

Safety committee – April 17, 2019

Present: Katie League, Margaret Flanagan, Jen Tate, Malcolm Williams, Celena Hoey, Parita Patel, Eva Hendrix, Lawanda Williams, Kevin Kearney, Paul Beeker, Keith Moore

1. PI project update:

- a. As part of the 2019 Health Care for the Homeless PI plan, a safety committee goal was prioritized. Our Aim statement is to: increase the percentage of filed incidents that are coded as “near miss, treatment/procedure/diagnostic related, or medication errors” to 25% of all incidents.
- b. Thus far, we have formed a subcommittee to discuss, brainstormed potential barriers to reporting (as well as consulting the safety committee and medical team), and identified the most common identified barriers. At our last meeting, we began reviewing potential solutions to increasing reporting
- c. Wanted to brainstorm today with this committee additional thoughts to see where there is overlap and additional ideas. Safety committee members provided the following solutions:
 - i. Provide education (through in-service, all staff, or other venues) about the follow-up processes and what happens
 - ii. Give individuals information sheets or posters to put at each workstation to remind to report
 - iii. Put of up posters of efforts
 - iv. Share changes that stem from incident reports → help to measure benefits and share out at least quarterly
 - v. Share safety stories to help normalize reporting
 - vi. Video displaying stories
 - vii. Ethics videos of what went wrong or what could have gone wrong
 - viii. Highlight community partnerships that impact our incidents
 - ix. Provide incentives for reporting
 - x. Increased communication with individual supervisor and how that interacts with overall day-to-day responsibilities (i.e. provide time in day to do)
 - xi. Training on what are typical incidents and what occurs in a health care setting that are not surprising (e.g. normalizing that errors happen and providing context)
- d. Also discussed role of client voice, and discussion that involving clients in the resolution of system failures is more appropriate than on this particular PI project

2. Conduct Action Plan (CAP) procedure

- a. The CAP procedure is ready for staff review. It is vital that we have staff review to make sure this is appropriate and meets their needs.
- b. The committee discussed the need for appropriate documentation within the EMR and also on a CAP list that is available across sites (e.g. locked share drive)
- c. The major changes include: the creation of a CAP committee, centralizing coordination with the Security manager, spelling out time frames of action, better defining when a CAP should be called, and ensuring the process is standardized across sites.
- d. The procedure is now on the portal and open for feedback until 5/3/19

3. Code Silver Development

- a. The facilities team has been working on developing this procedure in accord with the Baltimore City Policy Department. Due to delays in their responsiveness. Paul and team are moving forward with this, and hoping to have a drill this quarter.
- b. This would only apply to Fallsway, as other sites will follow their site/building procedure.

4. EOC updates

- a. Paul has been pricing out options for the Fallsway 3rd floor walkway, hoping to move forward with these improvements over the summer

5. Role of incident reporting at committee

- a. Discussed shift from review of individual incidents to more macro discussion, and asked committee feedback on continued review of incidents vs. system review. Committee voted to review bigger problems or incidents that can be used as examples. Will review incidents monthly for inclusion on safety committee agenda

Next meeting: May 8th at 1pm in the 3rd floor large conference room