Chat Room Transcript
Oregon Office of Rural Health's
March 3, 2009 Special Flex WebEx
*Adverse Event Investigation*

**from Kassie Clarke to All Participants:** Welcome everyone! Thanks for joining us today.

**from Patti to All Participants:** Leslie, we found that, though we fought against the level of detail you mention, that it ended being very beneficial.

**from Kay Johnson to All Participants:** Are board members in other hospitals notified of these events?

**from Sandy GG to All Participants**: We have had a couple of events reported to the board.

**from Patti to All Participants**: I do report any Patient Safety Commission Report to my board.

**from Virginia Sandau to All Participants:** Us too.

**from Laura Dillard to All Participants:** Yes, I report quarterly on my risk dashboard.

**from Brandie Manuel to All Participants:** 100% of reportable sentinel events are reported to the Board of Trustees.

**from Kay Johnson to All Participants**: OK but not just as they happen, good, and thanks Laura for your sending your dashboard to us.

**from Pheobe Reed to All Participants:** From Columbia Memorial, all Patient Safety Commission Reports are sent through Quality Management to Senior Management to the Board.

**from Patti to All Participants**: We just do the reporting of sentinel events in executive session.

**from ewulff to All Participants:** He had a fall at home and I would like to know if they initiated something on admission.

**from ewulff to All Participants:** How was lighting or was the call light in reach.

**from Kay Johnson to All Participants:** Did they use fall risk wrist bands?

**from Pheobe Reed to All Participants:** Both falls appear to be at 'change of shift.'

**from Laura Dillard to All Participants:** If the patient fell at home, then shouldn't he have been a fall risk on admission?

**from ewulff to All Participants:** Regarding the first action plan, I think more important was to do the fall risk assessment every shift and especially on admission as an action plan. Better to be pro-active than reactive.

**from Pheobe Reed to All Participants:** Due to cost constraints our fall policy states we can provide a sitter after the 2nd fall.

**from Laura Dillard to All Participants:** I believe in our policy, if we have a patient that is a high fall risk, in the nursing judgment, they can at minimum place a bed alarm. This does not restrict the patient in any way, so it cannot be called a restraint.

**from Sandy GG to All Participants:** We do the bed alarm, too, and hourly rounding.

**from Pheobe Reed to All Participants:** Obviously the cost of the fall is greater-we also use TABs alarms on all high fall risk pt's, all our beds have bed alarms that we use, we do hourly rounding as well, however, it is not being monitored if actually happens every hour.

**from Patti to All Participants:** Yes. I would like to see the tools.

**from Kassie Clarke to All Participants:** Thank you, Leslie! Great job! Thanks also to everyone for a very interesting dialogue.

**from Laura Dillard to All Participants:** Thank you everyone.

**from Kay Johnson to All Participants:** THANK YOU, GET WELL! Also, thanks to Kassie!

**from ewulff to All Participants:** That sounds good.

**from Pheobe Reed to All Participants**: Leslie, thank you for the ability to interact. Our hospital has a CNL student from U of P who is interested in this.

**from ewulff to All Participants:** Thank you.

**from Sandy GG to All Participants:** Thank you!

**from Kassie Clarke to All Participants:** This presentation will be recorded and available on our website later this week.