



Helen Mason

Healthy, thriving communities, Kia Momoho Te Hāpori Ōranga.

Whilst learning from mistakes is crucial, I recently learnt about a programme which celebrates those who prevent them happening at all.

In November last year I had the privilege of spending time at Johns Hopkins Health system, in Baltimore USA. Johns Hopkins is known as a centre of excellence for patient safety and quality and I was undertaking an Observership. This was an opportunity for me to deepen my understanding of their approach to patient safety, and to consider how we might benefit from that knowledge here in the Bay of Plenty.

I will be sharing some of the many lessons I learned whilst there in future CE Newsletters, as well as presenting Grand Rounds on the subject in both Whakatāne (on 22 March) and Tauranga (on 10 April).

One Johns Hopkins initiative I was really interested in was the Good Catch programme. Whilst Johns Hopkins have excellent reporting systems to identify and report when things go wrong, they also have a focus on understanding when things go right and recognising when that happens. That is the Good Catch programme.

The programme gives examples of 'Good Catches' and shows how a 'Hero' colleague can be nominated for preventing an error from reaching a patient.

I was very pleased to recently receive a number of "Good catch" examples of pharmacist-led interventions in our own DHB. These are evidence of good catches closer to home. Three of these examples are attached here - I hope you will find them as interesting to read as I did.

When sending me these examples, our colleague, Pharmacy Team Manager Cindy Mortimer, stressed that they did not represent an implied criticism of other staff members but rather collegial co-operation, working as one team, and sharing our knowledge with one another. No one comes to work to do harm and everyone wants the best for their patients. This is about improving what we do for our patients.

When people were raising the issue of a good catch at Johns Hopkins they were reminded that they were being patient advocates. It should be top of mind for us here in the Bay of Plenty as well that a good catch is about being a patient advocate. We should all be confident and brave about speaking up on that basis.

I welcome your support and encourage you to catch your colleagues doing something good, and to let them know.

THE JOHNS HOPKINS HOSPITAL
PATIENT SAFETY
GOOD CATCH!

HAVE YOU EVER PREVENTED AN ERROR FROM REACHING A PATIENT?

OR RECOGNIZED AN UNSAFE SITUATION AND WORKED TO IMPROVE IT?

DO YOU WANT TO RECOGNIZE A COWORKER FOR KEEPING PATIENTS SAFE?

THEN NOMINATE THEM OR YOURSELF FOR A GOOD CATCH!

WAYS TO NOMINATE:
1. Enter a HERO
or
2. Email details to:

goodcatch@jhmi.edu

FEEL FREE TO NOMINATE YOURSELF OR OTHERS!

GOOD CATCH

EXAMPLES OF GOOD CATCHES:

- Preventing a medication error
- Advocating for your patient to receive safe care
- Preventing the wrong care from being provided to the wrong patient
- Preventing a fall
- Noticing the armband on the patient contains incorrect information
- Noticing medications in or supplies are expired or incorrect
- Recognizing errors on an MRI screening form
- Preventing a misdiagnosis
- Taking measures to prevent the spread of infection

Recipients will receive recognition and a good catch button!

Good catches from our pharmacists

"Oncologist wanted to treat a patient with a regimen requiring IV administration of chemotherapy for up to five consecutive days over a total of five weekly cycles. We were asked to research and rewrite the protocol to reduce the number of visits to the cancer centre that the patient would need to make. We were able to change the daily IV infusions to a continuous infusion pump, thereby reducing the patient's visits to the cancer centre to only one day per week. This resulted in a considerable reduction in travel between Whakatāne and Tauranga, reduced treatment times for the patient, and reduced nursing and chair time for the cancer centre." **Oncology Pharmacists.**

"Patient was admitted to stroke unit on regular aspirin 100mg and dabigatran 110mg BD. Clexane was charted on the second page of the chart due to a communication gap between on-call house officer and consultant. I asked the nurse to withhold the Clexane until the MDT meeting where it was discussed with the team - dabigatran was then discontinued and the patient never received two different anticoagulants simultaneously." **HIA Pharmacist.**

"New house officer had prescribed Zoledex 10.8mg IM every three months for bone health. This is not the correct indication for this medication and I identified they likely meant zoledronic acid. I educated the house officer about this and discussed special authority criteria for bisphosphonates. I then recommended changing the prescription to weekly alendronate/ colecalciferol (Fosamax Plus)." **APU/Cardiology Pharmacist.**

"Many times what we perceive as an error or failure is actually a gift. And eventually we find that lessons learned from that discouraging experience prove to be of great worth."

– Richelle E. Goodrich (American author)