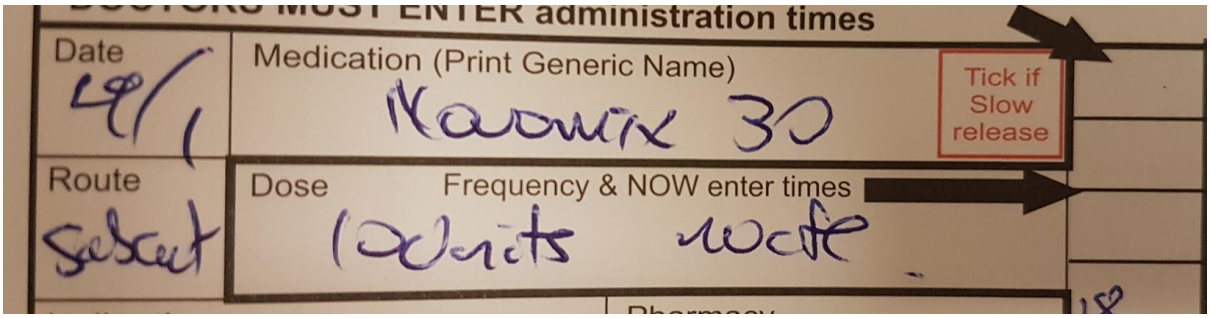
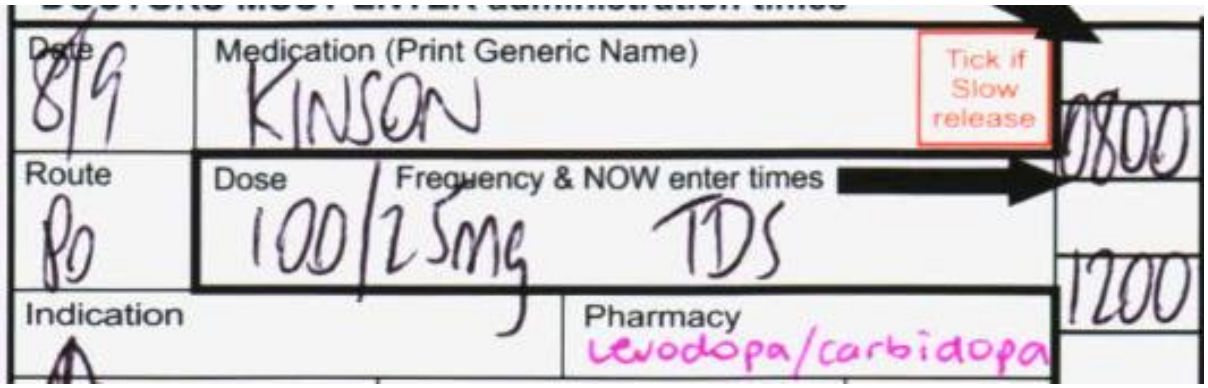
Case Study

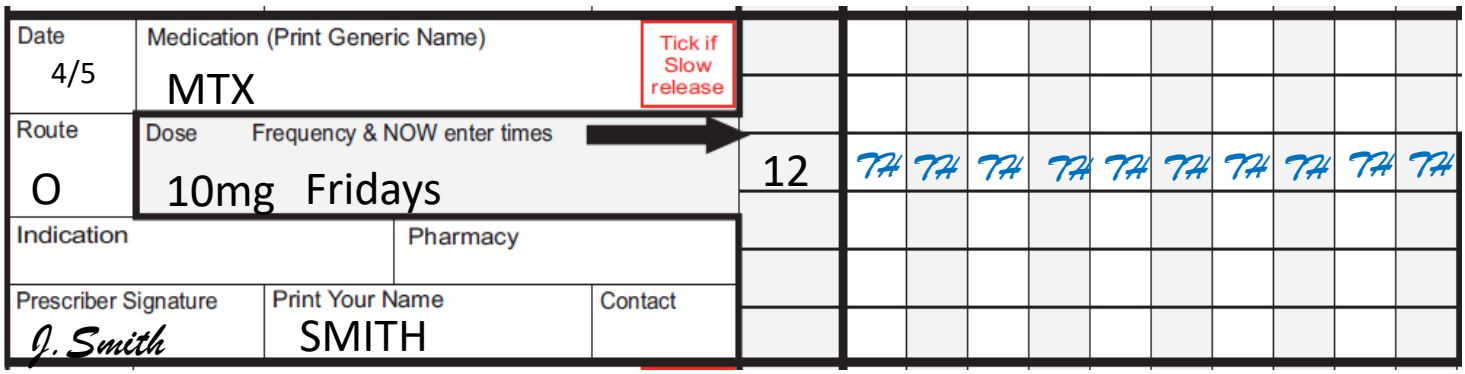
Quality and Patient Safety, Infection Prevention and Control, Medication Safety (Pharmacy)

Mr Santiago is a 78 y.o. overseas resident of Spain who has had 5 admissions over the past year in a Madrid Hospital for chronic respiratory infections and asthma. In addition to his respiratory issues, his relevant medical history includes Parkinson's, Type 2 Diabetes and Rheumatoid Arthritis. Mr Santiago walks with a single point stick which helps his balance, especially when he gets a bit short of breath on longer walks. Mr Santiago arrived in Melbourne 4 days ago and is staying with his daughter and son in law, and does not speak any English.

Mr Santiago presents to the Emergency Department febrile, with increasing lethargy and increased cough. He is accompanied by his grandson (20 years old). In the Emergency Department (ED), the clinical team direct their questions to the grandson (who does not live in the household). The grandson is very careful to inform the medical staff of his grandfather's previous adverse reaction to penicillin. The pharmacist in ED completes a medication management plan using the patient's own medications (which only have instructions in Spanish), and with the help of the grandson. A medication chart is completed by medical staff in ED.







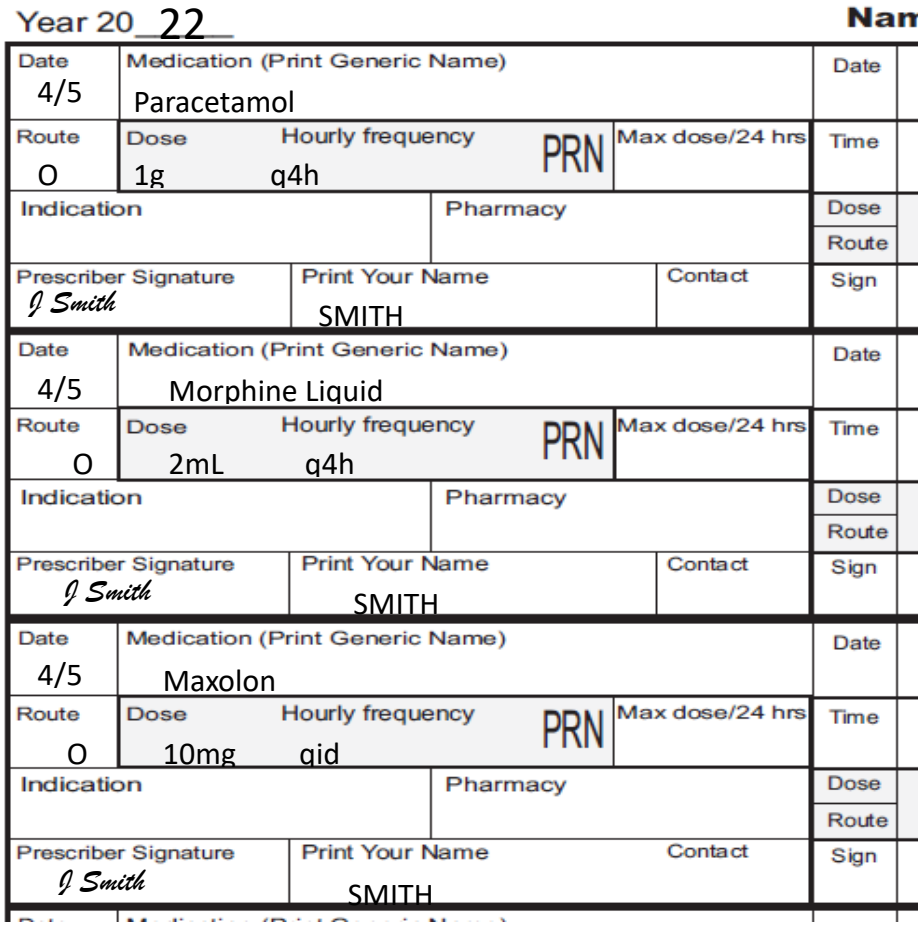
Mr Santiago is assessed by the ED team and admitted under general medicine.

He is transferred to an in-patient bed in a shared 4 bedroom. The nurse allocated to Mr Santiago completes all the admission risk assessments shortly after he arrives onto the ward. Included in this process is the falls risk screening and assessment tool (FRAT). The screening reveals that Mr Santiago is high risk for an in-hospital fall and the nurse identifies a number of suitable risk reduction strategies to minimise this risk. One of these strategies is placing his

walking aid (walking stick) within reach of his bed. The nurse also provides Mr Santiago with a detailed brochure on clinical risk reduction and falls prevention. His observations are documented in the observation and response chart (ORC) and weight (120kg) documented on a weight chart. These are placed in the risk assessment section in the blue bedside folder.

Mr Santiago is then seen by the medical team on their daily ward round. Mr Santiago is assessed for VTE risk on the VTE risk assessment tool by the general medicine intern and determined to be at moderate risk of developing a venous thromboembolism as an in-patient. Enoxaparin 40mg subcutaneously once daily and TEDs are prescribed as thromboprophylaxis. During the round, they note Mr Santiago is a bit more confused than before, so the team use the grandson as interpreter. One of the questions is about how many times Mr Santiago goes to the toilet per day, which the grandson chooses to answer without asking his grandfather as he is embarrassed. The results of the urine screen requested in ED are not yet available. The medical team decide that Mr Santiago needs a course of intravenous antibiotics – Tazocin® to cover all possible microbials and the medication is written up on the medication chart.

During the course of the next night, Mr Santiago wakes up and needs to go to the toilet. He looks around and sees his walking stick leaning against the far wall of his room. He gets up to walk over to his walking stick and falls, resulting in a laceration on his knee. The overnight staff hear the noise and help Mr Santiago back to bed where his injury is assessed. The laceration requires suturing by the Night RMO. During the procedure, the RMO sustains a needlestick injury. A note is made in the progress notes to have the medical team review Mr Santiago's knee in the morning. The staff do not record the fall in Riskman and consider that they do no need to contact Mr Santiago's family to let them know about the fall. Targin® together with regular paracetamol and PRN pain relief/antiemetics are prescribed for the patient's considerable pain.



Year 20 22 Nam

Date	Medication (Print Generic Name)				Date
4/5	Paracetamol				
Route	Dose	Hourly frequency	PRN	Max dose/24 hrs	Time
O	1g	q4h			
Indication		Pharmacy			Dose
					Route
Prescriber Signature	Print Your Name			Contact	Sign
J Smith	SMITH				

Date	Medication (Print Generic Name)				Date
4/5	Morphine Liquid				
Route	Dose	Hourly frequency	PRN	Max dose/24 hrs	Time
O	2mL	q4h			
Indication		Pharmacy			Dose
					Route
Prescriber Signature	Print Your Name			Contact	Sign
J Smith	SMITH				

Date	Medication (Print Generic Name)				Date
4/5	Maxolon				
Route	Dose	Hourly frequency	PRN	Max dose/24 hrs	Time
O	10mg	qid			
Indication		Pharmacy			Dose
					Route
Prescriber Signature	Print Your Name			Contact	Sign
J Smith	SMITH				

Early the next day, the patient is placed in Contact Precautions by Infection Control.

Later that day Mr Santiago's family visit and notice that:

1. The bandage on his knee from the fall the night before. Mr Santiago is unable to remember what happened in detail but can remember falling.
2. The patient has moved beds to a single room, is in contact precautions, and the family were not notified… why?

The family question the nurse looking after Mr Santiago who is unaware of the fall as it had not been handed over to them that morning and was not recorded in RiskMan.

The family become quite angry at what they perceive is poor quality care and request to speak with the Nurse Unit Manager (NUM) and the registrar. The NUM arranges to meet with the family after lunch, by which time the family are very upset. In the meeting, the son-in-law starts shouting at the NUM and registrar who quickly call a code black. The security guards arrive and suggest the son in law calms down or will be escorted from the ward. Eventually, the son-in-law calms down, and the NUM explains what occurred the previous night and apologises to the family that they were not called. They explain why they think Mr Santiago fell and what they have put in place to reduce the risk of another fall.

Mr Santiago's in-patient stay is further complicated by the development of an irritating rash on his torso, episodes of hypoglycaemia, dizziness, confusion and severe "stuck moments" associated with his Parkinson's disease. The general medicine JMS complete an electronic discharge summary and transmit it to the local GP looking after Mr Santiago while he is in Melbourne. This includes post discharge follow up instructions and medication plans.

A day post discharge, back at his daughter's house, Mr Santiago receives a text message asking him to rate the care he received at St Vincent's on a scale of 0 – 10 on how likely he would recommend the care at SVHM to family and friends. His daughter responds on his behalf. This rating system is called the net promoter score (NPS).

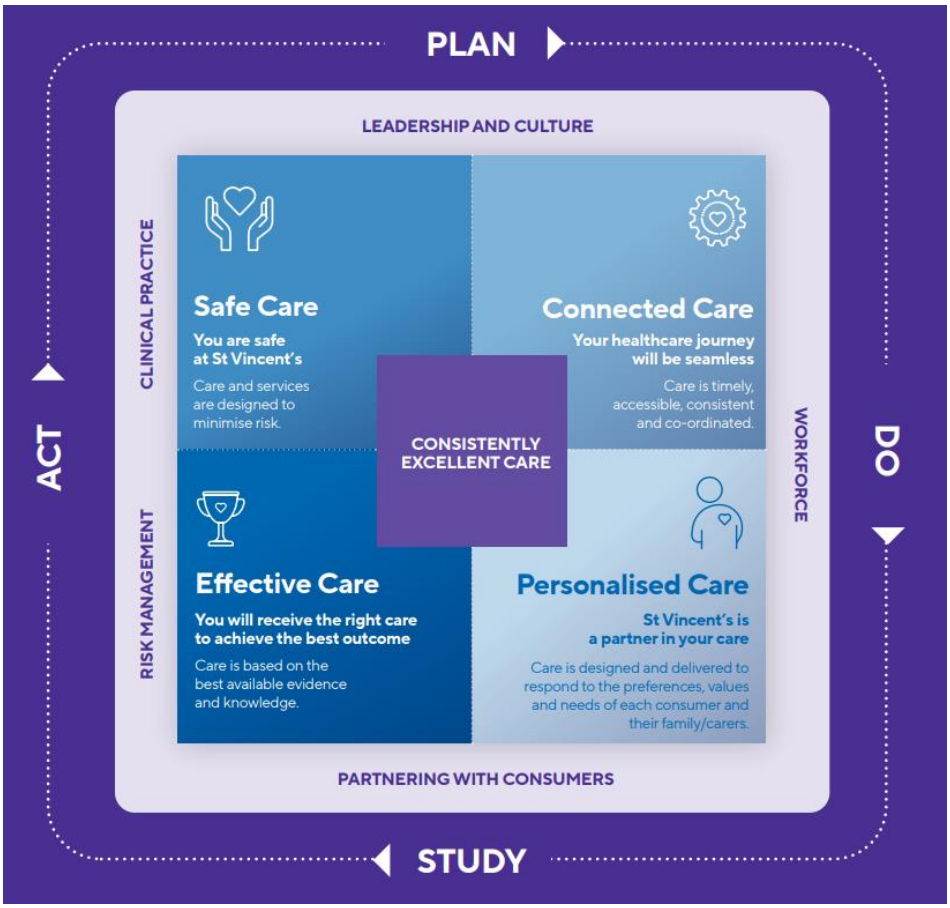
One week following admission Mr Santiago's renal function has deteriorated and he was noted to be thrombocytopenic and leucopenic.

If this was your family member what sort of care would you want for them?

- Safe
- Connected
- Effective
- Personalised

St Vincent's has a clinical governance framework which comprise all the systems, structures and processes required in order to deliver on our intention to provide ***consistently excellent care***. In order to deliver consistently excellent care we aim to provide care that is ***safe, effective, personalised and connected***. These are the St Vincent's quality goals. Please see a description of each of the quality goals below.

SVHM Clinical Governance Framework



Consistently excellent care at St Vincent's Hospital Melbourne

	Safe Care	Connected Care	Effective Care	Personalised Care
Our Consumers	I am safe and I know that I am safe	I receive help, treatment and information when I need it	I receive care that makes me feel as well as I can be	I am seen and treated as an individual
Our Frontline Staff	I keep consumers from harm and promote a safe working environment	I am an active team player and look for ways to do things better	I am competent in what I do and motivated to provide the best care and services possible	I communicate with consumers and their families and am sensitive to their needs and preferences
Our Senior Clinicians and Managers	I promote a culture of safety	I look for ways to support staff to work efficiently and as part of a team	I guide, engage and support staff to provide excellent clinical care	I lead and manage in a way that puts the consumer at the centre of decision-making
Our Executive and Board	I oversee the development, implementation and ongoing improvement of organisation-wide systems and culture supporting the consistently excellent care			

ST VINCENT'S HOSPITAL MELBOURNE

How did we do?

1. What piece of previous medical history was overlooked? (IPC)
2. What issues can you identify in the way we communicated with Mr Santiago? (QPS)
3. What were the key clinical risks that were identified upon admission- what did we do to manage these? What is medical staff responsibility for fall prevention? (QPS)
4. When should open disclosure take place? What is your role in this? (QPS)
5. What is required under the Statutory Duty of Candour (SDC) legislation, does this incident qualify for the SDC process? (QPS)
6. What is the medical team's role in responding to patient and family complaints? (QPS)
7. Why is it important that the discharge summary is completed within 24 hours of discharge?
8. What NPS score does Mr Santiago's daughter provide? Why do you think this? What care attributes contributes most to a great patient experience?
9. What is the process for reporting and managing a needlestick injury (Occupational Exposure)? (IPC)
10. What PPE is required for Contact Precautions? (IPC)
11. Why is Mr Santiago experiencing episodes of hypoglycaemia? (Pharmacy)
12. Why has Mr Santiago's Parkinson's symptoms worsened? (Pharmacy)
13. Why else might have Mr Santiago's Parkinson's symptoms worsened? (Pharmacy)
14. Why has Mr Santiago's renal function worsened and his haematological parameters deteriorated? (Pharmacy)
15. Did Mr Santiago receive the correct dose of enoxaparin for thromboprophylaxis? (Pharmacy)
16. What might have caused Mr Patient's rash on his torso? (Pharmacy)
17. What did you think of the choice of antibiotic? (Pharmacy)
18. Can you identify any issues with the pain relief charted for Mr Santiago? (Pharmacy)