

PQI Report

(May 2/2019 Meeting)

The required task for this month's PQI meeting was to review and aggregate the data that was collected by Operational Health and Safety from the Critical Incident (CI) reports. This was the first time the Committee has been tasked with reviewing the CI data in this way, and as a result we have found that the first change needed is in how we are arranging the data. The issue we ran in to is that the data was organized simply by AM and PM, which means there is no way to tell if incidents are happening more during the hours of noon to 13:00 or 23:00 to midnight, for example. This means the data was not sufficiently "cleaned" and was not useful in setting baseline data for PQI's purposes. The goal will be to clean the data for the next review in August at which point we can begin setting baseline data.

Commented [MM1]: PQI to recommend that the cost of sharevision breaking down data for us be looked into.

Despite the data not being clean enough for the purposes of setting baselines, the committee was still able to have some great discussions around the data we did receive. As a result, our discussions centred around two programs: Crossroads and Outreach.

1) Crossroads

It came as little surprise that Crossroads had the highest number of CI's compared to any other program, but what was noted by the committee as needing some attention is the high number of female related incidents at this site as well as the spike in CI's following the death of a client.

Ladies Floor

Crossroads team member Jaimie is on the PQI committee and was able to illuminate the group a bit regarding some of the issues, and our discussion mostly involved the concern the group has over the ladies floor and how, despite being a safe space for women, it is often the most reported about floor in the program with women being the victim of said CI's.

- While the Committee is not at this point making any recommendations, it is hopeful that management along with OH&S can have an in-depth discussion around safety at Crossroads (in particular the third floor) and consider some of the following ideas:
 - o Allowing all ladies in the building access to the third floor
 - o Holding team activities in the building for clients
 - o An increased employee presence on the third floor
 - o Holding regular resident meetings at Crossroads
- These are just a few ideas for an issue that everybody on the Committee agrees is a very difficult matter that will not be solved overnight. However, the Committee does feel it is a matter worth trying to correct.

Commented [MM2]: Bring this to the coordinator meeting. To Valerie's understanding there have not been any conversations in regards to this.

Client Death

Again, thanks to Jaimie having been on-site during the months that we saw an increase in the number of CI's at Crossroads, the Committee's hypothesis is that these incidents could potentially be attributed to the death of a well-known client. As noted, this is only a hypothesis but the numbers do point to an increase immediately following his death

- While the Committee is not at this point making any recommendations, it is hopeful the management team will have a discussion around how we are supporting clients and staff in the immediate aftermath of a client's death. The Committee noted that we do have a crisis team that staff can reach out to if they are personally struggling with something like this, and of course our staff on-site let clients know that they are able to come to us with their issues including dealing with the loss of a friend, but can we be doing more in terms of training our staff to manage clients who are dealing with the aftermath of a loss like this?
 - Again, the Committee understands this is a very difficult matter that may or may not be something we can handle better, but the numbers show it is at least an issue that warrants some discussion from our agency's management team as well as OH&S.

Commented [MM3]: Conversations around this began after Dolly passed away. There were conversations about increasing supports for clients but that did not go anywhere.

2) Outreach

What did come as a big surprise to the Committee was the lack/complete absence of any CI's from outreach workers. These are our staff members who are dealing with overdoses in community, entering homeless camps to find who-knows-what, and dealing with confrontational clients in the community on a daily basis. We have Melissa from outreach on the Committee and she explained that the belief within that department is what they deal with daily is so normal to them they don't feel the need to write CI's unless it is something that undeniably needs to be reported (what constitutes that exactly is unknown). For the purpose of data collection for improvement, but more so for safety, the Committee believes this can't be allowed to continue.

As a result, the Committee has a recommendation:

- *Retraining for all outreach staff around what constitutes a CI and the need to report ALL incidents that happen while on shift with ASK Wellness.*

Due to the fast paced and "firefighter" nature of outreach work, it is anticipated there will be push back on this due to the fact that it is very unlikely a worker will have the time to get to a computer and fill out a CI while out in the field.

As a result, the Committee has a recommendation:

- *Create a procedure wherein outreach staff who have been involved in an incident can call either one or one of many designated person(s) and report the incident over the phone with the contact person actually filling out the CI.*

Commented [MM4]: Valerie spoke to Matt and explained the importance of keeping the data. If it's onerous, create an abbreviated sheet that they can fill out in the field. Valerie's thoughts around our idea: Somebody has granted outreach an excuse to not do these and we are enabling that. CI's should be written by the person who directly was involved. It is a report that is in place in the event of an investigation and if there are issues with the translation then we could run into issues. We don't currently collect whether a person is filling out a report as "Role A" or "Role B".

Next Meeting:

The next PQI meeting is scheduled for June 13 and on the agenda will be reviewing the results from the Community Partner Organization survey as well as a File Audit (ACT/ICM, Crossroads, Surge, Mission Flats, BBI Health Navigation).