

Accident/Incident Management Reporting and Follow up Response

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Objective

To use evidence based practice to plan appropriate safety control measures which promote staff safe practice while enabling clients to experience dignity of risk in their living

Accident/Incident Management Reporting and Follow up Response

Written Reports from 60 locations

- Accident report books (Coded with Book No. and page No.)
- Incident /Near miss Cr53 Forms

Reports forwarded from all sites to a central location at the administration building

Categories

Category 1 Manual Handling

Sub category

- a) Handling of Inanimate Objects**
- b) Client handling**

Category 2 Client Challenging Behaviour

Sub Category

- a) Directed at self**
 - b) Directed at peer**
 - c) Directed at staff**
 - d) Directed at others**
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Categories (Contd.)

Category 3 **events**

Slip/Trip and Fall

Sub category

- a) Accidental
- b) Behavioural
- c) Medical

Category 4

Miscellaneous

Information recorded on database

- Accident Report Reference No.s
 - Name of injured party
 - Date of accident
 - Time of accident
 - Location code and sub location details
 - Nature of injury and contextual details of event
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Information recorded on database contd

- Name of person directly associated with the accident
 - Accident Category and sub category
 - Risk ranking
 - Action taken (Immediate)
 - Absence required (as applicable)
Start and end date
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RISK FACTOR INDEX

PROBABILITY THAT AN ACCIDENT WILL HAPPEN		SEVERITY OF POTENTIAL ACCIDENT	
Probability Index	Descriptive Phrase	Severity Index	Descriptive Phrase
9	Almost certain	9	Death
8	Very likely	8	Permanent total incapacity
7	Probable	7	Permanent severe incapacity
6	More than even chance	6	Permanent slight incapacity
5	Even chance	5	Injury requiring 3 months with total recovery
4	Less than even chance	4	Injury requiring 3 weeks with total recovery
3	Improbable	3	Minor injury with severe potential up to 1 week with total recovery
2.	Very improbable	2	Minor injury with no severe potential up to 1 week with total recovery
1.	Almost impossible	1	No human injury expected

P r o b a b i l i t y I n d e x	9	9	18	27	36	45	54	63	72	81
	8	8	16	24	32	40	48	56	64	72
	7	7	14	21	28	35	42	49	56	63
	6	6	12	18	24	30	36	42	48	54
	5	5	10	15	20	25	30	35	40	45
	4	4	8	12	16	20	24	28	32	36
	3	3	6	9	12	15	18	21	24	27
	2	2	4	6	8	10	12	14	16	18
	1	1	2	3	4	5	6	7	8	9
		1	2	3	4	5	6	7	8	9

SEVERITY INDEX

Using a 9 point Probability Index scale and a 9 point Severity Index Scale, the Probability value and Severity value are calculated. The Probability value is then multiplied by the Severity value which gives the total score value. A risk ranking of Low, Medium, or High is attributed to the hazard by measuring the total value against the risk classification index.

RISK CLASSIFICATION INDEX

1 – 9 = Low Risk,

10 – 36 = Medium Risk,

37 – 81 = High Risk

Accident Investigation Process

Persons involved

- Divisional Heads.
 - Unit/ Centre managers
 - Delegated Senior
Nurse/Staff/Supervisor
 - Safety Officer
 - Maintenance Officer(Linked to
equipment failure)
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Accident Investigation Process

Root Cause Analysis

Records

Accident -monitor organisational, unit specific and individual trends

Appropriate Clinical records

Place – Location and facilities

Plant and equipment

Procedures

- Organisational Policies
- Local Procedures

People – Staff ,Clients and Others

Key Questions in Accident Investigation

- Who? What? Where? When?
- How? Why?

Remember **How** you approach this exercise can determine whether the outcome will prove positive or negative.

Adopt a ***No Blame*** approach

Feedback on Accident/Incidents

Levels

- Organisational Presentation
 - Senior Management(weekly)
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Trend Analysis

Global organisational trend analysis

- ❑ Comparative summary analysis of all Organisational accidents
 - ❑ Comparative summary analysis of staff, clients, and others accidents
 - ❑ Comparative summary analysis of accidents by category and by specific service area
 - ❑ Comparative summary analysis of accidents by category from key service areas of note
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Trend Analysis(contd)

Population Specific Trend Analysis

- ❑ Comparative summary analysis of staff accidents by area, by category and by sub category
 - ❑ Comparative summary analysis of clients' accidents by area, by category and by sub category,
 - ❑ Comparative summary analysis of others' accidents by area, by category and by subcategory
 - ❑ Comparative summary analysis of accidents in key service areas of note by category, by sub category and by population
 - ❑ Comparative client specific summary analysis of accidents by category and by sub-category
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Benefits derived by the Organisation from the current system for monitoring Accidents and Incidents

Corporate Governance

- ❑ Effective in identifying service areas which require priority safety, health and welfare interventions
- ❑ Effective in the planning of proactive safety, health and welfare interventions
- ❑ Evidence based practice to evaluate the outcome of safety controls/practice interventions which have been introduced to service areas

Staff

Helps identify and prioritise supports required to meet the Safety, health and welfare needs of staff

Clients

Helps identify and prioritise resources (human and physical) required by individual clients to maximise his/her quality of life experiences within a safe environment

An Integrated approach to the Quality/Safety Management of a client who presented with challenging behaviour

Case study: Jane Doe

Profile

30 year old female with a mild
intellectual disability, Aspergers
Syndrome and a history of challenging
behaviour directed physically at self,
peers and staff

The Problem

- Injuries caused to herself, to staff and to fellow peers due to the frequency and intensity of her behavioural outbursts
 - Low staff morale
 - Low client morale
 - Adverse effects of her behaviour on family members
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Implications

1. Safety, health and welfare of clients (individual and peers)– Risk of injury - physical and/or psychological
 - Safety, health and welfare of staff – Risk of injury - physical and/or psychological

 2. Litigation
 - Employers' Liability
 - Clinical Liability
 - Public Liability
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The Solution

Risk assessment

- Analysis of Accident /incident records
 - Environmental assessment (physical and human)
 - Interview discussion with family members
 - Interview discussions with frontline staff
 - Client Medical review
 - Multidisciplinary record review
 - Multidisciplinary involvement in comprehensive client behavioural analysis
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The Solution (contd.)

Risk Control Measures

- ❑ Client facilitated to live in a single, spacious, aesthetic living environment with an adjoining private garden
 - ❑ Pinpoint staff alarm system installed extending to garden area
 - ❑ CCTV cameras installed to monitor client
 - ❑ Organisation Behaviour management Policy in place with unit specific follow through response procedure
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The Solution (contd.)

- Criteria set for staff supervision
 - Staff training provided to enable staff to understand, support and manage the client's behavioural needs
 - Follow- up staff training according the client's changing needs
 - Staff debriefing following incidents
 - Employee Assistance Programme
 - Provision of appropriate support to the family
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The Solution (contd.)

- ❑ Multi disciplinary approach to positive person centred behaviour programme design plan and follow up implementation (proactive and reactive strategies)
 - ❑ On-going review of client's behaviour plan
 - ❑ On going feedback to family
 - ❑ On-going review of accident/incident trends involving the client
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Challenges

- ❑ To plan safe systems to prevent further client self injury, staff injuries, and peer injury
 - ❑ To reduce the frequency and intensity of this client challenging behaviour.
 - ❑ To promote dignity of living for the client
 - ❑ To provide a suitable aesthetic, therapeutic and safe living environment for the client
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Challenges

- ❑ To provide a suitable aesthetic, therapeutic and safe living environment for the client's peers
 - ❑ To promote a safe working environment for staff
 - ❑ To provide appropriate practical and psychological support to staff
 - ❑ To provide the appropriate family support to recognise the benefit of expert input into the design of a suitable behaviour management programme for this client
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Benefits

- ❑ Person centred approach
 - ❑ Increased quality of life for the client and her peers
 - ❑ Increased quality of life for the client's family
 - ❑ Use of research based practice to evaluate the outcome of safety controls /practice interventions
 - ❑ Promotion of greater awareness and respect for team roles
 - ❑ Increased staff understanding of family issues
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Outcome

- ❑ Following this intervention there was a 66% reduction in the Total accidents involving this client after the first 6 months
Client no longer features in accident statistics
 - ❑ Client now enjoys regular overnight quality experiences at home
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