



Prospective Analysis Template

YEAR:

Topic:

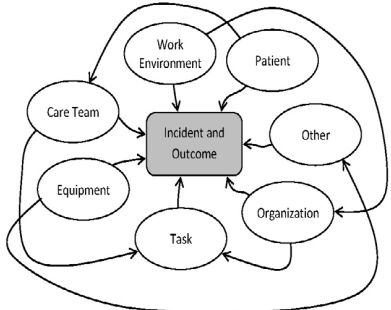
Goals of the Prospective Review:

Team members:

Resources Used: (chose all that apply)

	Accreditation Canada Required Organization Practice (ROP)/ Standard		Audit Results
	Critical Incidents related to topic		Education provided (<i>include stats if applicable</i>)
	HIROC Risk Report <i>if applicable</i>		Policy & Procedures
	HIROC Risk Assessment Checklist <i>if applicable</i>		Safety Event Annual Report statistics
	Survey results		Other: (specify)

Insert a brief summary of data obtained from each above resource used:

<p>PATIENT: <i>Guiding questions to assist in an analysis.</i> <i>Do patient(s) have the information to assist in avoiding the event? If not, what would support patient(s) in assisting the care team? Does age, sex, medication, allergies, diagnosis, other medical conditions contribute to an event? How do they contribute? Does any social or cultural factors contribute to an event? What are the factors? In which way? Is there language barriers? Other?</i></p> <p>List all contributing factors:</p>		<p>MITIGATING FACTORS: <i>(List things that are already in place)</i></p>
<p>WORK ENVIRONMENT: <i>Guiding questions to assist in an analysis.</i> <i>Does noise levels interfere with alarms? Is lighting adequate for a task? Is the work area adequate for the task(s) being performed e.g.) space, layout, location, accessibility of resources? Other?</i></p> <p>List all contributing factors:</p>	<p>TASK (Care/Work process): <i>Guiding questions to assist in an analysis.</i> <i>Are there any previous or predicted failures for this task or process? Are specialized skills required to perform the task? Is there a fixed process or sequence of steps required e.g.) order sets, checklists? Do they exist and are they used? Are protocols available and up-to-date? Are there constraints or pressures e.g.) time, resources when performing the task? Is information required to make care decisions available and up-to-date e.g.) test results, documentation, patient identification? Is there a risk assessment/audit/quality control program in place for the task/process? Other?</i></p> <p>List all contributing factors:</p>	
<p>CARE TEAM: <i>Guiding questions to assist in an analysis.</i> <i>Is education, experience, training and skill level adequate? Is fatigue, stressors, health or other factors an issue? Is the workload appropriate? Is appropriate and timely help or supervision available? Other?</i></p> <p>List all contributing factors:</p>	<p>OTHER (Consider): <i>Guiding questions to assist in an analysis.</i> <i>Are there any local/sector conditions or circumstances that may influence an event? Other?</i></p> <p>List all contributing factors:</p>	
<p>EQUIPMENT (Including information & Communication Systems): <i>Guiding questions to assist in an analysis.</i> <i>Are displays and controls understandable? Does the equipment automatically detect and display problems? Was the display functional? Are warning labels, reference guides and safety mechanisms functional and readily visible/accessible? Are maintenance and upgrades up-to-date? Is the equipment standardized? Is the equipment easy to use? Are communication systems e.g.) Phone, pager, software, hardware etc. available and operational? Other?</i></p> <p>List all contributing factors:</p>	<p>ORGANIZATION: <i>Guiding questions to assist in an analysis.</i> <i>Policies & Procedures(P&P), and Priorities: Are relevant P&P available, known, accessible and do they meet the needs of the users? Are there work arounds to the documented P&P? Is there a mechanism in place to identify and resolve gaps between policy and practice? Are the strategic priorities of the organization clear to all? Culture: Are patients, clients, residents, family, clinicians and staff feel comfortable to speak up about safety concerns? Is there visible support from leadership and the board for safe patient care? Is communication between staff and management supportive of day-to-day safe patient care? Is Safety Event Reporting considered as a system failure and not about people blaming? Capacity (resources): Does scheduling influence the staffing levels, stress, and fatigue? Is there sufficient capacity in the system to perform effectively e.g.) access to resources? Are formal &/or incentives appropriate? Other?</i></p> <p>List all contributing factors:</p>	

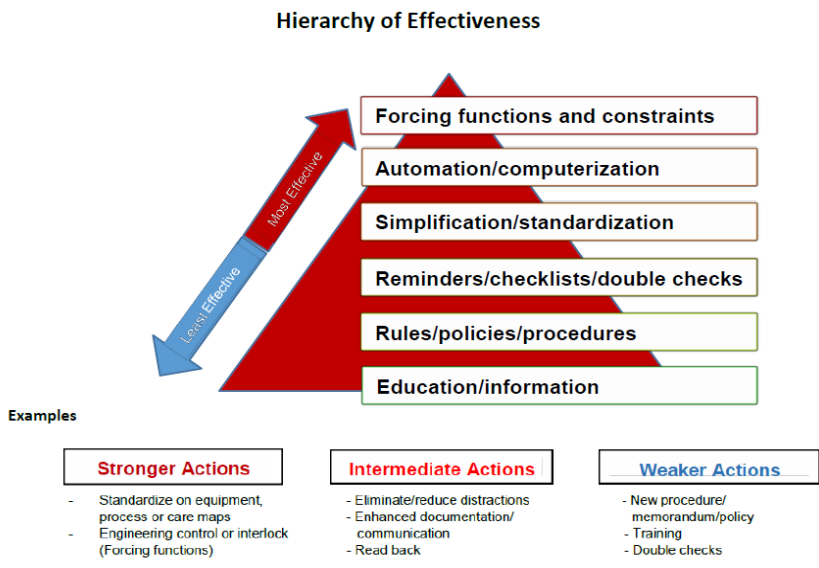
Summarize the FINDINGS FROM the above ANALYSIS:

<u>Finding #1-</u>
<u>Finding #2-</u>
<u>Finding #3-</u>
<u>Finding #4-</u>
<u>Finding #5-</u>

SYSTEM IMPROVEMENT OPPORTUNITIES BASED ON FINDINGS: When making recommendations think of these two diagrams and ask yourself these 3 questions. 1.) What are we trying to accomplish? 2.) How will we know that a change is an improvement? 3.) What changes can we make that will result in improvement?

Formulate recommended actions that are SMART

S	Specific
M	Measurable
A	Attainable
R	Realistic
T	Timely



RECOMMENDATIONS/SYSTEM IMPROVEMENT OPPORTUNITIES based on above findings: <i>(policy/tools/checklist/resource allocation/communication changes/data collection/monitoring/education of staff/ information availability)</i>	Assigned Responsibility to:	Target Date	Completed

IMPLEMENTATION PLAN: (narrative)

MONITORING AND MEASUREMENT PLAN: (narrative)

Complete an EXECUTIVE SUMMARY