Psykiatrien i
Region Syddanmark

Psychiatry of the Southern Region of Denmark
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February 27th 2018

Abstract FRAMily 2018

Title: U*sing FRAM to identify possible interventions for improving patient safety*

The Hospital of Psychiatry of the Southern Region of Denmark has focus on preventing and learning from adverse events to improve patient safety. Traditionally this has been done by using the Root Cause Analysis Method, however this method does not always bring light to all dimensions of the event and the potential learning outcome is reduced.

One of our psychiatric hospital wards experienced that an unknown man with no affiliation to the ward climbed over a fence (4 meters) into the ward during the night and sexual violated three female inpatients. The man was later arrested, charged and convicted.

To gain insight in how the event could occur, FRAM was used to describe and understand daily routines for: 1) accessing the ward 2) use of the fence and the surveillance camera 3) approaching visitors/unknown persons in the ward. To get insight in work-as-imagined the management of the ward was interviewed. Thereafter to understand the daily routines clinicians from the three units at the ward were interviewed to describe work-as-done. The analysis showed large cohesion between WAI and WAD.

The analysis offered insight and knowledge of the everyday adjustments and performance variabilities influencing the daily routines for accessing the ward, use of the fence and surveillance camera and approaching visitors in the ward.

FRAM gave surprising findings and knowledge leading to patient safety improvements. Due to the large media interest the management of the ward decided not to initiate actions regarding the most surprising finding in the analysis, namely the function of the fence.

In my presentation, I will demonstrate how the nature of the adverse event is crucial for the choice of an analysis method. I will present 1) the work-as-done (WAD) based on interviews with clinicians, 2) the identified adjustments and performance variabilities regard accessing the ward, use of the fence and surveillance camera, and approaching visitors, and 3) recommendations for patient safety improvements.

February 27, 2018 *Sira Skibsholt, Risk Manager, Psychiatry of the Region of Southern Denmark*