

Exploration of Near Misses in Mental Health Settings

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Project Background:

- Global efforts call to expand & refine current thinking about patient safety beyond acute care hospital settings.
- Ontario tertiary care mental health hospitals are working collaboratively to address the current knowledge gaps in safety in the mental health care settings.
- One current knowledge gap is the concept of “near miss” in the mental health sector.

Project Description: A two-phased, mixed method, descriptive study involving three Regional Tertiary Care Mental Health organizations in Ontario.

➤ **Phase I** involves a qualitative design that aims to define & describe what constitutes & contributes to near miss occurrences & what is needed to ensure safer processes of care in the mental health care sector.

➤ **Phase II** involves a pre-post quantitative design & qualitative focus group method to evaluate experiences associated with implementation of evidence based near miss intervention(s).

Baseline Data on Knowledge & Attitudes Relating to Patient Safety & Therapeutic Relationships

All four of the emerging themes from Phase I pointed toward the need to enhance health care providers' abilities to "know the patient" and to improve communication.

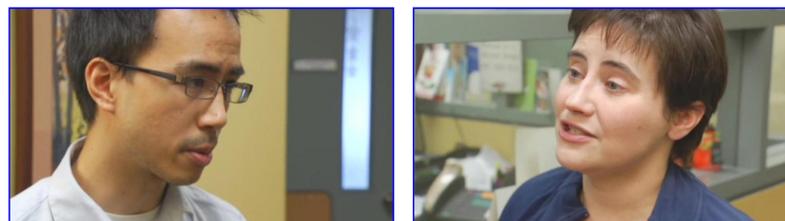


Figure 2. Margaret Murray is a fictional person diagnosed with a disorder of thought who is an in-patient in a virtual medium security forensic psychiatric unit.

Significance to Mental Health & Patient Safety:

- **Near misses** are important events in everyday clinical practice & hold promise for health system improvement due to their association with patient care vulnerabilities (1, 2); recovery patterns (3, 4); & their frequency in occurrence compared to adverse events (5, 6).
- In other countries, near misses are viewed as significant components of patient safety practice in mental health settings yet a paucity of research studies on the phenomenon itself has been reported in the literature (4, 7, 8, 9).
- Of particular importance is **exploring near misses as recovery patterns associated with system vulnerabilities and processes that interrupt the trajectory toward undesirable outcomes** (minor incidents to full adverse events) (2, 10, 11) in the mental health setting.

Focus Group with Health Care Professionals
PLUS Individual Interviews with Clients/Family Members/Significant Others

Site A x 3 Focus Groups & 10 Interviews
 Site B x 2 Focus Groups & 8 Interviews
 Site C x 3 Focus Groups & 10 Interviews

Data Analysis & Identified Themes (Figure 1)

Selection of Intervention(s) for Testing in Phase 2

Intervention

Development & testing of an on-line virtual learning environment to illustrate concepts relating to therapeutic relationships using highly contextual case studies.

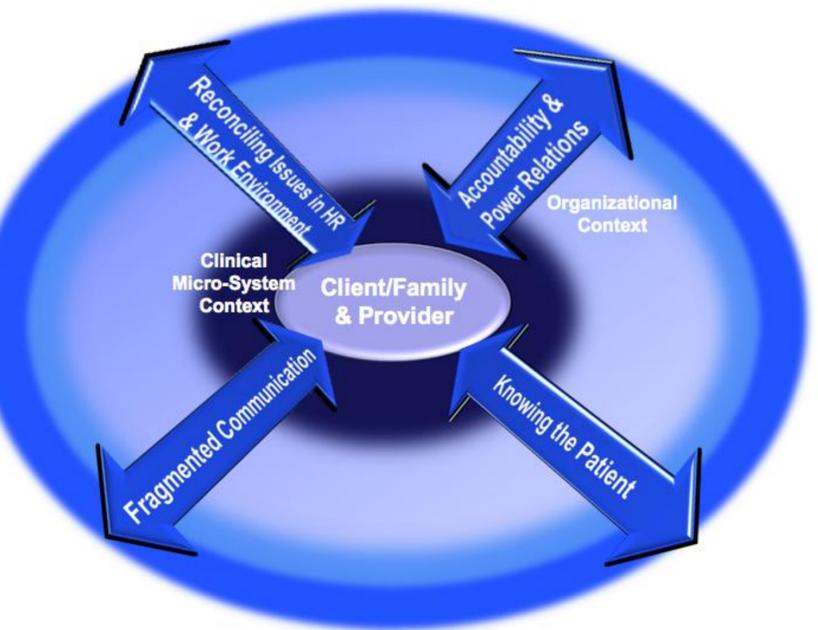


Figure 1. Themes identified in Phase I.

Intervention Data on Knowledge & Attitudes **Plus** Focus Group at selected site

Post intervention evaluation of the impact of the intervention on health care providers' ability to link therapeutic relationships with near misses and patient safety and attitudes toward developing knowledge and skills in therapeutic relationships.

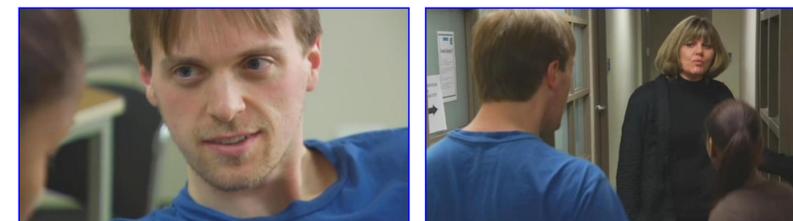


Figure 3. Sam Franczyk is a fictional person diagnosed with a disorder of mood who is an involuntary admission to the psychiatric unit in the virtual hospital.

References available upon request