

National Council for **N C O R** Osteopathic Research

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www.ncor.org.uk





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School of Medicine and Dentistry

National Council for

N C O R

Osteopathic Research



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2009

**electronic
vs
paper**



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2010

benefit...

...vs risk!



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2012



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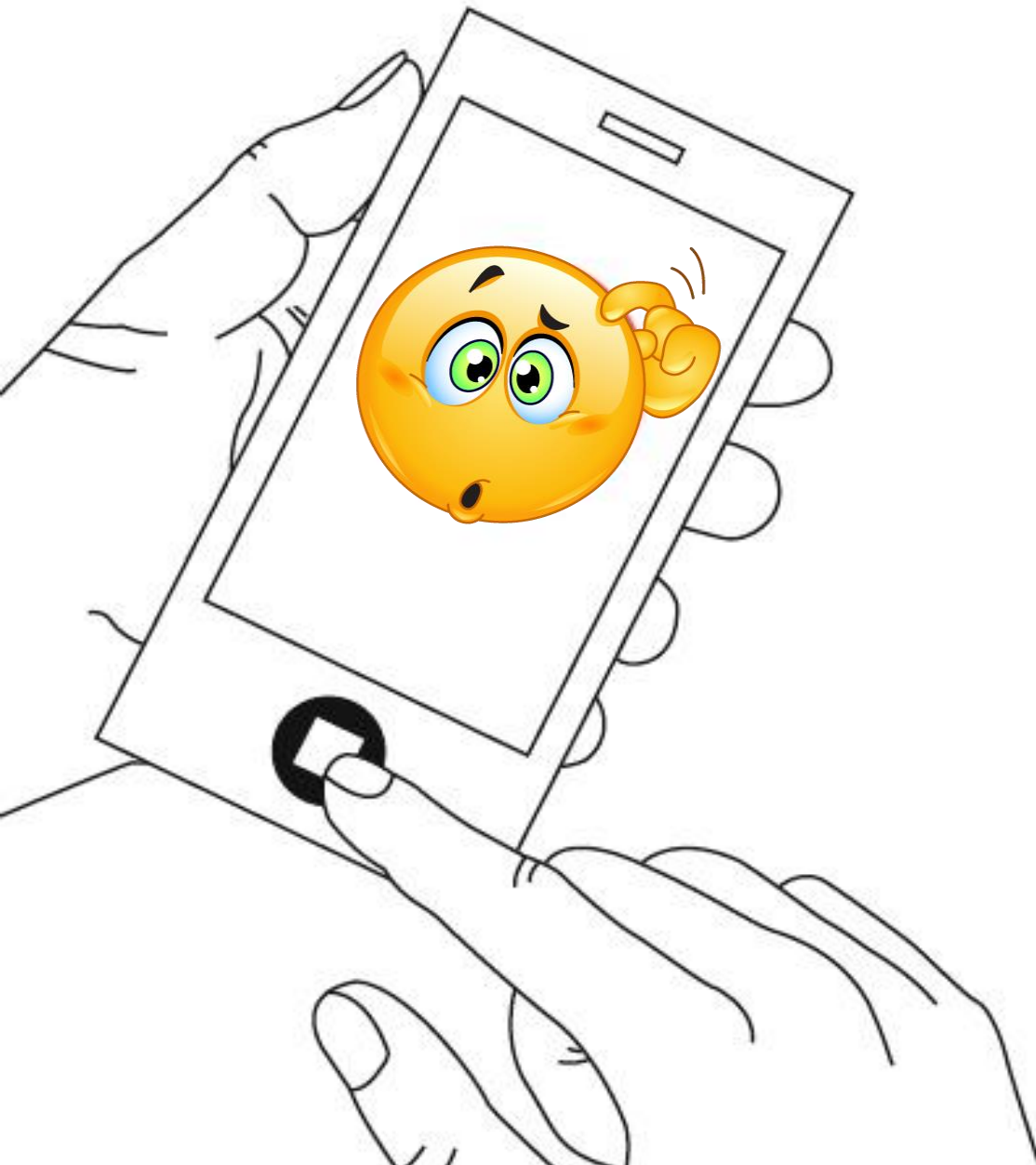
2012

yes

no

maybe





2012

keep it
short &
simple



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2012

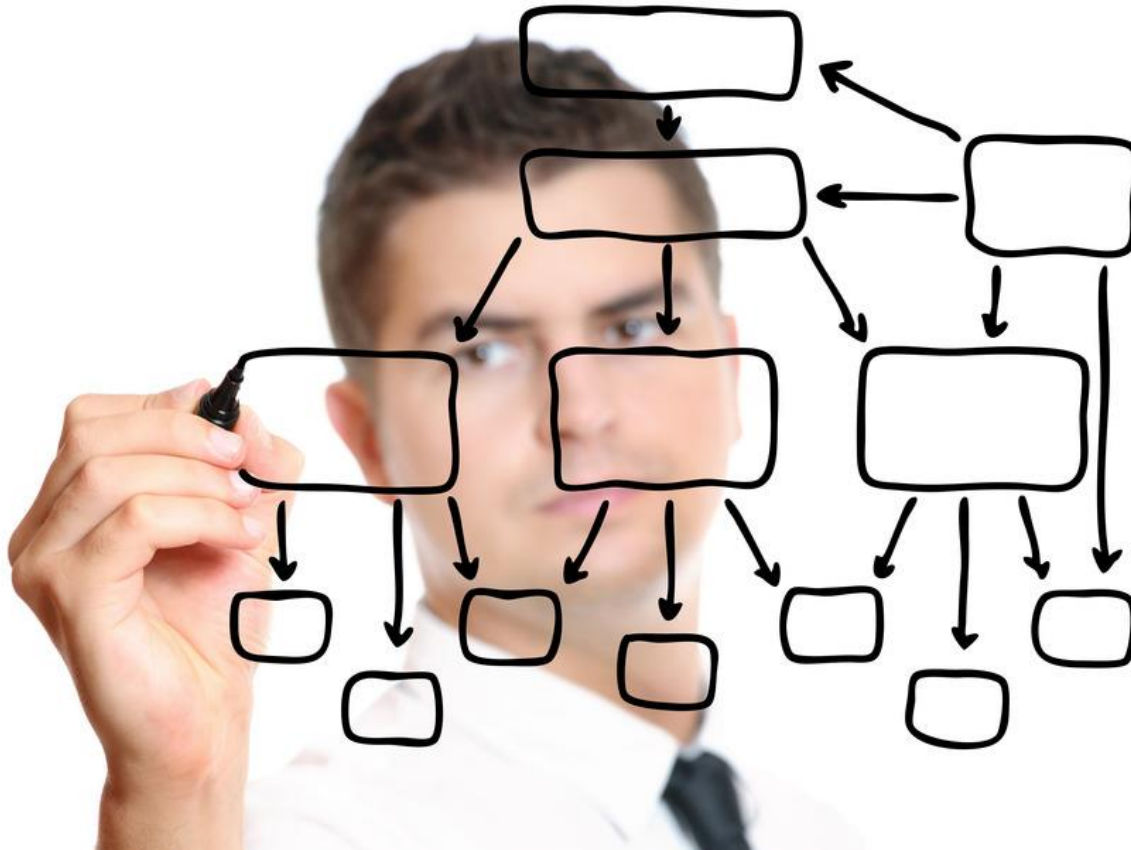


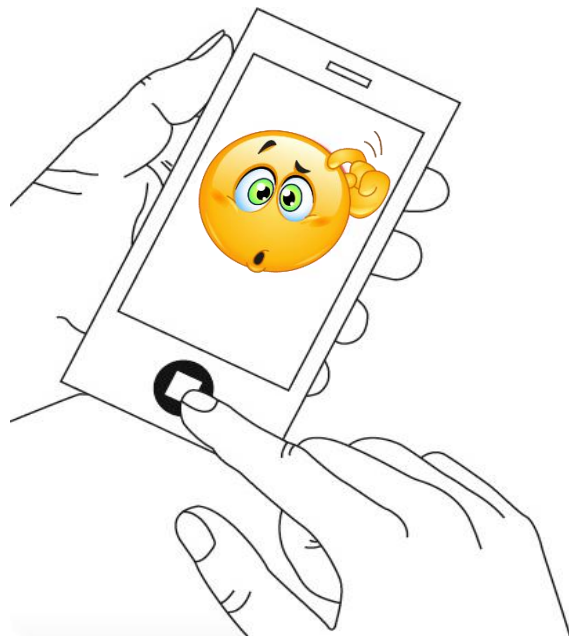
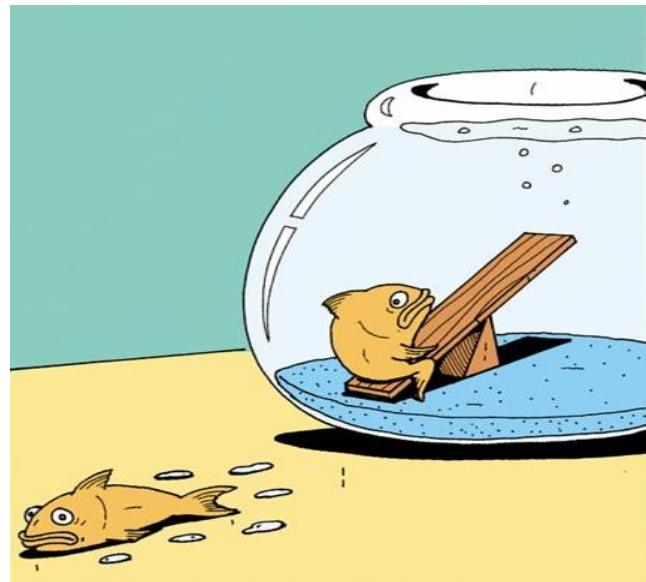
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2014

priorities and direction





- yes
- no
- maybe

<http://www>



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N **C** **O** **R**

Osteopathic Research



Patient Incident Learning and Reporting System

Osteopaths
report adverse events
in a learning environment
anonymously



Patient Reported Experiences of Osteopathic Services

Patients
report their experiences
using a data collection tool
anonymously



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PIILARS

Patient Incident Learning and Reporting System

ncorpilars.org.uk



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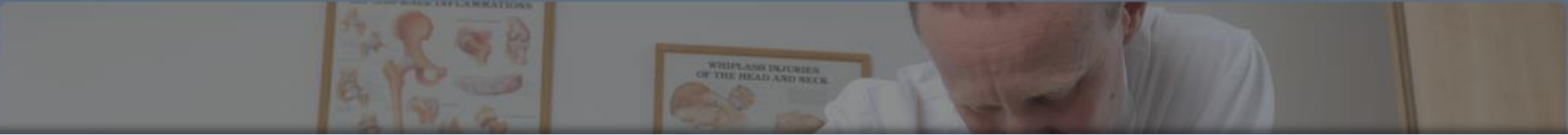
Osteopathic Research



The Patient Incident Learning And Reporting System

The Patient Incident Learning and Reporting System (PILARS) is a website for UK registered and student osteopaths to use as a learning resource. This platform enables you to anonymously report, view and comment on actual and potential patient incidents relating to osteopathic services, and learn from those experiences.

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- [General Osteopathic Council O-Zone Section](#)
- [British Osteopathic Association Members Area](#)

To Submit A Report/View Existing Reports, Login Above.

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About

The Patient Incident Learning And Reporting System (PILARS) has been designed to enable osteopaths to report anonymously, share and discuss challenging experiences relating to practice-related incidents, patient safety, practitioner safety or adverse events associated with osteopathic care. This can all be done anonymously online. The information gathered from these reports will be analysed only by the research team at the National Council for Osteopathic Research (NCOR) in order to identify trends. The information will be fed back to the osteopathic profession to improve patient care, and highlight any recurring issues about which osteopaths should be aware. We hope that osteopaths will learn from each other, share helpful experiences of their own, and become more aware of situations and circumstances that may lead to the occurrence of adverse events or difficult incidents in practice.

We would like to reassure you that this forum is both secure and anonymous. It is intended to be educational and supportive for the profession. The forum is password protected, available for use only by registered osteopaths and students: this site is not available or intended for use by patients, the general public, or other healthcare professionals. There is no known way for users to be identified unless they specifically choose to do so. We will monitor the site and remove any identifiable data (of practices, practitioners or patients) should it arise. Please be careful to ensure complete anonymity when adding information to the site.

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This is to ensure that only registered osteopaths have access to the forum. The username and password will be the same for everyone to help ensure that users of the forum cannot be identified. Additionally, in the interest of security, the login details will be changed on a regular basis, so you may need to retrieve new log in details from the above websites periodically if you wish to view the site or add a contribution.

If for any reason you experience difficulty accessing these details, then please get in touch with us via the feedback form on this site's homepage. The information provided in the forum will be stored within a secure database, which is independent from the NCOR website, or any other osteopathic group. For those who are familiar with IP addresses, the IP address of the computer from which a report has been submitted is not stored to disk. The RAM cache that might be able to carry this information is emptied continuously, therefore leaving it impossible to identify individuals submitting reports.

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Reports

#	Type	Nature	Keywords	Location	
1	Green	Documentation	TEST	Patient's residence	<input type="button" value="View"/>
2	Red	Documentation		Patient's residence	<input type="button" value="View"/>
3	Red	Documentation	dfgdfgf dfg dfgdfg dfgdf gdf g	Patient's residence	<input type="button" value="View"/>
4	Red	Documentation		Patient's residence	<input type="button" value="View"/>
5	Red	Documentation		Patient's residence	<input type="button" value="View"/>
6	Red	Documentation		Patient's residence	<input type="button" value="View"/>
7	Red	Documentation		Patient's residence	<input type="button" value="View"/>
8	Red	Documentation		Patient's residence	<input type="button" value="View"/>
9	Amber	Examination\Assessment		Treatment room	<input type="button" value="View"/>
10	Amber	Examination\Assessment	chaperone	Treatment room	<input type="button" value="View"/>

Reports

#	Type	Nature	Keywords	Location	
1	Green				<input type="button" value="View"/>
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RED: Actual incident that has occurred.



AMBER: Near-miss.



GREEN: Potential incident.

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10	Amber	Examination\Ass

Examples of Events

Below are some examples of the types of actual or potential events that would be appropriate for reporting. This list is intended to give you an idea of some of the things you might report but it is not exhaustive. The categories are the same as the ones used in the online reporting form so this may help you to decide which category your report fits into.

Documentation	Examination/ Assessment	Treatment/ Management	Accidents/ Equipment/ Infrastructure	Personal practitioner adverse experience
Patient record incomplete	Failure to examine all relevant areas connected with patient's history and symptoms	Patient experienced post-treatment distress	Patient trip/fall	Untoward advances from a patient
Patient record illegible	Incorrect diagnosis	Patient experienced post-treatment pain	Patient unable to contact clinic in an emergency	Patient fixation on practitioner/Stalking
Failure to take a case history	Investigation undertaken to detriment of patient, e.g. adverse event following assessment	Wrong positioning of patient during treatment	Clinical equipment malfunction, e.g. treatment couch	Verbal abuse from a patient
Failure to take notes on a new episode for a returning patient	Significant pathology missed	Patient experienced significant post-treatment effects, e.g. neurological symptoms	Failure to use equipment appropriately, e.g. ultrasound equipment	Aggressive behaviour from a patient
Failure to document assessments and findings	Case history inadequate, missed secondary condition	Patient experienced permanent harm after treatment	Health and Safety measures inadequate	Violent behaviour from a patient
Failure to document diagnosis	Failure in referral process	Patient experienced negative effects during treatment, e.g. rib fracture	Failure to dispose of sharps and clinical waste appropriately in treatment room	Patient under the influence of alcohol or recreational drugs
Failure to document	Patient not offered gown for		Failure to dispose of sharps and clinical waste appropriately	Infectious/contagious patients, e.g. fungal infections, scabies, impetigo
				Practitioner safety at home visits

Reports

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User Type:	Practitioner
Patients Age:	Under 16
Patients Gender:	Male
Location:	Treatment room
Nature of the incident:	Examination\Assessment
What happened:	<p>Young male patient arrived with a painful knee following a game of football, seeking assessment. Unfortunately he was under 16, and unaccompanied. I explained to him that I would be unable to assess him fully without an adult chaperone. He was able to walk and not in distress, so I suggested that he went home and asked his parents/guardians to return with him, or accompany him to the local hospital's minor injuries department.</p>
Why and how it happened:	No chaperone available in my clinic.
Actions taken:	Unfortunately I am unlikely to be able to provide a regular chaperone. Perhaps signage on the door of clinic may help clarify this situation for patients. I will include
Five key words:	chaperone
Patient harmed?	Don't Know
Incident Avoidable?	Yes
Past occurrences of such incident:	Once before
Practitioners actions/inactions	Unlikely

Why and how it happened:	No chaperone available in my clinic.
Actions taken:	Unfortunately I am unlikely to be able to provide a regular chaperone. Perhaps signage on the door of clinic may help clarify this situation for patients.
Five key words:	chaperone
Patient harmed?	Don't Know
Incident Avoidable?	Yes
Past occurrences of such incident:	Once before
Practitioners actions/inactions responsible?	Unlikely
Further information:	
Date & Time Form Submitted:	29/08/2014 11:48:39

Comments

Help by leaving a comment

Submit Report

This is a situation I've encountered a handful of times in my clinic over the past 12 years. As you suggest, I've placed a clearly visible sign on my door, and this does seem to have reduced the number of these incidents. Perhaps you could have telephoned the boy's parents there and then to see if they could attend at the time? It's a shame you weren't able to fully assess him, since he may have had an injury that was more serious than it first appeared. You could perhaps have phoned him or his parents later to check up on his progress.

Terms & Conditions




Before you submit a report we require you to acknowledge and understand the following points:

- It is not NCOR's responsibility to investigate any reports, nor is it within their power.
- This forum has been created to enable practitioners to report and discuss incidents relating to osteopathy in order to support continued learning about patient safety and risks associated with osteopathic treatment, and events that can occur within day-to-day practice life.
- NCOR does not retain personal information identifying individual practitioners, staff or patients. You must ensure that you do not include any personal identifiable information in your report or any comments on reports.
- Reporting in this forum is not a substitute for reporting incidents to your insurer or the General Osteopathic Council.
- NCOR reserves the right to alter/remove any personal identifiable data or other objectionable content from reports and comments.

[Accept](#)[Decline](#)

Submit Report

Please start by clicking the appropriate 'white links' to indicate whether your incident has happened, has nearly happened (near-miss), or has the potential to happen.

-  **RED:** Actual incident that has occurred.
-  **AMBER:** Near-miss.
-  **GREEN:** Potential incident.

[Back](#)

Submit Incident Report

Please complete the form below. Navigating away from the form during completion will cause it to return empty.

Your report must not include any personal information, about you or your patient, which could identify either party.

1. Please provide the patient's age:

25-34 ▼

2. Please provide the patient's gender

Male ▼

3. Where did the incident happen?

Treatment room ▼

4. Please categorise the nature of the incident from the following list ([Examples of Events](#)):

Treatment/Management ▼

5. What exactly happened? (give details, including people and/or equipment involved):

Patient fell off the plinth. He managed to grab hold of the plinth at the last moment, so only his legs fell off.

6. Why and how did it happen? (describe the sequence of events and possible causes):

I asked him to turn over, and he rolled backwards off the plinth. I had stepped back at the time, whereas usually I remain close to the patient.

7. Describe the actions taken immediately and in the longer term:

No bruising or any other damage since the plinth was low and the floor is carpeted, and only the patient's legs fell from the plinth. The patient found the incident quite amusing, and was unharmed. I expressed regret that I hadn't assisted him in turning over, or made it clear how close he was to the edge of the plinth.

I asked him to turn over, and he rolled backwards off the plinth. I had stepped back at the time, whereas usually I remain close to the patient.

7. Describe the actions taken immediately and in the longer term:

No bruising or any other damage since the plinth was low and the floor is carpeted, and only the patient's legs fell from the plinth. The patient found the incident quite amusing, and was unharmed. I expressed regret that I hadn't assisted him in turning over, or made it clear how close he was to the edge of the plinth.

8. Provide up to 5 key words that can be used to describe this incident:

fall plinth

9. Was the patient harmed?

No

10. Could the incident have been avoided?

Yes

11. How often have you encountered this type of incident in your practice in the past?

Never

12. What is the likelihood that your actions/inactions were responsible for the incident?

Likely

13. Please provide any further information about the incident that you consider relevant (e.g. medication, concurrent treatment, family history and/or features in the patient's current or past health):

No other relevant factors.

Submit Incident

Reports

#	Type	Nature	Keywords	Location	
11	Red	TreatmentManagement	fall plinth	Treatment room	<input type="button" value="View"/>



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Patient Reported Experiences of Osteopathic Services

ncorpreos.org.uk



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Patient Reported Experiences of Osteopathic Services (PREOS)

The PREOS site has been designed to enable patients to anonymously report their experiences of osteopathic care. This is done online with a user-friendly process. The information gathered from these reports will be analysed by the research team at the [National Council for Osteopathic Research \(NCOR\)](#). Any trends in reporting will be fed back anonymously to the osteopathic profession to improve patient care. We will build on the positive aspects of care and to help avoid future occurrences of poor experiences or adverse events.

These reports are [published on the NCOR website](#).

About us

NCOR work in research ranges from directly carrying out research projects to disseminating research findings to the osteopathic community, osteopathic patients, other healthcare providers and the general public.

[Read more »](#)

Why reporting?

Collecting patients' reports on adverse events in this central way can help us gain a clearer understanding of the type of adverse events that occur, why they arise, how often they happen, and how we can avoid them in future.

[Read more »](#)

Privacy

We know how important your privacy and anonymity is, that's why the information provided on this website will always be stored securely within the reporting system's database, which is independent from the NCOR website

[View details »](#)

Terms and Conditions

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- NCOR does not keep any personal information identifying individual practitioners, staff or patients. You must ensure that you do not include any personal identifiable information in your report or any comments on reports.
- Reporting in this forum is not a substitute for reporting incidents to profession's regulator, the General Osteopathic Council.
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[I accept](#)[Return to Home](#)

[Home](#)

[Reporting Guide](#)

[Submit a report](#)

[Security and anonymity](#)

[About Us](#)

1. Who are you?(please tick one)

- Patient
- Relative
- Friend
- Carer
- Other
- Prefer not to say

2. What was the age of the patient at the time of the experience? (please select one)

41-50 years ▼

3. What is your sex? (please tick one)

- Male
- Female
- Prefer not to say

4. What is your location? (please select one)

Scotland ▼

5. Which stage of care are you providing feedback about? (Please tick as many as apply)

- Availability/access
- Your diagnosis
- Your treatment
- Being discharged
- Ongoing/follow-up
- Other

6. Is your feedback related to: (Please tick as many as apply)

- Availability of staff
- Delivery of service
- Co-ordination of care between osteopaths
- Premises
- Equipment
- Hygiene of the building in general
- Hygiene of the treatment room
- Hygiene of the practitioner
- Communication with the osteopath
- Communication with the receptionist
- Treatment reaction
- Outcome of treatment
- Your notes/records
- An accident you experienced while at the practice
- Practitioner availability
- Abuse by osteopath
- Unknown
- Other

7. Please give us some feedback about your experience of the above ticked boxes?

The osteopath wrenched my neck, producing a loud cracking noise. This took me by surprise. The next day I awoke with tingling in my right hand. This has now progressed to being quite painful, and my doctor has referred me to a neurologist.

8. Please describe your ethnic origin. We ask this because it is helpful for us to know more about you to improve care for everyone.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Asian Other

Black or Black British

- Caribbean
- African

Asian Other

Black or Black British

Caribbean

African

Black Other

Mixed

White and Black Caribbean

White and Black African

White and Asian

Mixed Other

White

White British

White Irish

White Other

Chinese or other ethnic group

Chinese

Other

I do not wish to disclose this information

9. Do you have any of the following known/diagnosed impairments or disabilities? We ask this because it is helpful for us to know more about you to improve care for everyone.

Learning difficulty (ies)

Physical disability (ies)

Sensory impairment(s)

No impairment(s)/disability(ies)

I do not wish to disclose this information

10. To help us prevent spam please type the text shown:

induced *aluzries*

[Privacy & Terms](#)

Send report



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PILARS

Patient Incident Learning and Reporting System

PREOS

Patient Reported Experiences of Osteopathic Services



- yes
- no
- maybe



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