

Reporting Matters

Reporting & Learning System for Patient Safety (RLS) Newsletter



August 2017



The difference the description makes

“People think that stories are shaped by people. In fact it’s the other way around.” -Terry Pratchett

Just as we are shaped by the stories we read, our units, departments, sites and even AHS itself are shaped by patient safety stories.

RLS helps to collect these stories when you describe what happened in the *description of the problem* field. Your stories contain valuable information. By sharing this across the organization, it allows for large scale trends to be seen and addressed in a timely manner. If something is occurring in one

location, it is quite likely occurring elsewhere.

To be truly valuable, in moving us towards safer care and [Just Culture](#), your stories need to be complete and easily understood by anyone who may read them. Stories must:

- clearly communicate the patient safety concern and be self-contained.
- be concise, factual, and exclude extraneous details.



[Click here to learn how to write an effective description](#)

Did you know?

You can report hazards to patient safety into RLS! What is a hazard? A hazard is something you see that has potential to cause harm to a patient. An example of this could be you starting your shift and noticing that there is a puddle of water in front of the sink in a patient’s room - this is a hazard to the safety of that patient, and can be reported to RLS.

What can I report into RLS?

Other examples of things that you might not have thought to report into RLS are events involving hospital acquired pressure ulcers, hospital acquired venous thromboembolisms, clinical information system problems, adverse reactions to medications, or miscommunications.



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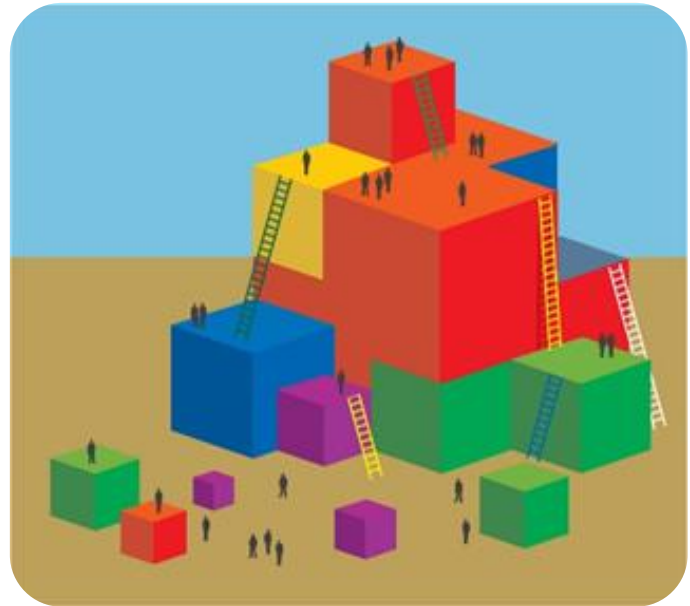
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Every RLS report matters

Your reports are the backbone of RLS; they play a major role in identifying risks to patient safety. RLS provides a real opportunity to improve patient safety by giving a voice to frontline providers, and allowing suggestions for improvement. The more you submit, the more we can learn, the safer it is.

Click [here](#) to find out how RLS reports have led to system wide changes

Thank you for promoting learning and improvement and contributing to patient safety!



What happens to that RLS report you submitted?

Once you hit submit, the RLS report goes to the Report Reviewer(s) for the location. They are responsible for reviewing, analyzing, and investigating the patient safety hazard, close call, or event, as

appropriate.

RLS reports are also used to identify, track, trend, and analyze patient safety risks, from the local unit level, all the way up to a provincial level. For more detailed information about how RLS reports are used, take a look at this [Safety Spotlight](#).

Remember...

The more reports in RLS, the greater the opportunity for learning and improvements to patient safety.

The majority of unreported events are systems issues. By reporting, you are contributing to an environment where everyone feels safe and is encouraged to talk about patient safety.

Quick links for Reporters

- [Submit an RLS Report](#)
- [RLS Education & Training Resources](#)
- [Just Culture](#)
- [Support/Requests/Issues Form](#)

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Improved location selection when reporting

Reporters now have one less field to complete when selecting the location where the problem was discovered.

What's different?

Starting July 31, reporters will only be required to select **Zone** → **City/Town** → **Facility** → **Exact Location** when selecting the location of where the problem was discovered.

Why the change?

We heard that it is not always obvious which area of healthcare the location belongs to. Usability testing confirmed removing Area of Healthcare from the reporting form is the right move.

What will I notice as a result of this change?

Besides one less field, reporters may notice more selections in the drop down menus for Facility and Exact location (see selections tips below).

Any tips to make reporting even faster?

Reporters can use the word completion feature to make selections. Instead of scrolling through a list, type the name of the selection you are looking for directly into the field. When the desired location appears, just click to add it.

Where was the problem discovered?	
* Zone	Edmonton Zone
* City / Town	Edmonton
* Facility	univ
* Exact location	University of Alberta Hospital - Edmonton

Did you know?

- There are approximately 10,000 RLS reports submitted every month.
- It is estimated that the number of reported events represents 15% of total events that occurred.
- The two most reported categories of reports are falls and medication errors.

“None of us are as smart as all of us.” –Ken Blanchard

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The more the better!

Many staff members may witness the same patient safety event. More than one person can report it into RLS. The more perspectives, the more learning!

Patient safety trends.

Dashboards can be useful to review trends in your RLS data over time. You can set up queries that have an open ended time frame so that you can see your data at a glance. Let us know if you need help setting one up!

Education sessions for Report Reviewers

RLS Report Reviewers now have access to Lync/Skype education session with RLS experts. These sessions provide direct instruction and opportunity for interaction to better enhance the learning experience.

RLS Lync education sessions build on foundational knowledge and understanding of RLS obtained through completion of the RLS e-modules (Every Report Matters and Report Reviewers) and provide “hands on” support in system functionality, navigation and the use of advanced tools within RLS.

After completion learners will feel more confident in using RLS to review,

manage, share, trend and analyze patient safety reports. Choose between two different sessions, or take both!

- **RLS Navigation & Tools for Sharing** (August 23 and September 6 at 1pm)
- **RLS Trending & Data Analysis** (August 30 and September 13 at 1pm)

Register on [MyLearninkLink](#).



Click here for RLS education session information

Feel more confident using RLS!



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Manager and Report Reviewer tips

If you're a new manager or report reviewer, welcome to your new position! You may have some questions as to how to use RLS in the best way possible. Maybe this is your first time reviewing RLS reports. Or maybe you've been around for a while, and you need a quick refresher. There are plenty of RLS resources to assist you!

- [e-Modules on MyLearningLink](#) ➤ [Safety Spotlight – Manager Responsibility](#) ➤ [RLS Education & Training](#)

Some key points to remember when using RLS are:

- Reports for your area should be reviewed on a regular basis. New records should be read within three working days, and moved to “Review Completed” within 20 working days.
- Individual reports can be used for situational learning; aggregate data can be used to recognize trends for your area.
- RLS cannot tell you the number of events for your area (i.e. It cannot tell you the number of falls on your unit; it can tell you the number of *reported* falls); rather, it can be used to identify trends in your area of responsibility.
- RLS is not to be used to evaluate performance of staff.

If you still feel like you need more support, contact the RLS team using the [Support / Requests / Issues Form](#) to set up a personalized education session.



Be Creative!

Looking for new, fun ways to represent some key themes in your RLS data? Create a word cloud, design a small poster to showcase common events, or even start a discussion within your team surrounding patient safety. RLS data can be used in many ways to help create a safer patient environment.

Quick links for Report Reviewers

- [Patient Safety Reporting Policy Suite](#)
- [RLS Education & Training Resources](#)
- [Support/Requests/Issues Form](#)
- [Just Culture](#)

Need Help?

Contact a member of the RLS team member by using the [Support / Requests / Issues Form](#).