



13<sup>th</sup> July 2017

## The use of Incident Reporting Systems within District Health Boards.

Incident reporting systems (IRS) are an important tool in the everyday working of the Health sector. They have the ability to influence patient care, the health and safety of employees, practises and policies.

In 2015, legislative changes to the Health and Safety at Work Act required both employers and employees to be more proactive about workplace Health and Safety. The effective use of incident reporting systems is one mechanism to do this. They have the ability to monitor the health and safety of patients and staff, assess trends and provide crucial information for investigations and audits. If the system is not being utilized, it puts everyone at risk.

### Background

During the 2016/2017 NZRDA bargaining, the NZRDA bargaining team tabled a report that investigated the incidence of fatigue amongst Resident Doctors, the flow-on effects on patients and the workplace, and the subsequent need for safer rosters. Representatives from the DHBs investigated the fatigue incidence reported through DHB internal systems, and a clear variation between the two figures became apparent.

On behalf of the Allied, Scientific and Technical (AST) and Resident Doctor (RMO) members, APEX and NZRDA co-ordinated a further investigation into this discrepancy. A survey was provided to all members (appendix 1) enquiring as to the provision of IRS, enablers and barriers to use, experience using an IRS, along with the frequency and type of incidents that individuals are reporting.

### Provision of Systems

Under the Health and Safety Act 2015, employers are required “to eliminate risks to health and safety, so far as is reasonably practicable; and if it is not reasonably practicable to eliminate risks to health and safety, to minimise those risks so far as is reasonably practicable.”

One recognized identification and monitoring method is the provision of the IRS to all employees. Employees need to be aware of the IRS policy and procedure within their workplace including what type of system they have, where to find it and how to use it. An electronic IRS was provided to 85 % of our respondents; with 3% still a paper based system. The remainder of respondents were unsure of the IRS system within their workplace. This number was highest within the Resident Doctor respondents with 14% reporting that they do not know what system they have access to.

Employees who do not know what type of system they have or do not use it (for whatever reason) are unable to fulfil obligations or assist in overall improvements in health and safety.

The survey noted a lack of consistent education around the definition of an incident and if it needs to be reported. This raises the dilemma that if you don't know what an incident is, how do you report one? Let alone, acknowledging and reporting near miss incidents?

The lack of education and training is reflected through the responses about use; **70 % of RMOs and 20% of AST do not currently use their DHB's IRS.**

#### System Utilization

For those that use the system, the time requirements, along with the user unfriendliness, are the most commonly reported barriers to system utilization. The RMOs main reason for system under-utilization is that they use it so infrequently, that when they are required to use it they can't remember where to find it, let alone how to use it. This leads to an increase in the time and effort required by already time poor and stressed employees.

Unfortunately, an overwhelming number of respondents felt that there were very little positives to the current system they were using. **Only 12 % of people rated the currently provided IRS as being good to very good.**

#### Reported Incidents

DHBs have a strong focus on reporting and improving on patient harm events: this was reflected through the type of incidents that respondents were reporting. Patient harm was seen as a top priority with events such as falls, radiation events, prescribing errors and inappropriate patient or whanau behaviour being regularly reported.

However, RMOs and AST are extremely unlikely to report incidents regarding the risk to their own personal safety or that of their colleagues. The one variant to this was that RMOs were extremely likely to report needle stick injuries.

When deciding to report an incident, an individual's personal value and interpretation influences the information provided in a submission. This is important because it affects the ability of a DHB to accurately assess and monitor health and safety workplace situations. The same incident can cause one person to submit an incident report, another person to file a near miss, whilst another wouldn't regard it an incident therefore wouldn't report. An example of the personal values placed upon incidents was demonstrated in our survey with the number of members who felt reporting an incident relating to patient harm was considered to be a top priority compared to reporting an incident that involved themselves or colleagues.

#### Minor Incidents/Near Misses

Minor incidents and near miss events are not seen as being an important tool in improving Health and Safety within the workplace and are the commonly under reported. **70% of those surveyed do not report a near miss incident.** A breakdown of this is provided in table 1.

Staff felt it was more beneficial to resolve minor issues by talking to those involved and rectifying the issue as the resultant outcome is less time intensive and resulted in a more harmonious work environment.

*Table 1: Identified Minor and Near Miss events being under reported*

Minor Events	Near Miss
charting errors	Fatigue related errors
medication issues	Understaffing
wrong information provided on requests	Increased/excessive workload
Equipment issues	misinformation of patient's symptoms and condition
Inappropriate and unprofessional behaviour	
Bullying/harassment.	
refusal of work tasks	

Whilst there was a consensus that reporting near-misses is important as it has the ability to improve systems and procedures and to prevent serious harm incidents from occurring in the future, the time and energy required going through the reporting process resulted in under reporting near-misses.

Where respondents felt that a near miss was a result of a personal lapse, they were reluctant due to concern over subsequent interrogation by management. The view that *"It is my duty as a professional but I am seriously concerned that the error will be brought back to an individual rather than a system error and I feel that a near miss is very much a learning point for all rather than the individual"* accurately reflects the importance, yet underlying fear, that inhibits success in this area.

### Under Reporting

Learning from incidents is significant to maintaining and improving the quality and provision of care. Under reporting prevents this from happening because it gives a false impression of the true landscape of health and safety.

Identified factors that prevent incident forms from being submitted include

- Time
- System Complexity
- Accessibility
- Fear of professional repercussions – both individually and to their co-workers.
- Blame Culture

Resident Doctors report receiving little education on how to use the DHB's IRS: it's extremely difficult to accurately monitor Resident Doctor's health and safety if they have not received appropriate training in how to use the current IRS. Given they are transient across the DHBs; they are routinely exposed to new systems and processes making new learning (about systems) necessary albeit time consuming. Resident Doctors strongly supported one nationally consistent system as a result.

However Resident Doctors did identify that they will ask a colleague to log an incident if required. This unfortunately transfers the burden to another time poor colleague and affects the quality of information provided as it may not also be from someone directly involved in the incident.

### Time

Over the past decade, the electronic IRS has been replacing the paper based system. This evolution has been seen as a positive step because it has decreased the ability to misplace forms, along with ease to access data for auditing purposes. But the transition from a paper based to electronic system has resulted in an increase in the physical time required to complete a submission. **74% of all members reported that it required longer than 10 minutes completing a report.** This is due to the volume and specificity of information required in order to complete the form. Therefore underreporting is more likely to happen for incidents which are not of a high priority such as fatigue related mistakes and near miss incidents.

*“Time is precious and patients are more important than tedious paperwork”.*

### Complexity of IRS

The complexity of an IRS system was identified a major barrier to its use. IRS is often time consuming and where they require a large amount of information irrelevant to the situation (but having to be completed in order to progress through the reporting system) very frustrating.

There is a lack of consistency with the information that is being requested varying from being extremely specific to very vague within the same system. Combined with the time intensiveness of the system, 68% of respondents have not reported an incident due to complexity barriers within the system.

### Accessibility

One of the disadvantages of an electronic system is the difficulty in physically accessing a computer. Many work locations have a limited number available, with health professionals already required to hot-desk for clinical work. To ask a colleague to stop or delay their clinical work, in order to log an incident, is felt to be inefficient and counterproductive to work flow.

### DHB Culture

A DHB's culture towards IRS has a huge impact on its employee's attitude towards incident reporting. A staff environment supporting a “blame free” culture is beneficial for all involved. Respondents stated they would be more likely to report incidents if there wasn't the risk of retribution and finger pointing. There were several reports of members being directly instructed not to fill out an incident form, some having incident forms torn up or thrown out in front of them and members being sought out by management and abused when an incident form is received. These behaviours do little to enhance the health and safety culture of a DHB.

If employees feel that the DHB is dismissive towards reported incidents, then they are less likely to report any type of incident.

DHBs have a strong focus on improving patient safety but not necessarily employee health and safety. The Health Quality and Safety Commission require DHBs to regularly report on incidents, with the emphasis on patient outcomes. This has resulted in a drive to continuing and increasing the ability to report incidences concerning patient harm, however there is a limited focus on employee harm.

The structure and layout of an IRS is also aimed at reporting physical harm. As a result, the compulsory information required is not relevant or applicable to some situations (e.g. fatigue and psychological harm). The volume of information that is required in order to complete the form is also a barrier to completion.

### Feedback

Once an incident form was logged, feedback regarding the incident and investigation was an expected outcome. Unfortunately, **only 19 % of respondents received feedback** and when it was received it was felt to be inadequate and generic / non-specific to the event that had occurred.

**72% of AST and 90 % of Resident Doctor's felt that filling out an incident form saw no resultant meaningful change.** This further discouraged the use of IRS as there was little to be gained from the personal investment in time required.

### National System

The potential for a national system for IRS was supported by 75% of respondents. The adoption of a universal system would assist in identifying both DHB-wide and national incident trends. Staff who are who are transferred across DHBs would have the potential to become more confident and capable to report incidents.

## Summary and Recommendations

The key features that were identified of a good IRS system are:

- Easy to access and use.
- Electronic.
- Timeliness.
- Follow up and meaningful feedback from DHB.
- Confidentiality with all reports including the ability to remain anonymous if required.

Whilst staff acknowledge and understand the important of an incident reporting system, there are substantial barriers to its use including:

- Time.
- Complexity.
- Accessibility.
- Workplace Repercussions.
- Lack of Feedback.

As long as these barriers exist, a culture of under reporting will continue.

NZRDA and APEX acknowledge that the above represents our member's experiences but that there may be further or different enhancements and/or barriers present for other occupational groups such as nurses, SMOs, administration, food and service workers etc.

It is important that all utilization aspects of an IRS system are evaluated in order to assess the best outcome for the health and safety of not just patients but employees also.

**We recommend wider investigation amongst other groups of health sector employees to ensure the potential scope of this issue is understood, prior to considering mechanisms to improve on what we suggest are currently poorly performing and inadequately utilized systems.**

## Appendix 1: IRS Survey Monkey Questionnaire

During the recent RMO negotiations, the use of incident reporting systems was brought into the spotlight.

There was a contrast between the evidence the NZRDA was receiving directly from members, compared to the DHB data collected from reporting system systems. The NZRDA and APEX would like to investigate why this discrepancy exists. Please take the time to fill out the below questions to the based on your experiences with incident reporting systems.

1. What union are you a member of?
2. Who is your employer?
3. What type of reporting system do you currently have?

- Electronic
- Paper
- Verbal
- Other (please specify)

4. Do you use it?

Yes

No

5. What barriers exist in the current system that are preventing or discouraging you from using it?

6. Have you ever not reported an incident due to barriers with the incident reporting system?

Yes

No

7. What sort of incidents are you hesitating in reporting due to the incident reporting system?

8. What do you like about the current reporting system?

9. What do you dislike about the current system?

10. How would you rate the ease of use of the current system?

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

11. How would you rate the timeliness in completing an incident report -

Not at all

Average

extremely efficient

12. Is your incident reporting system easy to access?

1- Impossible

5- Intermittent access 10- Extremely accessible

13. How long does it typically take you to use the system?

- 5 minutes or less
- 5-10 minutes
- 10-20 minutes
- 20-30 minutes

- Greater than 30 minutes

14. Have you used other reporting systems?

Yes

No

15. Where have you used other reporting systems?

- Same DHB
- Other DHB
- Employment outside a DHB

16. What did you like/ dislike about these?

Like

Dislike

17. What type of incidents are you currently reporting?

18. In the past year, how many times have you used it?

- less than 5
- 5-10
- 10-20
- more than 20

19. Do you report near miss incidents?

Yes

No

20. Near misses- What are your reasons for/ against you reporting these?

21. How often do you get feedback/DHB follow through?

- Always
- Very Often
- Sometimes
- Rarely
- Never

22. Does it result in meaningful change?

Yes

No

23. What do you feel are key features of a good incident reporting system?

24. Would you find a universal reporting system across all DHB's helpful?

Yes

No

25. If you have any further comments, please write below.