

Just Culture

Alberta Health Services emphasizes learning and reporting to enhance safe care for patients and healthy work environments for staff and medical staff. While we will never prevent all mistakes from happening, when hazards and close calls or actual adverse events are identified through the RLS we are able to initiate efforts to support continuous quality and safety improvement. A just culture is an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety concerns.

While all RLS Reports will be shared with the manager of the area involved the Reporter has the option to report in confidence.

How is the data used?

The RLS system can be accessed by designated leaders to:

- Identify areas of concern and areas requiring new processes or adjustments to existing processes that will prevent future events;
- Inform recommendations, or evaluate success following implementation of new processes; and
- Identify trends and common issues across sites.



For More information

AHS Insite:

Visit the Insite homepage and look for the RLS feature box on the left hand side. An AHS Network Account is required to access Insite.



Telephone:

Contact us at 1-(877)-338-3854.



Reporting & Learning System for Patient Safety (RLS)

What is it?

Delivering quality and safe care to Albertans is the foundation of all activities undertaken by Alberta Health Services.

The Reporting and Learning System (RLS) is in place to track hazards, close calls and adverse events; identify patterns; generate reports; and communicate information for system leaders and staff to take action to reduce harm.

Why your report matters

Every report matters. The benefit of being a large organization like AHS is that we are able to see patterns emerge quickly when we review reports from the RLS.

For instance, in October of 2012, three close calls identified in the RLS where an amber ePHEDrine ampoule was selected instead of an amber epiNEPHrine ampoule led to the identification of a need for an urgent patient safety alert.

How do I submit a report?

The database is very easy to use – simply click to identify the event location and type in a description of the event. If you don't have access to AHS InSite, you can call 1-877-338-3854 and an operator will enter the information on your behalf.



Reporting & Learning System for Patient Safety (RLS)

Roles

Reporters are responsible for:

- submitting a report about an adverse event, close call or hazard;
- notifying the appropriate responsible administrative leader; and
- documenting adverse events in the patient's health record.

Administrative Leaders are responsible for:

- responding to reports on a case by case basis, consistent with the AHS Code of Conduct, etc;
- ensuring reports are read, advanced and shared as appropriate;
- analyzing data for trends and to identify improvements; and
- providing feedback to staff and medical staff about how reports contribute to patient safety.

Medical Leaders are responsible for:

- analyzing data for trends and to identify improvements.

Quality & Healthcare Improvement is responsible for:

- maintaining the system;
- categorizing reports; and
- analyzing the data for the purposes of making recommendations for improvement.

What to report:

- Adverse Events: events that reach the patient such as falls and medication errors
- Close Calls: events that almost reach the patient such as medication almost given to the wrong patient
- Hazards: events waiting to happen such as look alike labels

What happens when a report is submitted?

It only takes a few minutes to submit a report, but each one is critical to reducing errors and potential hazards. Reports are reviewed by a unit-level manager to determine the cause of the event, and what can be done to prevent it from happening again in the future. Multiple reports about the same event can help the unit level manager determine the exact cause by providing different viewpoints and perspectives.

AHS celebrates the increased reporting volumes that are evidence of a patient safety culture. Responding to each report is not sustainable, but system changes resulting from RLS reports will be communicated to physicians and staff prior to implementation.