



**PLAN DO CHECK ACT**

**PLAN** the improvement and continued data collection. Outline the implementation and data collection plan. Establish baseline and develop indicator to measure effectiveness of the change. What processes are involved? What is the cause of the problem? What will be done, specifically? Who is responsible for implementation? *Attach all supporting documents.*

**DO** the improvement, data collection and analysis. Make changes to the current process. Attach before and after flowcharts, data summaries, and other supporting documents.

**CHECK** the results and lessons learned from team effort. Measure the impact of the changes to determine whether change led to the expected improvement. Attach benchmark data, (*data collection worksheets, run / control charts, histograms, graphs, etc*).

**ACT** to hold the gain and continue to improve process. Determine the need to review / follow-up. What changes need to be made to standardize new process? What policy, procedure, protocol, or instruction need to be changed to hold the gain?

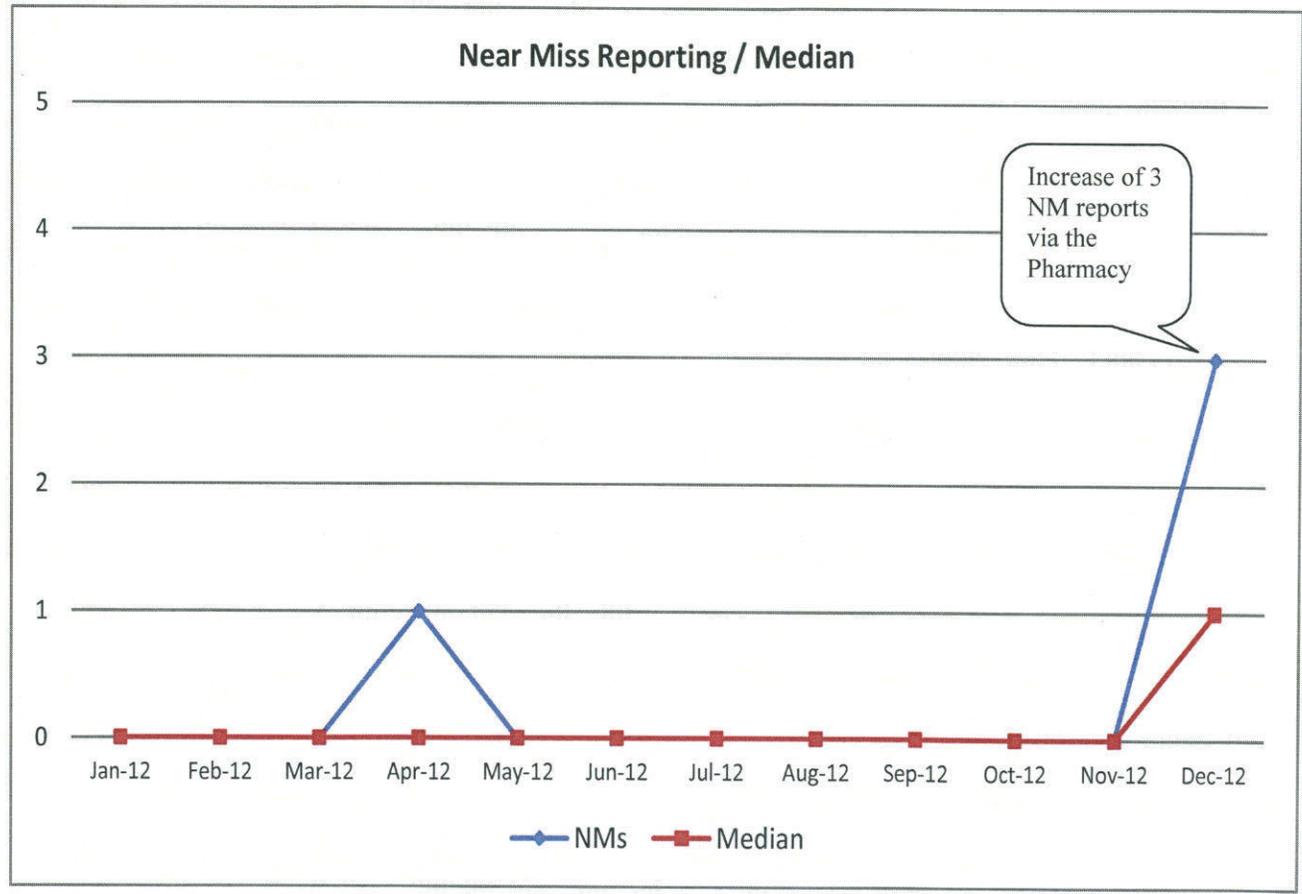
## Performance Improvement Report

**Naval Health Clinic Corpus Christi  
Command Suite – PI/RM/PS Department**

**POC:** Jeannine Hardwick, R.N.  
**Phone:** 1-2442

**Report: Patient Safety Reporting**

**Rationale:**  
Since the implementation of the Patient Safety Reporting System in April of 2011 NHCCC reporting for Near Miss (NM) and Actual Events (AE) has declined as follows:  
**CY 2010**  
NM Median: 77  
AE Median: 4  
**CY 2011**  
NM Median: 2.5  
AE median: 3.5  
**CY 2012**  
NM Median 0-1  
AE median 1.5  
*Near Miss reporting is key to risk mitigation PRIOR to an Actual Event occurring.*  
**Target/Benchmark:**  
Increase Near Miss reporting median by 50% for CY 2013.  
**Measure:**  
Monthly median rolling average will be kept. Year-end median to be calculated in Dec 2013.  
**Baseline (2012): 0-1 Goal: 50**  
**Date Source:**  
Datix – Patient Safety Reporting System



**Strategic Goal Alignment (circle):**  
Readiness Value Jointness

**Analysis / Recommendations / Interventions / Outcomes:** As per rationale above, reporting has declined since 2011. Multiple interventions have been attempted to include: ECONS, ECOMS & ESC presentations. Risk Management provides 1:1 briefs with incoming staff & participates in Command Indoctrination. An increase from 0 to 3 Near Miss reports was noted in Dec-12 secondary to Pharmacy. Contacted other Ambulatory MTFs (Hawaii & Annapolis) due to their successes with Near Miss reporting. They report similar issues with reporting outside Pharmacy. In the Pharmacy they have a designated individual to submit reports. Will plan command-wide training for 1<sup>st</sup> quarter CY 2013, either in the form of class training or training as a part of National Patient Safety Awareness Week. Will also meet with Pharmacy to see how reporting can be increased. Patient Safety will also begin entering PSRS for observed events.