

STRIPE Module 2

Georgie's journey

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The overall objective of this presentation is to give participants an overview of Georgie's journey to this point and facilitate a discussion regarding some of the issues that have arisen during her hospital stay.



2

Georgie spent 3 days in the high-dependency unit after her anaphylaxis and cardiac arrest. Georgie went on to have an angioplasty and stent to the Left Anterior Descending (LAD) Coronary artery. She has been doing very well since then and has slowly started to recuperate and has been back on the orthopaedic ward for the last seven days for further rehabilitation. A recent team meeting has indicated that she may not progress well enough to return home

- Resp – her rib pain has been improving with analgesia and chest physiotherapy. She was given an anaphylaxis action plan and education about the treatment, the EpiPen
- Genitourinary – her urinary tract infection was treated with gentamicin and cephalexin
- Gastrointestinal – she has been eating and drinking normally
- Neuro – her delirium settled and she has been enjoying the company of her family and reading her books.
- Musculoskeletal – Although her hip pain has improved unfortunately she has deconditioned whilst in HDU and still requires 1 person to assist with transfers and supervision whilst mobilising with a 2 wheel frame, despite committed physiotherapy.





Follow up on the Anaphylaxis



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Briefly touch on the issue of the anaphylaxis that she suffered from when she received penicillin for the urine infection she developed and how she has been advised that she always needs to let people know in future about her allergy to penicillin type drugs. She was advised to wear a medical alert bracelet to ensure she is not give medication she is allergic to.







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One day, a great-nephew of Georgie's turns up, demanding to see a member of the treating team.



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- He has not previously made himself known to the team
- He is visibly on the proverbial warpath.
- When asked how staff can help, he replies curtly, "I want to know who's responsible for almost killing my Nan?"
- "I heard from my mother that you're going to send her to a home because she's so weak she can't walk!"



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How would you approach this?

- Solo?
- With colleagues?
- With a senior?
- Where? At the nurses station? In a private room? At Georgie's bedside?
- How would you approach this?

What are his concerns? What is his frame?

- Misunderstanding about the disease process
- Is he guilty for not being around previously?
- Personal connection to Nan/home

Georgie's progress

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Georgie's progress

- What do you understand by “open disclosure”?

Georgie's progress

- What do you understand by “open disclosure”?
 - Expression of regret
 - Explanation of what happened
 - Consequences of what happened
 - Steps taken to manage the event
 - Steps taken to prevent recurrence

Georgie's progress

- What do you understand by “open disclosure”?
 - Not an admission of liability
 - May lead to increased litigation

Georgie's progress

- What do you understand by “open disclosure”?
 - Shift from past cultures
 - Blame/shame
 - Non-transparent
 - Systemic responsibility vs. individual responsibility

Georgie's progress

- How would you feel if you were the person who made the 'mistake' e.g.. Gave or prescribed the medication that caused the anaphylaxis?

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Ask the participants to express how they feel in they were in the same position themselves as a patient or relative, and if anyone has any personal experience of this.

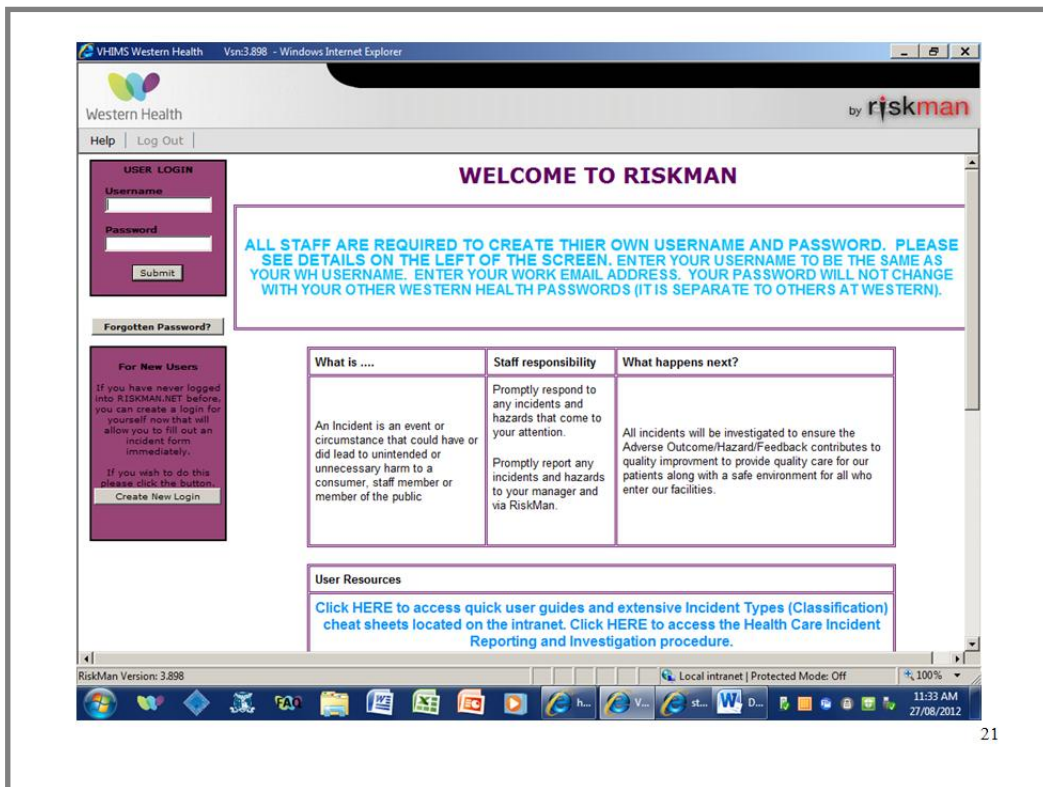
Georgie's progress

Quality assurance cycle



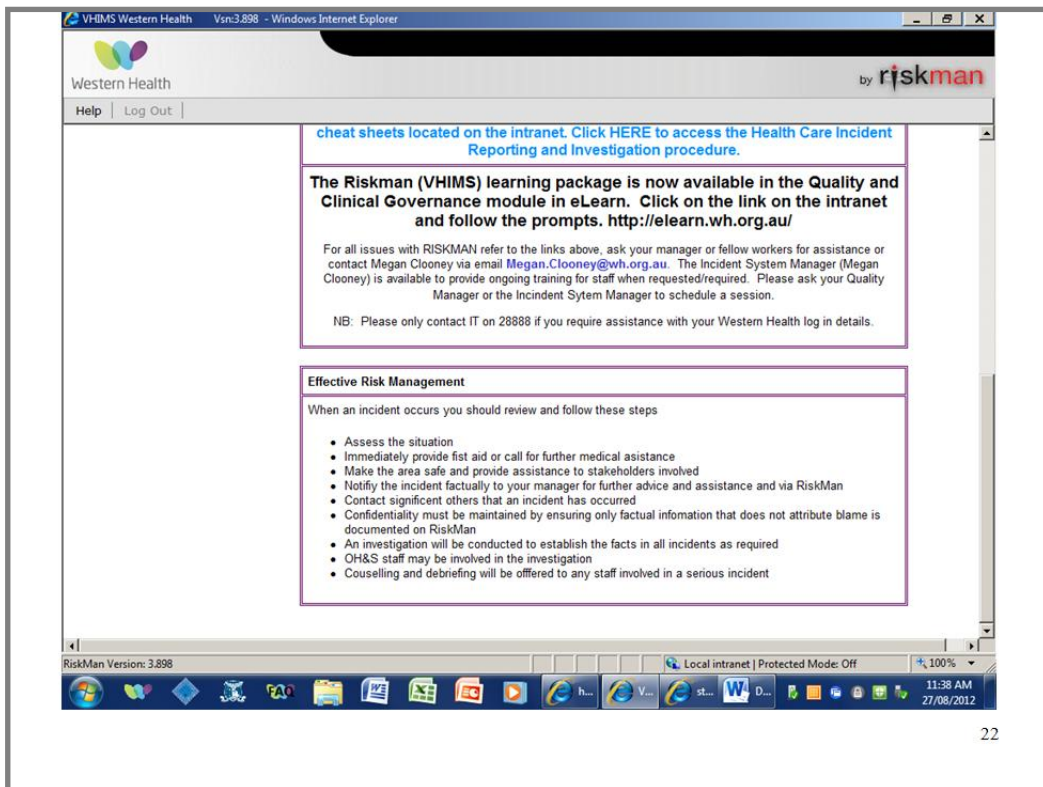
20

Talk about the quality cycle and how we are responsible for ensuring we review and improve our practice.



21

These are slides of the Western Health Riskman system. Ask the participants if they are familiar with such a system. Talk about where to find the link at your own organisation. Who is available to help with this if you are unsure? Do you have a quality team that can provide advice?



VHIMS Western Health Vsn:3.898 - Windows Internet Explorer

Western Health by riskman

My Workspace Help Log Out USER: Mai, David (maidp)

Incident Entry

Submit this form to record the incident.
You will be able to modify this page once it is submitted.

Type Of Notification

Notification Type* Clinical Incident

Who Is Reporting?

Reporter Role*
First Name* Surname*
Relationship to Persons Affected*

Who Was Affected?

Role* Health Care Recipient - Patient (Admitted)
UR No. / Employee No. Fetch
First Name* Surname*
Gender*
Date of Birth - Known*
Street
Suburb/City
Postcode
Preferred Language English Indigenous Status Neither Aboriginal nor Torres Strait Islander ori
Interpreter Required?

Incident/Notification Type
The type of incident in this notification.

- **Clinical incident:** Harm was caused, or potentially caused, to at least one patient/client/resident but there was no harm to a staff member, contractor or other non-patient.
- **OH&S incident:** Harm was caused, or potentially caused, to at least one staff member, contractor, visitor or other non-patient, but there were no patient/client/residents directly involved.
- **Non clinical/non OH&S incident/issue:** The incident was not a clinical and/or OH&S incident/issue - use this notification type to record hazards in VHIMS

39:05 minutes until Timeout - RiskMan Version: 3.898 Local intranet | Protected Mode: Off 100% 11:35 AM 27/08/2012

Western Health

by riskman

My Workspace | Help | Log Out

USER: Mai, David (maidp)

What Happened?

Summary*

Details*

Service Being Provided*

Activity/Procedure Description*

Immediate Actions Taken*

Transferred to External Service Provider/Facility*

Internal transfer required? ☐ Yes ☐ No

NOK Notified*

Discussed with Client/Carer*

Details

Please provide a comprehensive description of what occurred, to assist us with reviewing this incident. Provide details of any error observed, but avoid statements of blame, and do not rely on hearsay or secondhand information. If other staff can provide further information, please note their names in the Personnel Involved area at the bottom of this section.

When Did It Occur?

Incident Date*

Incident Time Known? ☐ Yes ☐ No

Start of Incident Time Band*

Duration of Incident*

Finish of Incident Time Band*

Number of Occurrences*

Where Did It Happen?

Site

Location / Ward / Dept

Physical Setting*

Address Where Incident Occurred

Postcode Where Incident Occurred

38:22 minutes until Timeout - RiskMan Version: 3.898

Local intranet | Protected Mode: Off

11:36 AM 27/08/2012

Western Health

by riskman

My Workspace

Help

Log Out

USER: Mai, David (maidp)

Witnesses/Other Involved

Witness/First Attendee to Scene

First Name

Surname

Others Involved

First Name

Surname

First Name

Surname

How Is It Classified?

Primary Incident Type*

Related Incident Types

Did this involve?*

Department Critical Incident? (DASWest Only) Yes No

Incident Assessment

Set Severity*

Overall Severity (Actual) Unknown

Description of Possible Contributing Factors

Incident Follow-Up

Investigations/Findings

Investigated By

37:17 minutes until Timeout - RiskMan Version: 3.898

Local intranet | Protected Mode: Off

100%

11:37 AM 27/08/2012

HALTS

Hungry

Angry

Late

Tired

Stressed

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H.A.L.T.S (Hungry, Angry, late, Tired, Stressed). A good mnemonic to remember as to why mistakes might happen, especially when you are busy and under pressure to get things done and as a good reminder to be mindful of how you are feeling at work and how it might impact your work.



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Staff have a discussion with the great-nephew and explain what happened and he settles down. Georgie explains to him that as much as she'd like to go home she'd rather be safe.

She says she'll sit in on another family meeting but if she has to move to a hostel she will, and she's confident she can manage.



The end.

References

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