

RL6 Risk – Event Management

Who do I contact with questions?

For technical issues related to RL6: Risk contact
Sandy Periera at speriera@wrha.mb.caa or 926-7849

With questions about Occurrences or other types of patient safety events
contact Kim Warner at kwarn@wrha.mb.ca or 926-1015.

Questions and Answers

QUESTIONS	ANSWERS
1. Why are we changing?	The system is changing to improve the efficiency and effectiveness of the process. There are many 'delays' in the current process when the form is sitting on a managers/directors/quality desk. A key goal is to reduce delays to help improve the quality and safety of care.
2. What is going to be different?	There are a few key differences: <ul style="list-style-type: none"> - Staff will report an occurrence/near miss using an on-line system instead of the paper form - There will be some changes to the 'categories of occurrence'
3. When does this change start?	The following acute care facilities have already implemented the change: Victoria Hospital, Seven Oaks General Hospital, Deer Lodge Center. <ul style="list-style-type: none"> - The Community will go live on April 7, 2014. - The GGH will go live on April 15, 2014.
4. How will we be trained?	The regional Quality and Patient Safety Unit will train the managers/directors and provide "train the trainer" sessions for identified site staff/super-users. The trainers will then provide training to staff.
5. Who's leading this project? Who is on the project team?	The Regional Quality and Patient Safety Unit is leading the regional implementation. Site level leads have been identified by the site COO and are: Victoria Hospital – Joanne Van Dyck SOGH – Jonathan Bahrychuk Deer Lodge – Kevin Scott Community – Rebecca Neto Grace Hospital – Genevieve Sahulka

QUESTIONS	ANSWERS
6. Will we receive new computers for this?	Decisions regarding workstation acquisitions are made at the site level. The systems being implemented only require Internet access using Internet Explorer 8, so older computers should not present a problem.
7. What happens if I can't finish entering an event into the new system? Will the screen stay open on the computer until I return? Will the incomplete report be saved so I can go back into RL later to complete my report?	You log into the system anonymously, so you will not be able to save a partially completed event report. The screen will stay open for a bit of time, but it will eventually log out. We recommend that you enter an event into the system all at one time. Once you get used to the system, it will take you less than 4 minutes to report an event.
8. What happens if more information becomes known about an event after I've reported it in RL? Can I go back into the event and add more information or make necessary changes?	Your manager, director, quality manager, and WRHA Intake Coordinators can make these changes. If you have additional information to share about the event after you report it, please give this information to one of them. Changes can also be made by the Patient Safety Consultant in the event information is found to be incorrect upon conducting a CI review.
9. If staff select and enter in information into the wrong event type who will correct it?	The relevant manager, director and/or the WRHA Intake Coordinators can make these changes. Changes can also be made by the Patient Safety Consultant in the event information is found to be incorrect upon conducting a CI review.
10. What is the process if alerts/reminders go to managers and they are still ignored?	The alert will continue to escalate to the Director and then the COO.
11. How will it work if managers have vacations?	The Director will be notified of all occurrences and can grant access or send a task to another manager. The site quality person also will have access and could field the occurrence to the manager who is covering. These decisions can be made at the site level.
12. Can I choose more than one item from a pick list?	If the pick list is drop down, then no. If it is a pop up, then yes. When you see "Add/Modify" underneath a pick list or drop box, this means you can pick more than one choice e.g. Influencing Factors.
13. Can I change my mind after picking an item from a pick list?	Yes, just choose a different item.
14. When I type in a drug name into the Medication/Fluid section of RL, does it add the new drug name to the pick list permanently?	No, because this could cause many drug entry duplications (e.g. typing errors, same drug entered under different names, etc.). However, we can review commonly typed-in drugs and choose to permanently add them to the pick list in the future.

QUESTIONS	ANSWERS
<p>15. Can the Fall Assessment scale be changed to the one we use at our site?</p>	<p>A regional decision was made to begin by using RL's fields because it contains an extensive amount of information. Further discussion on this is taking place.</p>
<p>16. Can the patient name and MRN # be made mandatory?</p>	<p>If these fields are mandatory, staff will be unable to submit a report until the fields are complete. Therefore, we are starting off with a limited number of mandatory fields and will revisit this as needed. Blank fields can be entered by a Unit manager, Director or Quality Manager at any point.</p>
<p>17. Are you open to feedback and suggestions on improvement?</p>	<p>Yes, absolutely! At the bottom of the submission form there is a field where we ask about your experience/feedback using RL6. We will acknowledge receipt, and provide a response, to all feedback received.</p>
<p>18. Who do we contact if we have questions?</p>	<p>For technical issues related to RL6: Risk contact Sandy Periera at speriera@wrha.mb.ca or 926-7849. With questions about Occurrences or other types of patient safety events contact Kim Warner at kwerner@wrha.mb.ca or 926-1015.</p>