Safety Committee Meeting Minutes 10/17/2018

Present: Paul Beeker, Aisha Darby, Stephanie Donelan, Margaret Flanagan, Tonii Gedin, Eva Hendrix, Taylor Kasky, Kevin Kearney, Catharina Lee, Parita Patel, Kim Riopelle, Cyndy Singletary, Jen Tate, Malcolm Williams,

Agenda:

1. **Environment of Care Plan Review:** All plans are currently under annual review. Have incorporated feedback from safety committee, and working on assessing performance measures. Updated plans will come back to the group in December.
    a. **Utilities**: HVAC equipment and sprinkler leaks are all in process of being repaired and upgraded at Fallsway.
    b. **Fire**: Fire extinguishers and evacuation signs are being posted at Baltimore County site
    c. **Safety and Security:** New security manager has started; panic alarms are being installed at Baltimore County site; Burglar alarm is being stalled at Fallsway; Facilities and Security team continues to develop and plan an active shooter drill for all staff
    d. **Medical Equipment:** New autoclaves have been ordered and will be installed in the next few weeks; Have initiated testing of radiation in dental spaces
    e. **Hazardous Material:** No plan updates; initiating removal of chemicals through appropriate protocols from Fallsway site
2. **Incident report follow-up: Use of alcohol based hand sanitizers in clinical spaces:** Based on an incident report filed, the Director of Facilities proposed considering the use of non-alcohol based hand sanitizers for health center operations.
    a. Discussion focused on two primary factors: concerns with moving away from CDC recommended guidance on the use of alcohol based sanitizer and the lack of evidence that this is a pervasive problem.
    b. Other solutions brainstormed included: changing sanitizers in public waiting areas; using foam instead of gel; looking into different types of dispensers to decrease the likelihood of another incident.
    c. Also sought outside guidance, with the compliance officer from Chase Brexton, who noted Chase dealt with a similar situation. That health center decided to keep the alcohol based, as it is the one recommended by CDC and WHO.
    d. Safety committee agreed that without more information or proof that the issue is widespread, we will not be changing our current practices at this time.
    e. Next steps:
        i. Safety Committee will remind teammates to submit incident reports regarding this, so that we can get a better picture of the scope of the problem.
        ii. We will revisit the discussion in 6 months to see if we have more reports.
        iii. Aisha will discuss with front desk staff, to make sure they know to file an incident report if they witness this behavior.

3. **<u>Root cause analysis of falls at CCP:</u>** Through the use of incident reporting data, CCP endeavored to complete a root cause analysis of falls occurring at the CCP. This analysis is similar to the types of analysis' safety committee will be completing moving forward. Safety Committee member Stephanie Donalen presented their findings:
    a. Based on incident reports, CCP had eight reported falls in a six-month period
    b. Staff conducted an analysis of the incidents to determine why their fall rate was so high
    c. They focused on what factors are within control of staff or ability to influence
    d. Four out of the eight falls occurred in the bathroom
    e. They looked at all possible contributory factors, including bathroom set up, hold bar placement, etc.
    f. Over a series of discussions, they focused on the most effective ways to change the factors within their control and rearranged the set-up of the bathroom.
    g. They set a goal to reduce falls by 50% over a six-month period
4. **<u>Safety Committee Root cause analysis of incident</u>**
    a. Using the 5 Why's tool, the entire committee conducted a root cause analysis of an incident involving a client who had been banned from HCH, and how bans are communicated to staff throughout the agency.
    b. The first step was how to identify the main problem that this incident demonstrates. Several of the possibilities raised were:
        i. How bans are enforced/communicated
        ii. What, if any assistance can we provide to banned clients if/when they come to ask for something?
        iii. What type of incident/event would supersede a ban and require us to assist a client? i.e. codes will always be responded to
        iv. How do we ensure continuity of care and help ensure effective transition plans are in place?
    c. Operations is close to finalizing the new CAP procedure, and has created a list and tracking tool. They are also working to ensure alerts are on both the PM and provider side of the EHR.

Root cause findings:

1. **Why #1:** Staff member was not aware of rules regarding this client, or in general, about this or agency bans.
2. **Why #2:** We lack a system that easily informs staff on bans, including the use of three separate systems to make aware (e.g. Practice Management, EMR, and the CAP list) and appropriate policies and procedures to communicate across sites.
3. **Why #3:** This system, while flawed, allows us to have the most up-to-date information shared broadly with staff. We do not provide training on the CAP procedure to all staff.
4. **Why #4:** Staff need to know the conditions of a ban and what it includes to ensure not undermining plan of care, overstepping clinical boundaries, and ensuring clients information is protected.

5. **Why #5:** No system in place to educate staff broadly on our CAP process, even if clinical team at site is aware.

d. Next steps:

- General consensus was that there is a lack of training for staff on how to respond to banned clients (particularly non clinical staff)
- Based on these factors, it was also determined that we need to be more effective in training staff on how to engage folks who are in need, but also be aware of certain boundaries (balancing professional and personal approaches)
- Will provide a more detailed write-up of this to provide to Operations to assist with CAP rollout.

Next meeting: Wednesday, October 17th at 1pm