

Please find and sit with a “like” group: Wilderness Adventure Wilderness Therapy International Travel Center Based Programming School



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On a scale of 1- 5, how comprehensive is your RM data collection and analysis process?


On a scale of 1 – 5, how accurate is your process?

Why do you (or do you not) collect data?

What tools do you use to collect data?

Who in your organization touches the data?

What do you do with the data?



**Create a model of your
risk management process**

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What are the broad challenges to data collection and analysis?



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Where did we start?

Accident/Injury:

An accident/injury is an incident which involves illness or injury. We recommend that an Accident/Injury Report Form is completed for physical illness or injury and any critical incident. Please remember that objective rather than subjective reporting is imperative.

Purpose of the report:

We use the Accident/Injury Report Form to monitor safety issues on our programs. The report also serves as documentation of accidents that occur on program. This form is different from the Incident Report Form as it recommends signatures to verify the account and it reports physical accidents or injuries. Please call or email Broadreach Headquarters regarding the report if they have not been notified of these details.

Broadreach Accident/Injury Report Form

GENERAL INFORMATION: Please Print Clearly in Ink

Name (filling out form) Trip Code Date

ABOUT THE INJURED PERSON

First Name Last Name Age Height Weight is Male
 Home Address City State Zip Female

Mother or Guardian Name Phone

Father or Guardian Name Phone

Emergency Contact Person Other Than Parent Phone

Insurance Policy # Company

ABOUT THE ACCIDENT, ILLNESS OR INJURY

Specific geographic location of accident or illness Date

Chief complaint

Injured person's description of accident or illness

Weather Conditions

Broadreach Accident/Injury Report Form

PHYSICAL EXAM

Physical exam findings (be specific)

Was a secondary survey conducted? Yes No (If yes, complete the following or attach the SOAP notes)

Thorax/Abdomen			
Head			
Neck			
Cardiovascular (HR/BP)			
Respiration			
Skin (color/temperature)			

HISTORY

Allegations

Medications

Last meal (Content/Amount)

Previous or similar injury

Events Causing Injury or Illness

Signature of the injured Date

TREATMENT/EVACUATION

Signature of injured person

Treatment administered

Treatment administered by Time treatment began Time treatment ended

Signature of Course Lead Instructor Signature of person filling out form

How did you transport the injured person to the hospital or medical facility/clinic?

Broadreach Accident/Injury Report Form

MEDICAL FOLLOW-UP (if applicable)

Hospital, medical facility or clinic Entry date Discharge date Hospital/doctor phone

Doctor's diagnosis

Medications prescribed?

What signs does he look for that would indicate that the patient needs to come back to see a doctor?

When will the patient begin to feel better?

Doctor's name Signature (required to verify this medical follow-up) Date Receipt for expenses Yes No

WITNESS

Name of witness Phone no

Home Address City

Witness's description of accident

When you are asked questions? Yes No (If you please take witness signature of responses) Date

Broadreach Accident/Injury Report Form

CONTACT WITH FAMILY AND BROADREACH OFFICE

1st contact name Date Time

Notes from communication

2nd contact name Date Time

Notes from communication

3rd contact name Date Time

Notes from communication

4th contact name Date Time

Notes from communication

5th contact name Date Time

Notes from communication

6th contact name Date Time

Notes from communication

For all further contact, please attach notes regarding date, time and comments.



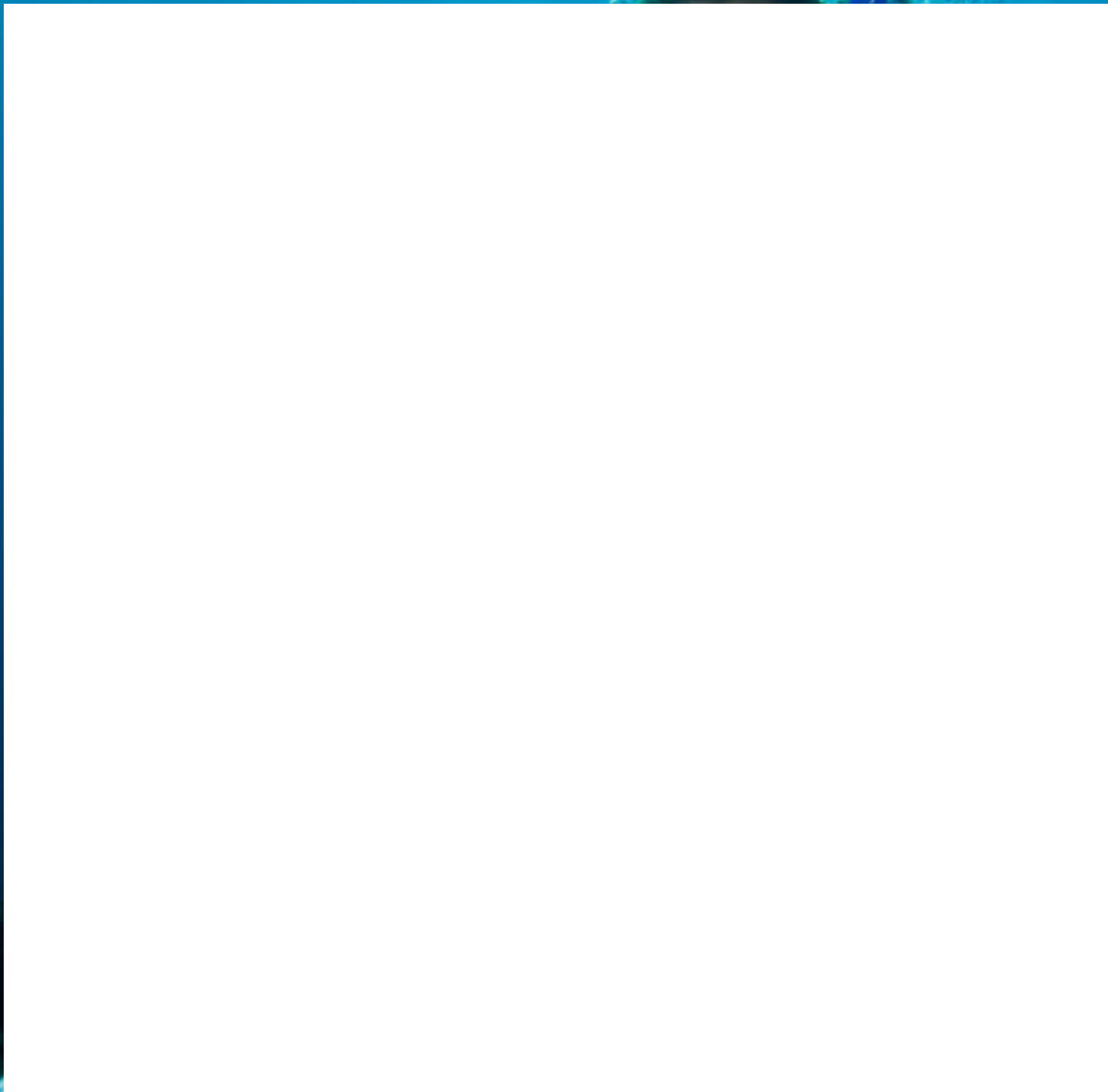
Group Logbook Instructions

It is extremely important to be diligent in filling out this logbook daily. As you will see there is a page (front and back) to be filled out each day of program. This log will be used when speaking with parents about medical, behavioral and disciplinary issues by either the Course Directors or you on program. This is also where staff should be recording notes about conversations with parents for future reference. This log will also be a great resource to help you fill out your Accident / Incident Forms.

The logbook is also an often used tool by Broadreach office staff during the rest of the year when speaking with parents. So the more detail you use the better.

We appreciate your taking the time to fill this logbook out properly! Have a great summer!

Office Notes



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Where are we now?



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Medical:

Injuries	Yes	No	Minor Injuries	Yes	No
Illness/Infection	Yes	No	Sunburns	Yes	No
Doctors' Visits	Yes	No	Calls Home	Yes	No

Medical Details

- Please explain any "yes" answers in the boxes below.
- If you've made a doctor's visit, call home related to a medical issue or notice an ongoing medical issue, please fill out the Medical Report Form and notify the office.

Name	Description and Treatment Plan	Ongoing or new? How long?

Broadreach Daily Group Log

PGM Day:	Date:	Location AM:	Location PM:
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Office Check in: Yes No If "No:" Why? _____

Weather: (circle)

Weather AM:	Sunny	Rainy	Cloudy	Weather PM:	Sunny	Rainy	Cloudy
-------------	-------	-------	--------	-------------	-------	-------	--------

Meals: Breakfast: _____ Lunch: _____ Dinner: _____

Accommodation ✓:(name)	Transportation ✓:(name)	Outfitter/Activity ✓:(name)
Smoke Detectors <input type="checkbox"/>	Seatbelts/Lifejackets <input type="checkbox"/>	Guides Competent <input type="checkbox"/>
Fire Extinguishers <input type="checkbox"/>	Vehicle in Good Condition <input type="checkbox"/>	Adequate Briefing <input type="checkbox"/>
Marked Exits <input type="checkbox"/>	Good Driver <input type="checkbox"/>	Adequate Equipment <input type="checkbox"/>
Locking Doors <input type="checkbox"/>		
Armed Security <input type="checkbox"/>		

Add notes/concerns about Accommodation, Transportation, Outfitter/Activity or Other here:

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Close Calls: Please reflect on and record any close calls from the day that may help improve the program.

Successes: Please describe a success or some things that went well today.

Broadreach Medical Report Form

GENERAL INFORMATION Please print clearly in ink.

Date:	Trip Code:	Instructor filling out form:
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ABOUT THE INJURED PERSON

Student:	Age:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
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ABOUT THE ACCIDENT, ILLNESS OR INJURY

Specific geographic location of incident:	Date of Incident:	Time of Incident:
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Chief complaint:	Weather Conditions:
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Injured person's description of the accident or illness:

Witness/Instructor description of the accident or illness:

Name of a witness:	Weather Conditions:
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PHYSICAL EXAM

Physical exam findings (be specific):

Was a secondary survey needed? (circle one) Yes No (If yes, complete the following or attach the SOAP notes)

Time vitals were taken					
Pulse					
Respiration					
Level of Responsiveness (AVPU)					
Temperature					
Skin (color/temp/moisture)					

Broadreach Medical Report Form

PATIENT HISTORY

Allergies:

Medications:

Last meal (time/content):

Events Causing injury or illness:

TREATMENT/EVACUATION

Treatment administered:

Treatment administered by:

Time treatment began/ended:

Signature of injured:

Signature of person filling out form:

MEDICAL FOLLOW-UP (if applicable)

Hospital, medical facility or clinic:

Doctor name and phone:

Doctor's diagnosis:

Medications prescribed:

Doctor's Signature **REQUIRED** (to verify medical follow-up section) and **IDC9 Code REQUIRED** (for travel insurance). Receipt for expenses:

Doctor's Signature:

Date:

IDC9 Code for Diagnosis:

Outcome of accident/illness:

COMMUNICATION WITH FAMILY AND BR OFFICE

Please describe your communication with the family and the office including date/time:

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Broadreach Behavioral Reporting:

This form should be filled out for infractions such as smoking, drinking, exclusive relationships, disciplinary problems, cultural issues, behavioral problems (even related to academics) or similar issues relating directly to the student. Please remember to be objective rather than subjective.

Broadreach Motivational Reporting:

This form should be filled out if a student is having a motivational issue. Examples of this include severe homesickness, apathy towards the group, activities, or academics that might or is resulting in their departure from course. If a student is departing program for motivational reasons, please fill out this form and have the student describe why they are departing.

Broadreach Behavioral/Motivational Report Form

GENERAL INFORMATION <small>Please print clearly.</small>		
Date of incident:	Trip Code:	Course Instructors:
Student:	Other Students Involved:	
BEHAVIOR/INCIDENT INFORMATION		
Student: Describe the Behavior/Incident		
Instructor: Describe the Behavior/Incident		
How has the incident affected the group/student/program as a whole?		
What is the action plan (i.e. final warning, consequences, etc.)?		
Result or outcome of incident/behavior.		

Broadreach Behavioral/Motivational Report Form

CONTACT WITH BROADREACH OFFICE AND/OR FAMILY		
Name of first contact:	Date:	Time:
Notes from conversation:		
Name of second contact:	Date:	Time:
Notes from conversation:		
Name of third contact:	Date:	Time:
Notes from conversation:		
Name of fourth contact:	Date:	Time:
Notes from conversation:		
Name of fifth contact:	Date:	Time:
Notes from conversation:		
REPORT INFORMATION		
Report completed by:	Date:	
Student Signature if required**:	Date:	

**A student signature is required whenever there has been an incident involving a student and any sexual misconduct, disciplinary problem, smoking, alcohol or drug use.

Adventure Information

Adventure

Day #

Call: Who/How?

Notes for Staff

Notes

Staff Dynamics Notes

Medical Notes

Group Dynamics Notes

General Notes

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Adventure Notes

New Adventure Note

Action	Adventure Notes Number	Day #	Call: Who/How?	Notes for Staff	General Notes
Edit Del	ADV05639	15	Erin/Smart Phone Skype	Remind Erin to have Susie call home to talk to mom tonight re: ongoing medical issue.	Erin asked how Paul would be transferred to Machu Piccu

Group Dynamics Notes

Group is great and really enjoying the service work they are doing outside of Cusco. They are putting in a small playground at a local school. Going to do a mid-trip check tonight.

Medical Notes

SUSIE - travelers bug, vomiting and diarrhea, at 48 hours gave her medication and re hydration salts, has made a full recovery
JOSH - constipation from change in diet, doing much better now

Staff Dynamics Notes

Staff getting along great, natural fit.

Now what do you do with all that data?





Five Part Process:

- Staff Reporting/Recording
- Office Debrief/Review at Program Level
 - RM Data Aggregator
 - High-Level Analysis
 - Application



Let's dive into the data...

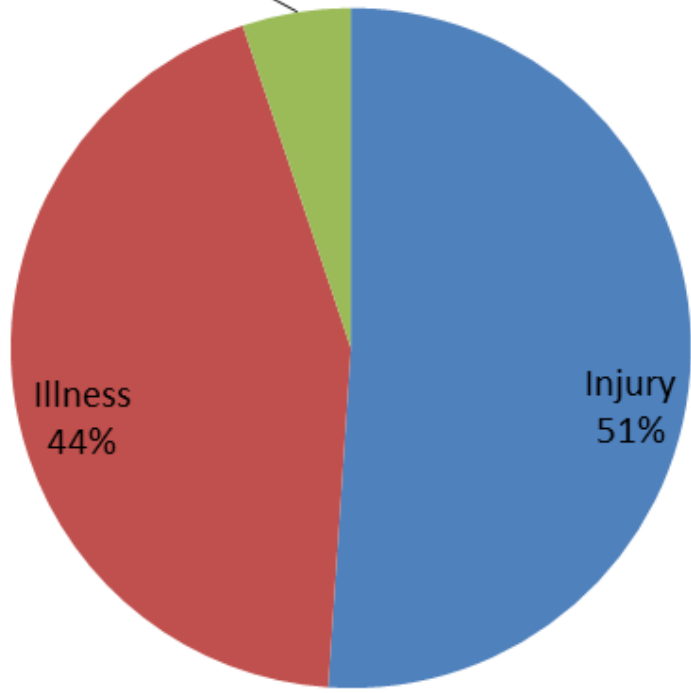
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Type of Issue

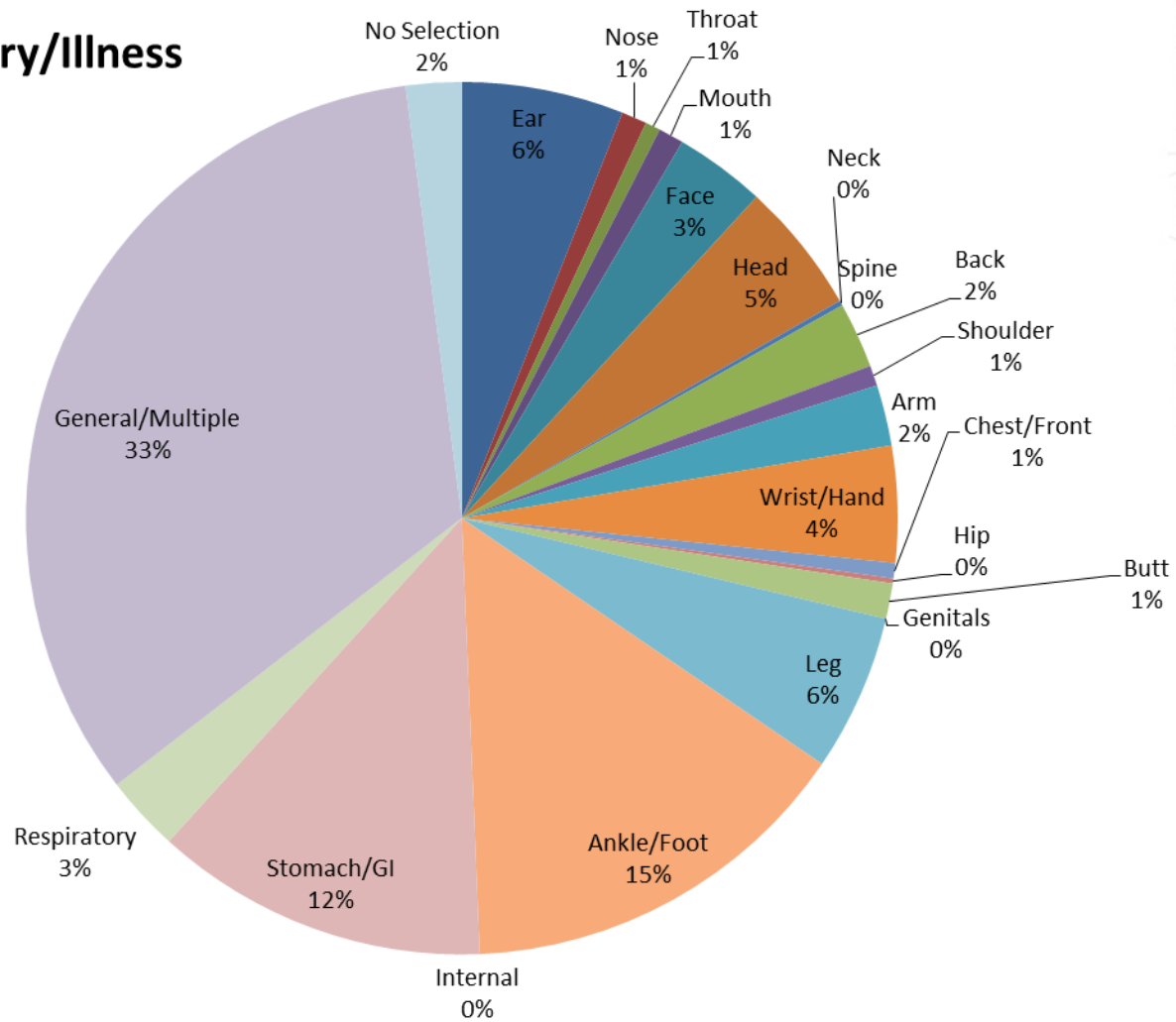
Behavioral
5%



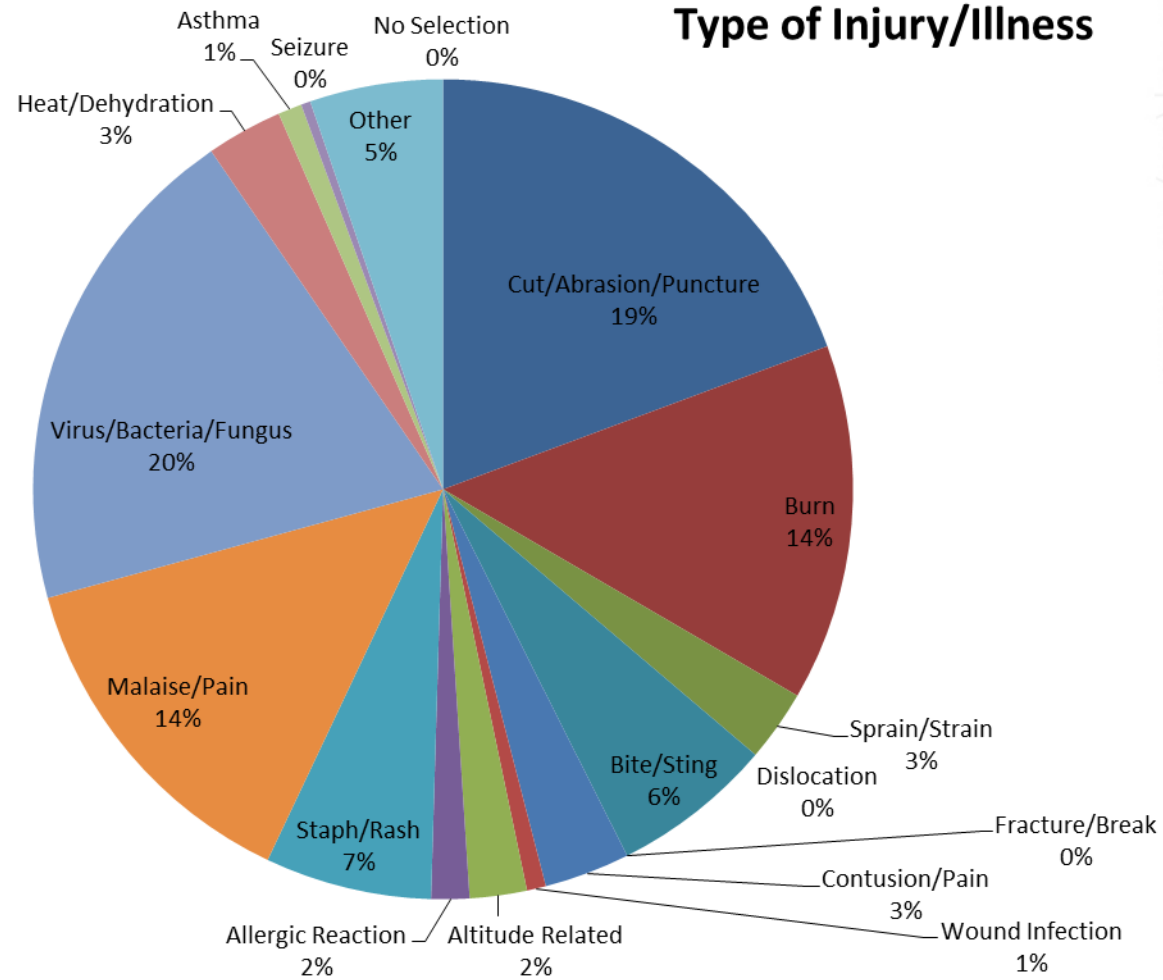
Illness
44%

Injury
51%

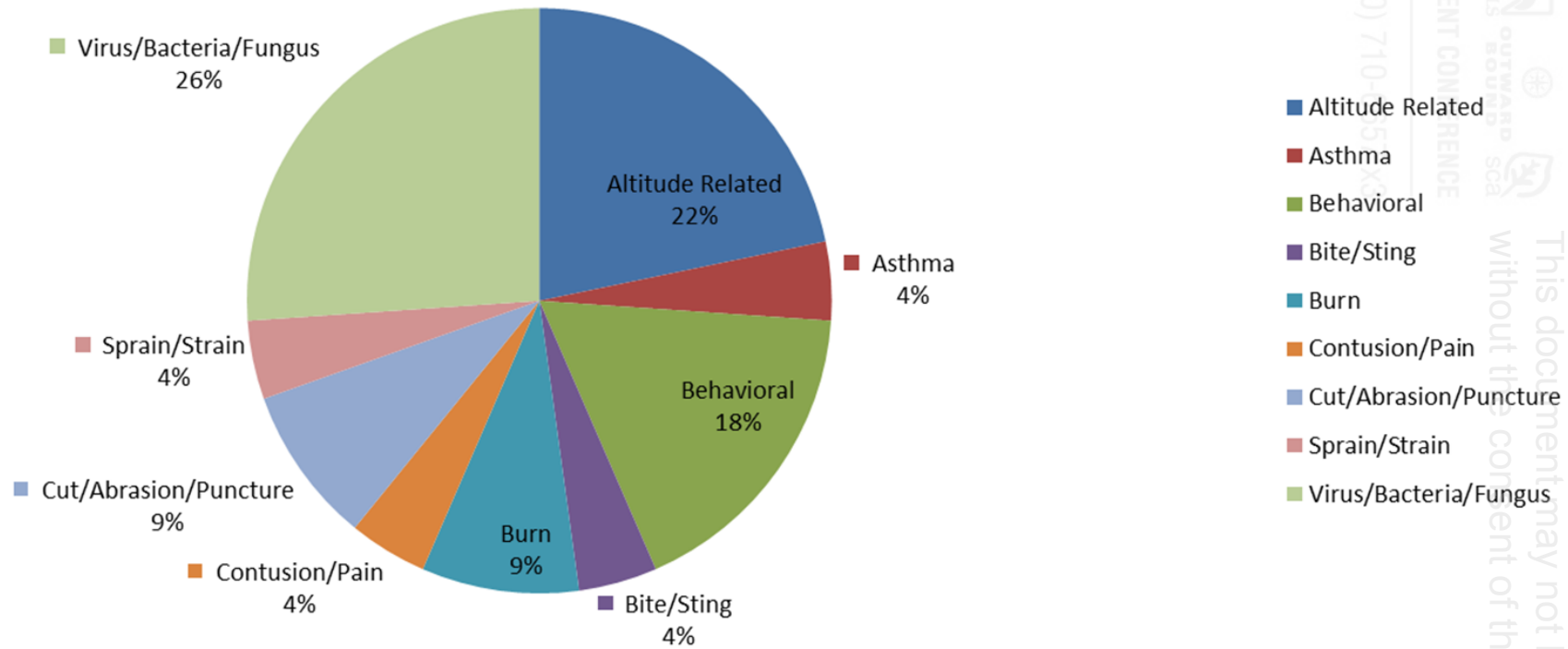
Location of Injury/Illness



Type of Injury/Illness



AP



Where are we headed?



Summary/Next Steps

1. Analyze your current process for collecting RM data and explore how each item contributes to the overall understanding of risk on your programs. What information are you collecting? Do you know why you are collecting it and what you want to use it for?
2. Develop a framework for developing a risk analysis tool for categorize incidents and accidents and creating dynamic, usable reports.
3. Identify a timeline for updating your risk management reporting tools and set a goal for implementing a risk review and analysis process that can be completed within the year.



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