

TAKE 5 MINUTES...
to help prevent the next serious
FALL or **MEDICATION** event.

Long Term Care

SAFETY

Improvement
Program

INTERESTED IN PARTICIPATING?

Mail or fax this completed form, or email the information to Kathy Wire.

ABOUT THE PROGRAM

The Center for Patient Safety (CPS), in collaboration with Primaris, is offering an opportunity to help you fulfill requirements for evaluating and preventing high-risk safety events: falls with injury and high-risk medication events.

1. Tell us about these events by using simple data entry options.
2. CPS will evaluate events and provide feedback for learning and prevention.
3. Participants will have opportunities to learn from each other and work together toward safety improvement solutions.
4. Participants will receive tools and training to help them effectively investigate ALL events, including the ones in this program.
5. **All information reported to the CPS is fully protected from discovery or disclosure.**

ALL AT NO CHARGE TO MISSOURI FACILITIES



INTERESTED IN PARTICIPATING?

Email, fax, or mail completed form to Kathy Wire.

NAME: _____

TITLE: _____

ORGANIZATION: _____

Please indicate preferred contact method

EMAIL _____

PHONE _____

QUESTIONS?

If you have questions about the program or would like more information, please contact:

Kathy Wire, JD, MBA, CPHRM

Project Manager

Center for Patient Safety

Home Office 314.567.7615

Cell 314.540.4910

Fax 573.636.8608

kwire@centerforpatientsafety.org



TAKE 5... TO SHARE, LEARN & PREVENT

Take five minutes to enter information and contribute to confidential sharing, learning and prevention that is possible through this free program for Missouri LTC providers.

Participants will provide minimal data to support learning and sharing about preventing these serious events. Reports require only 9 data points for falls and 4 data points for medications, in addition to limited general information. Data forms include drop downs for easy, secure, on-line data entry.

In addition, participants will have access to an on-line event investigation tool to assist in evaluating incidents.

Initial Data Entry Form

Patient Safety Event Report - Skilled Nursing Facility:

HEALTHCARE EVENT REPORTING FORM (HERF)

What is being reported?

Incident: A patient safety event that reached the patient, whether or not the patient/resident was harmed.

Near Miss: A patient/resident safety event that did not reach the patient.

Unsafe Condition: Any circumstance that increases the probability of a patient safety event.

Event Discovery Date:

* 8/24/2015

Event Discovery Time:

Briefly describe the event that occurred or unsafe condition:

Location of Event

Organization:
Location:
[Select Location](#) | [Reset](#)

Briefly describe the location where the event occurred or where the unsafe condition exists:

Event Investigation Tool Available to Project Participants

This template is provided as a courtesy resource from the Center for Patient Safety.

This template is an introductory tool to completing Root-Cause Analyses (RCA). A thorough RCA may include many more levels of details and additional steps.

INSTRUCTIONS

1. Begin by following the order of the tabs, i.e. 1. RCA INFO is the first tab
2. Enter as much information as you can during the course of the RCA
3. Use this workbook to keep track of dates, tasks, notes, etc
4. When complete, print the RCA for your records

RCA INFO

RESIDENT INFO

TEAM INFO

EVENT TIMELINE

ACTION PLAN

RCA DOCUMENT

DATA DICTIONARY (FOR REFERENCE ONLY)

