



CASE STUDY

—THE—  
**GOOD CATCH**

CLIENT: *BRIDGEPOINT HEALTH*

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**ORGANIZATIONAL SNAPSHOT:** Bridgepoint Hospital provides complex health management and rehabilitative care for individuals with complex chronic illnesses through a broad range of inpatient and outpatient services.

The hospital has four integrated clinical programs for groups of patients with similar clinical needs, i.e., neurological disorders (including stroke and acquired brain injuries); musculoskeletal disorders (including hip fractures, trauma and complex joint replacements); and medical disorders (including cardiopulmonary, older adult conditions and other complex medical conditions). Bridgepoint Hospital also provides specialized complex supportive care for neurological and palliative care patients.

**HEALTHCARE ORGANIZATION TYPE:**

Complex Care and Rehabilitative Services

**BEDS:** 404

**PRODUCTS:** RL6:Feedback, RL6:Risk

**CLIENT SINCE:** 2000

**QUICK FACTS:**

- Customized form and icon wall helps good catch reporting increase 400%
- Improved visibility into departments that previously did not report incidents
- Bridgepoint awards staff who identify good catches that impact workflow



# Customized good catch form increases reporting by almost **400%**

## The Challenge

*Low good catch reporting means missed opportunities for safety improvements*

At Bridgepoint Health, staff traditionally recorded good catches as near misses or zeros on the severity scale—if they were recorded at all. Management believed that by focusing on improving and increasing good catch reporting, they would be able to pinpoint areas that were at higher risk for incidents. From there, they could develop strategies to prevent those incidents from occurring in the future.

Bridgepoint uses the World Health Organization's definition for a good catch, identifying it as an incident that did not reach the patient or a reportable circumstance (i.e., a situation in which there was a significant potential for harm, but no incident occurred). To

improve good catch reporting, Bridgepoint's patient safety team identified three goals they wanted to achieve:

1. Foster an environment where staff understands the importance of reporting good catches.
2. Develop a new method for reporting good catches that is accessible and easy to use.
3. Improve the dissemination and use of the information to drive quality improvement.

To accomplish these goals, Bridgepoint's patient safety team customized a form in its incident reporting software, RL6:Risk, to capture good catches.

For good catches, we also capture what the severity level might have been if the incident had occurred. That way staff can say, 'I prevented this from happening'.

Monica L. M. Jacobs  
Director, Patient Relations & Risk  
Bridgepoint Health

# The Solution

*Customized reporting form surfaces hidden good catches*



In an effort to improve its reporting, Bridgepoint's patient safety team took good catches out of regular reporting and created a customized form in RL6 to capture them. This resulted in staff having an easier, more efficient way to report the data they observed.

The form was created through consultations with a group of inter-professional staff. The group analyzed what fields weren't consistently used in the old forms in an effort to understand what information was not valuable. They also determined the minimum data required to support quality improvement and risk management functions. The resulting form has just seven mandatory fields, and front-line staff indicates that it usually takes them only 30-45 seconds to report a good catch.

The next step the patient safety team took was to ensure that the good catch form was easily accessible so staff in all departments could report incidents immediately. All staff members received a unique ID, which enabled them to access the web-based RL6:Risk from any computer at Bridgepoint Health.

Kate Wilkinson, the director of quality and patient safety, explains the significance of this shift: "We now have all of our health disciplines using the same system, whereas before it was only nurses. If another discipline had something they wanted to report, they had to have a nurse or a manager report it for them. I think that was one of the biggest barriers about good catch reporting."

To reinforce this accessibility even more, Bridgepoint customized RL6's icon wall with its good catch program logo. They strategically placed the logo in the middle of the icon wall where it became the center of focus. With this simple modification to the icon wall, staff no longer needed to worry about what categories they would find good catches under; instead, it was one of the first icons they saw, as it became a category all on its own.

## *Rewarding quality improvements*

Bridgepoint has dedicated itself to creating an environment where the staff feels free to report good catch incidents and the reporting is never used for punitive purposes. When staff report on or read about good catch incidents, they are encouraged to ask themselves three questions:

1. What might have happened to the patient if this had not been caught (e.g., level of harm)?
2. What system or process failure led to the potential error?
3. What can be done to remove this as a potential source of harm?

To illustrate this dedication, Bridgepoint created the Good Catch Awards to recognize employees for their contributions to improving patient safety. Each year, Bridgepoint representatives read all of the good catch reports and award employees who make good catches that show improvements to workflow processes.

## GOOD CATCH STORY

*A patient was re-admitted from an acute care hospital. In the patient's chart package, there was a Medication Administration Record (MAR) from the hospital and a check-off med list generated by Bridgepoint Health's pharmacy from the patient's previous admission.*

*The on-call doctor used the check-off sheet and wrote orders based on the MAR received from acute care. The pharmacist entering orders noticed that the patient was ordered cloxacillin IV and had an allergy to penicillin noted on the EMR.*

*The pharmacist called the nurse on the unit, who also checked the acute care MAR, and said the patient was given 4 doses there. As the order was being processed, a pharmacist from the acute care hospital telephoned to let the unit pharmacist know that the Vancomycin level just came in, and that he should adjust this patient's dose to 125mg; the unit pharmacist said that the patient was on Ciprofloxacin and Coxacillin, not Vancomycin. This is when they realized that the MAR for the wrong patient was sent from the acute care hospital. The unit pharmacist requested a medication profile for the correct patient and the unit pharmacist called the on-call doctor to correct the orders.*



Each year, Bridgepoint's Good Catch Awards celebrates the staff who have not only discovered a potential error, but have taken steps to report it.

Cassandra Mackey  
Patient Relations & Quality Coordinator  
Bridgepoint Health

## The Result

*Visibility into good catches and quality improvements leads to increased reporting*

Bridgepoint rolled out its customized good catch reporting form to staff in all departments, and the organization has seen a surge of 400% in reporting. Initially, pharmacists were the most frequent reporters of good catches (mostly related to medication administration). New report data indicates that health disciplines are now the most frequent reporters and the most common good catch is related to falls.

Bridgepoint recognized that it is important to encourage its staff to report incidents, as well as good catches, as quickly as possible. This helps patient safety staff to find opportunities to improve in key places and raise awareness about individuals who may be at high risk for a fall or incident.

Management is finding that the same types of good catches are being reported, and can review these reports together to form a complete picture of the common causes associated with these good catches. Additionally, Bridgepoint has sustained these improvements by informing staff of their efforts to report good catches and illustrating the effects their reporting has on patient safety.

Furthermore, the data gathered in RL6:Risk from this new initiative has worked to compliment Bridgepoint's Fall Prevention program by helping to analyze data on high-risk fallers and developing strategies for identifying who is at most risk.



## Next steps

Continuing its search for ways to improve patient healthcare, Bridgepoint is conducting a more detailed review of the information from all good catches related to managing medications. It hopes that this review will accomplish two goals:

1. To evaluate if the good catch form is capturing the required information to make informed future updates to the form.
2. To understand the common causes and failures in the medication system that can inform process improvement initiatives.

### GOOD CATCH STORY

*At the end of the work day, a therapist was making her final equipment checks when she noticed a burning scent.*

*The therapist notified Engineering and Maintenance. Upon inspection, they discovered that a treadmill's motor was malfunctioning. The treadmill was immediately taken out of service.*

*The therapist's quick response ensured that the potential risk of a fire was avoided. Furthermore, a preventative maintenance strategy for all related equipment was put into place.*



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