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Finding the Narrative in Incident Reports

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Finding the Narrative in Incident Reports:

The Progress Foundation

Capstone Paper

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Executive Summary

Overview

This report discusses the importance of tracking trends in incident reports to improve internal work practices within the Progress Foundation. The data was collected by reviewing incident reports from July 2015 to the March 2018. The trends were categorized by year, type of incident, and the residence home at which the incident occurred.

From the literature and data analyzed, this report explains why implementing a web-based software or cloud-based program could prove helpful in tracking incident reports at the Progress Foundation. This report provides the data and findings that support the plan.

Introduction

The Progress Foundation (PF) is a non-profit organization which serves the San Francisco, Sonoma, and Napa Valley counties. The Foundation was developed to provide support to clients with mental illnesses by helping these individuals return to the community through community-based programs (Progress Foundation, 2018). As the Progress Foundation continues to implement new practices into their health services, the organization has a need for an internal tracking system for incident reports.

An incident report, in the case of Progress Foundation, is a form that is filled out to record details of an unusual or accidental event that occurs at the resident homes or facilities. Incident reports are reported to upper management at PF and Community Care Licensing (CCL) that provides PF their license to practice. The standardized incident reports are used throughout the state of California and are regulated by the CCL.

Problem Statement

Understanding Incident Reports

The Progress Foundation started to observe a trend among incident reports in the past few years such as the increase in the number of reports filed in a given month and the type of incidents being reported. The questions Progress Foundation wanted to answer were:

1. How many incident reports are recorded each year? Per month?
2. What types of incident reports are recorded more frequently?
3. Are there specific incident types that are important to analyze in detail?
4. What programs have a higher incident report recording rate?
5. After implementing a medication adherence memo, did the rate of incident reports categorized as “Other (Explain)” decrease from previous years?

Methods

The Progress Foundation reviewed and collected a total of 1,752 reports between July 2015 and June 2017. In order to identify the main components in the incident reports, many of the reports were studied to understand how incident reports are recorded. The data was collected using Microsoft Excel and Google Sheets. Variables such as:

- Date
- Program
- Type of Incident

were identified to find the trends between July 2015 through March 2018.

Staff interviews and discussions with the administrations of Progress Foundation led to the alternative methods of reporting the incidents via electronic forms.

Findings

After reviewing data from July 2015 to March 2018, there were a total of 2,316 incident reports recorded during this time frame. Seven hundred and forty reports, alone, were calculated for between July 2017 and March 2018.. It was identified that the number of reports had increased from July 2015 to March 2018 with “Unauthorized Absences,” “Other (Explain),” “Medical Emergencies,” and “Hospitalizations” displaying the most types of incidents reported.

Understanding Incident Reports

The administration of Progress Foundation had implemented a medication adherence memo for staff to follow in August of 2017 to ensure the protocol was being followed after an increasing number of incident reports were being filed as “Other (Explain).” The number of reports dropped in the following month but increased again in October.

Due to the diversity of Progress Foundation’s residential programs, it was decided to not take this information into consideration to identify trends. Rather, in the future, the residential homes will use the electronic forms produced from Google Forms to track the types of incidents and volume.

Discussion

Certain limitations within the scope of this project were timing, scheduling issues within the company, and inability to manipulate or change the incident report to match the needs of Progress Foundation. The data analyzed for this project consisted of several types of variables, but one recurring issue was the number of reports being filed as “Other (Explain).” Although this category was meant specifically for medication errors, other types of incidents were being classified as this category. Progress Foundation needs to address this issue as categorizing incident reports by the type of incident plays a main role in the usefulness of these reports.

Recommendations

Recommendations for Progress Foundation are to:

- a. Implement an electronic incident reporting system
- b. Create simpler instructions for recording incident reports

Literature Review

Background

Incident reporting is a method used for internal or external purposes to track errors or accidents that have taken place within an organization. Within health care, organizations may use incident reports to describe staff engagement, patient safety, or monitor quality improvement protocols. The Progress Foundation uses incident reports to monitor activity within each of their residential programs. The Progress Foundation staff record incident reports manually. Reports can be made by the staff via self-reporting or client-reporting. The reports are followed up by higher management and shared with Community Care Licensing and State of California. Through this paper, we will look at the importance of incident reports, analyze the barriers in incident reporting, and recognize trends while designing an incident reporting system within the Progress Foundation.

Importance of Incident Reports

A safety incident, as defined by the National Research Council, is a set of events that potentially could have led to an accident (Barach & Small, 2000). Incident reports serve a significant role in the internal operations of an organization. According to Barach and Small (2000), decreasing errors within medical management is important to improve overall quality and minimize costs in healthcare. Healthcare focuses on looking at medical “near misses” in order to work towards preventing deaths and injuries (Barach and Small, 2000). Reporting incidents is the first step in fixing problems such as patient injuries or staff error (Barach & Small, 2000). Incident reports also play an active and important role in non-medical jobs such as in aviation, aerospace, and in the chemical industries (Barach & Small, 2000). Incident reports

Understanding Incident Reports

provide narratives for the organization. It can also be a call to action to higher management to implement changes before it is too late (Nuckols, 2011).

Following up with incident reports can help track trends, find greater issues that have not been tackled yet, and allow the organization to conduct a further needs assessment, if necessary. Healthcare organizations that are able to follow trends in incident reports can work towards implementing stricter and regulatory policies geared towards improving the overall work quality. Incident reports help health care organization through a learning process (Leistikow, Mulder, & Robben, 2016).

Incident reports can be manually filled out or electronically submitted through a software program. Data collected from these reports can make a significant impact on the organization and how it will improve its workflow. Cloud-based software can help with tracking and monitoring these reports. However, incident reports only tell so much information. It is important for employees to fill out incident reports accurately and in a timely manner to prevent future errors and mishaps, such as medication error. Medication error is one of the most significant issues being tracked and analyzed through incident reports (Härkänen, Saano, & Vehviläinen-Julkunen, 2017). If used correctly, incident reports, as a tool, provide means for ensuring and working towards employee and patient safety (Gong, Song, Wu, and Hua, 2015).

Barriers to Accurate and Complete Incident Reporting

Implementing an incident reporting system and acting towards a positive change also have their challenges. Barriers to successful implementation of incident reporting practices include underreporting, lack of staff training and time, and “the blame-game.” According to Barach and Small (2000), lack of trust in reporting the actual incident, fear of losing a job, getting colleagues in trouble, and exposing the organization to malpractice are possible reasons

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for staff not to report certain incidents. It is important to take note that reports can be skewed due to the lack of reporting from staff and other stakeholders (Nuckols, 2011). To understand barriers to the use of incident reporting systems, it is important to consider the organizational culture and how staff and administration apprehend the error (Barach & Small, 2000).

One of the biggest barriers to good incident reporting includes the lack of time staff may have because of other duties and tasks. According to Warring (2005), some healthcare providers prefer not to record certain incidents because it is believed errors are bound to happen in medical work. Nurses and administration may have other patients and tasks to follow up on. This can lead to a delay in the reports being completed, incidents being underreported, or incidents not being reported at all. Factors such as the staff's time and fear of consequences from the incident or misunderstanding of the event are also barriers in incident reporting (Vincent and Crowley, 2001). A study by Westbrook et al. (2015) noted that clinicians understand the error but fail to report the incident depending on the accident that occurred (Westbrook. et al, 2015).

Mindfulness in incident reporting plays a significant role in how the report is filed, managed, and followed up.

Medication Errors

Incident reports provide feedback to the organization and whether or not a particular task is being done the right way. In healthcare, medication errors occur frequently and are often times preventable with the right type of intervention (Institute of Medicine, 2000). Medication error accounts for costs for both the patient and the hospital. According to the Institute of Medicine (2000), there are direct and indirect costs involved when managing medication errors. Factors such as higher healthcare expenditures, disability costs, and personal costs of care are all costs related to medication error (Institute of Medicine, 2000). Healthcare organizations in California

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such as hospitals and nursing home are penalized when a medication error occurs and publicly issued by year by the Department of Public Health (California Department of Public Health, 2017). The need for reporting medication errors is highly recommended for healthcare organization to remain accountable and deliver quality care.

Incident Reporting Systems

According to Pham, Girard, and Pronovost (2013), incident reporting systems (IRS) are used to provide healthcare organizations information on adverse events within the system. IRS also work to improve patient safety (Pham, et al. 2013). Using an IRS to analyze incidents can help identify or track errors and be integrated with a quality management tool like Plan-Do-Study-Act to implement interventions to prevent future events (Pham, et al 2013). Although finding trends may be difficult in incident reports due to the nature in which they are reported, they do provide insight on what the problem is.

Incident Reporting Systems allow healthcare organizations to see real-time data and increase the patient safety culture. Although there are benefits to IRS, some limitations include the inability to measure safety, compare organizations, measure change over time, and the costs associated with the system (Pham, et al 2013). Factors such as underreporting of events, lack of perceived value and mindfulness play a role in the limitations because of bias on the type of event that occurred (Pham, et al 2013).

Incident reports are an integral part of an organization. It is important to recognize mishaps and report them accurately with the right training. Pham, et al. (2013) states that communication is key when creating the incident report. Enforcing staff training and engagement to ensure incident reports can be filled out correctly is important. Incident reports

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should be used to capture problems in the organization that can make the work and patient culture safer as well as better.

Agency Profile

The Progress Foundation (PF) was founded during the deinstitutionalization movement during the 1970's (Progress Foundation, 2014-2015). The deinstitutionalization movement was a time when health care was moving away from institutionalizing mental health patients (Amadeo, 2018). The call to action was to open community-based mental health facilities geared towards re-integrating individuals into society instead of keeping patients in hospitals and wards (Amadeo, 2018). It was expected that deinstitutionalization would be a way to improve the quality of treatment for individuals with mental health issues (Amadeo, 2018). The Progress Foundation was founded and is still being run by Steve Fields. He is continuously working towards developing innovative alternatives for individuals with mental health issues by providing residential and emotional support. Thus, for nearly 30 years, Progress Foundation has created "supportive, community-based programs" to help individuals get the care they need and re-enter society.

The Progress Foundation (PF) provides a range of mental health services in Napa, San Francisco, and Sonoma County. With 19 clinics throughout all three counties, the Progress Foundation has created a difference in many individuals lives. The Progress Foundation is funded by the Napa, San Francisco, and Sonoma county health departments. PF does accept donations and has received grant funds. The organization charges a monthly fee to the residents for their services.

The mission of the Progress Foundation is to "promote rehabilitation and encourage the highest possible level of self-sufficiency for individuals who are considered severely disabled

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due to mental illness” (Progress Foundation, 2014-2015). The services offered at the Progress Foundation are introduced as a continuum of care. There are various programs such as an Urgent Care Clinic, Residential Programs, Cooperative Living, and Independent Living Programs that help these individuals get the care they need to re-enter the community. The Progress Foundation has teams that assess, triage, and provide consulting services to these individuals (Progress Foundation, 2014-2015).

The staff is made up of clinical psychologists, case managers, counselors, registered nurses, certified nursing assistants, and administrative staff to help manage clients. The programs at the Progress Foundation divide into two residential programs: Crisis Residential Programs and Transitional Residential Programs. The crisis programs, where the maximum stay is usually no longer than a month depending on the severity of the case, are not designed for long-term stay clients. The transitional residential programs usually allow up to a year of assistance.

The Progress Foundation records unusual or “accidental” events within the organization by using Incident Reports required by the state of California and the Community Care Licensing (CCL). The state of California and CCL have policies and regulations that the Progress Foundation must comply with. The CCL’s role is to enforce and regulate a system where individuals of underserved and vulnerable population receive quality care (California Department of Social Services, 2018). Incident reports are being recorded by staff who work at the residential homes. The staff consists of Program Directors, Assistance Directors, and Relief Counselors as well as administration. Incident reports must be sent to the central office of PF within 24 hours. Reports must also be sent to the CCL and county of San Francisco within 7 days of filing the report. In this span of time, the Progress Foundation also has time to review and

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conduct any follow up if necessary. Incident Reports are collected by fiscal year and categorized into type of incidents that occur.

Problem Statement

The Progress Foundation is seeking assistance and recommendations to identify trends in their incident reports. At the beginning of this project, there was no way to track the types of incidents being filed and how many reports were being filed each month. All staff is taught how to report unusual events and activities on the incident report. Yet, once the report is sent off, staff are not aware of what happens after the CCL and PF are notified.

Discrepancies were found in the reporting such as multiple incidents are check marked, no incident checked at all, or the wrong incident being marked. The goal of the project was to provide PF with a detailed report on the trends in incident reports and address the needs for an improved incident reporting system.

Methods and Findings

For this project, reports from July 2015 to March 2018 were studied to understand trends within the incident reports, identify which types of incidents were being reported more frequently, and provide clarity on medication errors. Because of the nature of this project, a quality improvement approach (Plan-Do-Study-Act) was applied. Within this framework, the methods were developed based on each round of findings. Therefore, rather than presenting methods and findings in separate sections, they will be presented together.

Understanding Incident Reports

Tracking Methods

It is important to note that Progress Foundation uses paper forms for Incident Reporting. The Incident Report form (Appendix A) is required by the state of California for all programs that fall under the California Department of Social Services.

Staff interviews

In order to better understand the needs of the organization, two individuals of the Progress Foundation were interviewed. A staff member at the Progress Foundation central office noted that, “the organization strives to stay true to its core mission and values in delivering quality care to its clients. Yet, it requires work on adjusting to today’s needs.” When asked for clarification on what kinds of needs, the staff member responded, “We are in a time of technology, but still using paper methods for many of our day-to-day tasks such as incident reports.” Another staff member that was interviewed worked at the Dore Residence Home who indicated that staff need to:

1. Have more information about what happens after the incident report has been filed with CCL and the Progress Foundation Central Office
2. Identify what type of incident is being reported the most and how can this be managed.

An important point to note is that each residence home is different from the rest. Each residence home provides different programs for a diverse group of individuals. Some program can keep clients for 14 days, 90 days, or even up to a full year.

Many years ago, the incident reports were manually entered into Microsoft Access for record keeping, training, and tracking purposes. Due to staffing and internal changes and outdated software, the Microsoft Access program was no longer being utilized. The Information

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Technician had recommended PF administration look into other electronic software to be able to record this information. In July of 2017, the Progress Foundation began its attempts to collect information from incident reports and study how they were being managed. Data from July 2015 to June 2017 were entered into Microsoft Excel.

The spreadsheets data were categorized by the most common variables:

- Year
- Date
- Type of Incident
- Program
- Client

Unfortunately, due to the Health Insurance Portability and Accountability Act (HIPAA), the client data that was collected cannot be presented in this paper.

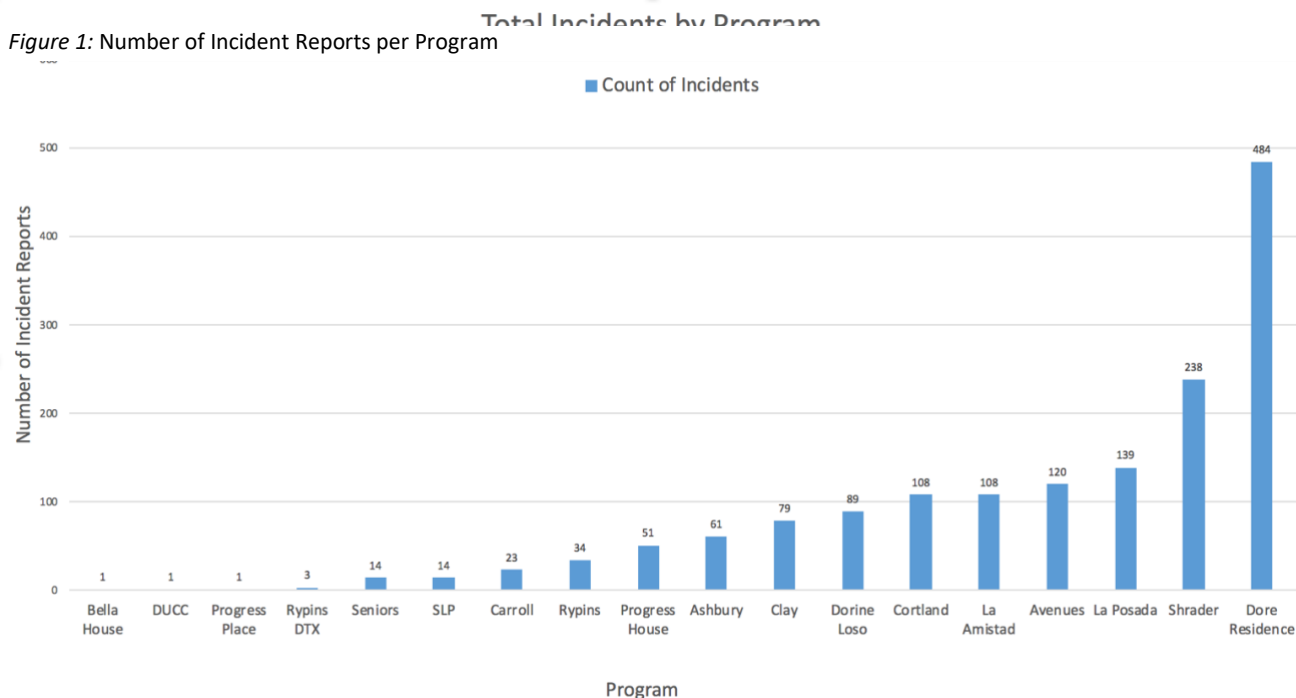
Analysis of Data from July 2015 - June 2017

After an initial orientation with administrators, the Project Manager was given access to the Microsoft Excel spreadsheets from July 2015 to June 2017. The electronic data consisted of 1752 incident reports. With the data recorded by Progress Foundation for this time period it was already identified that the four most common types of incidents reported were “Unauthorized Absences,” “Medical Emergency,” “Hospitalization,” and the “Other (Explain)” category.

From the incident report data for the years 2015-2017, Progress Foundation administration saw an increase in the number of incident reports being filed. The initial approach was to track the number of reports by residence home. The Progress Foundation has 19 homes all throughout the San Francisco, Sonoma, and Napa counties. These homes consist of a variety of different treatment programs from Crisis Residential Programs to Transitional Residential Programs. In Crisis Residential Programs, clients are offered acute psychiatric care and support

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to avoid institutionalization. These programs often hold clients in their care from 14 days to 90 days. The Transitional Residential Programs help clients to transition back into the community by helping with day-to-day activities in the homes and providing support to increase the client’s independence on their own time; residences can live in the transitional programs from 90 days to a year. Due to these differences, we found that comparing the residence homes would not help identify trends rather it would be best to look at each home individually to track the issue. For example, Dore Residence is a 14-day acute care program that is also linked to an urgent care clinic. The client traffic in this program is more frequent than the rest of the programs as shown in Figure 1. Bella House has a total of 1 incident report as compared to Dore Residence that has a total number of 484 incident reports from 2015-2017.



Six hundred and sixty-seven reports were filed from July 2015 to June 2016. Figure 2 shows the incident report filed per month in the July 2015-June 2016 fiscal year. Progress

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Foundation wanted to compare if the next fiscal year, June 2016-July 2017, would have more or less reports (See Figure 3). July 2016-June 2017 had 738 incident reports filed during that year.

When looking at both graphs, there are certain months such as May of both 2015 and 2016 years in which there is a jump in the number of incidents reported: May 2015 had 96 incident reports and May 2016 had 90 incident reports.

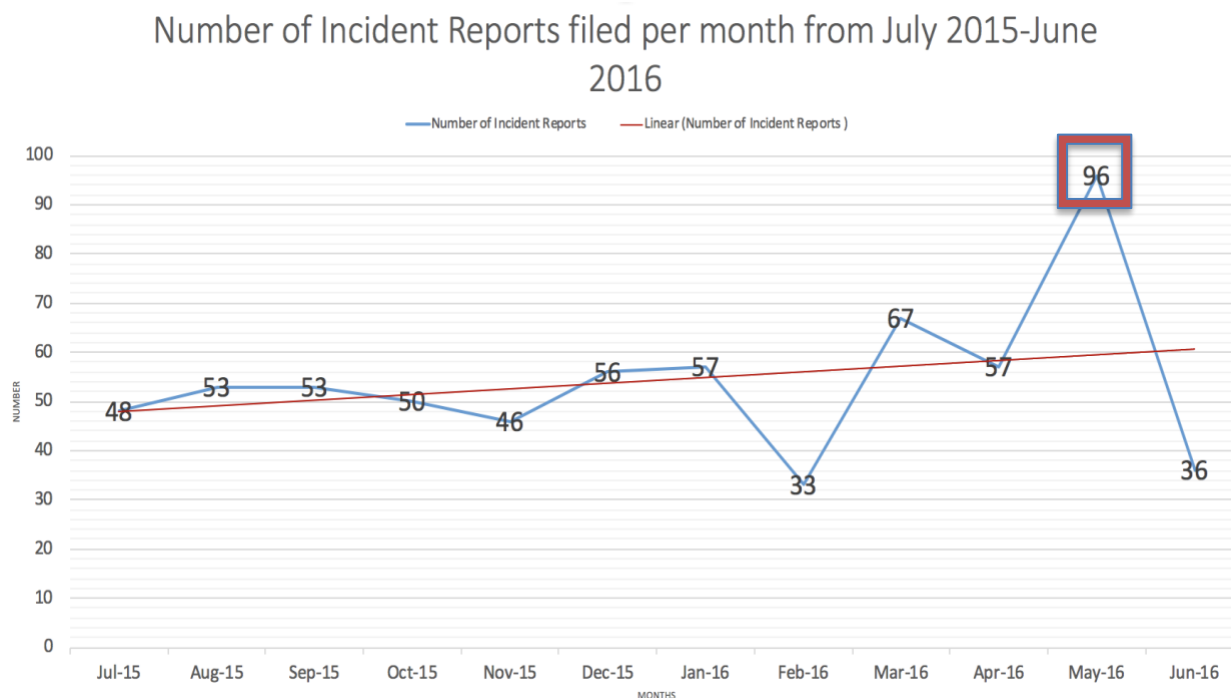


Figure 2. Number of Incident Reports filed per Month from July 2015-June 2016

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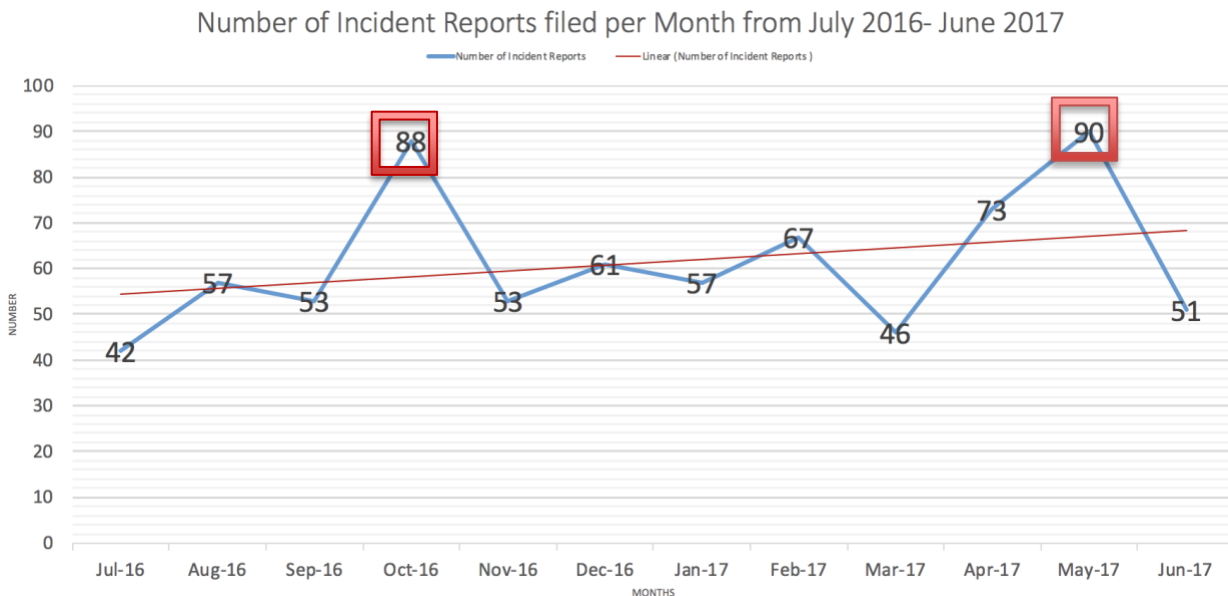


Figure 3. Number of Incident Reports filed per Month from July 2016-June 2017.

Number of Incident Reports checked as Unauthorized Absence, Other (Medication Complication), Medical Emergency, Hospitalization, and All Other Incidents from July 2015 to June 2017

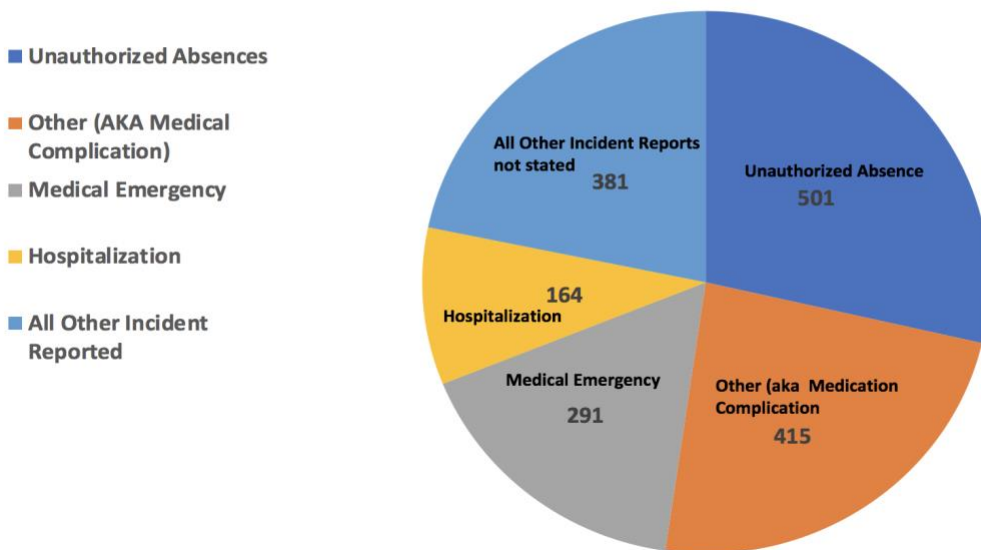


Figure 4. Number of Incident Reports checked as Unauthorized Absence, Other (Medication Complication), Medical Emergency, Hospitalization, and All Other Incident Reported.

Understanding Incident Reports

The Progress Foundation was particularly interested in understanding the frequency of the most common incidents. Figure 4 was created to show the relative frequency of the four most commonly occurring incidents. Some concerns Progress Foundation had from a quick glance at this figure were the number of incidents being reported as “Unauthorized Absences” and “Other (Explain)” category. “Unauthorized absence,” when check marked on the incident report, means a client has left the resident home without notifying anyone or has not been seen or heard from within a few hours. The reason for their concern is because “Other (Explain)” is meant to be checked for medication incidents such as a staff member not following the medication adherence policies, a client taking more or less medication than required, and any other type of medication complication related to the client. Prior to August of 2017, Progress Foundation noticed an increasing number of incident reports being reported as medication errors under “Other (Explain). Work instructions and staff meetings were updated to enforce change in medication adherence practices (Appendix B). Progress Foundation is keen on learning if the numbers have gone down from July 2017 to March 2018. This is an issue because as the literature states medication errors directly and indirectly can cost the patient and the organization.

Data collection from July 2017-March 2018

There were limitations to the amount of data and variables available for the incident reports from July 2017 to March 2018 due to certain security and HIPAA measures. Initially, the plan was to view all of reports from the July 2017 to June 2018 fiscal year. Due to the number of reports and limited time, the Director of Clinical Services decided to focus on the reports that had been consolidated.

How were the incident reports from July 2017-March 2018 collected and analyzed differently from the 2015-2017 incident reports?

Understanding Incident Reports

Reports from July 2017-March 2018 were collected by the project manager via Microsoft Excel. The layout was similar to the Progress Foundation data collection but did not include Client Name or Admissions Date. It was important to gather the following:

- Date
- Program
- Incident

By gathering this information, the project manager was able to provide Progress Foundation a report of the types of incident reports filed during this year, how many were filed per month, and if there was change from the prior years.

Incident Reports Forms

Along with identifying trends within the incident reports, Progress Foundation was also aware that the reports are not user-friendly. Figure 5 illustrates the layout of how a staff member of Progress Foundation views the instructions for filling out an incident report.

Staff members are trained how to fill these forms out briefly when they are hired and again at a later time. But staff members have brought up how difficult these instructions are to follow. For example, such terms as “Other” for medication errors is not exactly explained on the form but is the correct box for this error. Terms like “Hospitalization” and “Medical Emergency” also prove confusing,.. According to the Community Care Licensing, “hospitalization” means a psychiatric breakdown and the need for a 5150. “Medical Emergency,” on the other hand, means the client had an incident in which they were injured or needed treatment for a health concern such as back pain or a fever. Since this form is provided by the Community Care Licensing and used throughout California, changing this form to meet the needs of Progress Foundation is not likely.

Understanding Incident Reports

TYPE OF INCIDENT			
Unauthorized Absence	Alleged Client Abuse	Paper	Injury-Accident
Aggressive Act/Self	Sexual	Pregnancy	Injury-Unknow Origin
Aggressive Act/Another Client	Physical	Suicide Attempt	Injury-From another Client
Aggressive Act/Staff	Psychological	Other	Injury-From Self/Allopathy
Aggressive Act/Family, Visitors	Financial		Epidemic Outbreak
Alleged Violation of Rights	Neglect		Hospitalization
			Medical Emergency
			Other Sexual Incident
			Theft
			Fire
			Property Damage
			Other (Specify)

INCIDENT REPORTING INSTRUCTIONS: DESCRIBE EVENT OR INCIDENT INCLUDE DATE, TIME, LOCATION, PERSONNEL, NATURE OF INCIDENT, ANY AFFECTED CLIENTS LISTED BY ID NUMBER, HOW CLIENTS WERE INJURED, INCLUDING ANY TREATMENT.

IN THIS SECTION IT IS IMPORTANT TO NOTE WHAT, HOW, WHERE, WHEN OF THE INCIDENT. WHAT IS THE INCIDENT, WHERE IN THE PROGRAM, HOW DID IT HAPPEN, WHAT TIME DID IT OCCUR. **JUST FACTS** NO SPECULATION.

WHO SAW/WITNESSED THE INCIDENT? IF THIS WAS REPORTED BY CLIENTS—WHO RECEIVED THE INFORMATION? WHO WAS WORKING DURING THE SHIFT?

WHAT WAS THE INTERVENTION DONE DURING THE TIME OF THE INCIDENT? WHAT ELSE WAS DONE? WHO WAS CALLED?

WHAT IS THIS SECTION FOR? (CHECK ALL THAT APPLY)

THIS IS FOR ANY INCIDENT WHEN THE CLIENT IS BROUGHT TO THE HOSPITAL OR EMERGENCY FOR HEALTH REASON.

THIS IS THE SECTION TO MARK FOR MEDICATION ERRORS OR OTHER MEDICATION RELATED INCIDENTS.

MARK THIS FOR ANY INCIDENT ABOUT ANY TYPE OF OUTBREAK IN THE PROGRAM: lice, scabies, bedbugs.

THIS BOX IS FOR ANY OTHER SEXUAL INCIDENT THAT IS NOT COVERED BY THE OTHER SECTION. EXAMPLE: CLIENT EXPOSING HIMSELF OR HERSELF IN THE PROGRAM.

THIS IS FOR ANY CLIENT THAT WAS 5150 FOR GD/DTS/DTO. THIS IS ANY INCIDENT THAT THE CLIENT IS BROUGHT TO PES, DUCC. IF THE CLIENT WAS BROUGHT TO PES—THERE SHOULD BE A NOTE ON PAGE 2 WHY NOT DUCC.

THIS SECTION MUST BE MARKED FOR ANY TYPE OF CLIENT RELATED INCIDENT NOT COVERED UNDER ANY OTHER CATEGORY. EXAMPLE OF THIS IS A CLIENT STOLE SOMETHING FROM THE COMMUNITY. CLIENT REPORTED THAT THEY GOT INTO A FIGHT WITH SOMEONE IN THE COMMUNITY.

THIS IS FOR ANY INCIDENT WHEN THE CLIENT LEAVES YOUR PROGRAM AND DID NOT RETURN. YOU ARE REQUIRED TO DO A MISSING PERSON IF THE CLIENT IS NOT BACK IN 24 HOURS. CALL TO CCL IS MADE WHEN MISSING PERSON IS COMPLETED. BEFORE SUBMITTING TO THE ORIGINAL TO CO, UPDATE IF THE CLIENT CALLED OR RETURNED.

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT

Describe the treatment provided to client. Either by the program or outside people. Like medication given to the client.

Medical treatment means anything beyond FIRST AID.

If the client was brought to ER for treatment—where which hospital. IF the name of the EMT is available—provide the name.

This is where to write if the client returned with medical clearance. This is where indicate any follow-up needed for the client.

This is any other action that was taken other than the things listed in page 1. This is where you write informing other treatment providers. This is where you write missing person report is completed. This is where you write client risk assessment was completed. This is where you write will discuss plan with the client to prevent further incidents [brief description only]

If missing person was completed the PD or AD write if the client returned or not. If the client the client was in Med ER—add anything more important especially if the client is not returning to the program. If there is an investigation—state an investigation will be completed.

If CCL was called—mark the box and state name of CCL person and on the space indicate whether you spoke or left a message.

If the Ombudsman was called—complete this section including the name of the person with whom the report was given

If the incident was reported to APS/CPS -complete this section including the person with whom the report was given.

If client has a conservator or guardian—they need to be notified. Needs to include the name of the conservator or guardian should be included.

If the police was called—complete this section.

REPORT SUBMITTED BY: NAME AND TITLE DATE

REPORT REVIEWED/APPROVED BY: NAME AND TITLE DATE

AGENCY/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

LICENSING: _____

LONG TERM CARE OMBUDSMAN: _____

LAW ENFORCEMENT: _____

ADJUDICATIVE/PROTECTIVE SERVICES: _____

PARENT/GUARDIAN/CONSERVATOR: _____

PLACEMENT AGENCY: _____

Figure 5: Instructions on how to fill out Incident Reports

Understanding Incident Reports

Incident Reporting Systems

After discussing the findings from 2015-2017 incident reports and notes from the staff interviews, the project manager realized it was best to create a new incident reports system for Progress Foundation. The Progress Foundation had shown interest in looking into a variety of incident reporting systems, but without a budget and the right team they were unable to make any decision. With the permission of the administration at Progress Foundation, the project manager went on to research incident reporting systems that could be implemented within the organization.

Considering there were no discussion on the budget, the project manager decided to focus on cloud-based programs that could easily be implemented in small organizations such as Progress Foundation that are not that costly. Google Forms, SharePoint, and Pro-Sapien were all considered. SharePoint and Pro-Sapien did not allow for any trials. These programs, along with Google Forms, are certified by the Occupational Safety and Health Administration (OSHA) and HIPAA. All three programs allowed for organizational cloud-based sharing which is one of the most important tasks that PF was looking into. Cloud-based sharing software allows for residence homes to input data in real time and gather information to share with others without the hassle of paper documents or email. The cost of these SharePoint and Pro-Sapien were also more than Google. Therefore, the options were limited.

Google offers a wide range of services, and if Progress Foundation were to move forward with them they would need to create business account and discuss the needs for a HIPAA compliant program – which they are able to do. Google services start at \$50/month and Progress Foundation would also have access to their very own team at Google to get started as well as monitor activity.

Understanding Incident Reports

With this information, I created a Google Forms document similar to the Unusual/Injury Incident Report used by CCL to help track incident reports in real time. Using this form adds to the staff members' tasks as they must still fill out the actual reports and the online Google forms sheet, but this acts as a secondary check-in/follow up. The completed Google form will help Program Directors and the administration at Progress Foundation identify problems that are happening instantly rather than in 24 hours or 7 days. After staff members have filled out this information, the administration will be able to see which staff has reported the incident, the type of incident, date and time. All of this information will be shown through an electronic spreadsheet which can later be turned into a series of reports and charts to display the trends in incident reports. Figure 5 shows an example of the form created.

Understanding Incident Reports

Type of Incident *

Unauthorized Absence

Aggressive Act/Self

Aggressive Act/Another Client

Aggressive Act/Staff

Aggressive Act/Family, Visitors

Alleged Violation of Right

Alleged Client Abuse

Injury-Accident

Injury-Unknown Origin

Injury-From Another Client

Injury-From Behavior Episode

Epidemic Outbreak

Hospitalization

Medical Emergency

Other Sexual Incident

Theft

Fire

Property Damage

Other (explain)

Other:

If Alleged Client Abuse was marked, please describe

Your answer

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES. *

Your answer

Was there a hospitalization? *

Yes

No

Notification *

CCL

Police

Central Office

Case Manager

Other: _____

Follow Up/Actions Taken

Your answer

A copy of your responses will be emailed to the address you provided.

SUBMIT

Never submit passwords through Google Forms.

This form was created inside of Students & Alumni DonsApps, Report Abuse - Terms of Service - Additional Terms

Google Forms

Figure 6: Google forms Unusual/Injury Incident Report

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Findings

After reviewing and analyzing the data Progress Foundation had collected from July 2015-June 2017, it was apparent that incident reports had increased from July 2017- March 2018 (Figure 7). There were 740 reports filed from July 2017 to March 2018. As previously discussed, the administration of Progress Foundation implemented new work instructions for staff to follow in August of 2017 in regard to medication adherence. This corresponds to the “Other (Explain)” category on the incident reports. The overall number of incidents reported was 94 in August and the number had dropped almost 30 percent in September. But, in October the number increased. After some discussion with Progress Foundation, it was concluded that staff may require more training or a check list to use when recording incident reports.

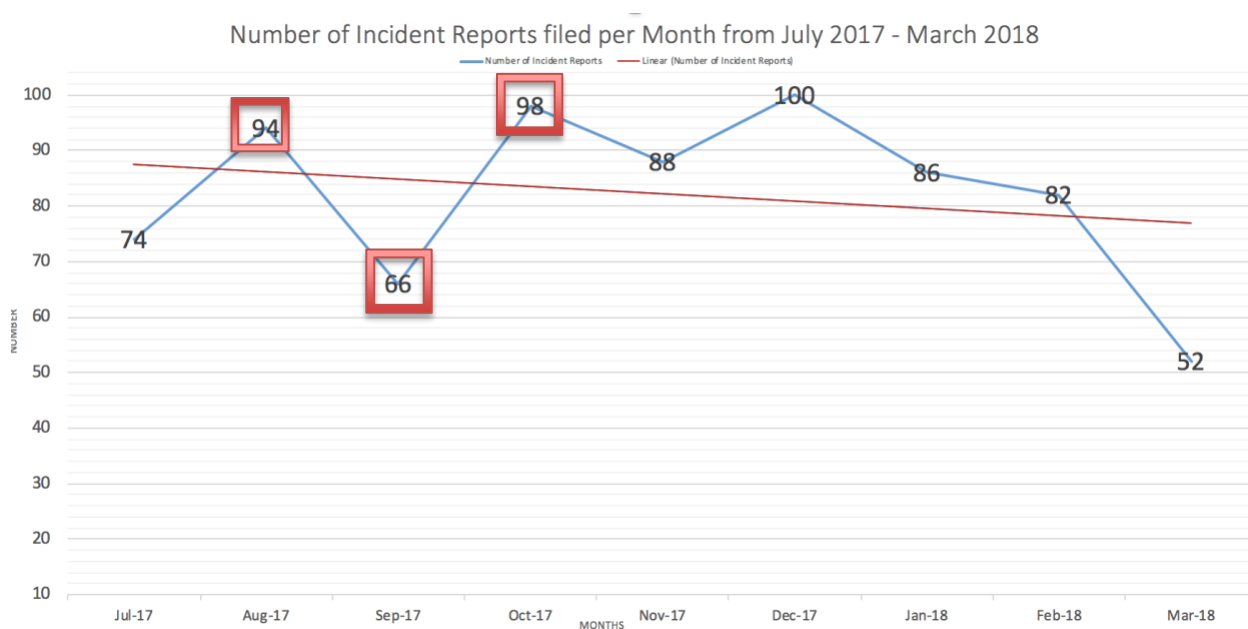


Figure 7. Number of Incident Reports filed per Month from July 2017-March 2018.

Although Progress Foundation understands the need for a proper tracking system, they also see the faults in the incident reports. All staff are required to undergo training on how to fill

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out incident reports; however, as described earlier the incident reports instructions are not user-friendly and complicated. Implementing clearer work instructions and proper training or checklists could potentially assist staff members record incident reports more accurately.

Implications for Future Practice

The Progress Foundation will need to implement a cloud-based software that can track and record Incident Reports. Program such as Microsoft Access, Google Sheets, and independent companies are designed to hold information electronically while meeting HIPAA and other requirements.

The benefits of implementing a cloud-based software within a small organization like Progress Foundation is the accessibility real-time data. Cloud-based software can be managed from anywhere through a company's virtual private network (VPN). This will allow all residential homes to input data for the clinical director or administration to view and act upon an incident report swiftly. Cloud-based software also plays a role to ensure the paper forms match the electronic forms. Some drawbacks in cloud-based software are the costs related to executing and maintaining these programs as they take time to build and fit into the needs of the company. It may also seem redundant and time consuming to fill out the electronic form as well as the paper form when recording an incident report. But, due to the requirements of CCL and Progress Foundation's internal operating needs, it is necessary.

In order to help staff members of Progress Foundation record incident reports more accurately, work instructions should be updated to describe the type of incidents in a clearer way. In the current work instructions, there are too many boxes and arrows that can make it hard to follow. By adding proper definitions and a simple instruction, staff members will be able to follow the instructions better.

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It will be beneficial for the Progress Foundation to identify the reasons behind the type of incidents. This analysis was beyond the scope of this project. It will also be beneficial to look at each residential home and collect the information to compare it each fiscal year. This will be more meaningful than comparing the homes with each other.

Discussion

The data was analyzed to generate results by reviewing each incident report and classifying the report under another category other than “other” if it fell into another category. Many reports were categorized as “other” but technically did not fit the criteria which is medication error. Incident reports that did not fit under this category had their own check box that did define the incident report correctly. Due to lack of information or staff education on incident reporting, reports that are made and put into the “other” category are classified incorrectly. This can lead to confusion on the different categories listed on the incident reports. It is important to have clear instruction and definitions on how to fill out incident reports. One strength in this project was the simplicity in identifying the variables. The variables were clear and easy to understand. Challenges that were faced in obtaining the data were timing, scheduling issues when meeting with other Progress Foundation administration, and inability to change the incident report forms.

Progress Foundation for many years was only using one type of reporting system. Smaller organization are reluctant to change. Once the shift focuses to tackling the entire problem rather than a part of a problem that is when change happens. Progress Foundation needed a push into the new era. Innovation and implementation take time especially when it comes to managing incident reports. Without the right type of guidance and push, the Progress Foundation may still be behind many organizations.

Conclusion

In conclusion, incident reports help organizations improve overall work practices as a means of check and balances for administration. By identifying the trends within the residential homes, the Progress Foundation works to improve the type of services it provides the community such as ensuring clients are a priority. Recording incident reports accurately will be beneficial to the residential home and the organization. The Progress Foundation needed a push into the new era of technology. The idea of cloud-based programs and focusing on simpler instructions for employees to work through recording incident reports can help manage and track this process.

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Appendix B: Memo to All Residential Programs regarding Medication Adherence



Read and File

August 9, 2017

To: All Residential Programs

From: Bernadette Navarro-Simeon, Ph.D.

Subj.: Monitoring Medications

There has been a high incidence of medication monitoring errors. We all need to be mindful that we are all responsible for care and supervision of our clients. Medication monitoring is not a just another task. Medication monitoring is also providing medication education for clients. Do they know why they are taking such medication?

Effective immediately everyone monitoring medication must follow these steps:

1. Staff must ask or verify the name of the client
2. Staff must make sure they have the correct medication container or box
3. Staff must make sure that the medication chart is for the correct client
4. Staff must read the medication chart prior to even handing over a bottle to the client
5. Staff must ask the client how much of the medication they take.
6. Staff must verify through the medication chart if the client is correct about the number of tablets they have to take.
7. Only after completing the 6 steps can the staff hand over the bottle of medication to the client.

If the client has several medications all steps must be followed for each individual medication.