvement Facilitator and Susan Buehler, Administrative Assistant. We are in the process of interviewing for a Quality Improvement/Patient Safety Manager who will be starting in early January.

On a more personal note, as I have travelled across the Region and the province, I have been impressed by the striking similarity in the vision and mission of healthcare workers – no matter the facility, the occupation, or the age and background. The province has been very deliberate in providing a vision of where it wants the province’s healthcare system to end up, and that is why I, as well as the CQI team in SCHR, am working so hard to train, equip, and empower anyone and everyone who will listen. I’ve said it before

and I’ll say it again, LEAN is not a magic formula for success, but simply a different and more efficient way of performing the many tasks we do every day. I am always excited by the ways we can fall in line with the provincial vision for healthcare, as well as that of each of us who truly desire a quality experience every time someone needs to access treatment. We really are “keeping together” as we

do our jobs each and every day.

### Working Together

Working together is the key to all of the QI work done in Sun Country. Medication Reconciliation has been a project that has shown the ability of staff across the Region to work together to achieve a common goal. Nursing staff, Physicians, Pharmacy staff and most importantly our customers, have pulled together to provide safer, more efficient care for everyone who receives service in the Region.

Accreditation was another incredible example of Sun Country staff working together to achieve an amazing result.

The Region achieved an outstanding compliance rating of 94%, and will continue to work together to see that the standards which were flagged as having room for improvement are followed up, ensuring we are providing the best level of care for our patients.

The Releasing Time to Care project expanded in 2011 to include five more sites: St. Joseph's ER and OBS wards, Arcola, Kipling, and St. Joseph's Long Term Care. Adding to the first three sites of Weyburn General Medical Unit, Mental Health Inpatient Unit and St. Joseph's Unit A, the resulting eight units or sites participating are seeing some amazing results. The goal of Releasing Time to Care is to provide staff with ways to increase the time they can spend with their patients, which not only makes the patient experience a better one, but also increases job satisfaction for all those involved. A huge thank you to everyone who has been "working together" on this important initiative.

I don't usually spend a lot of time looking back – I am pretty much constantly anticipating, and even though I may not know when I'm going to have the result I want, I am able to look forward to it anyways. Crazy maybe, but it gives me the excitement and love for my job that I hope is contagious! 2011 saw some incredible accomplishments as we came together, kept together and worked together on the sampling of projects above, and many more. I cannot wait to see the many things we can achieve together in the New Year. There WILL be new beginnings, more progress and continued success as we journey on. And what more could we possibly look forward to than that?

See you in 2012!

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## Improvement Boards – Niki Rodine

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An improvement board is just that - a board with an aim to improve. It is a relatively simple idea that has the potential to be used in any healthcare area. The goal of the improvement board is to highlight areas for improvement and to assist in implementing change. Making small changes can result in huge improvements, and an improvement board is one way of finding, discussing and implementing change on smaller issues.

The improvement board consists of three posters: red, yellow and green. Red indicates areas that "need improvement", yellow indicates "we're working on it", and green indicates "a change was made". After each shift, an individual writes down an issue or area for improvement that they recognized during their shift; and, if possible, an idea to solve the issue. This paper is posted on the red board, and is discussed with the supervisor/manager at the next ward meeting. Within 30 days, the issue should be moved to the yellow board, indicating that the issue is being worked on and improvement or a change has begun. Once the change has been implemented, the paper is moved to the green poster. Posting areas for improvement is a great way to increase communication between staff and supervisors/managers on issues that are important to front-line staff. If you'd like more information about improvement boards, please don't hesitate to contact me.

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## Lean Path Forward, Public Health

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In follow-up to the March 2011 "Walk this way...Introduction to LEAN" session with Public Health staff, a 5S'ing telehealth session was conducted with all seven of the public health offices in July. This was to kick-off 5S'ing (Sort, Shine, Set in Order, Standardize and Sustain) in each office.

Weyburn staff tackled the basement store room at Community Health Services Building. It had become the “catch-all” for items that had become defunct years ago! Items were moved to the conference area and sorted. The items were sorted for review by each program area indicating items that were to be retained, those available for other staff and those to be added to a list for Material Management. Staff filled the garbage bin with broken, unusable items. Environmental Services gave the store room a good shining before items were returned and neatly organized. The room became a showcase for 5S'ing.

### CHSB Store Room Before and After 5 S'ing



5S'ing fever spread to other areas in the building. The Public Health Nurses took ownership of organizing their Child Health Clinic space. Supplies were organized near to the areas they would be used and a time period set to ‘try it out’ before labeling shelves or cupboards. Each shelf is now organized to hold parent education



information according to each child health clinic visit by age.

Work is currently underway to monitor supply use and set up a kanban reordering system with assistance from our LEAN specialist. Finally photos will be taken of the inside of the cupboards and posted on the doors to standardize where items are housed.

In August, the Library resources have been dotted and when items are borrowed, the user removes the dot to indicate this is an actively used resource. In October, many of the items had not been moved indicating they may no longer be used. In December a review of the unused items will be conducted with an opportunity for staff to check the items that will be pulled from the shelves in case it is a “seldom used but necessary” reference.

There are numerous other items identified by public health staff as possible LEAN projects. This list is a very useful reference for prioritizing the work that needs to be completed with the Public Health Priorities identified by staff in 2011 and the priorities identified by our CQI Teams. An example of one of the LEAN projects that was flagged in all three areas is a review of Prenatal Classes and a working group is established to tackle this project.

It is exciting to see Public Health LEAN projects gaining momentum among the staff members and fulfilling identified needs.



A thank to you the ER staff at WGH for all the work they did to assist a woman who had fallen and injured her face and teeth on a piece of furniture while visiting her father. The effort was much appreciated!