

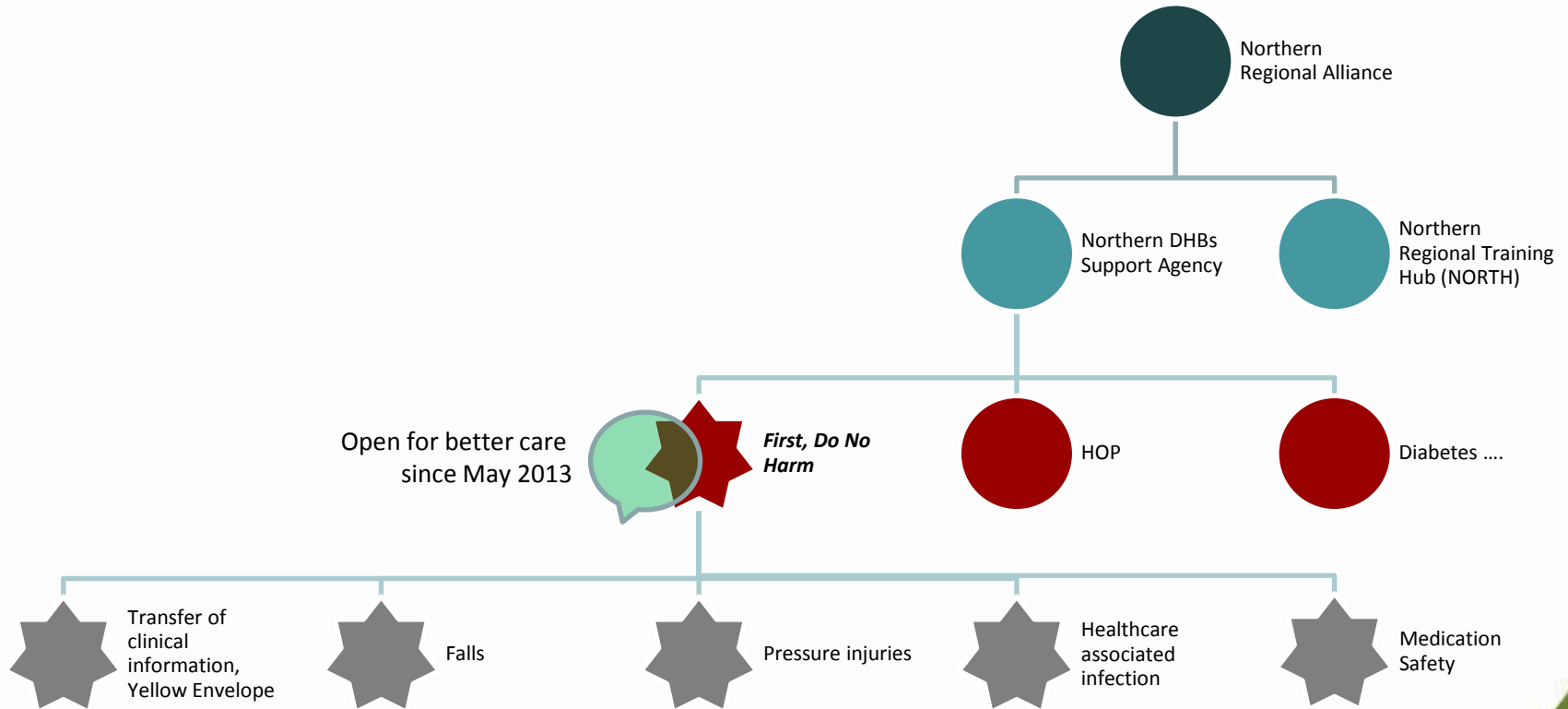
First, Do No Harm our journey v 1.4

Karen O' Keefe, Jacqueline Ryan, Gael
Panama, Kelly Fraher, Peter Leong



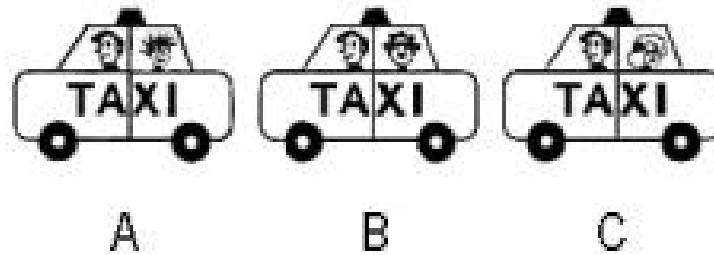
Northern Regional Alliance ..

Northern
Regional
Alliance Ltd



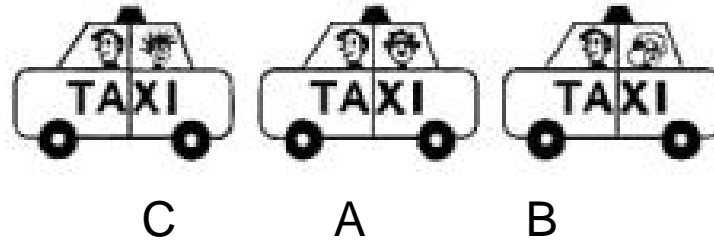
Which taxi is out of order?

THOUGHT EXPERIMENT



Which taxi is out of order?

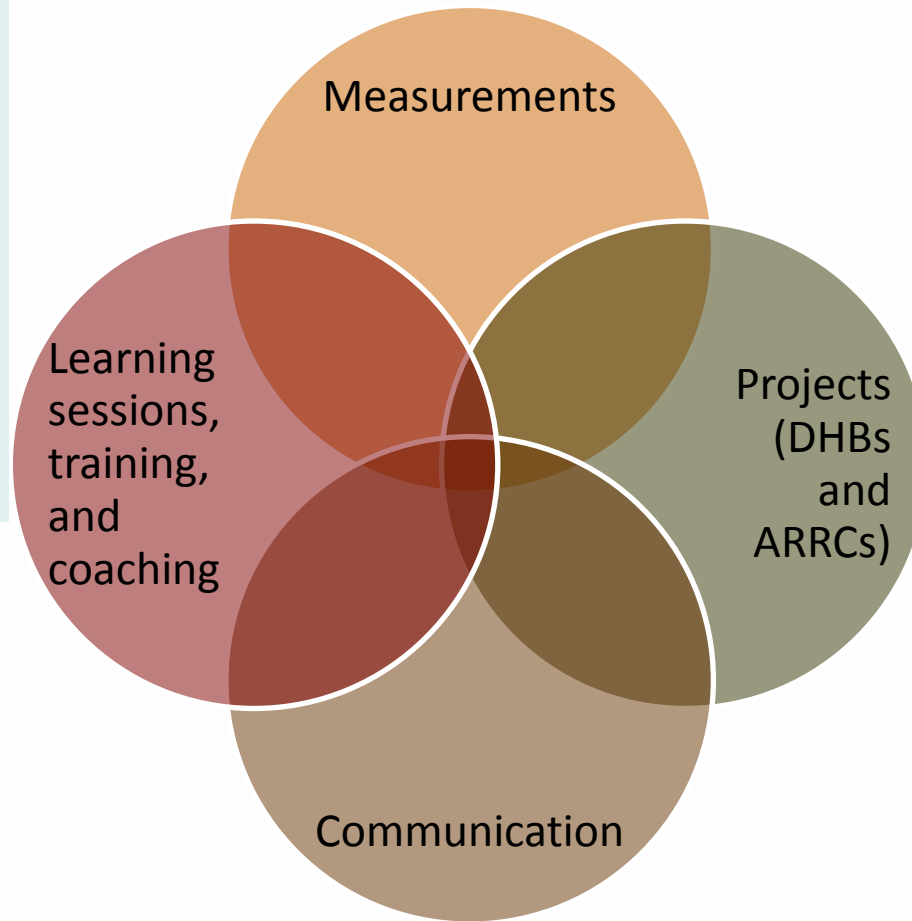
THOUGHT EXPERIMENT



Our Journey ...

Our guiding principles:

- Improving safety
- Reducing harm
- Learning our way into improvement
- Alignment
- Collaboration
- Facility-led



Measurements ...

Falls – Guide to classifying consequence in Incident Reporting System

Injury type	Specific description	Consequence	SAC
No injury	No injury	Minimal	4
Death	Patient has died as result of fall	Severe	1
Brain / head injury	Possible knock to head with no apparent injury or observations necessary	Minimal	4
	Possible knock to head or possible loss of consciousness with doctor assessment and/or neurological observations	Minor	3
	Possible knock to head or possible loss of consciousness requiring CT scan showing no injury	Minor	3
	Knock to head causing concussion, traumatic brain injury or skull fracture	Moderate	2
Fracture / dislocation	Suspected fracture	Leave file open till have results of investigations	
	Any fracture	Moderate	2
	Dislocation of any joint	Moderate	2
Laceration / cut / skin tear	Cut / skin tear requiring dressing, band-aid, steri-strips	Minor	3
	Cut / skin tear - no treatment	Minimal	4
	Cut requiring suturing or stapling (may also be known as clipping)	Moderate	2
Wound dehiscence	Any dehiscence requiring resuturing after a fall e.g. stump wound dehiscence	Moderate	2
Soft tissue injury	Suspected sprain requiring rest, ice, compression, elevation (RICE)	Minor	3
	Sprain requiring splinting/crutches	Minor	3
Teeth chipped / damaged	Teeth or dentures chipped requiring dental repair or replacement	Moderate	2
Pain	Pain requiring assessment for possible injury	Leave file open till have results of investigations	
Emotional distress	Perceived emotional distress/loss of confidence but no physical injury	Minimal	4
	Perceived emotional distress and physical injury	Score according to physical injury	
Equipment	IV lines, nasogastric tubes, etc displaced during fall and require reinserting	Minimal	4
Swelling	Area is swollen – no investigations required	Minimal	4
	Area is swollen – fracture/head injury suspected	Leave file open till have results of investigations	
Bruise / contusion	Bruise that requires no treatment	Minimal	4
	Bruise that requires assessment to check for fracture	Leave file open till have results of investigation	

Note: If unsure of injury – leave Incident Reporting System (IRS) file open until all investigations complete. When investigations complete correct any selection made by reporter of event that is now shown to be incorrect e.g. 'no injury incurred', 'suspected fracture' to 'fracture'. Complete outcome notes outlining findings of investigations, treatment and outcome for patient e.g. "# RNOF following fall, requiring surgical repair and additional 7 days in hospital. Likelihood for all falls is 'Almost Certain'. Consequence rating for fractures and intra or extra-cranial haemorrhage may be increased to major or serious if permanent disability or death is determined as the outcome.

Some stats (slowly, slowly) ...

WAITEMATA ARRC DATA

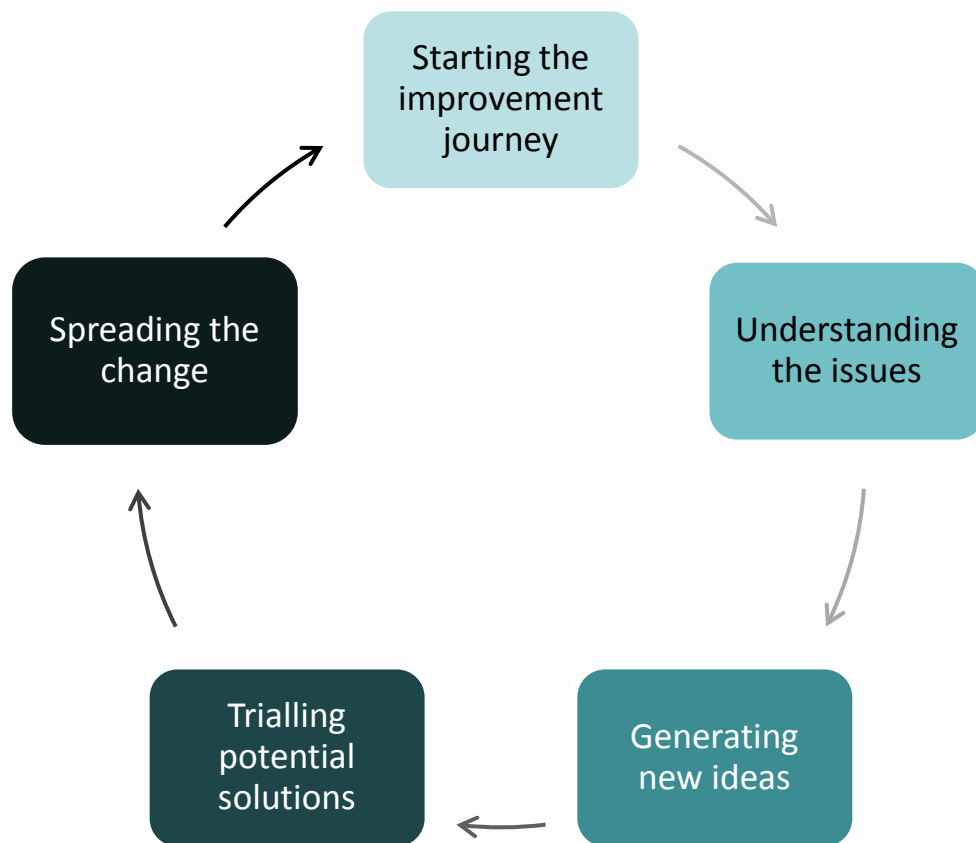
FALLS DATA STATUS AS AT END DEC 2013

WAITEMATA ARRC DATA

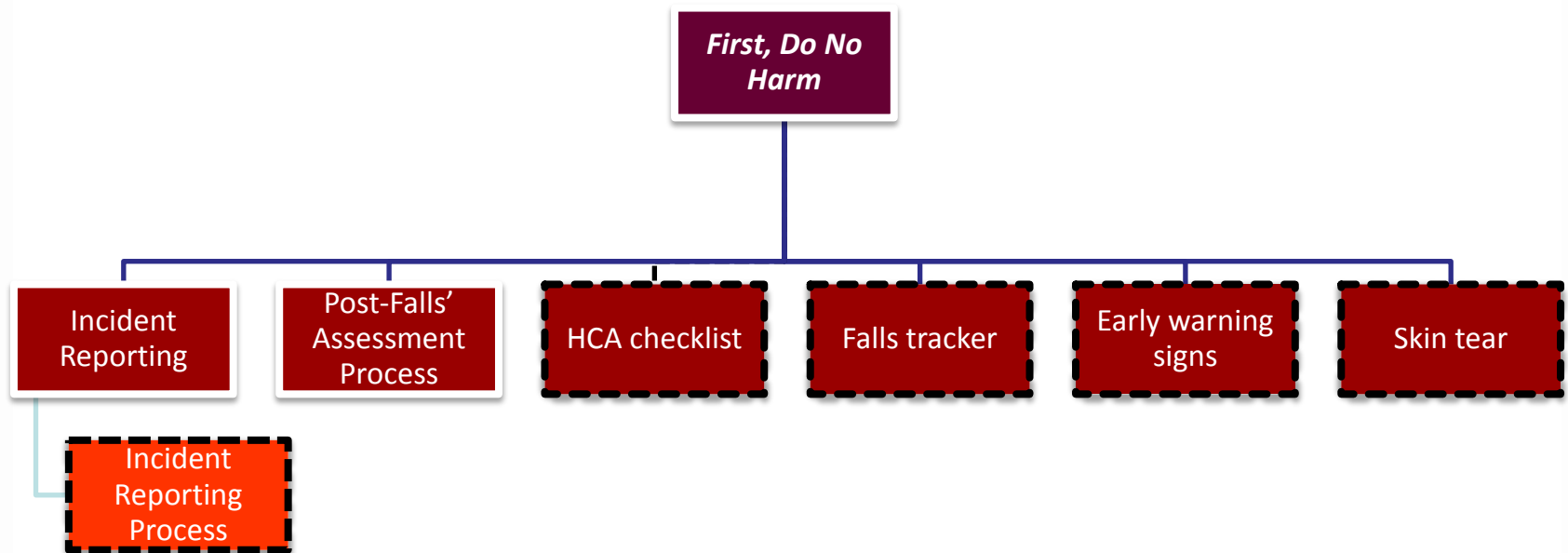
FALLS DATA STATUS AS AT END			Facility ID	Category	Average rate of falls/1,000 bed days	Average rate of Falls with harm/1,000 bed days	Average rate of Falls with major harm/1,000 bed days	Comments
		SAC collected	1544220	HOSPITAL	8.32	2.24	0.18	
Facility Type	Full/part data submitted		1536151	HOSPITAL	7.92	1.46	0.14	
			1531732	HOSPITAL	8.78	2.06	0.00	
			1536154	HOSPITAL	3.01	1.31	0.39	*Jan, Feb SAC3&4 data missing
			2285585	HOSPITAL	6.18	1.92	0.21	
			1542993	HOSPITAL	7.13	1.61	0.21	
			2195592	HOSPITAL	N/A	N/A	0.27	
			2221818	HOSPITAL	9.56	2.42	0.20	
HOSPITAL	Full Data	S	1533754	HOSPITAL	N/A	N/A	N/A	* Old data sheet, figures unclear, only bed days available
RESTHOME	Full Data	S	2426305	HOSPITAL	5.30	1.27	0.17	
			1869588	HOSPITAL	9.31	2.87	0.00	
			1533851	HOSPITAL	N/A	N/A	N/A	* Not enough data to calculate
DEMENTIA	Full Data	S	2042820	RESTHOME	9.00	2.61	0.59	
			1544221	RESTHOME	N/A	N/A	N/A	* Not enough data to calculate
			1531277	RESTHOME	N/A	N/A	0.36	*Feb, Mar, Apr, Jun SAC 3&4 missing
			1530693	RESTHOME	3.47	3.47	0.00	***Mar, May, Jun data missing
				RESTHOME	2.90	2.90	0.00	*started Jul 2013
			2694746	RESTHOME	0.00	0.00	0.00	*Jan, Feb SAC3&4 data missing
			1542988	RESTHOME	9.20	2.73	0.00	*Aug SAC 1&2 data missing
			1530767	RESTHOME	N/A	N/A	0.00	*SAC 3&4 data missing
			1530820	RESTHOME	4.82	1.53	0.22	
			1530630	RESTHOME	9.33	0.00	0.00	
			1541747	RESTHOME	3.13	3.13	1.31	
			1530694	RESTHOME	N/A	N/A	N/A	* Not enough data to calculate
			1540791	RESTHOME	1.06	0.62	0.00	
			1540801	RESTHOME	4.32	3.09	0.41	* Jan, Feb bed days missing
			1530727	RESTHOME	N/A	N/A	N/A	* Not enough data to calculate
			1530632	RESTHOME	N/A	N/A	0.21	*SAC 3&4 data missing
			2426310	RESTHOME	5.18	1.17	0.08	
			1539509	RESTHOME	7.86	3.76	0.00	
			1533850	RESTHOME	N/A	N/A	N/A	* Not enough data to calculate
			1727331	RESTHOME	14.93	10.56	0.19	
			1544221	DEMENTIA	N/A	N/A	N/A	* Not enough data to calculate
			1542988	DEMENTIA	9.09	2.93	0.29	
			1541747	DEMENTIA	9.83	9.83	1.49	
			1540801	DEMENTIA	6.93	4.62	0.00	

Average no. of falls per 1000 bed days - falls with harm (SAC1-3)	Average no. of falls per 1000 bed days - falls with major harm (SAC1&2)
1.90	0.20
3.00	0.20
5.80	0.60

Training ... from awareness (2013) to mentoring (2014)



Projects Hui and clusters



Incident Reporting

Incident Report

1. This section is to be completed by the person reporting the incident

Report Number	<input type="text"/>	Resident's Details:	
Incident Date (dd/mm/yy)	<input type="text"/>	Name:	<input type="text"/>
Incident Time (hh:mm)	<input type="text"/>	NHI:	GP: <input type="text"/>
Reported by	<input type="text"/>	Date of Birth:	Room #:
Circle just ONE Resident/ Visitor/ Staff/ Volunteer/ Contracted Worker		Gender:	Area:

2. Type (Tick ONLY ONE)

- Absconding/ AWOL
- Behaviour
- Bruise/ Sprain/ Strain
- Care Mishap
- Choking
- Equipment Failure
- Fall/ Trip/ Slip
- Medication error (Facility)
- Medication error (Pharmacy)
- Near Miss
- Poisoning
- Pressure Injury
- Property (theft/ lost/ damaged)
- Resident Self Harm
- Security Issue
- Skin Tear/ Irritation/ Abrasion
- Staff injury
- Other

3. Outcome (Tick ONE or TWO)

- Bruise/ Sprain/ Strain
- Burn/ Scald
- Concussion
- Crush injury
- Confusion
- Dislocation/ Fracture
- Emotional distress
- Head injury
- Loss of mobility
- Needle stick injury
- No injury
- Pain
- Skin tear/ laceration/ puncture
- Swelling
- Teeth/ denture/ aid damage
- Unconsciousness
- Other (Please state)

4. Location (Tick ONLY ONE)

- Bedroom
- Communal Area
- Corridor/ Passage
- Dining Room
- Ensuite (Personal Toilet)
- Kitchen
- Outdoor
- Reception Area
- Toilet/ Shower
- Other

5. The incident is (Tick ONLY ONE)

- ACC (date done)
- Non-ACC

6. The incident is (Tick ONLY ONE)

- Facility Acquired
- Non-Facility Acquired

7. SAC (Tick ONLY ONE)

- SAC 1
- SAC 2
- SAC 3
- SAC 4

8. For PI only (Tick ONLY ONE)

- PI Grade 1
- PI Grade 2
- PI Grade 3
- PI Grade 4

9. Action

- 1st Aid
- Refer to Manager
- Refer to Doctor
- Refer to Other Agencies
- Refer to Hospital

10. Describe incident (How, what, why, where)

11. Signature (Person Reporting): _____

12. Signature (Snr staff): _____

13. This section is to be completed by either an RN/ EN only.

Initial First Aid/ Assessment done 14. First Aid Delivered By: _____

15. Comments:

16. Clinical Observations done 17. Neurological observations done:

Outcome Summary & Required Actions (Improvement Actions) - RN/ EN/ Other

18. Issue	19. Immediate Action	20. Who	21. Signed

22. Contributing Factors

- | | | |
|--|--|--|
| Communication <input type="checkbox"/> | Environment/ Scheduling <input type="checkbox"/> | Safety mechanisms <input type="checkbox"/> |
| Competence/ Knowledge <input type="checkbox"/> | Equipment <input type="checkbox"/> | Other <input type="checkbox"/> |
| Resident <input type="checkbox"/> | Policy/ Procedure <input type="checkbox"/> | |

23. Notifications

Who	Name	Date/ Time	Signed
GP			
EPOA/ Family			
Manager			
DHB (Sentinel Event)			
Other (Please state)			

24. Final Action (Tick most significant) - Completed by RN/ Clinical Manager

- | | |
|---|---|
| 1st Aid <input type="checkbox"/> | Refer to Other Agencies <input type="checkbox"/> |
| Refer to Manager <input type="checkbox"/> | Refer Person to Hospital <input type="checkbox"/> |
| Refer to Doctor <input type="checkbox"/> | |

25. Additional Comments

##

Signed by RN/ EN: _____ Date: _____

Signed by Clinician: _____ Date: _____

Signed by Quality/ Risk Team: _____ Date: _____

Communication ...

- Website
- Patient stories
- E-newsletter
- Right messages at the right time (balancing priorities)
- Visual display of data increases local ownership
- www.firstdonoharm.org.nz

... End ...

Thank you

