

Creating Transparency Around Employee Incidents

The Problem

- Top leadership of BIDMC was becoming aware of departmental and hospital-wide incident trends, but only on a quarterly basis.
- A transparent, easily accessible report that was frequently updated was currently not available.

Aim/Goal

- Provide BIDMC leadership with incident specifics such as: claim number, cost center, description, and cost estimate.
- Find the easiest way to present this information to the right people in a timely fashion in an environment that was within their everyday workflow.
- Use a communication chain to keep CEO and COO aware of all daily reporting.

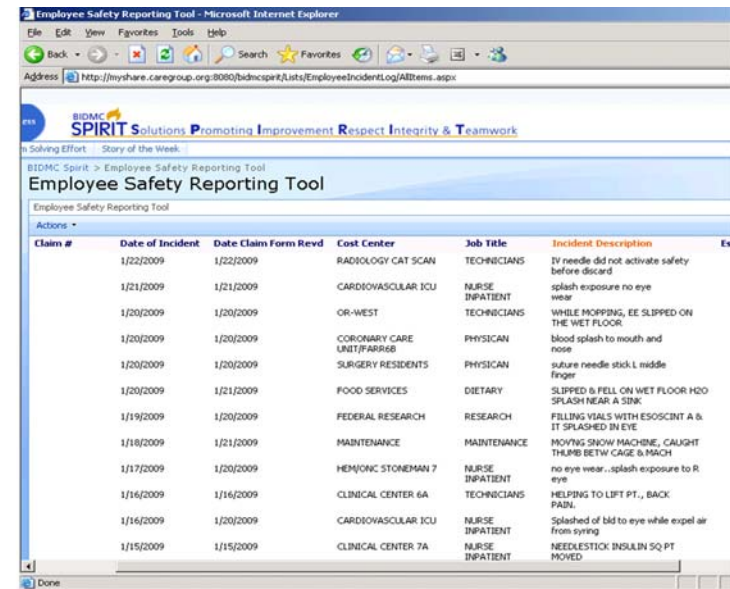
The Team

- Matt Rabesa / Karen Bithell-Taylor / Kelly Orlando - Employee Occupational Health Services
- Qiang Wang – IS - Web Applications & Applied Informatics
- Alison Carr / Kathy Murray – Health Care Quality
- Michael Keating/Cindy Whitcome - Communications
- Jayne Sheehan, SVP Ambulatory and Emergency Services

The Interventions

- It was determined the best spot for this information was within the SPIRIT Site.
- EOHS supplied several fields, while leaving some blank for managers to update.
- Global access group was created with collaboration of IS and HR to allow managers and directors access to edit and add detail.

The Results



The screenshot shows a web browser window displaying the 'Employee Safety Reporting Tool' interface. The page header includes the BIDMC logo and the tagline 'SPIRIT Solutions Promoting Improvement Respect Integrity & Teamwork'. Below the header, there is a table with columns for 'Claim #', 'Date of Incident', 'Date Claim Form Revd', 'Cost Center', 'Job Title', and 'Incident Description'. The table contains 11 rows of incident data.

Claim #	Date of Incident	Date Claim Form Revd	Cost Center	Job Title	Incident Description
	1/22/2009	1/22/2009	RADIOLOGY CAT SCAN	TECHNICIANS	TV needle did not activate safety before discard
	1/21/2009	1/21/2009	CARDIOVASCULAR ICU	NURSE INPATIENT	splash exposure no eye wear
	1/20/2009	1/20/2009	OR-WEST	TECHNICIANS	WHILE MOPPING, EE SLIPPED ON THE WET FLOOR
	1/20/2009	1/20/2009	CORONARY CARE UNIT/FARRISB	PHYSICIAN	blood splash to mouth and nose
	1/20/2009	1/20/2009	SURGERY RESIDENTS	PHYSICIAN	suture needle stick L middle finger
	1/20/2009	1/21/2009	FOOD SERVICES	DIETARY	SLIPPED & FELL ON WET FLOOR H2O SPLASH NEAR A SINK
	1/19/2009	1/20/2009	FEDERAL RESEARCH	RESEARCH	FILLING VIALS WITH ESOSCINT A & IT SPLASHED IN EYE
	1/18/2009	1/21/2009	MAINTENANCE	MAINTENANCE	MOVING SNOW MACHINE, CAUGHT THUMB BETW CASE & MACH
	1/17/2009	1/20/2009	HEM/OHC STONEMAN 7	NURSE INPATIENT	no eye wear... splash exposure to R eye
	1/16/2009	1/16/2009	CLINICAL CENTER 6A	TECHNICIANS	HELPING TO LIFT PT., BACK PAIN.
	1/16/2009	1/20/2009	CARDIOVASCULAR ICU	NURSE INPATIENT	Splashed of bld to eye while expel air from syring
	1/15/2009	1/15/2009	CLINICAL CENTER 7A	NURSE INPATIENT	NEEDLESTICK INSULIN SQ PT MOVED

Lessons Learned

- Incident follow-up form, previously done by each manager on paper, could now be done electronically via the Employee Safety Reporting Tool.
- Providing the right people with the right tools and access required cross-functional work from several different areas of the hospital.

Next Steps

- The Employee Safety Reporting Tool was made available January, 2009.
- Root Cause Analysis (RCA) information monitored by CEO and COO on a daily basis .
- Managers will be coached/encouraged to provide comprehensive RCA within 48 hours of injury being reported.
- BIDMC continues to work on bringing the number of employee incidents down from almost 900 per year in FY 2008 to zero.

