

Trigger Tools

ADE / GTT

DHB: Waitemata

Presenter: Stacey Hurrell
Quality Assurance Mgr

Your team

Executive Sponsor		Dr Andrew Brant (Chief Medical Officer)
Steering Committee		Quality Executive Committee
Programme Lead		Stacey Hurrell (Quality Assurance Manager)
GTT Review Team		Relievers
Reviewer	Marge Murphy Wound CNS	
Reviewer	Sarah Thomson ICU RN	
Clinician	Dr Vinod Singh Medical Physician	Dr Murray Delport EM Specialist
Data Entry		Sharon Puddle Quality IS Manager
Data Analysis		Penny Andrew Clinical Lead Quality Stacey Hurrell Quality Assurance Manager

Themes so far

Data range: 01/01/2010 – 31/03/2014

- Highest number of events (**30%**) occurred in General Surgery
- **32%** of total events can be attributed to a procedural/operative/treatment complication
- A further **32%** of total events can be attributed to medication management
- **77%** of the harm caused was temporary but required intervention

Translating data into action

Data range: 01/01/2010 to 31/03/2014

ADE Only

- Events/100 admissions: **17**
- Events/1000 bed days: **33**
- Event categories: **E = 87%** **F = 12%** **G = 0%** **H = 0.49%** **I = 0.49%**

GTT (total)

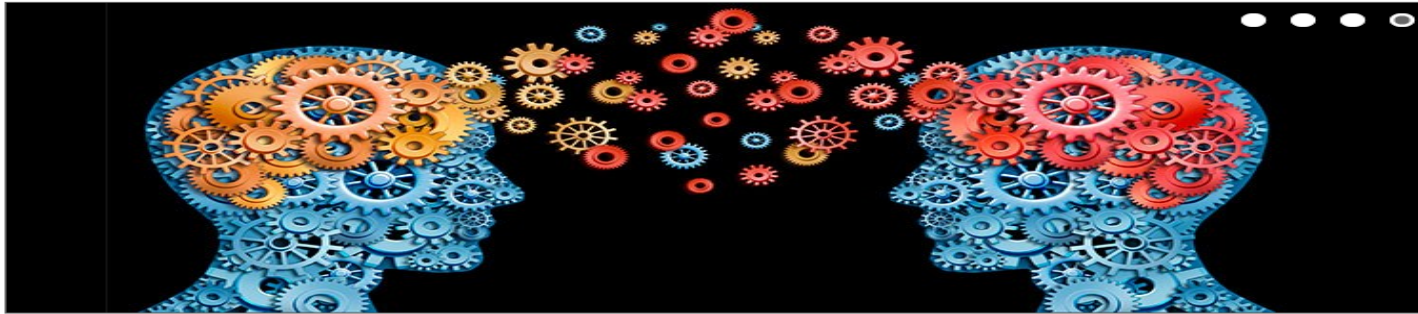
- Events/100 admissions: **50**
- Events/1000 bed days: **96**
- Event categories: **E = 77%** **F = 20%** **G = 0.67%** **H = 2%** **I = 0.34%**

Improvement opportunities identified / projects undertaken

- Opioids use and management quality improvement project (Nirasha Parsotam Medication Safety Specialist HQSC & Avril Lee Waitemata DHB Pharmacy QI Specialist)
- A Pharmacological Pain Management teaching programme has been developed:
 - eLearning pain management module (compulsory for PGY1) and designed for all clinical staff
 - Pain management workshops following completion of eLearning module (PGY1, RMOs & nursing staff) led by pain service and palliative care team
 - Pain management guidelines (using Tayside NHS guidelines)
 - Waitemata DHB pain services website: <http://www.wps.ac.nz/>



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Helping patients live with pain

Pain affects everyone at one time or another. Acute pain is protective and prevents further injury and is frequently seen after trauma including surgical procedures. Persistent or chronic pain is not protective and can lead to loss of function, distress and disability. It is unfortunately common. Most studies world-wide indicate that around 1 in 5 people will have persistent or chronic pain.

Waitemata Pain Services (WPS) provide care for patients with acute and persistent pain problems within the Waitemata District Health Board in Auckland. It consists of a team of doctors, nurses, physiotherapists and psychologists who undertake a variety of interventions.

The goal for our service to allow people to function better with pain.

The website contains useful information, resources and educational material for patients and healthcare practitioners. We encourage users to review the pain education video on this page as an introduction to some of the concepts important in modern pain management programmes. In addition there are a series of presentations where our clinicians discuss issues relating to pain medications, interventions, activity and physiotherapy based strategies. There are daily updates in pain research as well as useful resources relating to medication information sheets. For health professionals we also have clinical guidelines and screening tools available to download and print.

We value your feedback on this site. Is it useful? Does it provide the type of information you want? How can we improve this information? Email us using the contact icon.

The Waitemata Pain Services Team



The Hunter Integrated Pain Service has produced a 5 min Youtube Video (2011) which puts persistent pain in context. Have a look and share with others you know who may have difficulty to manage pain.

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[Majority Of U.S. Citizens Have Inadequate Levels Of Vitamin E In Their Diet; It Is Almost Impossible To Take A Harmful Amount](#)

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Any challenges

- Resources – particularly reviewer training
- Finding willing staff to replace current reviewers (who deserve a well earned break)

Lessons learnt

- Consistency of reviewers imperative

Future developments

- Review of current data analysis at Clinical Governance Board to decide where to from here....
- Communication of data to services/clinicians in a meaningful way - e.g. pulling data from **Medi-Connect** (GTT database) and populating into **Qlikview** to produce dashboards for services/clinicians to view