A New Method of Obtaining Information about the Implementation Effort and Impact of Patient Safety Recommendations

Alberta Health Services

QHI Quality & Healthcare Improvement — Achieving Quality Together

Healthy Albertans. Healthy Communities. Together.

QHI Quality & Healthcare Improvement — Patient Safety Learning & Improvement

DEFINE OPPORTUNITY

- Organizational learning from patient safety recommendations (recs)
- Improve the quality of information about implemented recs
- Reduce amount of missing data about implemented recs

ACT TO IMPROVE

- "Mid-term" Plan-Do-Study-Act (PDSA) cycle 2015
- Owners who answered implementation questions themselves in Recommendation Tracker (RT) database interviewed for feedback
- Changes to implementation questions made and trialed on a new group of Operational Owners using <u>telephone</u> interviews
- "Go live" telephone interviews commenced Q3 2015

HIGHLIGHTED RESULTS 2015 PRE-EVALUATION

- 91% of Owners did not recall being informed they would be asked the implementation questions when accepting recs
- 45% of Owners would find it difficult to select an option that stated the chance of future patient harm was eliminated (versus reduced)
- Owners generally not receptive to words "measuring," or "evidence"
- 61% felt responsibility for spread of recs lies with other stakeholders
- Incidental feedback: some owners not changing rec status to implemented to avoid questions (~35% missing data)

RESULTS Q3 2015-16 "GO LIVE" INTERVIEWS

- 108 implemented recs (66 Owners)
- **99% interview response rate! (no missing data by respondents)**
- Majority owned 1 rec (range 1-10)
- Owner on review team 66% of recs
- 41% of Owners not on review team consulted about rec content

Adverse Event → Review → Owner Accepts Rec → Owner Updates Rec Status RT → Rec Implemented. Owner called 4-6 months

HARM REDUCTION

- Owners felt 74% of recs reduced the likelihood of future patient harm

Themes
- #1 Increased awareness of hazard/staff knowledge
- #2 Observation of hazard increased
- #3 Communication/interaction between stakeholders increased
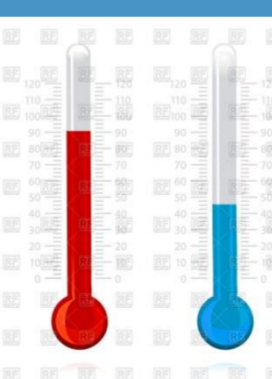
UNINTENDED CONSEQUENCES

- 39% of recs
  - <u>6/10 positive</u>: e.g. "*A good form was developed to support the policy. The policy means nothing to staff unless they have a tangible way to use it.*"
  - <u>3/10 negative</u>: e.g. "*We had no Critical Care Educator and thought we would have assistance. It was a lot harder than thought*"
  - Remainder unsure

EFFORT

- 56% no challenges with effort of implementing rec
  - biggest challenge not surprising: time!
  - getting "buy-in" came up frequently for those with challenges

SPREAD

- 38% of recommendations were implemented with spread already completed
- Owners indicated that 23% of implemented recs should be spread but the process of how to support that work remains unclear:
  - e.g. "*One of the problems is, when making a recommendation, we know if it's relevant to our site. But how do we know what another site has done?*"

MEASURING EFFECTIVENESS

- The effectiveness/impact of 62% of recs was assessed (formal /informal)
- The most common methods for measuring effectiveness were:
  - #1: 82% informal discussion at staff meetings
  - #2: 35% chart audits
  - #3 12% monitoring events on Reporting and Learning System for Patient Safety (RLS)

  - *remaining assessment cover a range of methods e.g. formal studies or evaluations, human factors evaluations, surveys

OWNER COMMENTS WORDLE

"*I'm intrigued by the new process. We are good at implementing. My biggest concern is if we evaluate it afterwards; we struggle with that all the time. Are people still doing it? It's good we are following up.*"

YOUR THOUGHTS?

- Were you aware that the follow-up process has changed?
- How do we best share patient safety recs and learning?

NEXT STEPS

- Refine process, e.g. follow-up with multiple owners of same recommendation, assessing recs from reviews as a whole
- Assess response rates as quarters compound
- Determine if actions are required for non-responses
- Assess reporting and learning
- Determine if a process for prioritizing recs for more in-depth evaluation is required