

Australasian College for Emergency Medicine

Patient Safety Workshop

Did I miss anything?

Melbourne 7 March 2019



Thursday 7 March 2019

08:45 Registration Opens – Welcome Tea and Coffee

09:00 Welcome and introduction to patient safety

Dr Carmel Crock Director, Emergency Department, Royal Victorian Eye and Ear Hospital, Victoria

Dr Stephen Priestley Patient Safety Lead/iEMER, Emergency Senior Consultant, Sunshine Coast University Hospital, Queensland

What goes wrong?

09:15 What goes wrong in emergency departments? A medicolegal perspective

Ms Maria Mota Head of Insight, VMIA, Risk Management and Insurance

09:30 Learning from coroners' cases

Dr Nicola Cunningham Emergency Physician, St Vincent's Hospital Melbourne, Senior Forensic Physician, Forensic Services, Victorian Institute of Forensic Medicine, Adjunct Senior Lecturer, Department of Forensic Medicine, Monash University and Academy Member, Incident Response Team, Safer Care Victoria

09:45 Big misses – why do they still happen?

A/Prof Sally McCarthy Senior Consultant Emergency Physician, Prince of Wales Hospital Sydney, and Director, Emergency Department, South East Regional Hospital, New South Wales

10:00 Panel and discussion – What goes wrong?

Facilitator	Panellists
Dr Stephen Priestley Patient Safety Lead/iEMER, Emergency Senior Consultant, Sunshine Coast University Hospital, Queensland	<p>Ms Maria Mota Head of Insight, VMIA, Risk Management and Insurance</p> <p>Ms Ursula Harrison Senior Risk Adviser, VMIA, Risk Management and Insurance</p> <p>Dr Nicola Cunningham Emergency Physician, St Vincent's Hospital Melbourne, Senior Forensic Physician, Forensic Services, Victorian Institute of Forensic Medicine, Adjunct Senior Lecturer, Department of Forensic Medicine, Monash University and Academy Member, Incident Response Team, Safer Care Victoria</p> <p>A/Prof Sally McCarthy Senior Consultant Emergency Physician, Prince of Wales Hospital Sydney, and Director, Emergency Department, South East Regional Hospital, New South Wales</p>

10:45 Morning Tea

Analysing what goes wrong

11:00 Interruptions and the impact on safe practice

Prof Johanna Westbrook Director of the Centre for Health Systems and Safety Research, Australian Institute of Health Innovation (AIHI), New South Wales

11:15 Systems issues in errors

Prof Peter Cameron Academic Director of The Alfred Emergency and Trauma Centre and Professor of Emergency and Divisional Head of Health Services Research at Monash University's School of Public Health and Preventive Medicine (SPHPM), Victoria

11:30 Group discussions Case studies

Procedural

A/Prof Thomas Chan Director of Emergency Medicine, Austin Health, Victoria

Diagnostic

Dr Carmel Crock Director, Emergency Department, Royal Victorian Eye and Ear Hospital, Victoria

Medication

Dr Kim Hansen Director of St Andrew's Hospital Emergency and Senior Staff Specialist, The Prince Charles Hospital Emergency Department, Queensland

Report key learnings from group discussions

Facilitated by Dr Anh Tran Emergency Physician, Emergency Department, Werribee Mercy Hospital, Victoria

13:00 Lunch

Success stories

13:45 Metacognition and clinical reasoning

Dr Stephen Gourley Deputy Chair, National Rural Health Alliance and Director Emergency Medicine, Alice Springs Hospital, Northern Territory

14:00 Supervising for safety

Dr Amanda Stafford Clinical Lead Royal Perth Hospital Homeless Team and Emergency Department Consultant, Royal Perth Hospital, Western Australia

14:15 Clinical practice improvement

Dr Anh Tran Emergency Physician, Emergency Department, Werribee Mercy Hospital, Victoria

Building a safety culture

14:30 Respectful communication

Dr Stephen Priestley Patient Safety Lead/iEMER, Emergency Senior Consultant, Sunshine Coast University Hospital, Queensland

14:45 Translational wellness – individual and team wellness as a precondition for safe and quality patient care

Dr Shahina Braganza Senior Emergency Physician, Gold Coast Health, Queensland

15:00 Preparing students for errors

Dr Julia Harrison Senior Lecturer, Monash University, Victoria

15:15 Our journey together to achieve: Outstanding healthcare for all Victorians. Always.

Adj. A/Prof Ann Maree Keenan Deputy CEO and Chief Nurse and Midwifery Officer, Safer Care Victoria

15:30 Using EMER in safety reporting and learning

Dr Carmel Crock Director, Emergency Department, Royal Victorian Eye and Ear Hospital, Victoria

Dr Kim Hansen Director of St Andrew's Hospital Emergency and Senior Staff Specialist, The Prince Charles Hospital Emergency Department, Queensland

15:45 Afternoon tea

Developing safe emergency departments

16:00 What is the number one safety intervention? Panel discussion

Facilitator	Panellists
Dr Kim Hansen Director of St Andrew's Hospital Emergency and Senior Staff Specialist, The Prince Charles Hospital Emergency Department, Queensland	Trainee – Dr Rachel Goh , Advanced Trainee, St Vincent's Hospital Melbourne, Victoria
	Workforce – Dr David Rosengren , Deputy Executive Director, Operations, Metro North Hospital and Health Service, Queensland
	ACEM Executive – Ms Lyn Johnson , Executive Director, Education and Training, Australasian College for Emergency Medicine (ACEM), Victoria
	Education and training – Dr Julia Harrison , Senior Lecturer, Monash University, Victoria
	Consumer – Ms Maureen Williams , Consultant Patient Advocate, New South Wales

16:45 Future directions and close

Dr Simon Judkins Australasian College for Emergency Medicine (ACEM)

17:00 Close and networking



Dr Shahina Braganza

Senior Emergency Physician, Gold Coast Health, Queensland

Dr Shahina Braganza is a senior staff specialist in Emergency Medicine at Gold Coast Health. Shahina is passionate about 'non-technical' skills in the health profession. She will consider her work complete when the skills - professionalism, empathy, leadership - are recognised as core attributes.

She has a keen interest in wellness, particularly in how it relates to individual and team dynamics as well as performance, and ultimately to quality patient care.

She is the founder of the oneED program and a founding member of wrapem.org.

Explore her commentary and contributions on shahinabraganza.com.

 @ShahinaBraganza



Prof Peter Cameron


Academic Director of The Alfred Emergency and Trauma Centre and Professor of Emergency and Divisional Head of Health Services Research at Monash University's School of Public Health and Preventive Medicine (SPHPM), Victoria

Professor Peter Cameron is the academic Director of the Emergency and Trauma Centre, The Alfred Hospital.

Professor of Emergency Medicine, Monash University, and Head of the Division of Health Services, School of Public Health Monash University. He is also Clinical Lead for Emergency Medicine in Safer Care, Victoria.

He is a Previous President of ACEM and Past President of the International Federation for Emergency Medicine.

His past experiences include a number of international roles developing emergency and trauma systems. He has extensive experience in measuring quality and using registries to improve clinical care.

 @prof_cameron



A/Prof Thomas Chan

Director of Emergency Medicine, Austin Health, Victoria

Associate Professor Thomas Chan is the Director of Emergency Medicine at Austin Health and Co- Chair of Safer Care Victoria Emergency Care Network.

He has had a long interest in developing better systems and governance to support quality patient care and patient safety. He was a past member of the College Quality Committee and Ultrasound Committee.

He also holds a Masters in Health Service Management and a Fellowship in medical administration.

 @chan_health



Dr Carmel Crock

**Director, Emergency Department,
Royal Victorian Eye and Ear Hospital,
Victoria**

Dr Carmel Crock is Director of the Emergency Department at the Royal Victorian Eye and Ear Hospital in Melbourne. She is a Senior lecturer at Melbourne University and a founding member of the Society to Improve Diagnosis in Medicine in the USA.

Outside medicine, her interests lie in music, languages and literature. She has studied the violoncello in France, Italian literature in Italy and has a Bachelor of Letters in Italian language and linguistics from Monash University.

Her passions in medicine include preventing diagnostic error, improving healthcare culture and communication, and exploring the relationship between physician wellbeing and patient safety.

 @DrCarmelCrock



Dr Nicola Cunningham

**Emergency Physician, St Vincent's
Hospital Melbourne, Senior Forensic
Physician, Forensic Services, Victorian
Institute of Forensic Medicine, Adjunct
Senior Lecturer, Department of
Forensic Medicine, Monash University
and Academy Member, Incident
Response Team, Safer Care Victoria**

Dr Nicola Cunningham is an Emergency Physician at St Vincent's Hospital Melbourne, Senior Forensic Physician at the Victorian Institute of Forensic Medicine. She is also a Senior Lecturer in the Health Law and Ageing Research Unit, Department of Forensic Medicine, Monash University, as well as an Academy Member with the Incident Response Team for Safer Care Victoria.

She is Editor-in-Chief of the Clinical Communiqué, Medico-Legal Editor of Emergency Medicine Australasia, and Section Editor for the Textbook of Emergency Medicine. She has a keen interest in improving safety systems, and educating frontline clinical staff on how to better care for their patients, their colleagues, and themselves, and has published in both health and law journals on these topics.



Dr Rachel Goh

**Advanced Trainee, St Vincent's
Hospital Melbourne, Victoria**

Dr Rachel Goh is an early phase advanced trainee at St Vincent's Hospital Melbourne with a special interest in public health. She has completed a Master of Public Health, is a member of the ACEM Quality and Patient Safety Committee and advocates for equitable health care as Chair of AMA Victoria's Northern Subdivision.



Dr Stephen Gourley

Deputy Chair, National Rural Health Alliance and Director Emergency Medicine, Alice Springs Hospital, Northern Territory

Dr Stephen Gourley is the Director of Emergency Medicine at Alice Springs Hospital and has a strong professional interest in health advocacy for disadvantaged and vulnerable groups in our community. This includes Indigenous health, the health of people living in rural and remote communities, drug and alcohol abuse, mental health and the underlying social determinants of health that form a large part of the challenges facing health care.

Currently, Stephen is Chair of the Northern Territory Clinical Senate, Vice President of the Australian Medical Association Northern Territory and Deputy Chair of the National Rural Health Alliance. He uses these platforms to advocate for better health care outcomes for these communities. He is also a member of the Australasian College for Emergency Medicine's Council of Advocacy, Practice and Partnerships and is looking forward to this Summit providing a framework for producing real outcomes in improving the access and quality of care for all mental health patients, regardless of where they live.

 @NRHAlliance



Dr Kim Hansen

Director of St Andrew's Hospital Emergency and Senior Staff Specialist, The Prince Charles Hospital Emergency Department, Queensland

Dr Kim Hansen is an experienced Emergency Consultant with a passion for Safety and Quality in healthcare. Kim is Queensland Faculty Chair for Australasian College for Emergency Medicine (ACEM), a member of ACEM's Council of Advocacy, Practice and Partnerships (CAPP), a member of the ACEM Quality and Patient Safety Committee and is the inaugural Chair of the International Federation of Emergency Medicine's (IFEM) Quality and Safety Special Interest Group. She has been heavily involved in several Patient Safety projects including Emergency Medicine Events Register (EMER), IFEM's Quality Framework and the Institute Healthcare Improvement's (IHI) Accelerated Patient Safety Course.

Born and bred in Brisbane, Kim graduated from the University of Queensland with first class honours and a University Medal, completed her Emergency Medicine training in Melbourne and has recently completed an MBA. She works as Director of St Andrew's Hospital Emergency as well as a Senior Staff Specialist at The Prince Charles Hospital ED. In her spare time, she enjoys playing basketball, netball, tennis and hiking with family, friends and her Cobberdog.

 @hansendisease



Dr Julia Harrison

Senior Lecturer, Monash University, Victoria

Dr Julia Harrison, an Emergency Physician, is an academic in the Monash Medical School where she leads the Clinical Skills Theme and the final year unit on Patient Safety. Julia has received national recognition for her work in medical education with an ALTC Teaching Excellence Award and a national Citation Award "for providing local and international leadership through the conceptualisation and implementation of an innovative curriculum in a new field of medical education: Patient Safety." Julia is currently doing a PhD looking into how we can best prepare graduate doctors to cope when they contribute to medical error.



Ms Ursula Harrisson

Senior Risk Adviser, VMIA, Risk Management and Insurance

Ms Ursula Harrisson has held a variety of roles in quality, governance and risk, and operational management. She has over 16 years' experience working in the NHS in the United Kingdom, two years working within the non-profit sector and now at the VMIA.

Her understanding of risk management is focusing on her current role as a Risk Adviser and Project Manager for the State-wide Maternity Education Program. The State-wide Maternity Education program is a three-year program to finalise the roll out of PROMPT (Practical Obstetrics Multi-Professional Training) with Safer Care Victoria (a Department of Health and Human Services agency) to develop and implement a state wide maternity education strategy.

She has a Master's degree in International Development and has a keen interest in risk insights from a global, national and state-wide perspective. Ursula has been involved in a number of educational and health projects overseas namely in Africa around HIV and maternity. She has also published and presented at international and national conferences.



Ms Lyn Johnson

Executive Director, Education and Training, Australasian College for Emergency Medicine (ACEM), Victoria

Ms Lyn Johnson majored in Economics at University before doing further postgraduate qualifications in Education, Mediation and Conflict Resolution. She has taught at Government and Independent Institutions, where she held various teaching, pastoral, administrative and management roles over a number of years and was involved in research into programs that help build better relationships, peace and conflict resolution.

Before taking on the role as Executive Director of Education & Training at ACEM in December 2016, Lyn was the Director of Education & Training at another specialist College for five years.

In her role at ACEM, Lyn is responsible for the oversight of the College's examinations as well as the specialist and non-specialist training programs, hospital accreditation, the assessment process of specialist IMGs and educational development, resources, workshops and projects.




Dr Simon Judkins

President of the Australasian College for Emergency Medicine and Deputy Director Emergency Medicine, Austin Health, Victoria

Simon Judkins is President of the Australasian College for Emergency Medicine (ACEM), and Deputy Director of Emergency Medicine at Austin Health, where he has worked for 20 years. He is Chair of Choosing Wisely Australia's Choosing Wisely Committee and has great passion for health resource stewardship and sustainability.

Simon also works at Albury Health in New South Wales to better understand challenges in providing regional health care, and is a Board Member at Castlemaine Health in Victoria.

Simon is a great believer in Australia's public health system and the work ethos of specialist emergency physicians. He strongly advocates for equity and access to health care for all and addressing issues of diversity, gender equity, bullying and discrimination in his role as ACEM President. Simon's passion for equity and access has been pivotal in leading ACEM's advocacy to improve experiences for patients presenting to emergency departments seeking help for mental illness.

 @acemonline
@JudkinsSimon



Adj. A/Prof Ann Maree Keenan

Deputy CEO and Chief Nurse and Midwifery Officer, Safer Care Victoria

Adj. Associate Professor Ann Maree Keenan is the Deputy CEO of Safer Care Victoria and Chief Nurse and Midwifery Officer for Victoria. She is an accomplished healthcare executive who has combined senior nursing leadership with operational accountability. Her career includes 12 years as Executive Director of Ambulatory and Nursing Services at Austin Health.

Ann Maree believes nurses and midwives are in a key position to influence the safety and quality of healthcare they are often the constant presence throughout a person's healthcare experience. She is determined to continue to advance the professions of nursing and midwifery in the pursuit of outstanding care for all Victorians, always.

The role of the Chief Nurse and Midwifery Officer is to provide leadership to the nursing and midwifery sector. Ann Maree provides a link between Safer Care Victoria, the Department of Health and Human Services, the private and public health sector and health education providers. Ann Maree also provides strategic advice to the Minister for Health on nursing, midwifery and clinical matters. The Chief Nurse and Midwifery Officer represents the interests of nursing and midwifery as a member of the Australian and New Zealand Council of Chief Nurses and Midwifery Officers. She also develops policies and initiatives to support quality, safety and best practice within the Victorian health sector that are aligned with the objectives of Safer Care Victoria.

@Annmaree4Gm



A/Prof Sally McCarthy

Senior Consultant Emergency Physician, Prince of Wales Hospital Sydney, and Director, Emergency Department, South East Regional Hospital, New South Wales

A/Prof Sally McCarthy is President-Elect of IFEM, past ACEM President, currently a senior emergency physician at a tertiary ED, and Director at a remote rural ED, and undertakes Expert, Consulting and Board roles. With a track record of innovation, research and advocacy in support of safe and efficient emergency care, Sally established the Emergency Care Institute at the NSW Agency for Clinical Innovation. For the first time, emergency care related incidents were subject to review by multidisciplinary emergency clinicians from small and large rural and metro ED, and specialised resources developed to analyse and report findings, which were then reported back to emergency clinicians. This led to a reduction by 50% of serious critical ED incidents year on year. With a focus on fast-tracking expertise and custom designed "rules", she believes we can avoid the big misses.

@SallyMcCEP



Ms Maria Mota

Head of Insight, VMIA, Risk Management and Insurance

Ms Maria Mota, is Head of Insights at the Victorian Managed Insurance Authority (VMIA). She has over 20 years' experience in the reinsurance, insurance and risk management industries, and has worked across Latin American, European and Australian markets in a variety of roles in the health sector.

From these experiences, Maria has developed a deep understanding into the key drivers of risk, and how data can enhance decision-making processes that benefit stakeholder outcomes.

At the VMIA, Maria uses her experience in data analysis, by helping public hospitals to prevent patient harm. She is also leading the Research and Innovation program at VMIA in partnership with Behaviour Works Australia. This program aims to improve patient safety in public healthcare by applying contemporary and innovative behavioural approaches to key healthcare challenges.



Dr Stephen Priestley

Patient Safety Lead/iEMER, Emergency Senior Consultant, Sunshine Coast University Hospital, Queensland

Dr Stephen Priestley received his FACEM in 2004 and has worked in a number of Specialist Emergency Medicine roles across Victoria and Queensland. He is currently a Senior Staff Specialist with the Sunshine Coast Hospital and Health Service. Stephen was a long standing member of the ACEM Quality Subcommittee and in his role as Chair of the ACEM Patient Safety Group, brought together ACEM and the Institute of HealthCare Improvement (IHI) for the delivery of an ED targeted 3 day Accelerated Patient Safety Course held in Melbourne in March 2016. As a Senior Medical Educator with Cognitive Institute Stephen delivers workshops on Safety and Reliability, Speaking Up, and Professional Accountability across healthcare organisations in Australia, New Zealand and Singapore.

As a member of the newly formed ACEM Quality and Patient Safety Committee, Stephen is optimistic about developing regular patient safety learning opportunities and a curriculum of patient safety within our Emergency Departments, in partnership with emergency medical and nursing clinicians.



Dr David Rosengren

Deputy Executive Director, Operations, Metro North Hospital and Health Service, Queensland

Dr David Rosengren has extensive clinical and operational experience in both public and private healthcare settings. He currently shares his time as an Emergency Physician in the Emergency and Trauma Centre at the Royal Brisbane and Women's Hospital and as Deputy Executive Director of Operations, Metro North Hospital and Health Service. He has held a number of senior clinical governance and advocacy roles including Chair, Queensland Clinical Senate; Chair for Queensland Faculty ACEM; Board Chair, Emergency Medicine Foundation and is a member of the professional panel of reviewers for the Medical Board of Queensland.

 @rosengrend



Dr Amanda Stafford

Clinical Lead Royal Perth Hospital Homeless Team and Emergency Department Consultant, Royal Perth Hospital, Western Australia

Dr Amanda Stafford is an Emergency Department Consultant and Homeless Team Clinical Lead at the Royal Perth Hospital. She has a keen interest in quality care for all patients, including the most marginalised in our society. She was on the Australasian College for Emergency Medicine (ACEM) Quality Management Subcommittee from 2011-2018 and is currently serving on ACEM's newly formed Quality and Patient Safety Committee. The ongoing challenge in this area is how to accurately measure and deliver consistent quality care across Emergency Departments.



Dr Anh Tran

Emergency Physician, Emergency Department, Werribee Mercy Hospital, Victoria

Dr Anh Tran has been an Emergency Physician since 2008, currently working at Werribee Mercy Hospital.

Previously Director of Emergency Medicine training at Werribee Mercy Hospital for 10 years.

Currently a member of Safer Care Victoria (SCV) Emergency Clinical Care Network Governance Committee and Evidence Based Guidance Committee.

Recently appointed member of ACEM standards and endorsements committee.

Project Lead for the SCV ECCN standardised guidelines project.

Medical project lead for Emergency Department improvement projects at Werribee Mercy Hospital with recent examples being “reducing unnecessary imaging in acute lower back pain project”, JMO quality education and collaborative project with SCV to improve care of patients with potential sepsis.

His professional interests include clinical practice improvement, translating evidence into practice and patient safety.



Prof Johanna Westbrook

Director of the Centre for Health Systems and Safety Research, Australian Institute of Health Innovation (AIHI), New South Wales

Professor Johanna Westbrook, is Professor and Director, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University. Her expertise is in patient safety and evaluation of the effects of health information and communication technology. Johanna is Fellow of the Australasian College of Health Informatics, an International Fellow of the American College of Medical Informatics and was named Australian ICT professional of the year in 2014.

 @JWestbrook91



Ms Maureen Williams

Consultant Patient Advocate, New South Wales

Ms Maureen Williams has lived with Addisons disease for the past 40 years and has been admitted to the Emergency Department well over 100 times.

She has being involved with many colleges and institutions, as a passionate advocate for the patient’s voice. She has worked on Patient Safety and Quality Standards for ACEM and has been involved in medical research with both Macquarie and Monash Universities. She is a patient advocate on an Innovations and Systems Working Group for ISQUA (International Society for Quality in Health Care) and is on a Working Committee for Australian Diagnostic Error Conferences. She is studying towards her MPH.

Case Study Group Discussions – Procedural, Diagnostic, Medication

Patient Safety Workshop participants will be separated into three groups to discuss their allocated case study.

The case study discussion has two objectives: first, for you to practice using a systems analysis of a clinical incidents with a group of peers, and second, through the feedback to the larger group, identify the recurring themes that should inform quality and safety standards in Emergency Departments including recommended resources and processes for embedding safety through learning from clinical incidents.

Step 1. Read your allocated case study prior to the workshop.

Step 2. Familiarise yourself with the Systems Analysis of Clinical Incidents – The London Protocol particularly page 5.

Table 1 Framework of Contributory Factors Influencing Clinical Practice

Factor types	Contributory influencing factor
Patient Factors	Condition (complexity & seriousness)
	Language and communication
	Personality and social factors
Task and Technology Factors	Task design and clarity of structure
	Availability and use of protocols
	Availability and accuracy of test results
	Decision-making aids
Individual (staff) Factors	Knowledge and skills
	Competence
	Physical and mental health
Team Factors	Verbal communication
	Written communication
	Supervision and seeking help
	Team structure (congruence, consistency, leadership, etc)
Work Environmental Factors	Staffing levels and skills mix
	Workload and shift patterns
	Design, availability and maintenance of equipment
	Administrative and managerial support
	Environment
Organisational & Management Factors	Physical
	Financial resources & constraints
	Organisational structure
	Policy, standards and goals
Institutional Context Factors	Safety culture and priorities
	Economic and regulatory context
	National health service executive
	Links with external organisations



Procedural Case Study

You are the lead for quality and safety in your Emergency Department and have been asked to review an incident that occurred yesterday.

Your department uses the London Protocol as a framework to determine contributing factors and make recommendations.

Please read through the scenario with your group and discuss/determine what you think is the key care delivery problem, the contributing factors are and what recommendations you would make.

Scenario

A 58 year old non-English speaking man presented to the Emergency Department at 2100 Sunday in your hospital with two days of sore throat.

His vital signs at triage are normal apart from a temperature of 38 - he is triaged as a Cat 4.

He is allocated to the fast track chair where he waits to be seen. It is a busy evening and it is not until 2200 that he is seen by a nurse practitioner who with the limited assessment notes that the patient has difficulty opening his mouth. The nurse practitioner is concerned but is unable to obtain a senior opinion as the only consultant on is in resuscitation cubicle.

30 minutes later, the patient is noted to be grasping at his throat, drooling and becoming cyanosed.

He is expedited to the resuscitation area.

An attempt is made by the junior registrar to intubate without induction agents and fails as there is too much trismus. The ED consultant is called who attends immediately. She also decides to call for anaesthetic and ENT back up. Oxygenation occurs with a nasal airway and bag valve mask but does not get above 90% for five minutes.

The ED consultant decides that preoxygenation is not going to be any more effective so she will tell the team that she will use a C-mac size 4 and ketamine. The only C-mac blade is not available as it was sent for sterilisation over the weekend. A size 4 Mac and bougie is decided as the first approach.

Meanwhile the ENT registrar and anaesthetic fellow arrive.

On induction, there is a grade 4 view and the ED consultant is unable to intubate the patient and neither can the anaesthetist. The anaesthetist calls for the fiberoptic scope from theatre as the patient continues to desaturate. Both the ENT and ED consultant want to do an emergency surgical airway but as there was no prior discussion, there is a delay of five minutes before a decision is made for the ENT registrar to perform an emergency airway.

Nurses comment later that the ENT registrar seemed to be unfamiliar with the kit.

The patient has had a period of 15 minutes with saturations below 88%. His CXR shows changes of aspiration with RUL collapse.



Diagnostic Case Study

You are the lead for quality and safety in your Emergency Department and have been asked to review an incident that occurred yesterday.

Your department uses the London Protocol as a framework to determine contributing factors and make recommendations.

Please read through the scenario with your group and discuss/determine what you think is the key care delivery problem, the contributing factors are and what recommendations you would make.

Scenario

A 55 year old fit entrepreneur, developed central chest pain and dizziness whilst doing overhead "shoulder press exercises" at the gym one evening.

He sat down for five minutes and the pain settled, so he resumed his exercises, when he developed severe pain in his buttocks and numbness. He went over to reception again and said his pain was getting worse and he was numb from the waist down. The gym staff lay him down and after ten minutes called an ambulance. The ambulance were told he had chest pain and was clammy.

An ambulance arrived 20 minutes later. The patient was in visible distress. Observations were taken including BP in both arms to rule out aortic dissection and an ECG performed. These were all unremarkable/non diagnostic. It was noted his feet were pale.

He was given morphine IV 5mg then a further 2.5 mg and methoxyflurane and taken to an Emergency Department (ED). The ambulance communicated that the patient had had chest pain which had resolved.

The ambulance electronic notes recorded undiagnosed severe pain in the buttocks and legs with associated loss of function.

On arrival at the ED, all cubicles were occupied except one in the "orthopaedic section". The triage nurse documented sudden chest pain whilst doing overhead presses, which had resolved, pain in lower back and buttocks and loss of feeling in legs and feet. He was assigned a triage category 3.

The ambulance officer went to the tea room to complete the electronic ambulance notes so that they could be printed and left for the medical staff. He had no recollection of who he handed them to. None of the doctors or nurses ever saw these notes.

He was seen by an experienced ED doctor, who found him to be in quite extreme distress due to pain. He was crying and not able to articulate his symptoms or provide a clear history. Due to the patient's extreme distress and pain, the doctor did not explore the history of chest pain. The doctor did not examine his chest or cardiovascular system. He asked the patient to move his legs, tested for ankle jerk and did feel for a pulse behind the ankle.

The doctor ordered a further 2.5mg morphine, 1 mg Kytril and 40 mg Dynastat. He requested a CT lumbar spine and planned to do a more thorough assessment once pain levels were under control. The nurse looking after the patient noted that

he was extremely distressed with severe back pain radiating into his legs. She was unaware of a history of earlier chest pain. She did not see either the triage or the ambulance notes.

En route to the CT, the patient reported his pain was completely gone and that he wanted to be discharged home after the CT.

The CT of lumbar spine was unremarkable and the doctor came to give the patient the findings. The patient said he was keen to go home as he was having a dinner party that evening. The doctor recommended a further ECG and blood tests, but agreed the patient could go home after the blood tests were done, with follow up of the results by his GP the next day, as the results would take several hours. Prior to his discharge, a further ECG was taken but misplaced and not found in the patient file. Blood tests were taken including a D-dimer and troponin.

Post discharge at about 2300, the nurse informed the doctor that the D-dimer result had come back positive. No action was taken by the doctor prior to the end of shift.

The next afternoon, the patient was found deceased in bed.



Medication Case Study

You are the lead for quality and safety in your Emergency Department and have been asked to review an incident that occurred yesterday.

Your department uses the London Protocol as a framework to determine contributing factors and make recommendations.

Please read through the scenario with your group and discuss/determine what you think is the key care delivery problem, the contributing factors are and what recommendations you would make.

Scenario

A ten year old girl with presents from home with a very painful and red ear with her father and step-mother. She is initially placed in a fast track cubicle as there are no other beds available. The fast track nurse does her nursing assessment and then a bed in the paediatric area becomes available so the patient is moved to there. She has been triaged as a category 3 and is seen by an Emergency Department (ED) Resident after one hour. Her only background history is ADHD for which she takes Ritalin. She was born in Australia but her parents speak Serbian at home.

The ED resident diagnoses her with a severe otitis externa after a discussion with the supervising ED Consultant. The resident phones the ENT registrar who is scrubbed in theatre. Via the phone advised is to give IV timentin and admit for analgesia, ear suction and further antibiotics. After giving the IV timentin, the patient develops anaphylaxis. The anaphylaxis is successfully treated in the resus area of the ED and the patient is admitted. The resus consultant involved reviews the drug chart – Amoxil is written as an allergy but on the computerised ED Information System there are no allergies documented. A case review is ordered.

Venue

Australasian College for Emergency Medicine

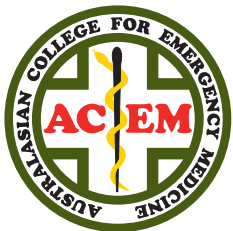
34 Jeffcott St
West Melbourne VIC 3003
Australia

Website

The Improving quality safety section of the ACEM website contains a wealth of resources and information.

acem.org.au/Improving-Quality-and-Safety

Wifi Password theacem34



For further information about this event contact:

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