

Case Study/Patient Safety Story for National Patient Safety Awareness Week

Background

Clark Regional Medical Center (CRMC) is a 79 bed, community hospital serving the residents of east central Kentucky. The organization is a part of LifePoint Health, a leading healthcare company based in Brentwood, Tenn., and focused on providing quality healthcare services close to home.

Quality Outcomes

Between 2010 and 2015, CRMC reduced the frequency of 14 healthcare acquired conditions, including falls with injury, pressure ulcers, and catheter-associated infections, by 74%. Executive leaders, physicians and clinicians at CRMC recognized highest quality care rested upon excellent interdisciplinary communication and meticulous, evidence-based clinical practices. This focus helped teams at CRMC realize rapid improvement in rate-based quality measures early in their quality journey. The hospital was recognized by The Joint Commission as a Top Performer in Key Quality Measures in November of 2015.

Safety Boards: A Patient Safety Initiative

Although rate-based performance measures were providing solid evidence of improvement, the CRMC team dove deeper, seeking ways to resolve threats to safety that were harder to count. They wanted a way to act on variations and deviations that were visible close to the point of care. In 2012, CRMC teams began using safety boards, a simple strategy to allow anyone – including patients and family members– to raise concerns about safety. Three zones on each safety board make it easy to track threats as they are identified, acted upon, and resolved. Progress toward resolution of reported defects is publically displayed in the hospital.



Results

At CRMC, 100% of clinical and non-clinical units now use safety boards. Results, including the raw number of defects and the percent resolved, are reported to CRMC's interdisciplinary Patient Safety and Clinical Quality Committee. Units with robust reporting patterns are recognized and rewarded.

Since the 2012 launch, the number of defects posted on safety boards at CRMC has increased each year, with more than 340 potential threats avoided in 2015. Kelly Stratton, RN, CPPS, Senior Director of Quality Improvement and Regulatory Compliance at CRMC reflects on the impact of safety boards,

noting “In a three-year time period, we have corrected more than 1,000 defects—that’s one thousand opportunities for a potential harm to have reached a patient that did not.”

When asked about the nature of problems reported and resolved, Stratton recalls a wide range. “‘Communication’ was on every safety board in 2013,” she notes. “Our deep dives revealed a major driver was our in-house portable phones. They weren’t 100% reliable everywhere in the hospital. So, vendors were brought in and boosters added to the roof. Ultimately, we decided to purchase a new phone system to close the gaps.”

Other defects are unique to specialty areas. Stratton recounts a concern raised by an ICU nurse about the construction of an endotracheal tube holder. “The nurse was afraid that an unsecured piece of foam posed a potential choking risk should it become dislodged. So the ICU and materials management staff members were able to team up and find a product with a better safety design.” Stratton offers this advice about best use of safety boards: Take reported defects seriously by counting and reporting them, engage reporters in identifying potential solutions, and make resolution visible.

Contact Information:

Kelly Stratton, RN, Senior Director of Quality Improvement and Regulatory Compliance Clark Regional Medical Center, Winchester KY
Kelly.Stratton@lpnt.net

Barbara Olson, RN, Senior Patient Safety Officer, LifePoint Health
Barbara.Olson@lpnt.net