First, do no harm
The use of Global Trigger Tool to recognize hidden problems

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Background
Nordsjællands Hospital is a 520 bed university hospital in the capital region of Denmark. In January 2010 the hospital joined “The Danish Safer Hospital Programme”. Our aim is to reduce harms caused by care or treatment by 30%. We use the Global Trigger Tool (GTT) to identify and monitor harms. We present harm rates as run charts, but have also found that the types of harm presented as harm profiles (Fig. 1) are valuable information for improvement initiatives.

Findings
The overall harm profile revealed that constipation was common (20%). Constipation is easily overlooked and often neglected by the clinical staff, but troublesome and potentially dangerous for the patient. Use of opioids without laxatives can cause constipation. We have earlier presented results from a project concerning this problem. Meanwhile, other conditions such as inactivity, fluid derangement and lack of privacy in hospital environments can cause constipation. Thus a general approach preventing gastrointestinal (GI)-disorders seemed necessary.

Method
We reviewed the literature on observation, documentation and handling of patients with GI-disorders.
1. The Bristol Stool Scale (BSS) was chosen as our common language for the documentation of the patients’ GI-status.
2. A nursing care plan and a sheet for the documentation of GI-status was designed.
3. Finally, we designed a flowchart (Fig. 2).

Strategy for Change
1. Results of the GTT reviews were presented for nurses from all wards of the hospital.
2. A group of nurses from all wards of the hospital designed a generic nursing care plan for GI-disorders.
3. All clinical staff were able to describe patient’s bowel using the BSS and the flowchart for handling GI-disorders.
4. All quality coordinators and heads of departments were informed on quality meetings at the hospital.
5. The flow chart (Fig. 2) was PDSA (Plan-Do-Study-Act) tested and appended to the current hospital guideline for GI-disorders.

Measurement - Effects of Change
Quarterly run chart for constipation identified by the GTT.

The GI-status is documented more often in the patient file. Thus we observed an increase in harm due to the GI-disorders. We expect a decrease over time when the care plan is well implemented (Fig. 3).

Lessons Learnt
1. Harm profiles can be used to identify and target potential areas for improvement of care.
2. A shared language is the basis for setting up guidelines.
3. When implementing guidelines support from quality coordinators and heads of departments is essential.

Main message
The GTT can reveal problems leading to patient harm, which the staff may not recognize. Working with the GTT and studying the results oblige to react leading to an overall improvement of patient safety.