The Problem
In 2014, BID-Needham received funding through the Health Policy Commission’s Community Hospital Acceleration, Revitalization, & Transformation grant program to move from a paper incident reporting system to electronic reporting using RL Solutions.

Aim/Goal
- To move from paper to electronic reporting using the RL6 platform as part of a larger RL Solutions system upgrade with BIDMC
- To streamline workflow for review and resolution of incidents
- To enable more efficient follow up with staff and feedback on corrective actions/process improvements adopted
- To enable easier tracking and trending of incidents
- To allow for more effective reporting of trended data to staff hospital-wide

The Team
- Kathy Davidson, RN, MSN, Chief Nursing Officer/Chief Operating Officer – BID-Needham
- Steve O’Halloran, Chief Information Officer – BID-Needham
- Savina Prokopios-Davos, RN, CNIII, Clinical Risk Quality Specialist, Healthcare Quality – BID-Needham
- Lisa Borelli Flynn, J.D., Risk & Safety Specialist, Healthcare Quality – BID-Needham
- Katie Scalzulli, Project Manager, Healthcare Quality – BIDMC
- Melinda Van Niel, MBA, Project Manager, Healthcare Quality – BIDMC

The Interventions
- BID-Needham’s CIO and Healthcare Quality team participated on the BIDMC RL6 Steering Committee and in test-site development to learn the new system and allow for customization
- The Team developed a plan for training and roll-out in fall 2014
- BID-Needham’s Healthcare Quality team presented the plan to Leadership, which then advised staff of the upcoming roll-out
- BIDMC’s Project Managers conducted on-site trainings of BID-Needham staff and management in November 2014
- RL6 went “Live” on November 1, 2014
- The Clinical Risk Quality Specialist and Department Managers continued training on an as-needed basis
- As of December 1, 2014, incident reporting officially transitioned from paper to electronic using RL6

The Results/Progress to Date

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Number of Reported Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2013</td>
<td>45</td>
</tr>
<tr>
<td>January 2014</td>
<td>45</td>
</tr>
<tr>
<td>December 2014</td>
<td>50</td>
</tr>
<tr>
<td>January 2015</td>
<td>55</td>
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</tbody>
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Lessons Learned
- On-site training was very helpful and effective. For future roll-outs of similar systemic changes, training should be planned further in advance to allow for departments to come in groups. Super users should be identified with representatives from each department to assist with training and ongoing technical questions.
- A slight drop in reporting was expected while users learned the new system, but staff picked up on the software quickly and reporting has increased from winter of last year. Staff were excited for the switch to RL6, particularly for increased trending and faster feedback on process improvements.
- Duties of management and senior staff must be clearer prior to roll-out and training. Additional Manager/Director training could have been beneficial.

Next Steps/What Should Happen Next
- Develop and launch a QStream course addressing FAQs that arose during first quarter of RL6 reporting
- Continue to track and trend incident data using the reporting function and share process improvements with staff, Leadership, and Board members
- Solicit feedback on the system from user groups for ways to improve the reporting experience
- Consider roll out of RL6 for employee-related incidents

For more information, contact:
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