

Patient Safety Annual Report

2018-2019



CASA

Child, Adolescent and Family
Mental Health

Summary

The 2018-19 Patient Safety Annual Report was prepared by the Patient Safety Committee and includes:

- A review of the organization's progress toward addressing the items identified in the 2016-2018 CASA Patient Safety Plan;
- A summary of CASA's actions to improve patient safety in the 2018-19 fiscal year;
- A summary of the reported patient safety incident data from the 2018-19 fiscal year; and
- Observations and recommendations for future action related to patient safety at CASA.

The CASA Patient Safety Plan

In 2013, CASA's Senior Leadership Council (SLC) adopted a three-year Patient Safety Plan as recommended by the Safety and Risk Management Committee. In 2016, the Patient Safety Committee renewed the Patient Safety Plan until 2018, updating it regularly to reflect progress made.

The plan proposes strategies and actions to address three dimensions of patient safety: prevention, risk management, and quality improvement. The detailed plan and progress report are included in Appendix A. CASA continues to be committed to the highest level of patient safety and a revised plan will be implemented by the Patient Safety Committee in the 2019-2020 fiscal year.

Patient Safety Improvement Activities

CASA continued to address gaps in its safety infrastructure through many different projects this year as part of the organization's commitment to continuous improvement. The main activities undertaken are outlined below.

Therapeutic Crisis Intervention (TCI) Update

Several years ago, CASA adopted the Therapeutic Crisis Intervention (TCI) Program which promotes a trauma-informed approach to managing challenging behaviour. TCI training and use continued this year. A TCI Training Group was also created with the goal of supporting all CASA programs in their implementation and continued development of TCI.

Patient Safety Incident Form Reporting Email

In order to centralize and streamline the patient safety event reporting process and to allow for more immediate feedback, the Patient Safety Committee created an email account this year for reporting patient safety events in a timely manner. Centralizing this activity electronically has led to increased efficiencies in the review of reports, feedback provided and faster data entry for monitoring purposes, especially considering CASA's operations span four different locations throughout the city.

Joint Patient Safety and OHS&W Committee Initiative

In 2018-19, the Patient Safety Committee and the Occupational Health, Safety and Wellness (OHS&W) Committee initiated a conversation regarding the potential intersections and complexities of patient and staff safety. To further explore this issue, a joint committee meeting was held in January 2019 to discuss the implications of such events. As a result of this initiative, potential changes to the current Patient Safety Event Reporting Form are being considered to address the need for increased collaboration and communication.

CASA House Security System Implementation Update

The first start up construction meeting for the new CASA House security system took place on February 26, 2019. The installation is expected to take 9 to 12 weeks to complete. This new system will be instrumental in helping to reduce the number of AWOLs from the property. New millwork including plexi

glass panels, doors at the nursing desk and door position switches will be installed at the nursing station area in addition to new monitors which will increase safety for staff and adolescent's alike. New door hardware and high security keys are also apart of the updates. Mag locks on all facility doors will be installed to provide more effective security of the facility itself.

Description of Patient Safety Events

Patient Safety Event Definition

This section presents a summary of the Patient Safety Incidents reported during the 2018-19 fiscal year (April 1, 2018 - March 31, 2019). For the purpose of this report, a patient safety incident is defined as "an event which has the potential to harm, or does cause harm to a patient" (CASA Policy A.02. Managing Patient Safety Events). This definition applies to the following:

- All events occurring on CASA property;
- All events occurring off CASA property if requiring medical intervention; and
- CASA House: Medication errors which occur off property.

The data presented in this report reflects the *reported* safety incidents, and may not represent the total number of patient safety events which took place at CASA in 2018-19.

Overall Number of Reported Patient Safety Events

During the reporting period, 153 patient safety incident reports were completed, involving 197 safety events, as multiple events may be included in a single incident report. For example, a child may exhibit physical aggression and cause a minor staff injury as part of a single incident which would consequently drive completion of only one report. The total number of reported patient safety events in 2018-19 (153) was similar to the number of events reported in 2017-18 (150). There were 75 individual children involved in the 153 reported patient safety events this year. The number of reported incidents a single child was involved in ranged from 1 to 10.

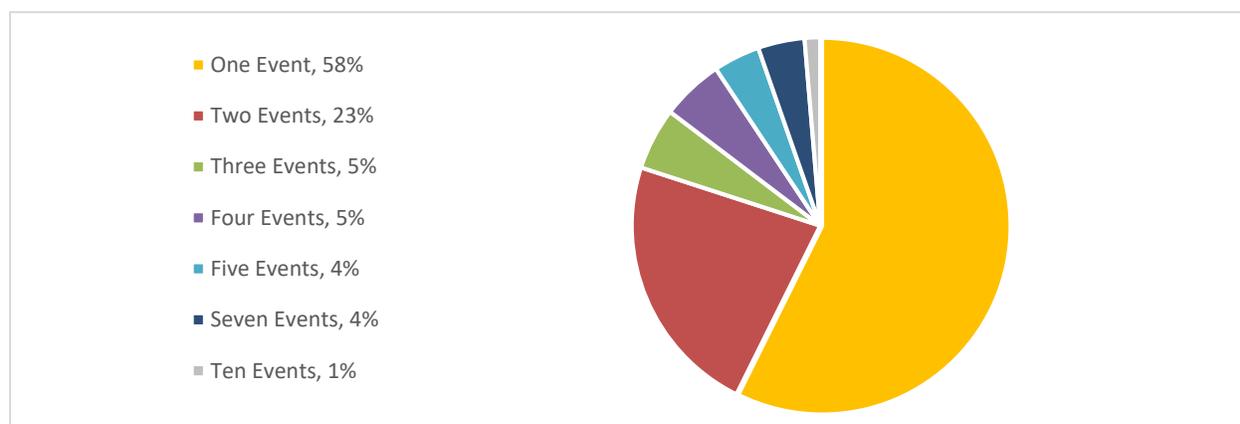


Figure 1. Percentage of children involved in one or more events

Frequency & Type of Reported Patient Safety Events

The most commonly reported patient safety events this year were (most to least frequent): (1) Missed Medication, (2) AWOL, (3) Restraint, (4) Aggression with no patient injury, and (5) Aggression resulting in minor patient injury. Figure 2 categorizes the types of events that occurred as well as the volume of each event type. Table 1 provides a breakdown of the "other event" category seen in Figure 2. These

types of events are written in when one of the pre-selected events on the reporting form does not properly categorize the incident of interest.

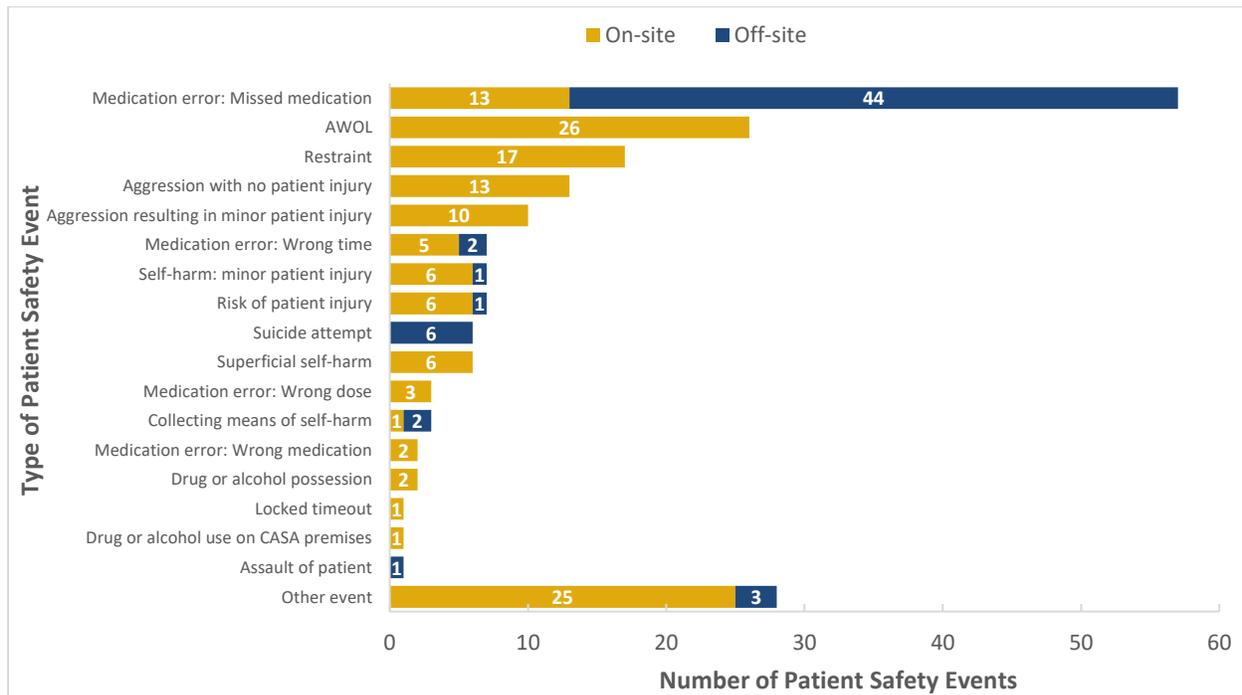


Figure 2. Frequency of each reported patient safety event type

Table 1. Type and number of patient safety events included in the “other event” category in Figure 1

Event Type	n	Event Type	n
Use of PRN medication	11	Hiding Patient Near Miss	1
Assault of staff	2	Medication side effect	1
Medication found	2	Parent abandoned youth in therapist's office	1
Property Damage	2	Piece of elevator fell on head	1
Staff Injury	2	Potential weapon	1
Alcohol Poisoning (<i>offsite</i>)	1	Pseudo seizure	1
Alleged Kidnapping (<i>offsite</i>)	1	Suicidal ideation (<i>offsite</i>)	1

Table 2. Description of the most commonly reported Patient Safety Events in 2018-19

Missed Medication	All reported missed medication events occurred in the CASA House program. Missed medication events transpired more frequently in the patient’s home while offsite on a weekend pass (44) than onsite at CASA House (13).
AWOL	There were a total of 26 reported AWOL events, which occurred in the following programs: CASA House (17), CDP (7), ADP (1), and Trauma Clinic (1). There were 13 unique patients involved in the reported AWOLs. It should be noted that 2 patients (CDP; CASA House) were each involved in 5 of these incidents.

Restraint	A total of 9 children were involved in 17 incidents that involved restraint. These events occurred in CDP (11) and CASA House (6). Note that one child in CDP was involved in 6 events.
Patient Aggression with no patient injury	There were 13 reports of patient aggression with no patient injury which occurred in CDP (8), CASA House (4), and SAS (1). This category was often reported in conjunction with another event including restraint (4), AWOL (3), patient receiving PRN (2), and staff injury (1).
Patient Aggression resulting in minor patient injury	Patient aggression resulting in minor patient injury was reported 10 times. These incidents occurred in CDP (7), CASA House (2), and SAS (1). One child (CDP) was involved in 4 separate events. The same child was also involved in the 6 restraint events noted above.

Trends in Reported Patient Safety Events Over Time

Figure 3 compares the frequency of the most commonly reported events from 2018-19 to the frequency of the same event categories in 2017-18. Comparison of data prior to 2017-18 is difficult as categories and definitions of patient safety events have been adapted over the years in response to changing needs. Thus, earlier data has not been included below.

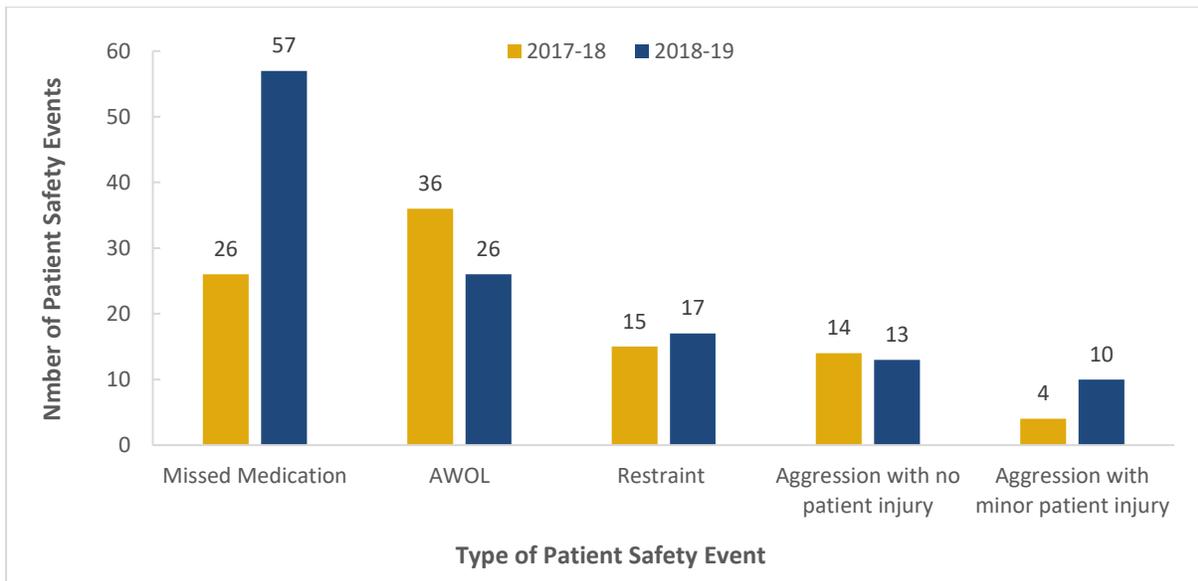


Figure 3. Comparison of Most Frequently reported Safety Events in 2018-19 and 2017-18

There is a marked increase in the number of Missed Medications reported in 2018-19 (57) compared to 2017-18 (26). Of note, the number of reported Missed Medication events which occurred onsite at CASA House also increased in 2018-19 compared to the previous fiscal year (13 vs. 7).

Table 3. Most Frequently Reported Patient Safety Events in 2018-19 compared to 2017-18 in descending order

2018-19	n	2017-18	n
Missed medication	57	AWOL	36
AWOL	26	Missed medication	26
Restraint	27	Risk of patient injury	23
Aggression with no patient injury	13	Restraint	15
Aggression with minor patient injury	10	Suicide attempt	15

Three of the five most commonly reported patient safety events were the same in 2017-18 and 2018-19 (Missed Medication, Restraint, AWOL). Note that of the 15 suicide attempts reported in 2017-18, 33% occurred while the patient was onsite. In 2018-19, there were 6 suicide attempts, all of which were offsite.

Demographics of Children involved in Reported Patient Safety Events

GENDER

Males (55%) were more commonly involved in patient safety event reports than were females (43%). One report did not include the gender of the patient involved in the event and it was not imputed so as to maintain the integrity of the reported data. To respect and celebrate the diverse patient identities at CASA, and to reflect that gender is an identity, the term “male” is defined as all patients who identify as male, and “female” is defined as all patients who identify as female. The assumption with respect to this data, is that the gender recorded accurately reflects each child’s known identity.

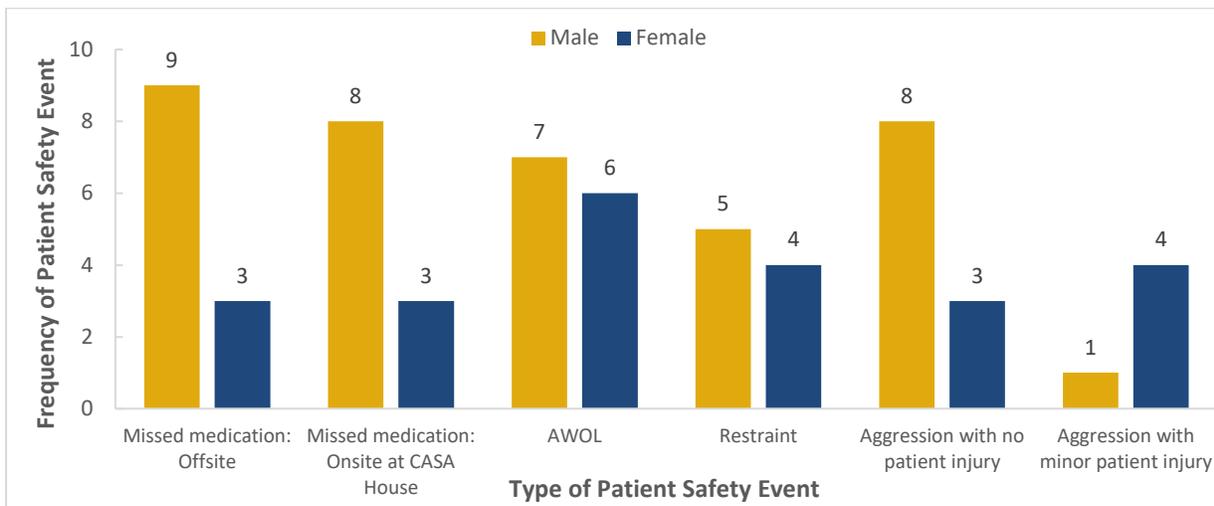


Figure 4. Type and Frequency of Reported Patient Safety Events by Gender

Figure 4 shows the five most commonly reported events by gender. Only unique patients are included in this data. Missed medications have been further categorized by those events occurring onsite at CASA House compared to offsite incidents occurring offsite at the adolescent’s home.

AGE

The age of children involved in reported patient safety events in 2018-19 ranged from 6 to 17 years old. The mean age of children involved in these incidents was 13.4, which was similar to the observed mean in 2017-18 (13). Age was not captured in 8 (5.2%) of this year's reports. As shown in Figure 5, the majority of children involved in reported events were between the ages of 15 to 17. This represents a change from 2017-18, when the majority of patients involved in reported events were between 10 to 14 years old.

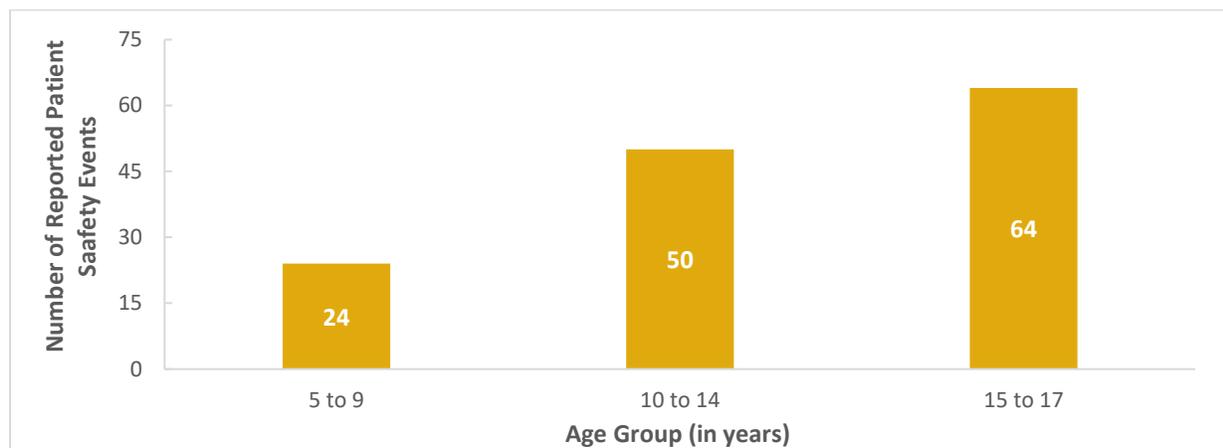


Figure 5. Frequency of Reported Safety Event by Age Group (in years)

Reported Patient Safety Events by Program

Patient Safety Reports were filed in six CASA Programs this year including CASA House (105), CDP (26), Trauma Clinic (9), SAS (5), CAMP (5), and ADP (1). Of the reported patient safety events related to CASA House, 60 occurred onsite and 45 occurred offsite at the patient's home. It should be noted that all day programs as well as TAG are non-operational in July and August as they follow the school calendar.

Reported Patient Safety Events by Month of Fiscal Year

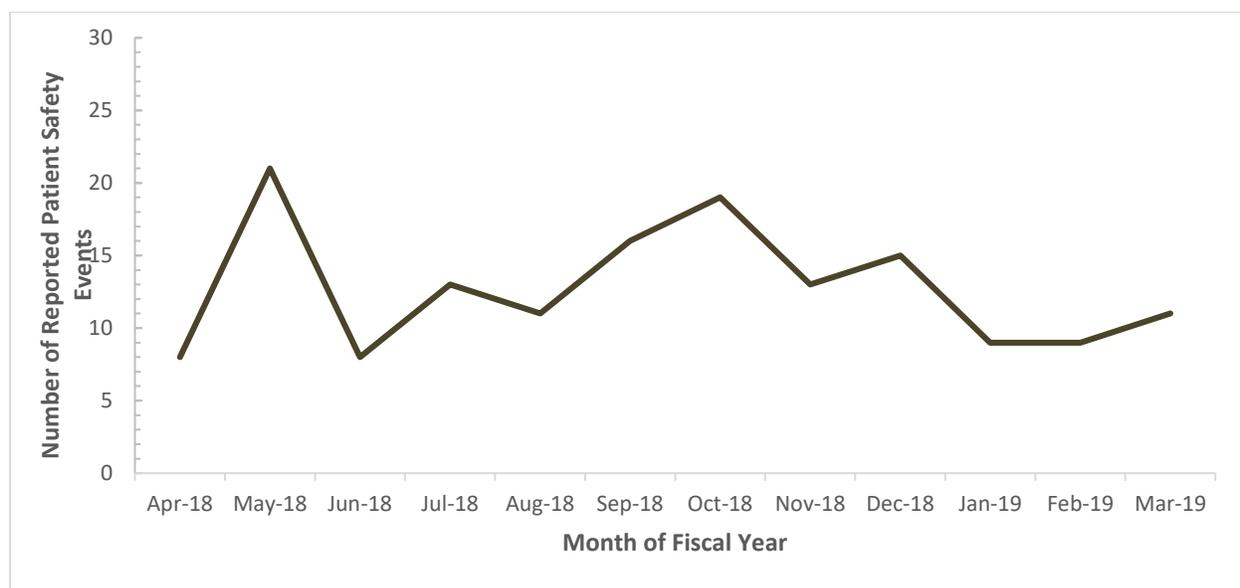


Figure 6. Frequency of Reported Patient Safety Events by month of the fiscal reporting year

Patient safety events were reported in every month of the fiscal year. May 2018 saw the highest number of reported events (21), while April (8) and June (8) 2018 saw the lowest. From an operational perspective note that CASA is closed for one full week in December for the holidays. The quarterly breakdown by fiscal year showed some variation, with Q3 (47) seeing the highest number of reports and Q4 (29) seeing the lowest number of reports.

Reported Patient Safety Events by Day of Week

Patient safety events were most frequently reported on Tuesdays (27) and Wednesdays (26), and least frequently reported on Thursdays (16). The low number of events that occurred on Thursdays may warrant further examination. As an inpatient program, CASA House is the only program that formally serves patients on the weekend. However, given CASA's definition of safety event (i.e., that an event is reported if a patient requires medical treatment outside of CASA hours), other programs may also report safety events occurring offsite on Saturdays and Sundays. All but one of the events that occurred on the weekend occurred at CASA House.

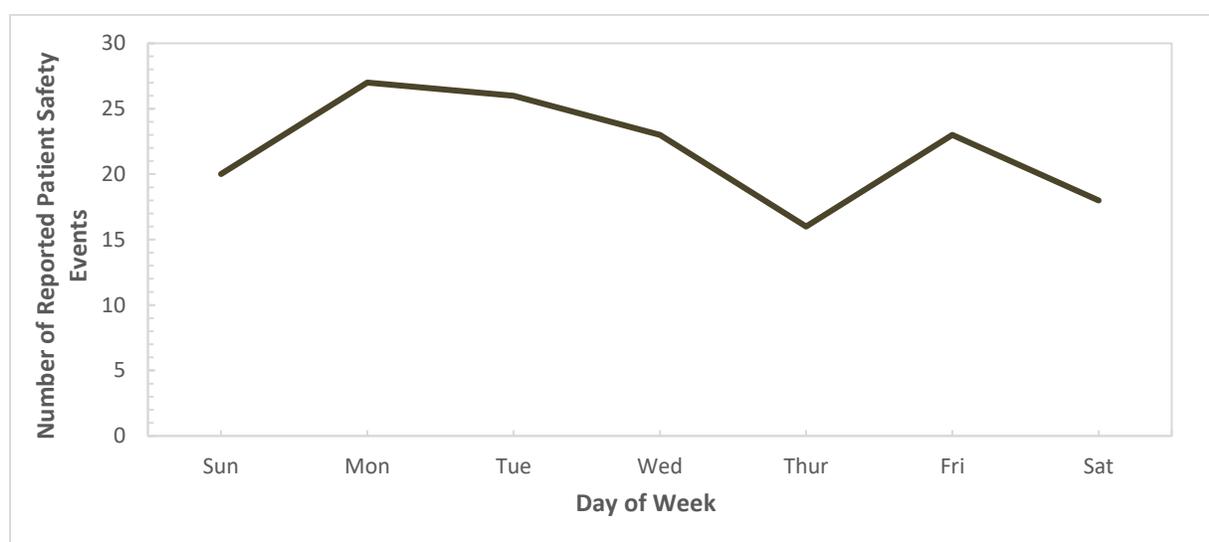


Figure 7. Frequency of Patient Safety Events reported by day of week

Data Observations

The following observations may be made with respect to the data in this report:

1. Of all CASA programs, CASA House reported the most safety events this year. As noted previously, and explored in an in-depth report on CASA House in Appendix B, there may be several reasons for the increase in safety events, including increased knowledge about patient safety event reporting leading to increased compliance with reporting policies and procedures in addition to the fact that it is an inpatient facility providing 24 hour care. CASA House staff should be commended for their dedication to reporting these events as it demonstrates a commitment to a culture of safety at CASA.
2. There were numerous children involved in 2 or more events in 2018-19. This may warrant discussion regarding suitability of the program to address their needs, and whether or not CASA can keep them safe.
3. There continues to be a large number of medication errors at CASA House this year, particularly missed medications, occurring while adolescents are offsite. CASA House staff may consider implementing a quality improvement initiative related to use of medications at home.

4. Although AWOLs are the second most common event type, there have been fewer of them in 2018-19 than in 2017-18 (26 vs. 36).

Responses to Patient Safety Events

Missed Medication

In an effort to address high number of missed medications while patient's are offsite, CASA House staff have increased education for both patients and families about the importance of prescribed medication compliance. CASA House nursing staff also receives monthly medication error reports from the Patient Safety Committee to review with all CASA House nursing staff.

AWOL

CASA continues to address the potential risks associated with AWOLs, especially in CDP and CASA House, given the prevalence of this event type in these areas. CASA House is installing a new security system, amid continuing discussion regarding the ethics of using locked doors in a voluntary facility. Similar concerns are being addressed in CDP and discussions with external contractors regarding changing the doors with day program accessibility are ongoing.

CASA House has also revised the pre-admission process to include assessments of the psychiatric and risk profiles of each potential patient by both physicians and therapists to determine suitability of the program for their specific needs. Additionally, patients who are involved in an AWOL, debrief the event and work with staff to determine a plan that keeps them safe following the incident.

Restraint

As an event, restraint increased slightly this year (15 in 2017-18; 17 in 2018-19), with one child in the CDP program involved in six separate events involving restraint. Like CASA House, all Day Programs have implemented a formal pre-admission process to determine patient suitability for the program. Additionally, staff lead a debrief with patients who are involved in a restraint. CASA has also completed a review and revision of restraint policy and procedure to better align with the principles of the TCI philosophy and process, while recognizing the reality of CASA's diverse programs.

Aggression with No Patient Injury

Patients involved in a reported incident of aggression with no patient injury participate in debriefing with their therapist or another clinical staff member if applicable. Teams often collaborate and review these events together.

Aggression with Minor Patient Injury

Events involving patient aggression with minor patient injury triggered several important clinical discussions at CASA this year including the use of injectable pro re nata (PRN) or 'as required' medication and the use of non-TCI sanctioned restraints. These conversations remain ongoing. One youth at CASA House was discharged early in the reporting period as the program determined the patient could not be kept safe in its care.

Individual safety plans were created for children involved in incidents with aggression and minor patient injury, some of which included daily role playing scenarios between patients and staff.

Recommendations for Further Action

1. The Patient Safety Committee recommends benchmarking against past CASA data as well as other children and youth community mental health organizations in order to set a baseline for the incidence of events occurring each year and analysis of emergent trends both within the organization and outside of it.
2. As an organization, it would be a useful exercise for CASA to establish a common understanding and working definition of gender to assist in more mindful practice and ensure all staff are reporting and documenting in a consistent manner across different programs.
3. CASA should continue to support staff knowledge and consistent messaging around TCI and restraints.
4. The Patient Safety Committee should continue to collaborate with the OHS&W Committee to appropriately address overlapping safety concerns and increase an overarching organizational culture of safety.
5. With the CASA Patient Safety Plan 2016-2018 coming to a close this year, the Patient Safety Committee is committed to producing a revised Patient Safety Plan starting in 2019-2021.

Appendix A: CASA Patient Safety Plan 2016-2018

Strategic Priority: Prevention				
Strategy	Action*	Lead	Timeline	Progress/Status
Staff Education	Orientate all staff to their responsibilities for patient safety at new employee orientation	Human Resources, Patient Safety Chair	Ongoing as part of staff orientation	Ongoing
	Survey staff annually about patient safety culture	Evaluation & Research Officer	Next survey: September 2018	Ongoing
	Maintain a CASA CONNECT Patient Safety page and forum which includes: <ul style="list-style-type: none"> • Patient safety quarterly and annual reports • Policy and procedure updates • Information about leading practices • Information about safety improvements and completed recommendations. 	Assigned Patient Safety Committee Member, Webmaster	As Needed	Ongoing
Patient Education	Download information about child and youth safety to waiting room monitors	Clinical Educator	September 2018	Incomplete
	Consider distribution of information about safe practices to patients and guardians in writing and verbally at the time of admission. Include medication safety, waiting room safety, playground safety	Patient Safety Committee	October 2018	Ongoing
Prospective risk analysis	Assess patient safety risks at admission and document in the health record	Intake team	Winter 2019	Ongoing
	Review admission practice of developing a written safety plan with the patient and family that addresses identified risks. This includes the proper use of the Caution Indicator form.	Program Managers, Clinical Leads	Fall 2018	Incomplete

Strategic Priority: Risk Management				
Strategy	Action	Lead	Timeline	Progress/Status
Staff Education	Train all staff in Therapeutic Crisis Intervention (TCI) philosophy; Train all clinical staff in philosophy and methods	Clinical Educator	Next Training Session: August 2018	Ongoing
	Train all staff in safety event reporting	Patient Safety Chair, Patient Safety Committee	Monthly	Ongoing
	Train all clinical and front-line staff in safety event disclosure to families	Clinical Educator, Patient Safety Chair	January 2019	Incomplete
	Train program managers and safety leaders in systemic methods of analyzing safety event factors	Patient Safety Chair, Patient Safety Committee	June 2018	Complete
Patient Education	Provide guardians written information and training in crisis de-escalation	Assigned Therapist	N/A	Ongoing
	Inform patients and guardians about CASA policies and procedures related to managing safety events	Program Manager, Treatment team	As Needed	Ongoing
	Inform patients and guardians about CASA policies and procedures related to managing safety events through external version of Patient Safety Annual Report	Evaluation & Research Officer	Annually	Ongoing
Tracking and reporting	Report all patient safety events using the electronic reporting form	All staff, physicians and volunteers	As Needed	Ongoing
	Patient safety data is tracked and reported to leadership and on CASA CONNECT quarterly	Evaluation & Research Officer	Quarterly	Ongoing
Timely follow-up and communication	Patient guardians are informed of safety events and invited to participate in debriefings and analysis	Program Manager, Clinical Lead	As Needed	Ongoing

	Program Managers conduct post event debriefing with staff, patients and families involved in safety events	Program Manager	N/A	Incomplete
Strategic Priority: Quality Improvement				
Strategy	Action	Lead	Timeline	Progress/Status
Safety Investigation Training	Safety leaders, including Program Managers, are trained in systemic methods of analyzing the factors contributing to safety events. Investigation training is a strategic priority for 2017-2018.	Patient Safety Chair, Patient Safety Committee	N/A	To be revisited in 2019-20 as current staff is not meeting this strategy due to turnover
Data reporting and analysis	Identify quality improvements during the review of the safety event with the team and report to the Patient Safety Committee for follow-up and tracking	Program Manager and Respective Team		Implemented
	Document follow up recommendations and communicate to staff	Patient Safety Committee		Implemented
	Track progress and report annually	Accreditation Coordinator		Implemented
Communication	Post annual patient safety reports on the CASA website	Accreditation Coordinator		Implemented
	Open invitation to staff and patients to attend meetings of the Patient Safety Committee	Patient Safety Committee Chair		Incomplete

* Implementation plans and quarterly progress reports are required for each action

Appendix B: CASA House In-Depth Report

Overall Number of Reported Patient Safety Events at CASA House

In 2018-19, CASA House experienced a larger number of events than in previous years. It is important to note that 60 of these events occurred on CASA House property and 45 events occurred offsite. Figure 1 below provides a comparison of the number of reports received from CASA House over the past two years. The proportion of events occurring onsite has decreased from 2017-18 to 2018-19 (78% onsite in 2017-18 to 57% onsite in 2018-19). There were 45 youth involved in the 105 reported patient safety incidents this year. The number of reported incidents per one adolescent ranged from 1 to 7 (Figure 2).

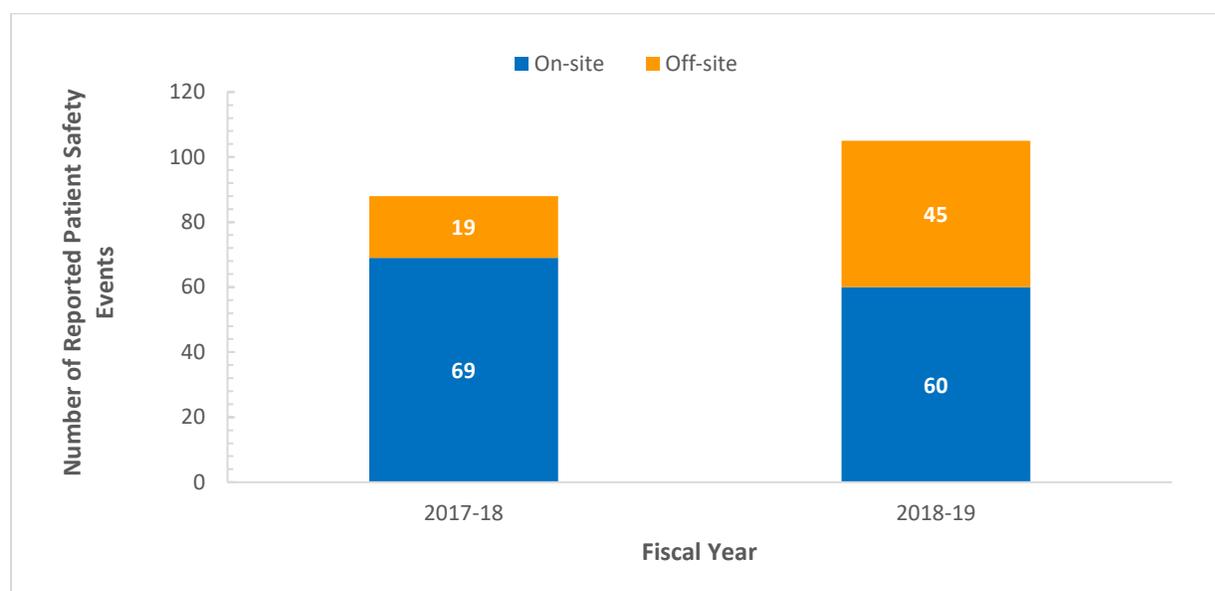


Figure 1. Frequency of Patient Safety Reports on and offsite at CASA House

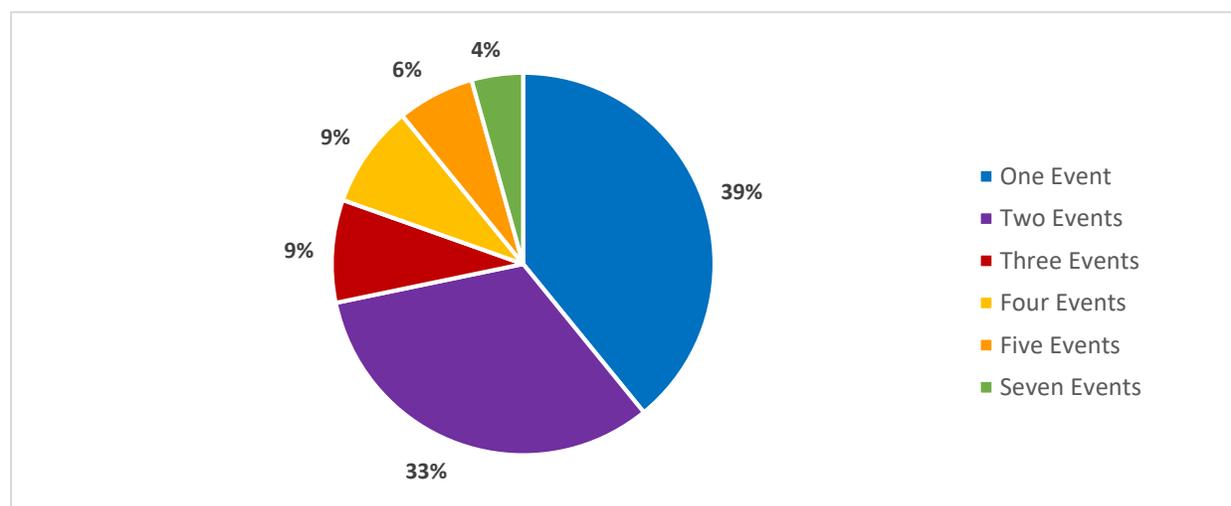


Figure 2. Percentage of youth involved in varying numbers of events

Frequency & Type of Reported Patient Safety Events at CASA House

The following chart provides an overview of the different types of events occurring at CASA House in 2018-19.

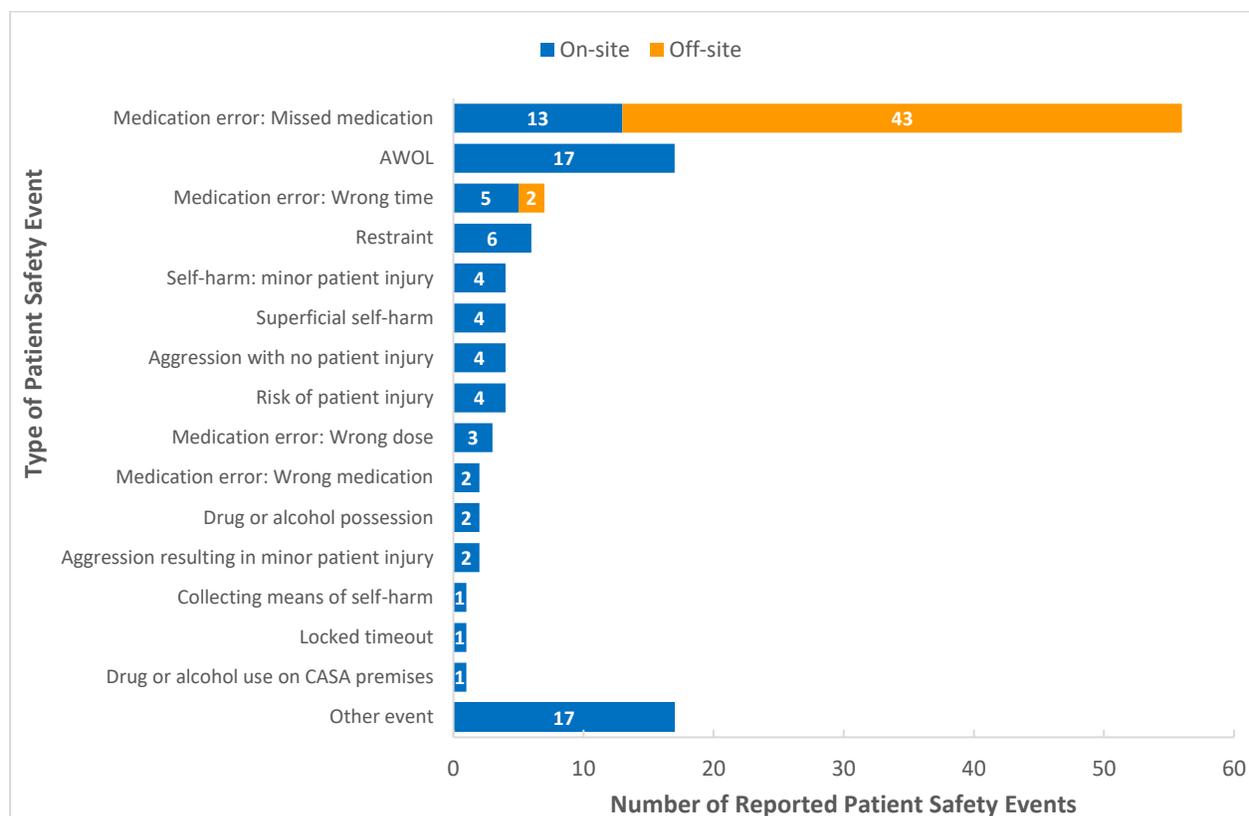


Figure 3. Number of Patient Safety Events at CASA House by Type of Event

Table 1. Type and Number of Patient Safety Events included in the “other event” category in Figure 2

Event Type	n	Event Type	n
PRN ¹	11	Hiding patient	1
Medication found	2	Medication side effect	1
Assault of staff	1	Property damage	1

¹CASA staff require clarification on whether or not “PRN” is to be reported as a patient safety event.

The majority of medication errors were classified as missed medications, with 77% of errors occurring outside of CASA House at the patient’s home. CASA House staff continue to educate, collaborate and support parents to promote the accurate and timely administration of prescribed medications.

This year, CASA House began tracking the total number of staff, patients, and nurses onsite when a medication error occurred. The average number of total staff present when an onsite medication error occurred was 6.7 (range 3-16). The average number of patients on site was 14.7 (range 4-19). The average number of nurses on site was 2.3 (range 1-4).

Demographics of Adolescents involved in Reported Patient Safety Events at CASA House

AGE

The mean age of youth involved in reported events was 14.7 years. Youth aged 12 were least commonly involved in reported incidents, whereas youth aged 16 were most commonly involved.

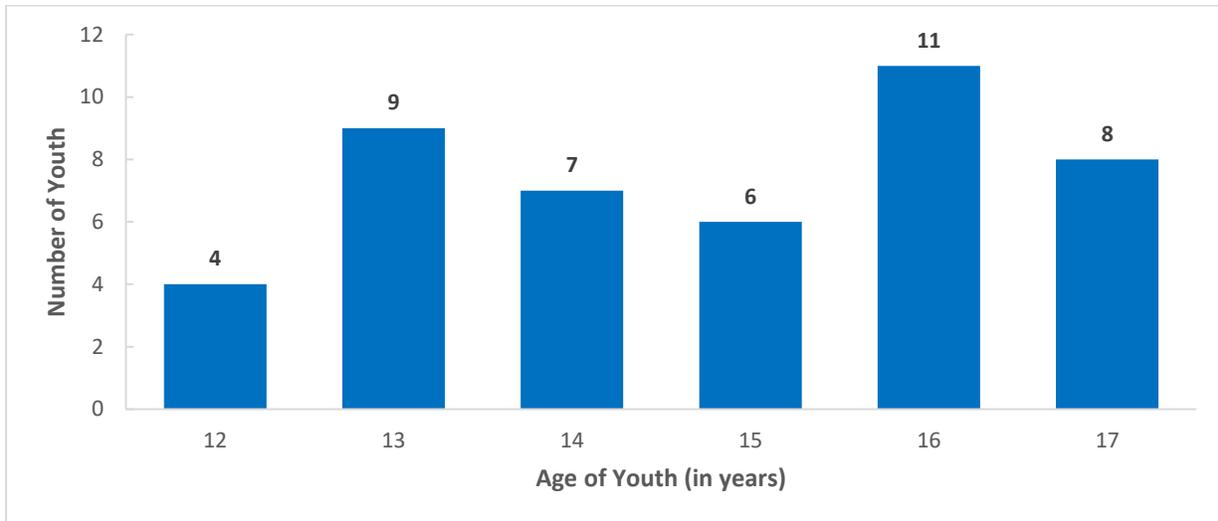


Figure 4. Age of youth involved in reported Patient Safety Events

GENDER

Figure 5 shows the number and type of reported safety events at CASA House categorized by gender. At CASA House, males (56%) were more commonly involved in reported patient safety events compared to females (38%). Medication errors have been sub-divided to highlight incidents occurring at CASA House as opposed to offsite.

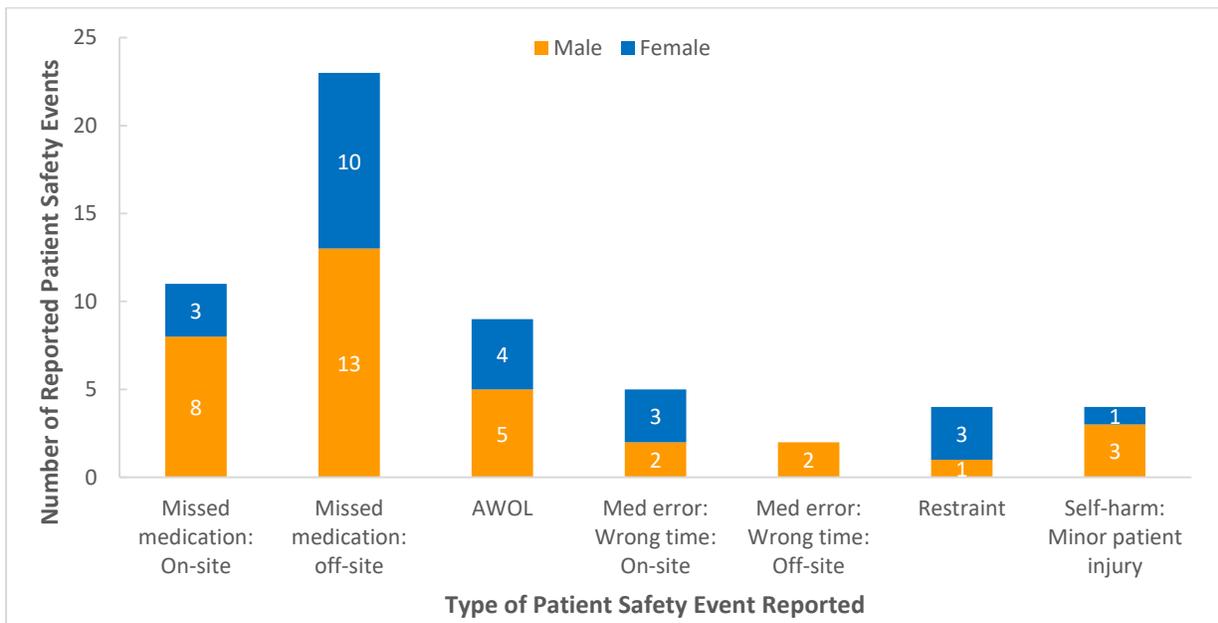


Figure 5. Frequency of Reported Patient Safety Events by Type

Reported Patient Safety Events at CASA House by Month of Fiscal Year

There were two or more patient safety reports filed by the CASA House program in each month of the fiscal year. Reports were most frequently filed in September (9) and November (9) 2018.

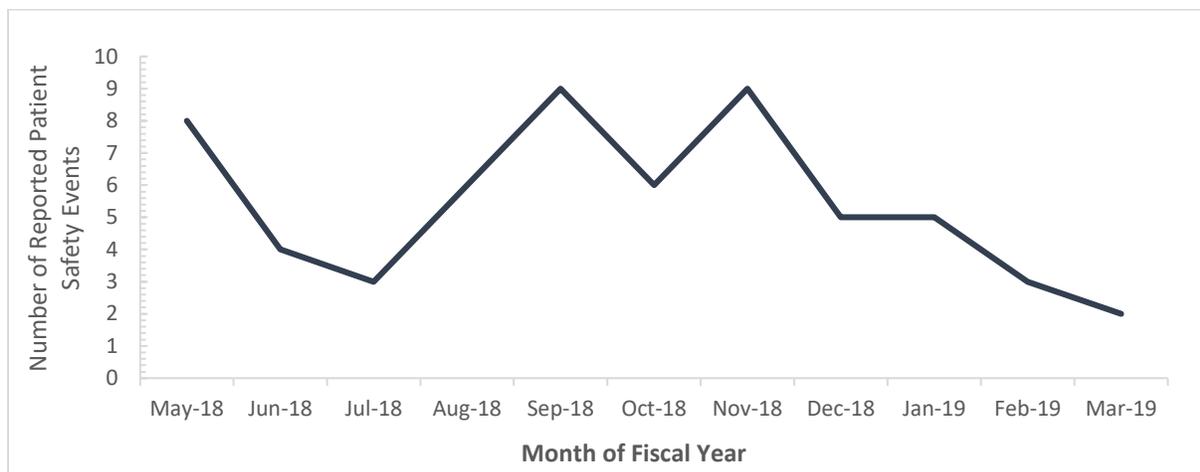


Figure 6. Frequency of Patient Safety Events reported by month of fiscal year at CASA House

Reported Patient Safety Events at CASA House by Day of Week

Patient Safety Event Reports were filed most frequently on Thursdays (12) and least frequently on Fridays (5) as seen in Figure 7.

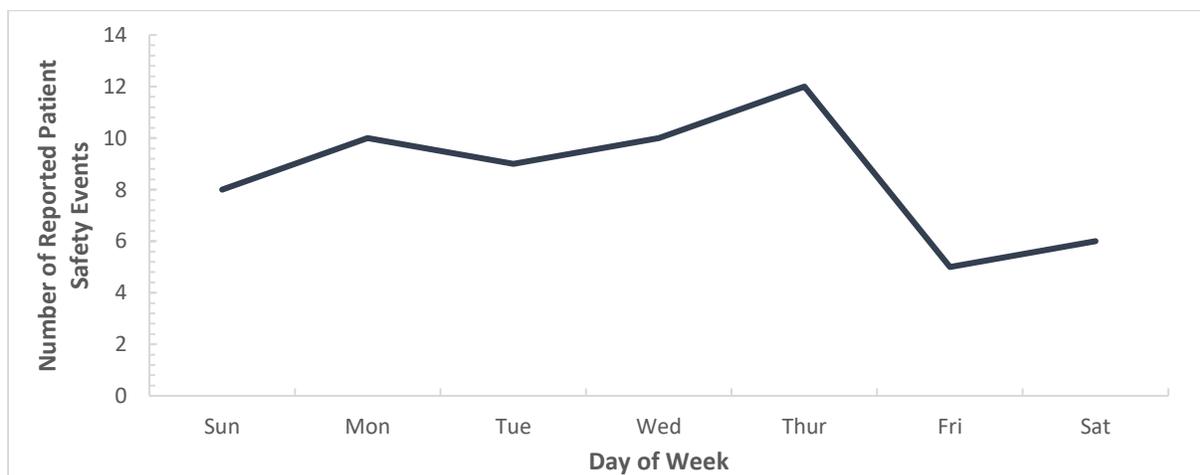


Figure 7. Frequency of Patient Safety Events reported by day of week at CASA House

Appendix C: CDP In-Depth Report

Overall Number of Reported Patient Safety Events in CDP

In 2018-19, CDP completed 26 Patient Safety Event Reports. There were 10 children involved in the aforementioned incidents. The number of incidents per child ranged from 1 to 10. The majority of children were involved in one or two reported events. However, there were two children involved in 7 and 10 reported events, respectively.

Frequency & Type of Reported Patient Safety Events in CDP

There were nine event types reported in 2018-19. The most commonly reported event was restraint (11), however a single child was involved in over half (6) of these events. The second most commonly reported event was aggression with no patient injury (8). It should also be noted that two event reports involved staff injury.

Table 1: CDP reported Patient Safety Events by Type of Event

Event Type	n	Event Type	n
Restraint	11	Self-harm: Minor patient injury	1
Aggression with no patient injury	8	Risk of patient injury	1
AWOL	7	Staff Injury	2
Aggression resulting in minor patient injury	7	Property Damage	1
Superficial self-harm	2		

Demographics of Children involved in Reported Patient Safety Events in CDP

AGE

The age of children involved in reported events ranged from 8 to 12 years old. The mean age of patient's involved in incidents was 9.6.

GENDER

In CDP, boys (80%) were more commonly involved in reported patient safety events than girls (20%).

Reported Patient Safety Events in CDP by Month of Fiscal Year

Frequency of reported patient safety events peaked in October and December 2018, with 6 events filed in each month. The least amount of reported events occurred in April and June 2018. Note that no incidents were filed in July or August 2018, as CDP is not operational at that time due to summer break.

Reported Patient Safety Events in CDP by Day of Week

The majority of patient safety event reports occurred on Tuesdays and Wednesdays (7 events each). There was only one event reported on a Thursday all year.