Learning Session 4

EAST TAMAKI HEALTHCARE
Warfarin Bundle

Team members:

Glen Innes, Wai Health, Ranui & Mt Roskill Medical & Surgical Centre

PHO and Facilitator:

Total Healthcare PHO; Dr Richard Hulme

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

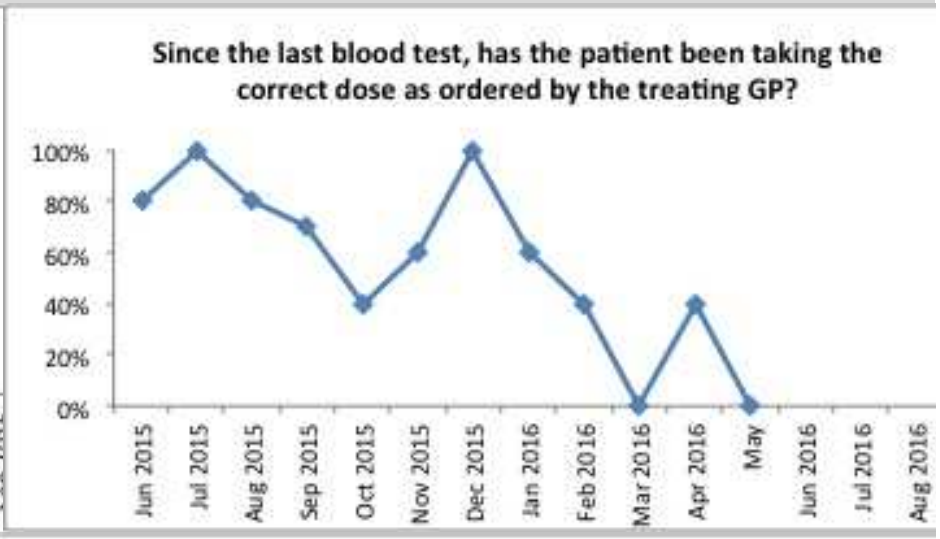
Safety in Practice

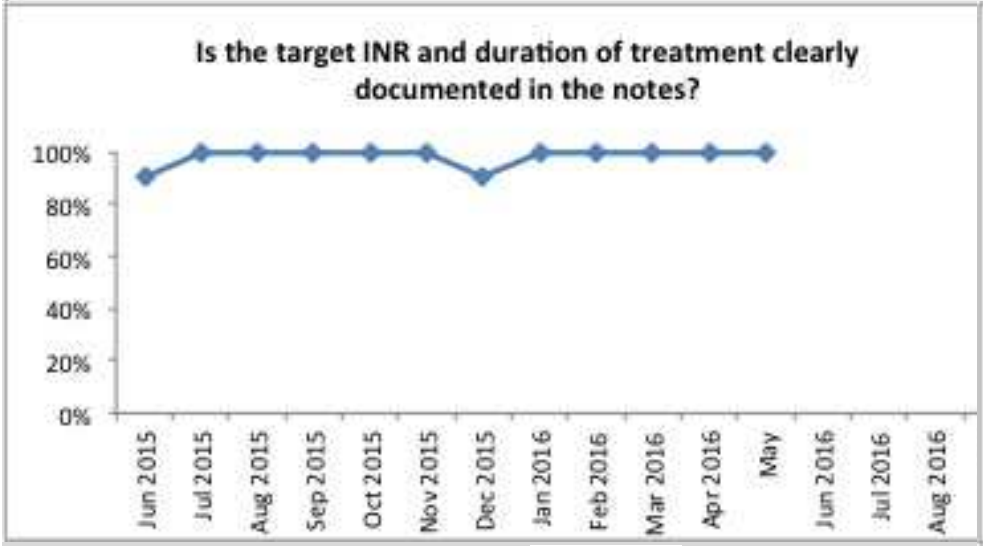
COUNTIES MANUKAU HEALTH

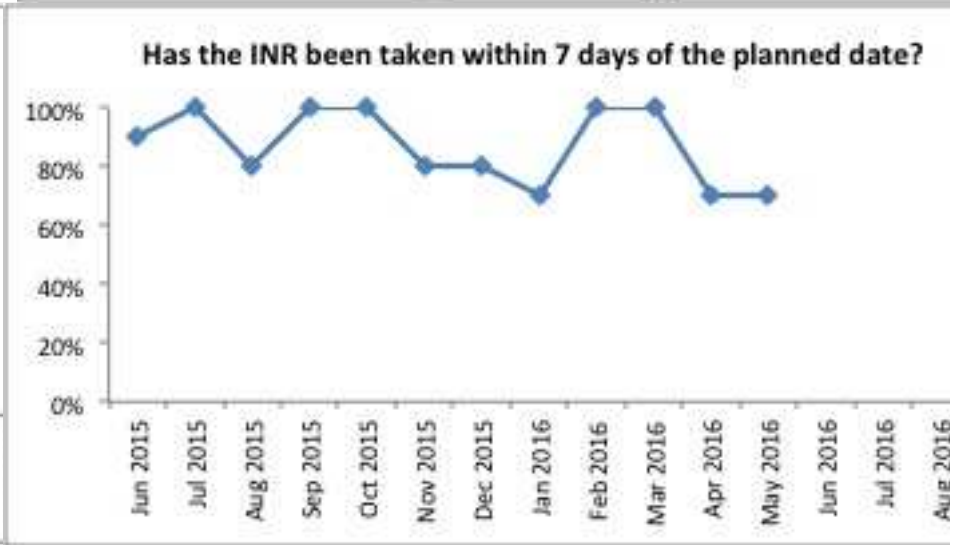
Safety in Practice

Waitemata District Health Board Best Care for Everyone

Measures Summary





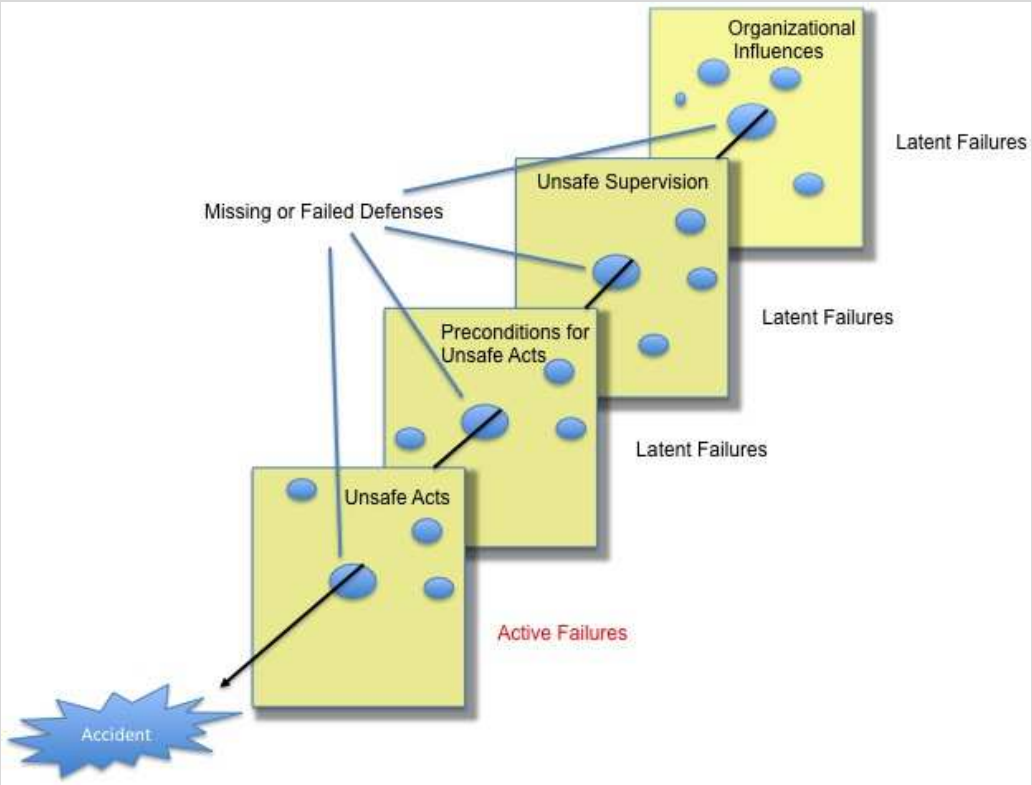


Slide 2

1 Richard Hulme, 16/06/2016

Measures Summary

Nurse Safety Champions made the greatest impact on patient safety. They became an extra layer of defence to patient harm in Reason's Swiss Cheese model.



Learnings & Change Package

- **Best Change Ideas**
  - Growing safety champions
  - Having a patient-centred guideline
- **Helpful to know**
  - Clinicians will only be safe if they choose to be safe; they need to acknowledge the need to do things differently and own the change process
  - Regular feedback takes time; start with the willing when you are time poor

Trigger Tool

1. Search Criteria

Patient is on Warfarin in the period 16-31 December 2015

2. Harm found

HOSP DISCHARGE & eGFR <35: 82y old Indian woman, hospital admission with acute kidney injury secondary to dehydration and drug insults. On Trimethoprim for recurrent UTI. Trimethoprim can cause hyperkalemia and non-oliguric renal failure (GP Notebook). Chronic renal failure, but not noted in clinical record. No Nephrologist referral; CKD Mx guidelines in HealthPoint not followed.

3. Solution recommended/implemented

•Highlighted CKD management guidelines on HealthPoint.

•Notes made in patient EMR & patient recalled for review & referral to Nephrologist.

4. Incidental findings

Medication errors were more likely when the eGFR <35 trigger was positive.

5. Experience of tool

Lengthy, but worthwhile. The most sensitive trigger for potential harm was hospital discharge with specificity increased by combining with eGFR <35.

Trigger Tool

- EDS & eGFR gave greatest yield.
- 82y old Indian woman. On 23/06/15, Rx'ed with Trimethoprim for recurrent UTI (x3); eGFR 35mls/min (08/04/15) – Stage 3b CKD with microalbuminuria; Trimethoprim can cause hyperkalemia and non-oliguric renal failure (GP Notebook).
- Developed severe hyperkalemia (K+ 7.7) & non-oliguric renal failure (Creatinine 304). eGFR 30 mls/min; presented with lethargy, malaise & difficulty getting out of bed; admitted to hospital (2 Jul 2015); LOS 19days.
- Case presented at Peer Review meeting; also discussed CKD management guidelines on HealthPoint

Safety Climate Survey

1. All staff at all four SiP practices completed the survey
2. We have had a feedback session at our Ranui practice
3. The tool was well received
4. As a result of the tool & the feedback session, it was agreed to improve communication through daily 5min team huddles & using a Patient Value Compass

APPOINTMENTS:
Dr Smith
Dr Lindsay

EXPECTED: 9am-12pm, 50pts

CURRENT AV. WAITING TIME:
60mins

DROP-IN:
Dr Amso
Dr Zulaiha

EXPECTED:
12pm-3pm, 10pts

Patient Experience

1. Currently we use patient satisfaction surveys & feedback forms to determine our patients' experience
2. Videoing our patients' stories gives a community flavour to what services are available & how they can make a difference
3. We would like to use social media more to capture patient stories

Other Thoughts

Celebrate the practice's commitment to patient safety through:

- **Signage:** *"This clinic is participating in the Safety in Practice Programme"*
- **The clinic's website:** *"Share a patient story"*
- **The clinic's newsletter:** *"Progress updates on safety bundles, trigger tools, etc"*
- **Continuing professional development meetings**