

Trigger Tools

ADE / GTT

Hospital name: Hawkes Bay

Presenters:

David Gardner, Penny Pere and Janine Palmer

Your team

Penny Pere, Service Improvement Manager, GTT Coordinator

John Gommans, Chief Medical Officer, Programme Sponsor

David Gardner, Physician

Ben Robertson, Pharmacist

Barb Ryan, Quality & Risk Coordinator

Sue Sinclair, Clinical Audit Coordinator

Mike Connolly, CNS Mental Health

Janine Palmer, CNS Renal

Alison Wallis, CNS Orthopaedics

Themes so far

- Medications caused 35% of events
- Opiates, NSAIDs, antibiotics and anticoagulants most common
- Delirium/confusion/over-sedation most common event
- Surgical infection, catheter related UTI, hospital acquired pneumonia the most common infections
- No clear trends within surgical module
- Large group of “other” events in surgical module
- Small number of E-I events
- Higher than expected rate of events present on admission

Translating data into action

- Events/100 admissions: 45
- Events/1000 bed days: 80
- Event categories:

Cycle 1 to 36 (late Jul 12 to early Jan 14)

Harm Category	Adverse Events	
Medication/IV Fluids	56	35%
Patient Care	27	17%
Hospital Acquired Infection	38	24%
Surgery or Other Procedure	37	23%
Other	2	1%
Total	160	

Improvement opportunities identified / projects undertaken

- Use of opiate analgesia on orthopaedic wards
- High rate of events prior to admission – review with community services
- Significant number of urinary catheter infections and wound infections – look at need for IDC and cause for wound infections
- No projects undertaken
- Data presented at pharmacy meeting for further consideration
- Data to be presented to Patient Safety and Advisory Group this month

Any challenges

- Melbourne database
- Inaccurate tables/summaries produced by Excel programming
- Too much free text within database
- Time for note review and meetings
- Commitment to the process

Lessons learnt

- Put as much information into database as possible at time of data entry
- Start with a robust database

Ideas for sharing

- Good IT support with Excel guru
- Involve larger group within DHB early on for support
- Have a good number of multidisciplinary staff for reviewing
- Set up local processes well ahead
- Training programme very helpful via Health Roundtable

Future developments

- Quality improvement project...

Under consideration

- Expanding database...

Possibly look at just using medication module

We have extended our list of sub-harm categories to avoid too many “others”

- Regional collaboration?

Regional or national database development would avoid everyone troubleshooting at a local level