

Health PEI

Provincial Safety Management System (PSMS)

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Objectives

- PSMS Application
 - ▶ Roles and Workflows
 - ▶ Event Discovery
 - ▶ Event Management
 - ▶ Event Resolution
- Review the Incident Reporting Policy
- Review the Compliment & Complaint Policy
- Review the Disclosure Policy
- Review the Quality Policy
- Roll out



PSMS Application is

- A new electronic events management system that is
 - ▶ Web based
 - ▶ Communication Tool
 - ▶ User friendly
 - ▶ Efficient
 - ▶ Strong reporting capability

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Things that will change

- Electronic format with mandatory fields vs no paper form
- Improved communication of incidents/events with staff/supervisor/manager/administration
- Easier follow-up between units/managers/administration as the incident can be forwarded electronically
- Tasks can be assigned
- Staff will have the opportunity to check status of incident.
- Incidents/compliments and complaints will all be housed in one system
- More inclusive reporting potential
 - ▶ Ie lab,pharmacy,DI

Things that remain the same

The incident reporting policy.

Rules are still the same

- ▶ All employees who are involved in or witness any serious incident will immediately verbally notify their manager/ supervisor.
- ▶ All timelines
- ▶ reporting/follow-up structure.

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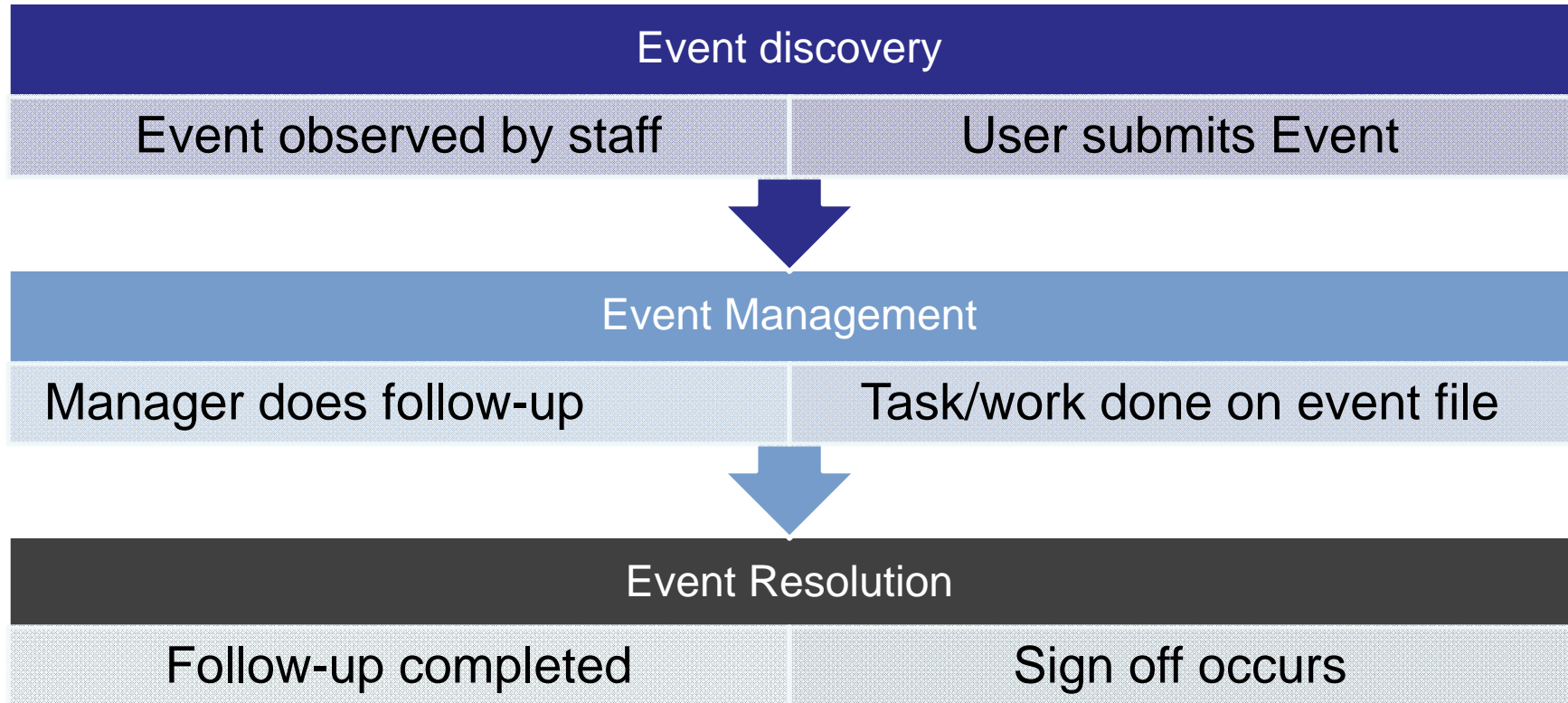


Roles & Scopes

- User role-
Functionality of what you can do
- User Scope-
Dictates what you can see or do
- Front line scope
- Supervisor scope
- Manager scope
- Risk/OH&S scope



Work Flow of an Event



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The Incident Reporting Policy

- Incident: Any event, accident or unusual situation which is not consistent with the routine operation of the facility, service or the routine care of the patient.
- All employees promptly report the occurrence of all incidents/adverse events and near misses before the end of their shift or within 24 hours.



Public Compliments and Complaints Policy

- Compliment: An expression of admiration or approval directed towards staff or the organization.
- Complaint: An expression of dissatisfaction by a client either written or verbal, about the standard of service action or lack of action taken by staff or organization affecting an individual client or group of clients.
 - ▶ Acknowledgment of the complaint be it written or verbal must be communicated to the complainant within 72 hours after receiving the complaint.



Disclosure Policy

- To ensure an effective and efficient approach for informing patients of an adverse unanticipated event. Patients are legally, ethically and morally entitled to be informed about the care they receive.
- Disclosure is focused on System improvements and not on personal blame.
- Disclosure should take place as soon as possible after the event



Quality Improvement Activity Policy

- To formalize and standardize the procedure and responsibility for completing a Quality Improvement Activity
- To support the health system in the implementation of enhanced quality improvement legislative provisions in the Health Services Act.

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Risk Management Policies

- Policies can be located on the government website using the following URL:
- <http://iis.peigov/dept/health/manual/index.html>

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PSMS roll-out

- Designated Pilot Sites (April 11th 2011)
 - ▶ Training will be evaluated
 - ▶ System will be evaluated
 - ▶ System will be modified as required
- System Roll out
 - ▶ Starts June 1, 2011
 - ▶ Anticipated Completion June 30, 2012
- Pilot Site locations
 - ▶ PATF
 - ▶ WWM
 - ▶ HH Unit 7
 - ▶ Home Care East
 - ▶ KCMH
 - ▶ QEH Medical Laboratory Services

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Training Session Topics

- **Event Discovery/Submission**
 - ▶ Introduction to Event Forms
 - ▶ Completion and submission of forms
- Event Management**
 - ▶ Manager and Supervisor
 - File Management
 - Notification
 - Alerts
- **Event Resolution**
 - Closed / Resolved files



Logging In

- Go to URL on Internet Explorer
 - ▶ http://qerlapp/rl6_training

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