

March 2020 PQI Report

Critical incident reports were once again the main task on the agenda for the PQI committee this month which included a “deep dive” on the data as it pertains to the Burdock program following a request from the Coordinator of that program as he works to understand how he and his team can improve and make safer their facility and the programming offered there.

In Depth Look at Burdock Critical Incident Reports

In February the Coordinator of the Burdock Supportive Housing Program in Penticton reached out the PQI Committee to ask if it could in any way assist him in better understanding why there have been so many critical incident reports coming from his program and to answer two basic questions:

- 1) Is the large amount of CI's in the program a result of over reporting or are they actually needing to be reported?
- 2) Of the reports that are necessary, are there any common themes that we can recognize and make suggestions on in order to provide a better and safer service for the clients and the staff?

Based on the current ASK Wellness policy regarding what constitutes a critical incident it would appear that most of the reports being written are required as emergency services were called and interacted with staff and/or clients on site. However, the issue is less about whether emergency services were called and more about whether emergency services were necessary. The PQI committee found that quite a few of the reports being filed were for situations that involved a client saying they weren't feeling well, for example, and staff would call 911 for a transport to the hospital though it was not an emergency situation. Other calls to 911 were for situations where staff were having difficulty deescalating a client so police were called to intervene. It is worth noting at this point that the PQI committee is making judgements and suggestions based solely on what is written in the reports, and with that being said it is the opinion of the committee that many of the calls for police are in situations that in other programs staff use their crisis management and de-escalation skills to handle the client without police involvement. Based on the reports, it also appears that the decision to get police involved seems to happen quite quickly and with few warnings or other interventions attempted.

As this exercise was one that was requested by the Coordinator and not the Board or the CEO, the items listed below are simply suggestions at this point and not recommendations from the Committee that require follow up, but should a more directive stance be taken by the agency the Committee will gladly make these official recommendations:

- a) implementing within the program a “comfort planning/triggers” document as is used in Juniper House which provides staff with a list of what negatively triggers a client as well as what the client has identified as providing them with comfort when they are triggered;

- b) implementing within the program a policy that allows staff to exit a client for a “cool down” period of 12 to 24 hours instead of calling police to manage the conflict in a way that allows the client to remain in the building;
- c) avoid writing reports for things that are more appropriate in case notes such as “John Doe was a little off today” or “John and Jane had a loud argument in the hallway” as these are not considered critical incidents;
- d) staff should avoid investigating situations simply to find a reason to report as many reports read as if nothing was brought up by clients and no issues were noted, but staff would have time on their hands to investigate small issues in hopes of finding a bigger one and report is as a critical incident;
- e) there were many clients who had several (five or more in a quarter) reports written about them with some being quite serious which would suggest the program or the agency as a whole should consider if we should have a number of reports written about a client before an exit is mandatory;
- f) also regarding a large number of reports for a single person, the committee considered a policy within the agency that would trigger a group of workers outside the program to be brought into the case management if it is clear the staff within the program are struggling and needing to regularly create critical incident reports;
- g) in general, the consensus from the Committee is that the staff at Burdock require more training to better deescalate clients and provide the staff with the confidence to do their work without having to call the police.

Finally, the committee has a few questions it would like to pose to the Coordinator and staff within the Burdock program:

- a) How often are ASK representatives meeting with the police in Penticton and can a better strategy be created?
- b) Do staff get much “quality time” to spend with clients or is it all crisis management?

Note: While the Committee has been asked to look at these reports and come back with any and all recommendations we can make, it must not go without saying that the staff at Burdock are doing incredible work with a very difficult to manage population and we as an agency are clearly working our hardest to provide an important and necessary service to the community with the resources at our disposal.

Critical Incident Review

As it can be seen from the statistics below, in the most recent quarter we saw a 37% increase in the number of critical incidents being reported across the agency as the number rose to 196 from 143. The biggest contributor was once again Burdock which went from 32 incidents reported to 63, an increase of 97%. Some of the increase can be attributed to an increase in reports that were not required (up 70% across the agency since the last quarter) but overall, the increase was the result of actual critical incidents. Some of the positive takeaways are a decrease in injuries (down 14%) and deaths (down 100%) of clients as well as a decline in the number of times our staff had to administer Naloxone (down 7%).

In terms of information that could possibly inform staffing levels, the Committee found that the time period between midnight and 4:00 AM had a 167% increase from 12 to 32 in the last quarter. This could possibly be attributed to the winter weather during this quarter which meant more clients were spending their nights in their units and as a result behaviours that would normally take place in community were taking place inside.

<u>September to November (Quarter 3)</u>	<u>December to February (Quarter 4)</u>	<u>Difference in %</u>
<p><u>Total Incidents Reported:</u> 143 <u>Programs Reporting Incidents:</u> Burdock (32), Spero (31), Crossroads (30), Fairhaven (13), Mission Flats (11), Juniper (4), Kamloops Housing (3), BBI (3), CLBC (3), Street Outreach (2), AASH/MHASH (2), Merritt Housing (2), SHOP (1), Health Nav Kamloops (1), Bridgeway (1), Panorama (1), Surge (1), Maverick (1)</p> <p><u>Sites Reporting Incidents:</u> Crossroads (34), Spero (33), Burdock (32), Mission Flats (11), Fairhaven (13), 433 Tranquille (5), Juniper (5), Bridgeway (4), 2196 Quilchena (2), Henry Leland House (2), Panorama (1), In Community (1)</p> <p><u>LOS Requests:</u> 19 <u>Naloxone Administered By Staff:</u> 15 <u>911 Called:</u> 111 <u>Fire Alarm Set Off:</u> 14 <u>False Fire Alarm:</u> 11 <u>Client Injuries:</u> 66 <u>Staff Injuries:</u> 2 <u>Threats of Violence Towards Staff:</u> 5 <u>Actual Violence Towards Staff:</u> 1 <u>Threats of Violence Towards Clients:</u> 7 <u>Actual Violence Towards Clients:</u> 9 <u>Client Deaths:</u> 2 <u>Incident Caught On Camera:</u> 59 <u>Likely Did Not Need To Be Reported:</u> 23</p>	<p><u>Total Incidents Reported:</u> 196 <u>Programs Reporting Incidents:</u> Burdock (63), Spero (34), Crossroads (29), Fairhaven (25), Juniper (8), Mission Flats (6), Kamloops Housing (6), Panorama (5), AASH/MHASH (3), Maverick (2), Kamloops Outreach (2), SHOP (2), Merritt Housing (2), CLBC (1), AAA (1), Merritt Outreach (1)</p> <p><u>Sites Reporting Incidents:</u> Burdock (63), Spero (34), Crossroads (28), Fairhaven (25), 433 Tranquille (10), Juniper (8), Mission Flats (6), Panorama (5), In Community (4), 2196 Quilchena (3), Maverick (2), HLH (2), Columbia Motel (1)</p> <p><u>LOS Requests:</u> 13 <u>Naloxone Administered By Staff:</u> 14 <u>911 Called:</u> 147 <u>Fire Alarm Set Off:</u> 5 <u>False Alarms:</u> 7 <u>Client Injuries:</u> 57 <u>Staff Injuries:</u> 0 <u>Threats of Violence Towards Staff:</u> 9 <u>Actual Violence Towards Staff:</u> 2 <u>Threats of Violence Towards Clients:</u> 8 <u>Actual Violence Towards Clients:</u> 12 <u>Client Deaths:</u> 0 <u>Incident Caught On Camera:</u> 97 <u>Likely Did Not Need To Be Reported:</u> 39</p>	<p><u>Total Incidents Reported:</u> +37 <u>Programs Reporting Incidents:</u> Burdock (+97), Spero (+10), Crossroads (-3), Fairhaven (+92), Mission Flats (-45), Juniper (+100), Kamloops Housing (+100), BBI (-100), CLBC (-67), Kamloops Outreach (0), AASH/MHASH (+50), Merritt Housing (0), SHOP (+100), Health Nav Kamloops (-100), Bridgeway (-100), Panorama (+500), Surge (-100), Maverick (+100), BBI Merritt (-100), AASH Merritt (-100), Blue House (-100), Merritt Outreach (NA), AAA (NA)</p> <p><u>Sites Reporting Incidents:</u> Crossroads (-18), Spero (+3), Burdock (+97), Mission Flats (-45), Fairhaven (+92), 433 Tranquille (+100), Juniper (+60), Bridgeway (-100), 2196 Quilchena (+50), Henry Leland House (0), Panorama (+500), In Community (+400), Columbia Motel (NA), Maverick (NA)</p> <p><u>LOS Requests:</u> -32 <u>Naloxone Administered By Staff:</u> -7 <u>911 Called:</u> +32 <u>Fire Alarm Set Off:</u> -64 <u>False Fire Alarm:</u> -36 <u>Client Injuries:</u> -14 <u>Staff Injuries:</u> -100 <u>Threats of Violence Towards Staff:</u> +80 <u>Actual Violence Towards Staff:</u> +100 <u>Threats of Violence Towards Clients:</u> +14 <u>Actual Violence Towards Clients:</u> +33 <u>Client Deaths:</u> -100 <u>Incident Caught On Camera:</u> +64 <u>Likely Did Not Need To Be Reported:</u> +70</p>

<u>Times of CI's</u>	<u>Times of CI's</u>	<u>Times of CI's</u>
12AM-4AM: 12	12AM-4AM: 32	12AM-4AM: +167
4AM-8AM: 14	4AM-8AM: 16	4AM-8AM: +14
8AM-12PM: 30	8AM-12PM: 29	8AM-12PM: -3
12PM-4PM: 26	12PM-4PM: 29	12PM-4PM: -12
4PM-8PM: 27	4PM-8PM: 41	4PM-8PM: +52
8PM-12AM:34	8PM-12AM:48	8PM-12AM: +41