

The Triggers Program: Sustaining Gains

The Problem

Hospital ward inpatients with serious, acute decompensations are a particularly vulnerable group. The literature documents (1) these patients have extremely high mortality rates, (2) at least one-third of them receive suboptimal care before ICU transfer, and (3) delay in ICU transfer results in a 30% absolute increase in mortality. Most of these patients have warning signs (“Triggers”) before their critical decompensation. Two years after the initial Triggers program implementation, the rate of unexpected death decreased by more than 50%. Gains in quality improvement tend to fall off after initial implementation.

Aim/Goal

We aimed to sustain the reduction in unexpected mortality at the Beth Israel Deaconess Medical Center without hiring additional staff and ultimately eliminate unexpected death by continuing awareness efforts around the Triggers program.

The Team

Many departments across the institution participated in the creation and implementation of this program. Particularly key participants included:

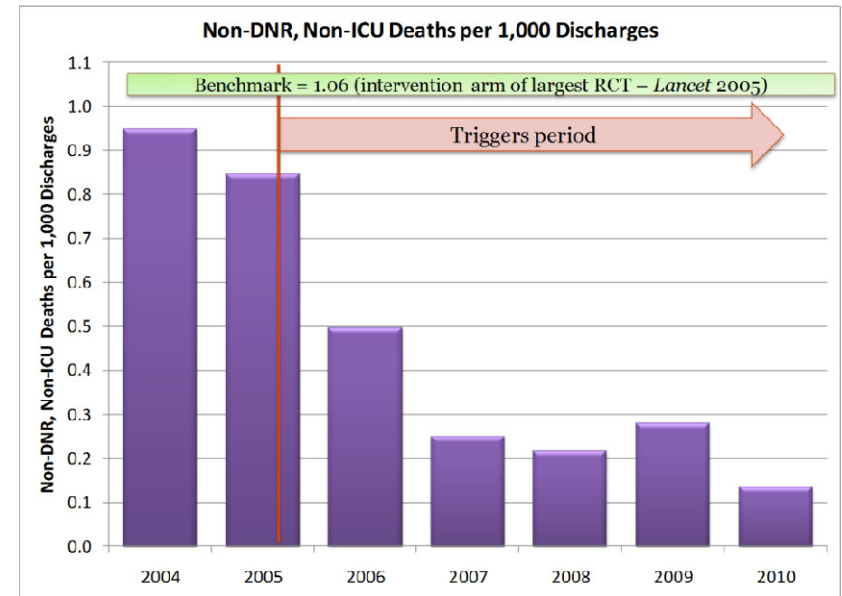
- Medicine
- Surgery
- Patient Care Services
- Health Care Quality
- Graduate Medical Education

The Interventions

- Continued staff education on the Triggers program
- Educated all incoming medical house staff on the Triggers program
- Reviewed rates of trigger events called and unexpected mortality on a regular basis to note changes in usage of the Triggers program and missed opportunities
- Instituted a patient-and family-activated trigger

The Results/Progress to Date

Rates of unexpected mortality as a result of the triggers program have not only been sustained but have continued to further lower rates of unexpected mortality. The patient-and family-activated trigger was instituted in Q3 of 2010. Since that time there have been 93 patient-and family-activated triggers called here at BIDMC.



Next Steps/What Should Happen Next

In the future we plan to develop a program to prevent the need for Triggers. We also want to continue to learn more about patient-and family-triggers, why they are called, and how we can best support and encourage this initiative.



Beth Israel Deaconess
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