Learning from Adverse Events July 2018 - June 2019

What happened	What are we doing to prevent this happening again?
Unexpected death	• Review primary care provider triage policy • Review primary care provider escalation protocol • Review primary care provider and hospital follow up process
Patient Deterioration	• Guideline for the management of this condition • Documentation – care provided / intervention to be documented in patients file • Review escalation process to senior clinicians for deteriorating patients • Review of infusion equipment available
Patient Deterioration	• EWS scores should be used in the ED and ICU to identify patients at risk of deterioration and appropriate senior staff notified • Discuss with the CMO that all patients presenting to the ED are seen by ED staff • There is recognition that the most vulnerable patients are often reviewed by the most junior staff who are not experienced to make appropriate clinical judgement. However, the organisation cannot support the presence of 24 hour on site experienced clinicians with current staffing. This issue is currently being reviewed in the After Hours working group.
Patient Deterioration	• Consider more liberal use of imaging, eg. MRI • Review preadmit clinic staffing/systems in order to have a more formal process that is carried out by senior nurses • Review Cell Salvage protocols, particularly in regards to patients who have received Clexane. • Patients with large blood loss during surgery, especially when at increased risk for further bleeding, go to ICU on postoperative day. • Review escalation process in ICU when patient's condition deteriorates • Review process for accompanying patients to radiology – especially when they may be deteriorating • Discuss with TLab - - if platelets can be cycled through another centre to reduce the number that expire and possibly allow more units to be stored on site at any given time - make it mandatory for lab personnel to call for back-up when the massive transfusion protocol is activated
Progression of Patient Medical Condition	• The follow up process has been reviewed and updated

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Unexpected death	• Feedback to St. John requesting they review use of salbutamol for non-asthmatic COPD exacerbations • Review of antibiotic allergy guidelines to include if possible bringing in medical alerts • Review credentialing in ED department, intubution and ABGs • Review of quality control oxygen sats probes across ED/ICU • Review non invasive ventilation (NIV) guidelines • Education sessions for ED nursing staff in ED who manage resus patients may assist in earlier recognition of peri-arrest patients by SMOs • Review staffing levels
Patient deterioration and further surgical treatment required	• Review escalation process to other senior clinicians for high risk patients • Documentation – completion of start/finish on blood forms; escalation process of referrals to other clinicians • Review where vital equipment in theatre will be situated and for all staff to know the location • Review call out of urgent cases via telephonists • Review second on call anaethetist
Unexpected death	• Education and written guidelines for IV nutrition • Patient information for those receiving IV nutrition • Post-operative pathways/guidelines for patients following gastrostomy including patient information. This will include information regarding oral intake • Review of nil by mouth protocols and signage for catering staff and visitors • Review of information provided to patients, family/whanau when a patient undergoes surgery and complications of this
Retained Item	• Review surgical checklist process/procedure • Review communication in theatre
Unacknowledged results	• Assign others to acknowledge unread electronic radiology results when the referrer is on leave