

FMEA: Missing Persons

Providence Care
Kingston Ontario

May 2007

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Rationale for FMEA

Classified as high risk incidents

Characterized as:

- Elopements
- Missing
- AWOL
- Wandering

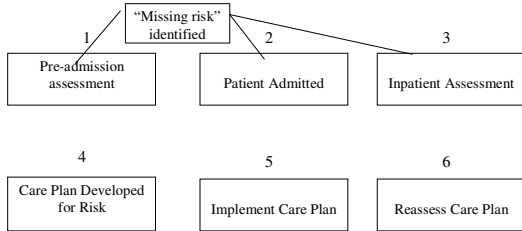
Settled on the term “Missing Persons”

Our FMEA Process

- Two preparation meetings – leads only
- Team Meeting #1 – Education on FMEA, data review, definition & scope of FMEA
- Team meetings #2-#5 (four 2-hour meetings) – Completed the FMEA
- Note: 14 team members, representing 3 corporate sites

High Level Missing Patient Process

Note: FMEA did not include search for missing patient (code yellow)



Next Steps

- Executive Summary to Quality of Care Review Committee (not QCIPA protected)
- 5 key recommendations, prioritized & action plan
 - Inventory of Interventions (and associated protocols)
 - Communication/Education
 - Triggers to a Missing Patient/Client
 - Team Building
 - Clinical Assessment Tools and Instruments

Lessons Learned

- Team Composition
 - 2 persons with FMEA training
 - 1-2 physicians
 - Members who are invested/interested in topic
 - Diversity of membership
- Preliminary Training
 - All members received FMEA training prior to focusing on the specific topic
 - Next time: “just do it” rather than train participants

Lessons Learned - Continued

- Process

- Involve members in process of defining topic & scope of project
- Difficulties arose with different terminology and data collection systems within our organization – standardization would be helpful
- Leaders prepare a skeleton of the draft process and sub-processes in advance of the meeting (maximize efficiency)
- Utilize post-its notes for process development, but data projector for populating the worksheets & writing recommendations
- Recommendations be prioritized and evaluated by the team for feasibility and potential direct impact on patient & staff safety, provision of quality care, and health workplace culture

Questions
