

# Trigger Tools ADE / GTT

**Hospital name:**

**Lakes DHB**

**Presenters:**

Ulrike Buehner

# Your team

- Cindy Carpenter – Surgical Staff Nurse
- Celia Ronayne – Acute Pain Specialist Nurse
- Ulrike Buehner – Lead Physician/Anaesthetist
- Sheila Stopher – Clinical Nurse Coordinator (Theatre/PACU)
- Manisha Unka – Clinical Pharmacist
- Erin Williams – Clinical Nurse Educator (ICU/CCU)

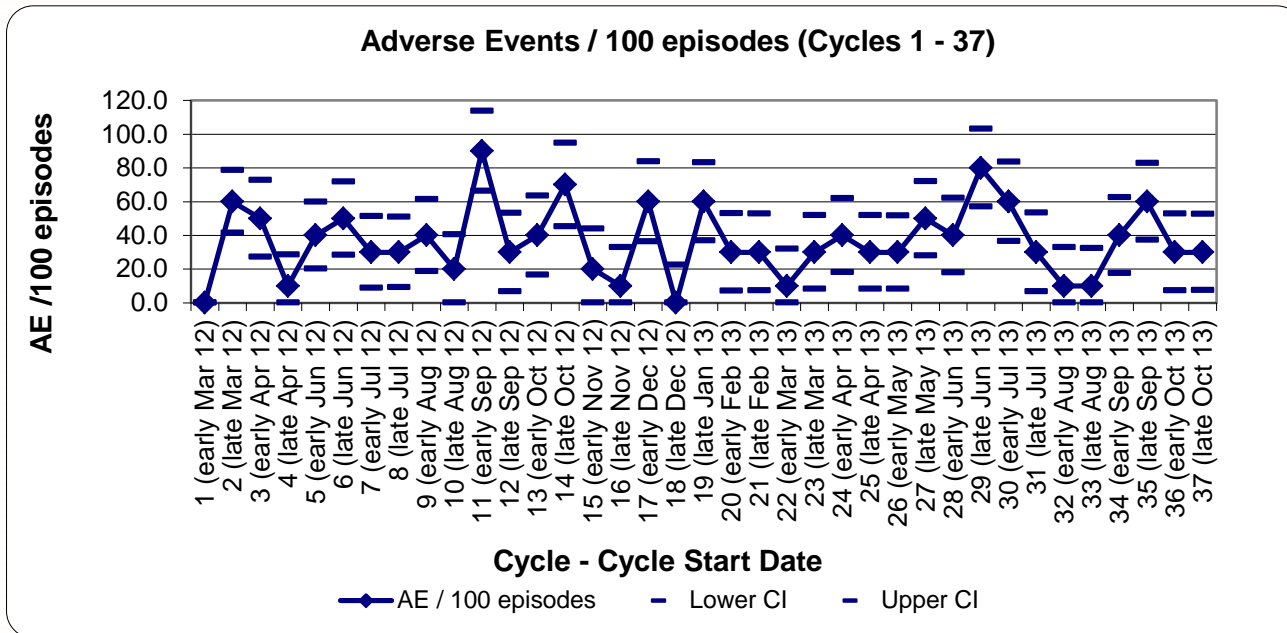


# Themes so far

- Surgical Site Infection
- Constipation – post opioids
- Medication errors
- Problems with medication reconciliation
- Procedural complication

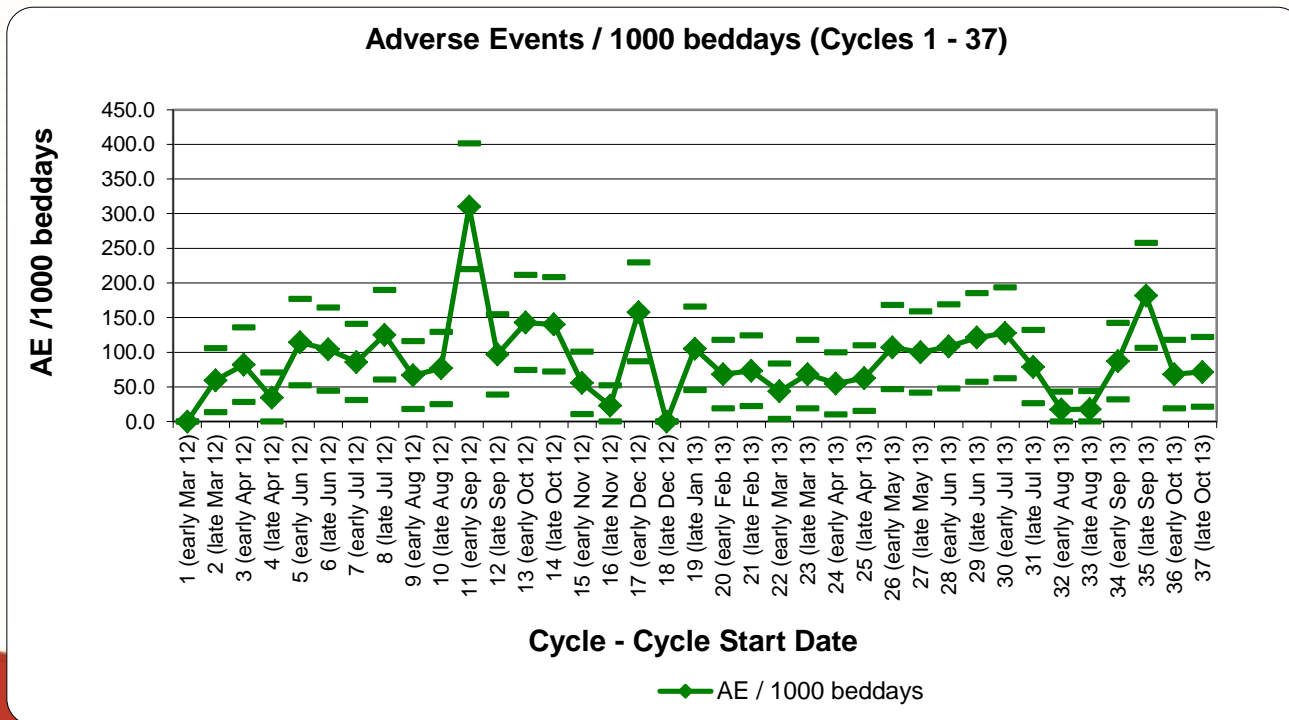
# Translating data into action

- Events/100 episodes:



# Translating data into action

- Events/1000 bed days:



# Translating data into action

- Event categories:

Harm Category	Frequency by Period			
	Cycle 1 to 37 (early Mar 12 to late Oct 13)		Cycle 1 to 37 (early Mar 12 to late Oct 13)	
	Adverse Events	%	Adverse Events	%
Events related to Medication/IV fluids	39	29%	39	29%
Events related to Patient Care	48	35%	48	35%
Events related to Hospital Acquired Infection	5	4%	5	4%
Events related to Surgery or Other Procedure	44	32%	44	32%
Other	0	0%	0	0%
<b>Total</b>	<b>136</b>	<b>100%</b>	<b>136</b>	<b>100%</b>

# Improvement opportunities identified / projects undertaken

- Presentation to Grand Round included a presentation from Gillian Robb
- Constipation – Laxatives prescribed prophylaxis with opioid use is now standard practice
- National Initiatives
  - Surgical Site Infections
  - Medicine reconciliation in progress/ongoing
  - Falls Prevention
- Preoperative medication drug charting - appropriate timeframe (3 months - legal requirements) and safety identified & implemented



# Any challenges

- The time commitment to share outcomes and learnings across the clinical teams
- Resourcing for improvement projects and implementation
- Identifying additional front line reviewers to join the team
- Current fiscal restraints



# Lessons learnt

- Having consistent long term reviewers
- Sharing & learning within the reviewer team
- Omissions – not part of GTT but valuable to improve the quality of patient care
- Importance of good clinical documentation – legibility, and logical flow
- Focus on 1 or 2 improvements and do them well (change package with sustainable results)

# Ideas for sharing

- Expanded the data collection tool (more detail)
- Updated the database
- Revised the sub-harm categories to allow for better analysis (Florida classification)

# Future developments

- Locally
  - Improve our communication across the clinical services
  - Have a presence on the intranet