

Good Catch:
**The Story of a Near-Miss
Reporting System**

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Overview

- WISER Project in Maine
- Patient safety culture
- Near-miss reporting program (Good Catch!)

WISER: Working to Improve Safety for Every Resident

- Sponsored by the Department of Health & Human Services and funded through Civil Monetary Penalty (CMP) funds.
- Offers nursing facilities across Maine the opportunity to:
 - Assess their facility's resident safety culture with a nationally-recognized survey
 - Receive training on survey administration and how to use/communicate survey results
 - Implement a near-miss reporting system
 - Attend Maine's annual Patient Safety Academy
- Through WISER, the State of Maine was the first to offer statewide survey administration and analysis with no out of pocket costs for the nursing facilities.

WISER: Working to Improve Safety for Every Resident

- Phase I (2015)
 - AHRQ Nursing Home Survey on Patient Safety Culture (n=63)
- Phase II (2016)
 - Pilot of Good Catch! (a near-miss reporting system) (n=26)
- Phase III (2017)
 - AHRQ Nursing Home Survey on Patient Safety Culture (n=41)
 - Good Catch! (n=20)
- WISER Steering Group: the Office of MaineCare Services (OMS), the Division of Licensing and Regulatory Services (DLRS), the Long-Term Care Ombudsman Program, Healthcentric Advisers (Quality Improvement Network), and the Maine Health Care Association (MHCA)

AHRQ Nursing Home Survey on Patient Safety Culture (NHSOPS)

- The *Nursing Home Survey on Patient Safety Culture* is an expansion of the Agency on Healthcare Research and Quality (AHRQ) *Hospital Survey on Patient Safety Culture* (in use since 2004).
- Designed to measure resident safety in nursing facilities from the perspective of all nursing facility staff.
- Released in 2008 in response to need for a resident safety survey for nursing facilities.
- The survey takes about 10-15 minutes to fill out.

WISER Phase I: AHRQ NHSOPS in Maine

- In 2015, 63 nursing facilities in Maine participated in WISER Phase I to conduct the AHRQ Nursing Home Survey on Patient Safety Culture.
- 5,367 surveys disseminated, 3,271 surveys completed
- Average WISER nursing home response rate was 64%
- \$50 gift card raffle incentive for staff provided to all participating nursing facilities



Comparison With National Benchmarks

| Patient Safety Culture Area | WISER Average % Positive | 2014 AHRQ Comparative Results: Average % Positive |
|--|---|--|
| 1. Overall Perceptions of Resident Safety | 81 | 87 |
| 2. Feedback and Communication About Incidents | 81 | 84 |
| 3. Supervisor/Manager Expectations and Actions Promoting Patient Safety | 75 | 80 |
| 4. Organizational Learning | 60 | 72 |
| 5. Management Support for Resident Safety | 58 | 69 |
| 6. Training and Skills | 61 | 71 |
| 7. Compliance With Procedures | 57 | 64 |
| 8. Teamwork | 60 | 65 |
| 9. Handoffs | 56 | 63 |
| 10. Communication Openness | 49 | 56 |
| 11. Nonpunitive Response to Mistakes | 52 | 51 |
| 12. Staffing | 38 | 53 |

WISER Phase I

Strengths and Challenges

STRENGTHS

- Overall perceptions of resident safety
- Feedback & communication about incidents
- Supervisor/manager expectations and actions promoting patient safety

CHALLENGES

- Communication openness
- Non-punitive response to mistakes
- Staffing

WISER Phase II: Good Catch! Pilot

- The goal of WISER Phase II was to implement a 3 month quality improvement project that addresses:
 - non-punitive response to mistakes
 - communication openness
 - staffing
- Only WISER Phase I nursing facilities were eligible for Phase II.
- 26 Maine nursing facilities participated in WISER Phase II.
- Pilot project – “Good Catch!” – a near miss reporting program

Good Catch! Overview

- Good Catch! focuses on incident and near miss reporting.
- Definition: Near Miss (Good Catch) – an unsafe situation that is indistinguishable from a preventable adverse event except for the outcome. A patient is exposed to a hazardous situation, but does not experience harm either through luck or early detection. (AHRQ Patient Safety Primer, May 2016)
- Positive approach – Good Catch! – Language is important.
- Raise awareness/educate staff about incident vs. Good Catch!
- Provides a method and tools for reporting/tracking Good Catches.

What is an Incident vs a Good Catch?

Was the resident harmed? (injury, abuse or neglect)

YES



Then it should be reported to the Director of Nursing.

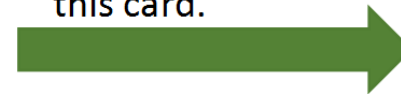
Persons mandated to report* also submit directly to DHHS

NO



Then it's a *Good Catch!*

Please fill out the opposite side of this card.



* Mandated reporters include physician, medical resident or intern, PA, RN, LPN, CNA, social worker, psychologist, pharmacist, physical/speech/respiratory/occupational therapist, mental health professional, ER personnel, EMT, clergy, court-appointed guardian, caregiver, or any person providing transportation services

How to report a Good Catch!

Good Catch!

Name *(optional)*:

Date:

Time:

S

Situation: **What** Happened?

B

Background: **When** and **Where** did this happen?

A

Assessment: **Why** do you think this happened?

R

Recommendation: **How** could this be avoided?

Why report on Good Catches?

- A key factor in improving patient safety is to have a **culture of safety**.
- A culture of safety includes an awareness of safety at **all levels and leadership** that encourages/rewards reporting safety-related issues.
- Good Catch reporting can **provide actionable information** to prevent future harm.
- Reporting can also help **monitor progress** in preventing errors/harm – monitoring processes/behaviors and not just outcomes.

Marella WM. Why Worry About near Misses? *Patient Safety & Quality Healthcare*. 2007, September/October;2017.

Leape LL. Reporting of Adverse Events. *N Engl J Med*. Nov 14 2002;347(20):1633-1638.

IHI 2004 Safety Briefings Tool

Elements of Successful Reporting Systems

- **Non-punitive:** Reporters do not fear punishment.
- **Systems oriented:** Analysis focuses on systems and processes, rather than on an individual's performance.
- **Confidential:** Identities are not shared with a third party.
- **Independent:** The reporting system is not controlled by an organization with the power to punish the reporter.
- **Analyzed by experts:** Reports are analyzed by people trained to look for the root causes and familiar with the work environment.
- **Timely:** Analysis is prompt, and recommendations are shared quickly, especially when significant risk is involved.
- **Responsive:** The organization receiving the reports implement recommendations.

Maine's Good Catch! Program

Reporting and Incentives

- All staff are invited to participate in the program.
- Ways to collect Good Catches
 - Paper-based – Good Catch form and collection box
 - Electronically – Survey Monkey
 - Hybrid – both paper-based and electronically
- Staff receive a thank you note from nursing facility leadership and a reward for reporting (Good Catch stress ball or pen).
- Incentive gift card (\$50) provided to encourage participation.
- Tracking tool (Excel) provided to participating facilities.

Good Catch Materials

It's all in the green bag!

- Good Catch and SBAR Posters
- Good Catch Collection Box(es)
- Good Catch Forms
- Good Catch stress balls, pens, and pins
- Good Catch thank you notes
- Gift card incentive
- Good Catch Category Descriptions
- Talking points on how to introduce Good Catch to staff
- Good Catch FAQ



Introducing the Good Catch Program to Staff

- **Remember to keep it positive**
 - We want to hear from ALL staff if they see a Good Catch
 - We have all made mistakes and Good Catches, which can be caused by a number of factors. Hearing about Good Catches helps us to make improvements so that all residents are safe.
- **Resources for introducing Good Catch**
 - Talking points
 - Good Catch in 2 minutes
 - Good Catch video
- **Recommendations for introducing Good Catch to staff**
 - Staff meetings
 - Team/department leaders
 - Letter/email to staff
 - Other ideas?

Good Catch! Training Video

- Helps train staff on near miss reporting to improve resident safety.
- Overview of the near-miss reporting process with examples.
- Emphasizes the importance of Good Catches and how they can improve resident safety.

Making a *Good Catch!*

Why it's important

A *Good Catch!* is an event that could have caused harm to a resident. Reporting *Good Catches* allows us all to make every resident safe!

How to know if this is a *Good Catch!*

Was the resident harmed? (injury, abuse or neglect)



* Mandated reporters include physician, medical resident or intern, PA, RN, LPN, CNA, social worker, psychologist, pharmacist, physical/speech/respiratory/occupational therapist, mental health professional, ER personnel, EMT, clergy, court-appointed guardian, caregiver, or any person providing transportation services

These are the steps



#1

Observe



#2

Report



#3

Improve

Good Catch! Examples

- ✓ Two medication bottles have similar labels and could be easily confused
- ✓ Resident with special diet receives wrong food items
- ✓ Maintenance signs such as "wet floor" or "out of order" not put up



What is SBAR?

SBAR is a framework for good communication between all of our staff members.

S

Situation: What's going on?

B

Background: What is the background?

A

Assessment: What do I think the problem is?

R

Recommendation: What would I recommend?

Use this tool to help you make a *Good Catch!*

Good Catch Tracking Tool

- The Good Catch Tracking Tool provides a way to track, analyze, and summarize reported Good Catches (Excel).
- Enter all reported Good Catches into the Good Catch Tracking Tool. We recommend entering within 24 hours of collecting the forms to ensure accuracy and timely follow up.

Good Catch Tracking Tool

| Card # | Date on Card | Time | Staff Initials | Describe | Information | Equipment | Environment | Clinical Procedure | Non-Clinical Procedure | People | Action (color) | Follow Up Details |
|--------|--------------|----------|----------------|---|-------------|-----------|-------------|--------------------|------------------------|--------|----------------|--|
| 1 | 8/15/2016 | 4:20 PM | LK | Nurse noticed that two bottles of medicine have similar labels and could be easily confused | | | | | | | | Will immediately relabel bottles to ensure they do not get confused. |
| 2 | 8/16/2016 | 11:45 AM | RT | Resident on a low sugar diet, diet aid notices the kitchen has put a high sugar item on tray and removes it | | | | | | | | Will talk with kitchen and aids about making sure diet orders are correct and that trays reflect those orders. |
| 3 | 8/17/2016 | 6:00 PM | SA | Staff person called out one hour prior to shift starting for non-emergency related issue | | | | | | | | Monitor staff call out frequency |

Good Catch! Category Descriptions

| Category | Examples |
|-------------|---|
| Information | Misinterpretation Documentation Communication Other |
| Equipment | Operator Error Machine Error Other |
| Environment | Noise Level Lighting Temperature Clutter Cleanliness Other |

These descriptions are what you use to categorize the type of Good Catches reported. You enter one (or more) of these categories in the Good Catch tracking tool. This will help you identify areas where there are frequent Good Catches identified. It will also be a starting place to dig deeper into analyzing Good Catch reports. There is NO wrong answer in how you categorize; it's just intended to help you sort and analyze reports.

Good Catch!

Category Descriptions (Continued)

| Category | Examples |
|------------------------|---|
| Clinical Procedure | Incorrect procedure Incorrect policy Use of tools (checklist) Other |
| Non Clinical Procedure | Quality control process Incorrect procedure Use of tools (checklist) Other |
| People | Staffing levels Training Over worked (Callouts) Supervision Other |

WISER Phase III: NHSOPS and Good Catch!

- In 2017, all Maine nursing facilities offered:
 - NHSOPS
 - Good Catch program
- Facilities could participate in one or both activities
- NHSOPS implemented in September 2017
- Phase III runs through December 2017

Questions?

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