

Implementation of Global Trigger Tool at a medium sized hospital in Norway

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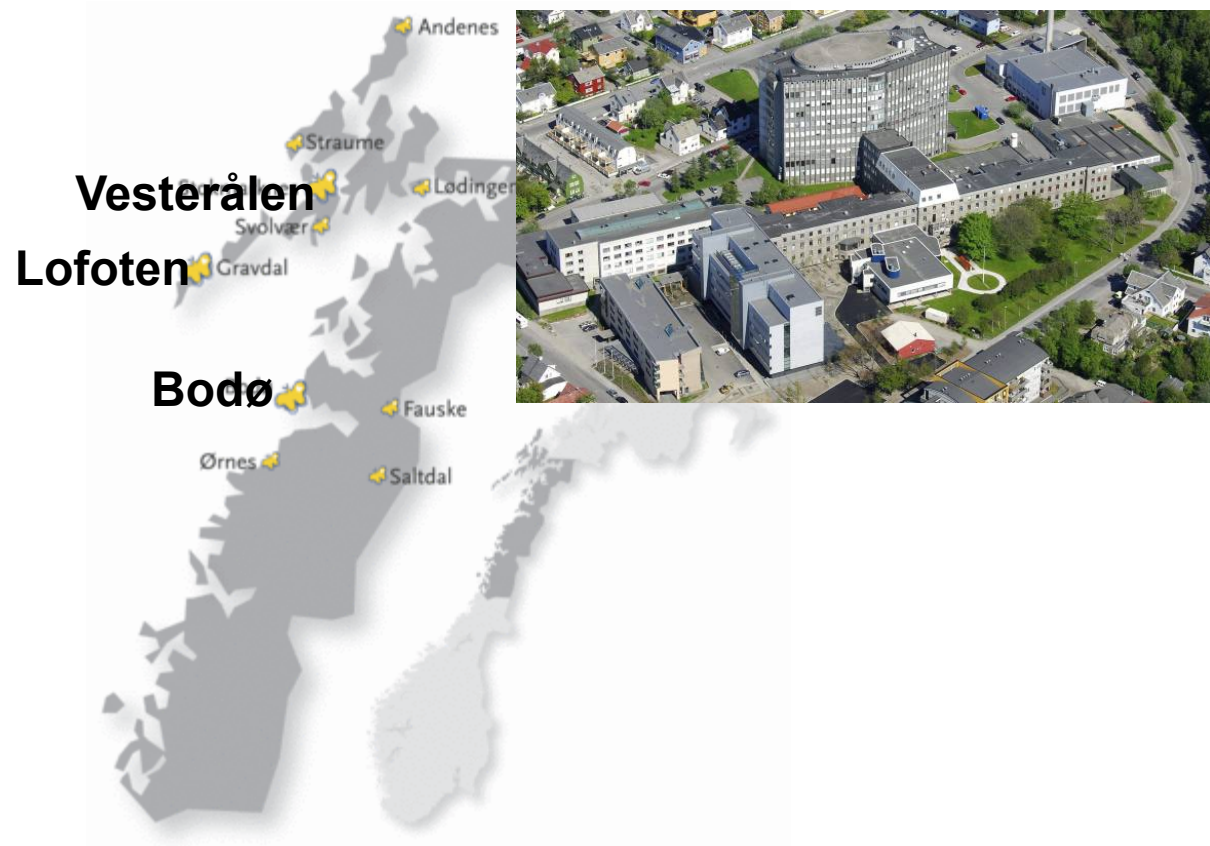
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Patient safety unit

Nordland Hospital, Bodø, Norway



The hospital of Nordland (Nordlandssykehuset) have 3 different localizations



Number of beds
Bodø - 245
Lofoten – 43
Vesterålen – 68

Background

- During summer 2010 a number of surgical cases violating regional guidelines was revealed – CEO and Chief surgeon had to leave.
- The board decided on 10 tasks to improve patient safety in September 2010 due to this situation.
- One task was implementing Global Trigger Tool (GTT).
- An in-house Patient safety campaign was established to initiate the tasks (Oct 10 – March 11)
- March 11 a Patient Safety unit was established with 4 members from the campaign group in part time (20-50%) positions. 3 were dedicated to GTT support for the trust.



First year of GTT analysis

- Analysis performed by the in-house patient safety campaign
- 2 physicians and 1 nurse
- The national campaign of Patient Safety in Norway requires a review of minimum 20 medical records each month covering the whole trust.
- In able to address issues in individual departments we examined a total of *140* inpatients records each month from 5 clinical departments and three hospital localizations.
- A total of 1680 inpatients record were reviewed for 2010 during a period of four months.

Second year of GTT analysis

- 7 clinical units established their own GTT teams.
- Training of the teams started in January '11.
- Each team:
 - 1 physician
 - 2 nurses
- Nurses are primary reviewers of 10 inpatients records every 14 days.
- The physician reviews the results of the nurses work for the final determination of triggers and events.
- The teams report their data monthly to the Patients Safety Unit.
- A total of 21 persons are presently working with the GTT model.

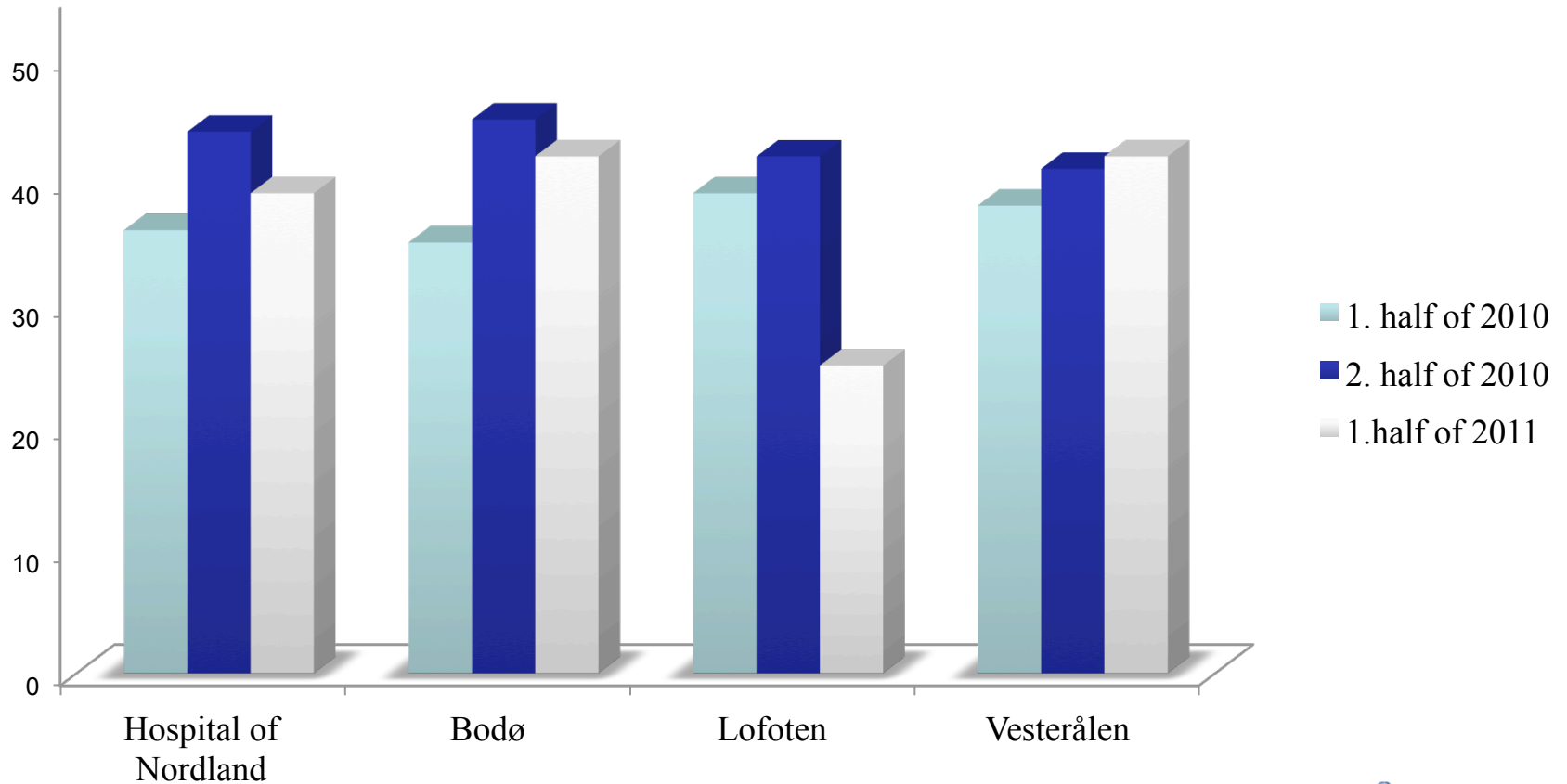


Results

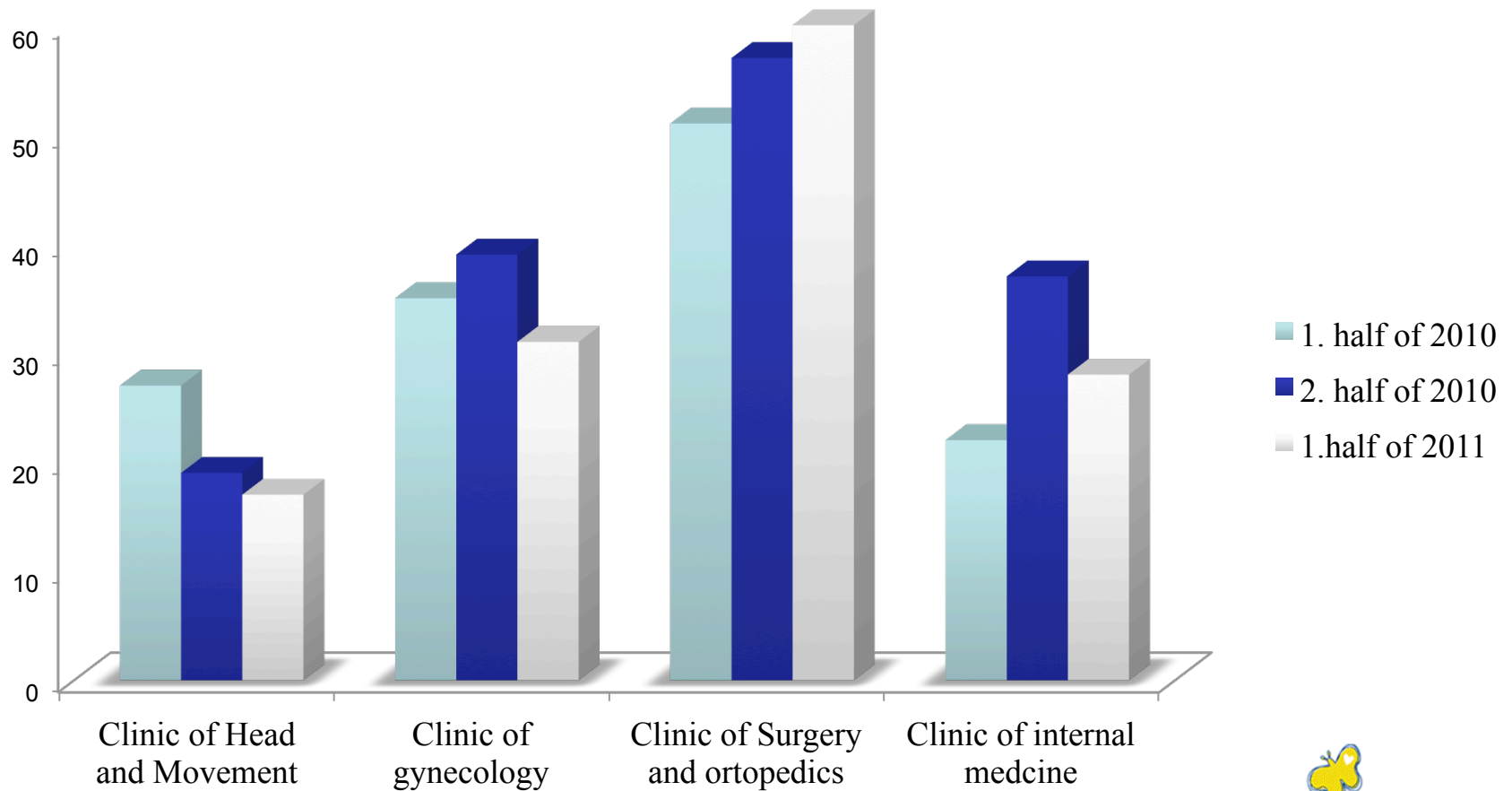
January 2010-June 2011

- Adverse events per 1000 bed days
 - Localizations
 - Departments
- Proportion of admissions with one or more adverse event
- The most frequent adverse events

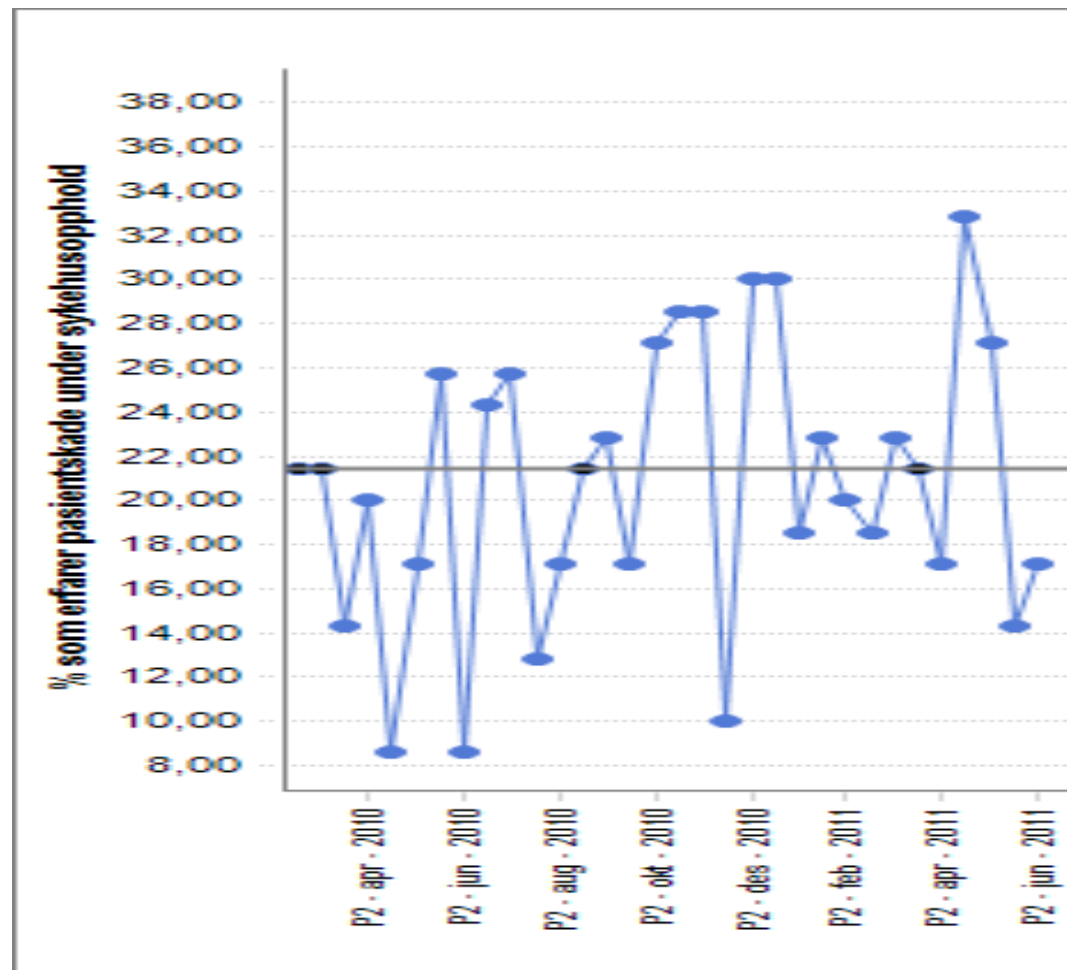
Adverse events per 1000 bed days at each localization



Adverse event per 1000 bed days at each clinic

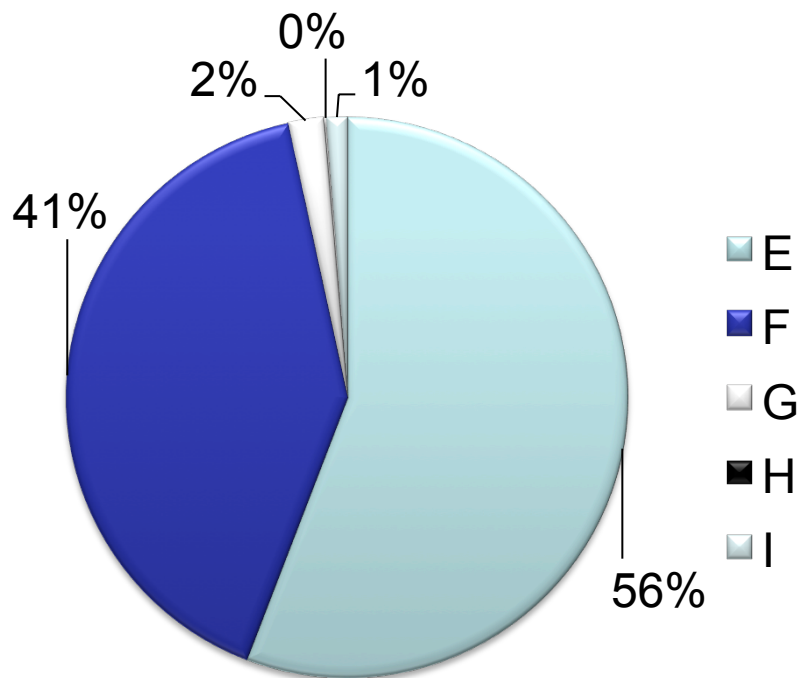


Proportion of admissions with one or more adverse event, March 2010 – July 2011

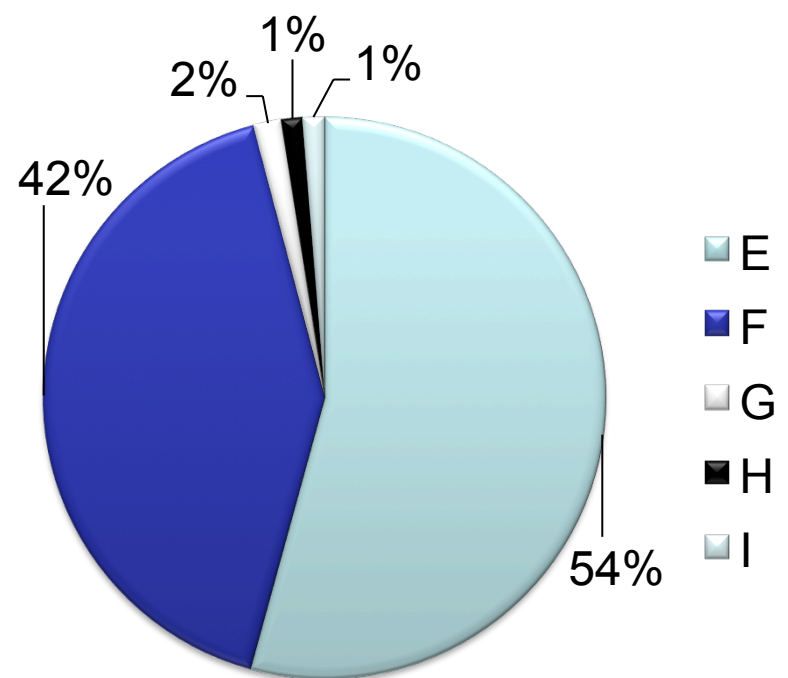


Adverse event categorized according to severity

First half of 2010



First half of 2011



The three most frequent categories of adverse event

First half of 2010	Second half of 2010	First half of 2011
1. Infections	1. Infections	1. Infections
2. Bleeding/hematoma	2. Drug adverse events	2. Bleeding/ hematoma
3. Drug adverse events	3. Bleeding/hematoma	3. Different complications to surgery

GTT "measuring" stability

In "our hands" - even with change in team members and organizational structure - the rate of adverse events are surprisingly stable.



Our vision

No preventable adverse events

To achieve this goal, measuring is not enough,
we also need to work for:

- A change in patient safety attitude and culture
- To identify good ways to use the data in the improvement work

Next step: Improvement work

- The departments focus on different areas for improvement according to the results from GTT results from the last 18 months.
- In trying to reducing adverse events the Patient Safety Unit will support the departments .



Examples of improvement measures



Measures	Goal
Amount tagged peripheral venous catheter (with date)	No catheter infections
Evaluate intubated patients within 24 hours for trachostomi	Patients intubated over 24 hours should be trachostomied
Urinary tract infection	No urinary tract infections
Use of Cyclocapron preoperative	No blood transfusion peri- or postoperative
Safe Surgery Checklist	No postoperative wound infections

Thank you for attention!

