Introduction

Over 400,000 patient deaths result from preventable harm events every year. This means that if preventable harm was ranked as a cause of death, it would be the third leading cause of death in the United States.¹

Healthcare workers experience more occupational illness and injury than the construction and manufacturing industries.²

How can we reduce harm?

Atrium Health knows we can and must become a Highly Reliable Organization?

What is a Highly Reliable Organization?

"Organizations that consistently minimize adverse events despite carrying out intricately complex and hazardous work. High reliability organizations maintain a commitment to safety at all levels, from frontline providers to managers and executives. This commitment establishes a culture of safety."³ – Agency for Healthcare Research & Quality

To support the development of our high reliability safety culture, the Good Catch Program was implemented in 2009, and focused on Patient Safety only.

The Goal

- Develop a standard Good Catch Program to incorporate Occupational Health & Safety, Environmental Safety, and Patient Safety by utilizing the Recognition and Rewards Program
- Deliver an aesthetically pleasing, streamlined process that would promote an increase in submissions.
- Increase Good Catch submissions across the system by 15% with a stretch goal of 20%

The Objectives

1. Standardize the Process
2. Standardize the Scoring
3. Standardize the Recognition

Case Report

The Future

- A goal to increase submissions by 5% with a stretch of 10% was set for 2018. The program continues to excel and we are currently 19% above stretch for the system.
- Engage2Excel is working to set up a Good Catch Administrator’s self-service point load for the Recognition and Rewards Platform.
- Human Resources continues to partner in marketing the program and highlighting Good Catch recipients.

Resources

2. Occupational Safety and Health Administration. Worker Safety in Your Hospital. 2013

Contact Info

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Good Catch Recipients

Diana Marsico, RN Levine Cancer Institute

While preparing to flush a patient’s PICC line, she noticed the patient’s fingers were discolored and arm had some swelling. Diana stopped, contacted the oncologist with her observations, and the patient was sent to the ED. It was determined she had a large blood clot.

Kim Parker, LPTA Home Health

Kim arrived for a scheduled appointment, and patient did not answer the door or phone calls. Her suspicion of an infection prevention concern, but The Joint Commission was at Anson for their trienniel at the time.

Kenneth Jamison, Environmental Services Carolinas HealthCare System Anson

Kenneth spoke up when he observed a physician not performing hand hygiene when he entered and exited a patient’s room. Not only was this an infection prevention concern, but The Joint Commission was at Anson for their trienniel at the time.

Morgan Shook, RN Carolinas Medical Center

Morgan used her critical thinking skills when she noticed an order that would have required large amounts of IV fluid prior to a procedure for a patient with severe heart failure. She double-checked with the on-call provider who was very thankful for her catching the oversight.

Sean Willoughby, BSRT Levine Children’s Hospital

A patient was transferred as an Asthma patient in the ED. Sean was concerned that the patient was showing signs of pneumonia and asthma exacerbation. He alerted the provider and an X-ray was ordered that confirmed Sean’s concerns.

Mary Jones, RN Healthy@Home

While Mary was caring for a fragile patient who had experienced the loss of her baby and acquired an infection, Mary noticed symptoms of a blood clot. The patient did not want to go to the ED, but Mary convinced her to return and she received treatment for her blood clot.

Jane Homesley, Care Coordinator Carolinas HealthCare System Lincoln

Jane is always on the lookout for billing errors. Recently she found incorrect charges and duplicates that were able to be identified and checked. Finding these errors saves a lot of time and frustration for Ansur Health and our patients!

Monique Desravines, RN Carolinas Medical Center - Mercy

During discharge for a patient with a pulmonary emboli diagnosis Monique noticed that there were no anticoagulants ordered. She read the physicians note, and saw that it was written in there, but not ordered.

Danielle Yost, CMA University Pediatrics

Danielle noticed teamates inaccurately weighing infants on who needed Synagis. If not discovered this would have caused an already high risk infant to receive the wrong dose. Danielle notified her supervisor, and the team received re-training.

Tamikka Hinton, CMA Carolinas HealthCare System Pineville Onsite Care

A Teammate arrived for “flu like symptoms.” Tamikka immediately notified the provider when she noticed stumbling, and slurring. This was an infection prevention concern, but The Joint Commission was at Anson for their trienniel at the time.

The new Good Catch Program was launched in July of 2017. Atrium Health had a 47% increase in submissions from 2016 to 2017.

Good Catch Recipients

Below is a sampling of Good Catch winners from 2017 and 2018 from across the system.