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Safety in Practice
Experience of using the Trigger Tool
July 2014

Safety in practice

Trigger tool

- Harm *“anything that happens to a patient as a result of interaction with healthcare services (environment, workers and treatment) that you would not want to happen to your relatives..” (Scottish Guide)*

Safety in Practice

Trigger Tool

- Maximum 25 records to be looked at
- Apply trigger tool
- Look for incidents of harm stop if reached 5 or 20 mins
- Classify the harms
- Reflect on opportunities for improvement and prioritise them

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Trigger Tool

- The focus must be on identifying
- AVOIDABLE HARM
- NOT ERROR

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Trigger Tool

- Large Practice 20,000 enrolled patients
- 15 GP's excluding locums/ registrars and solely A & m Drs , 24 Nurses, Total 84 staff
- Associated with an accident and medical running 13 hours every day open 8am to 9pm
- Medtech
- Fully Computerised since 1990

Safety in Practice

Trigger Tool

- Cohort used: Patients aged over 75 years on 6 or more medications, and seen for consult in July 2014
- Every second patient
- Printed clinical record back for three calendar months including classifications, Inbox and Out box documents, medication lists, allergies, alerts, etc.

Safety in Practice Trigger Tool

- Organised an evening meeting with Doctors and Nurses
- Outlined the safety in practice background we had been given and the trigger audit
- Emphasised this exercise was about patient safety incidents and NOT ERROR
- Divided into four groups and gave the groups copies of patient records.

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Trigger Tool

Process to use- look for trigger

- Two consults or more in last 7 days
- New diagnosis cancer within 3 months
- New allergy/adverse reaction add to PMS
- Cessation of medication
- Reduction in Medication
- Out of hrs/ A & E Attendance
- Hospital discharge within last three months
- Hb<100, eGFR <35, Death within last three months

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Trigger Tool

If trigger identified then that patient record needed to be looked through for any patient safety incidents

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Trigger Tool

Results

- 10 of the 25 cases had triggers and interestingly 6 of those 10 had multiple triggers
- 6 other cases didn't have the triggers but we identified patient safety incidents
- Therefore only 9 of 25 cases in this cohort with no triggers or safety incidents found

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Trigger Tool

Patient 1

Trigger: > 2 consults in 7 days, A& E ,hosp dx, Hb , 100

No safety incidents noted

Patient 2

- Triggers: hosp dx , cessation medication
- Patient safety incidents
- Patient self stopped fosamax after reading of SE,
- HV organised with lab over phone after hospital dx but not done as lab didn't receive the faxed request and didn't tell practice there was a problem until we noted no result arrived.
- Sev 1 , prevent 4, priority 5

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Trigger Tool

Patient 3

- Triggers: New diagnosis of cancer, Hosp dx, efgr < 35
- No patient safety incidents

Patient 4-9, Patient 12 ,17 and 25

No triggers and no patient safety incidents

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Trigger Tool

- Patient 10 , 16
- Triggers: none
- Patient Safety Incident : 80 year old, 79 yr old patient requesting prescription without being seen. 79 year old about to travel overseas . No directive from Dr in contacts so given one month Px and asked to make appointment .
- Severity 1, preventability 3 Priority 4

Safety in Practice Trigger Tool

Patient 11

Trigger: Death within last three months

Patient safety incident: None

Patient 13

Trigger : none

Patient Safety Incident: Medical warnings not entered off patient questionnaire when newly joined practice severity 1 prevent 2 priority 5

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Trigger Tool

Patient 14

Triggers: none

Patient safety incident: new medication started and no scheduled FU/ review

Severity 1 prevent 4 priority 5

Patient 15

Triggers: none

Patient safety incident brought in for B12 injection and notes indicated had already been given but not entered into screening

.

Sever. 1 prevent 4 priority 5

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Trigger Tool

Patient 18

- Trigger: > 2 consults, A & M cons, hosp dx
- Patient Safety Incident : 86yr old Dx from hosp (Auckland) with fractured patella. And epistaxis. Dx summary not received in timely manner. Confusion re continuing aspirin. Further admission for epistaxis . Needing further support managing at home
- Sever 3, prevent 2 priority 5

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Trigger Tool

Patient 19

Trigger : new diagnosis cancer , cessation medication, reduction in medication, out hours A & M attend., hosp dx

Patient safety Incident : patient referred for hospice support but not able to be actioned. Patient needing to be reviewed after hours for pain relief. Confusion over what patient taking

Sev 3, prev 3 priority 6

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Trigger Tool

Patient 20

Trigger: new allergy /adverse reaction added

Patient safety incident : upset stomach taking
1000mgs metformin at once so changed back to bid

Sev 2, prev 2 priority 4

Safety in Practice

Trigger Tool

Patient 21

- Trigger : increase in medication
- Patient safety Incident: medication dose increased but both dosages put onto new prescription
- Sever. 1 Prevent 4 priority 5

Safety in Practice

Trigger Tool

Patient 22

Trigger: none

Patient Safety Incident: laceration with difficult to control bleeding but INR in appropriate range

Sev. 2 prevent. 2 priority 4

Patient 23

Trigger : Hb under 100

Patient Safety Incident : none

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Trigger Tool

Patient 24

- Trigger: none
- Patient safety incident: Medication left off prescription. Patient had stopped simvastatin and so had been removed off the current medication list. Decision made to restart this but when current meds printed, simvastatin had not been changed back to current med.

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Trigger Tool

Learnings

- Most incidents involved medication.
- Most incidents were mild and where perhaps had potential to be more problematic pharmacies noticed the change.

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Trigger Tool

Our agreed actions - Medications

- Ensure easy access for pharmacies to the practice if medication queries.. Unfortunately they are often well founded. Make a note on prescription if changes made or reason if meds left off
- Ensure updating is done of medication changes including making old med “non current” and new ones “ current”. Taking time at consult to get this right is the best time.

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Trigger Tool

Our agreed actions – medications ctd

- Nurses need to be aware of the importance of updating medication lists as well. One month supplies versus three months etc.
- Well documented policy re repeat px in absence of consultation and noting directives in “contacts” if deviation from policy applies for whole practice to be aware of.

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Trigger Tool

Our agreed actions – medications ctd

- Updating medication lists when patients see specialists or on hospital discharges
- Ensure patient is aware of any changes made
- Document changes clearly in the notes

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Trigger Tool

Agreed actions -

- We do not always get discharge summaries from MMH ED and ACH ED's - in a timely manner. Liaise with GP liaison to assist this process
- We send copies of our notes from our A & M to "casual" patients' GP's but not always to our own Gp's as all one data base. Task now done for significant consults to own GP in practice.

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Trigger Tool

Agreed actions

Where clinically important referral made for either lab results, to hospice, to rapid response etc.... Ensure a FU prompt to check has been actioned but the organisation referred to.

- Use of clinical to do lists at end of appt templates
- Use of task lists

Safety in Practice Trigger Tool

Summary

- Pleasing that no significant incidents but clearly helps “tease” out processes that need to be tightened and reviewed within the practice.
- Pleasing also, that as a practice we were able to review notes in this depth without causing clinical staff to feel offended or stressed.
- Over-all a positive process and time overall around 1hr 20 mins