"Voices from the grave"

Deaths in the Emergency Medicine Events Registrar

emer.org.au

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- Dr Andrew Gosbell, ACEM

With thanks to the EMER Steering Group and Site Champions

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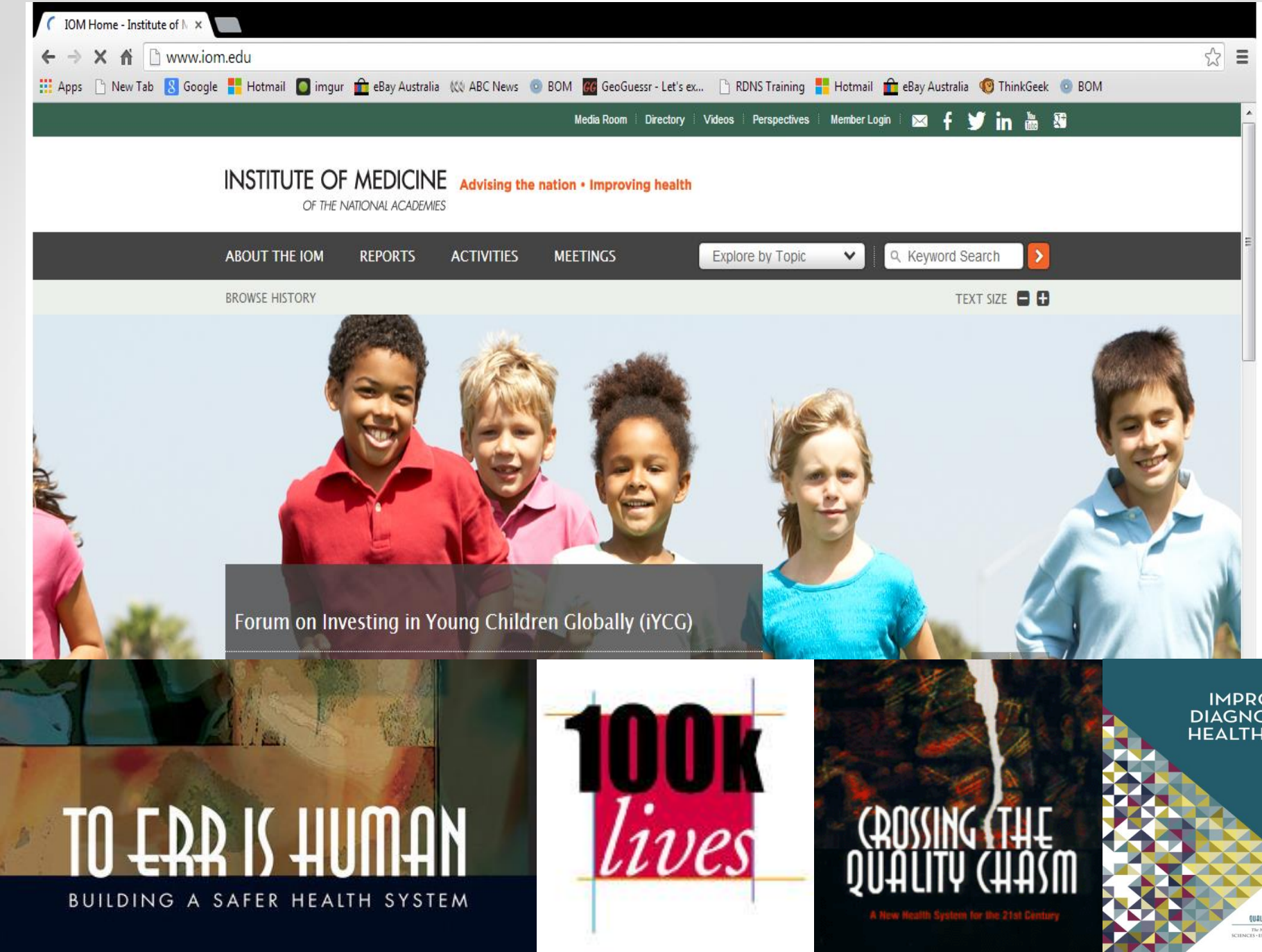
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CROSSING THE
QUALITY CHASM
A New Health System for the 21st Century
IMPROVING
DIAGNOSIS IN
HEALTH CARE
QUALITY CHASM SERIES

chfg

clinical human factors group

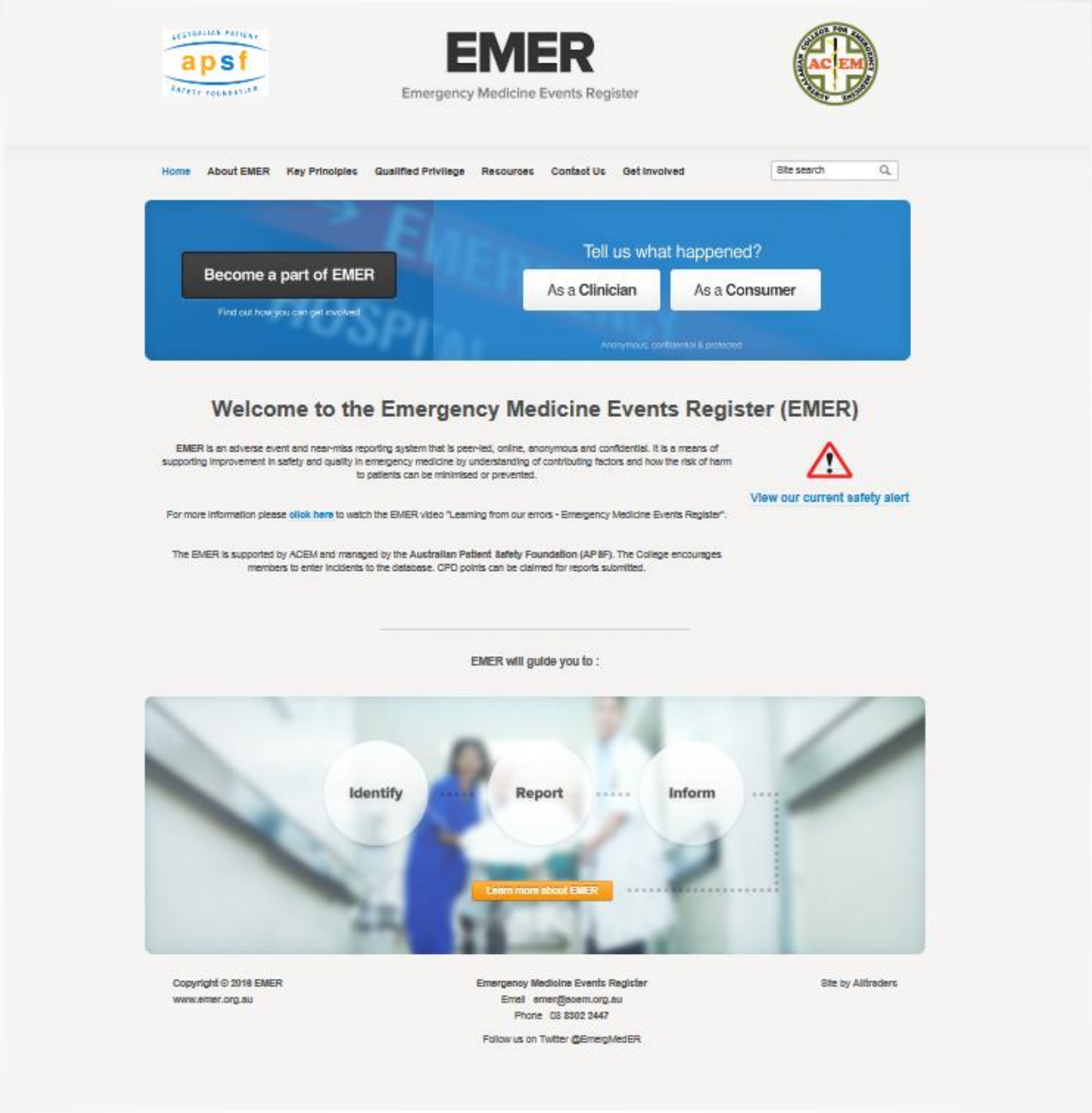
working with clinical professionals and managers to make healthcare safer

MINISTRY OF JUSTICE
Tāhū o te Ture

Institute *for* Healthcare Improvement

QUEENSLAND COURTS

OFFICE OF THE STATE CORONER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Emergency Medicine Events Register
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Tell us what happened?
As a Clinician
As a Consumer
Anonymous, confidential & protected
Welcome to the Emergency Medicine Events Register (EMER)
EMER is an adverse event and near-miss reporting system that is peer-led, online, anonymous and confidential. It is a means of supporting improvement in safety and quality in emergency medicine by understanding of contributing factors and how the risk of harm to patients can be minimised or prevented.
View our current safety alert
For more information please click here to watch the EMER video "Learning from our errors - Emergency Medicine Events Register".
The EMER is supported by ACEM and managed by the Australian Patient Safety Foundation (APSF). The College encourages members to enter incidents to the database. CPD points can be claimed for reports submitted.
EMER will guide you to :
Identify
Report
Inform
Learn more about EMER
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Methods

AUSTRALIAN PATIENT apsf SAFETY FOUNDATION

EMER

Emergency Medicine Events Register

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE ACEM

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Site search

Incident Report

Page 1 of 4

Please enter incident details below - mandatory fields are marked with an asterisk (*).

Country *

Australia

How is the organisation funded? *

On what date did the incident occur? (Please use date picker on right hand side.) *

Date is

Exact date ☐ Weekend ☐ Public Holiday

Timeband

00:00 to 00:59

About the project

- Executive Summary 2015
- ED-specific incident reporting
- How does EMER work?
- What does EMER collect?
- The pilot study

Incident Report

*Page **2** of 4*

What was the patient's triage score on presentation? *

Which medical specialty(ies) was involved in the incident?

- Ambulance Service
- Anaesthetics
- Burns
- Cardiology
- Cardiothoracic Surgery
- Colorectal
- Dermatology
- Drug & Alcohol
- Emergency Medicine
- ENT
- Endocrinology
- Facio-Maxillary Surgery
- Gastroenterology
- General Medicine
- General Surgery
- Geriatrics
- Haematology
- Immunology
- Infectious Diseases
- Intensive Care
- Neurology
- Neurosurgery
- Obstetrics & Gynaecology
- Oncology
- Ophthalmology
- Orthopaedics
- Other
- Paediatric Medicine
- Paediatric Surgery
- Palliative Care
- Plastic Surgery
- Psychiatry
- Radiology/Imaging
- Rehabilitation Medicine
- Renal Medicine
- Respiratory
- Rheumatology
- Urology
- Vascular Surgery

What was the patient's age at the time of the incident?

Gender

Clinical presentation

Incident Report

*Page **3** of 4*

What happened? *

What were the contributing factors?

What were the factors that reduced the impact of the incident?

What were the consequences or outcomes of the incident?

How could the incident have been prevented?

View our current safety alert

About the project

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Incident Report

*Page **4** of 4*

What was the immediate action(s) taken to manage the incident?

What is your designation? *

At what stage of the patient's journey was the incident first initiated? *

At what stage of the patient's journey was the incident detected? *

Did this incident or near miss involve a failure associated with application of the correct patient, correct site or correct procedure policy?

Did the incident involve a problem with handover?

Is this incident a 'burst report' on either of the following incident types?

Enter the correct numbers into the box below

3793

View our current safety alert

About the project

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Results

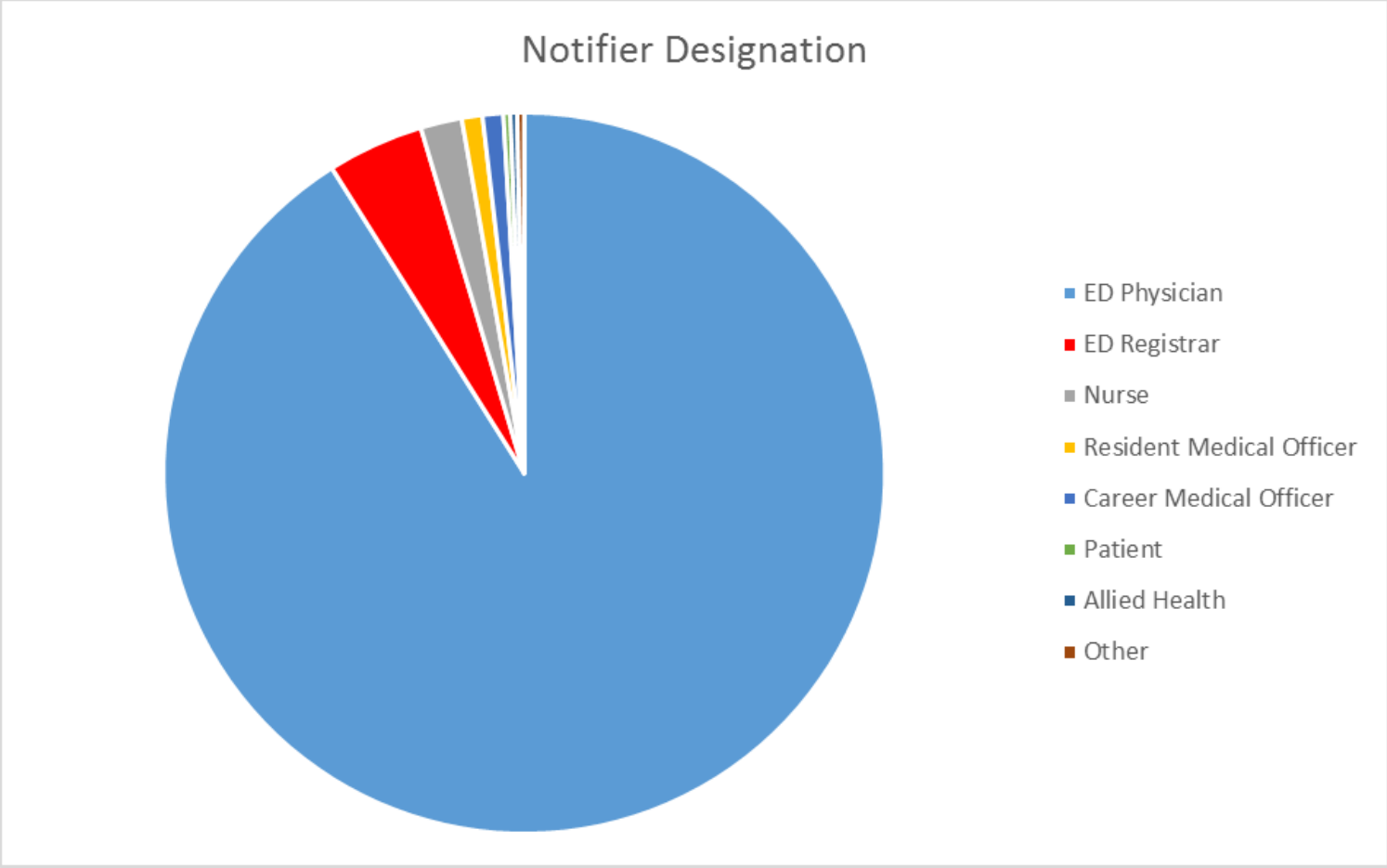
Deaths

in

. . .

Emergency Medicine Events Register

Reporter

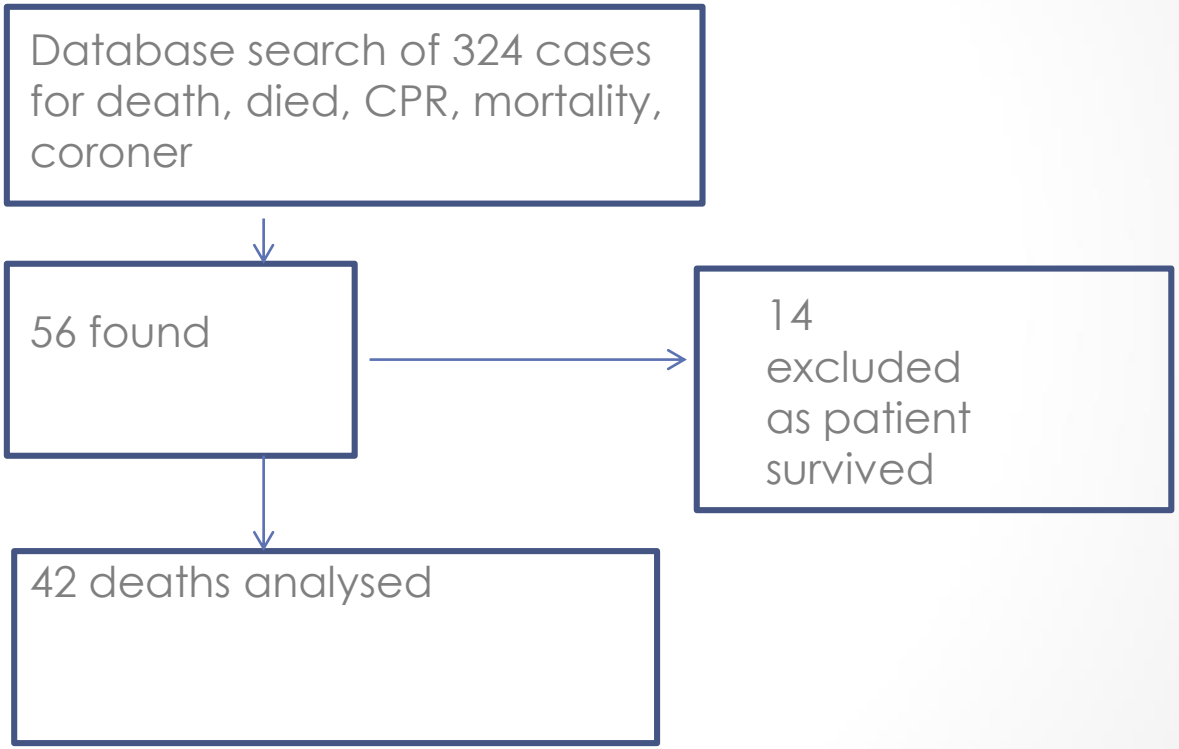

Notifier Designation
ED Physician
ED Registrar
Nurse
Resident Medical Officer
Career Medical Officer
Patient
Allied Health
Other

Device

Device Category	Acquisition
	Sessions ↓
	7,424 % of Total: 100.00% (7,424)
1. desktop	6,079 (81.88%)
2. mobile	975 (13.13%)
3. tablet	370 (4.98%)

Deaths in EMER

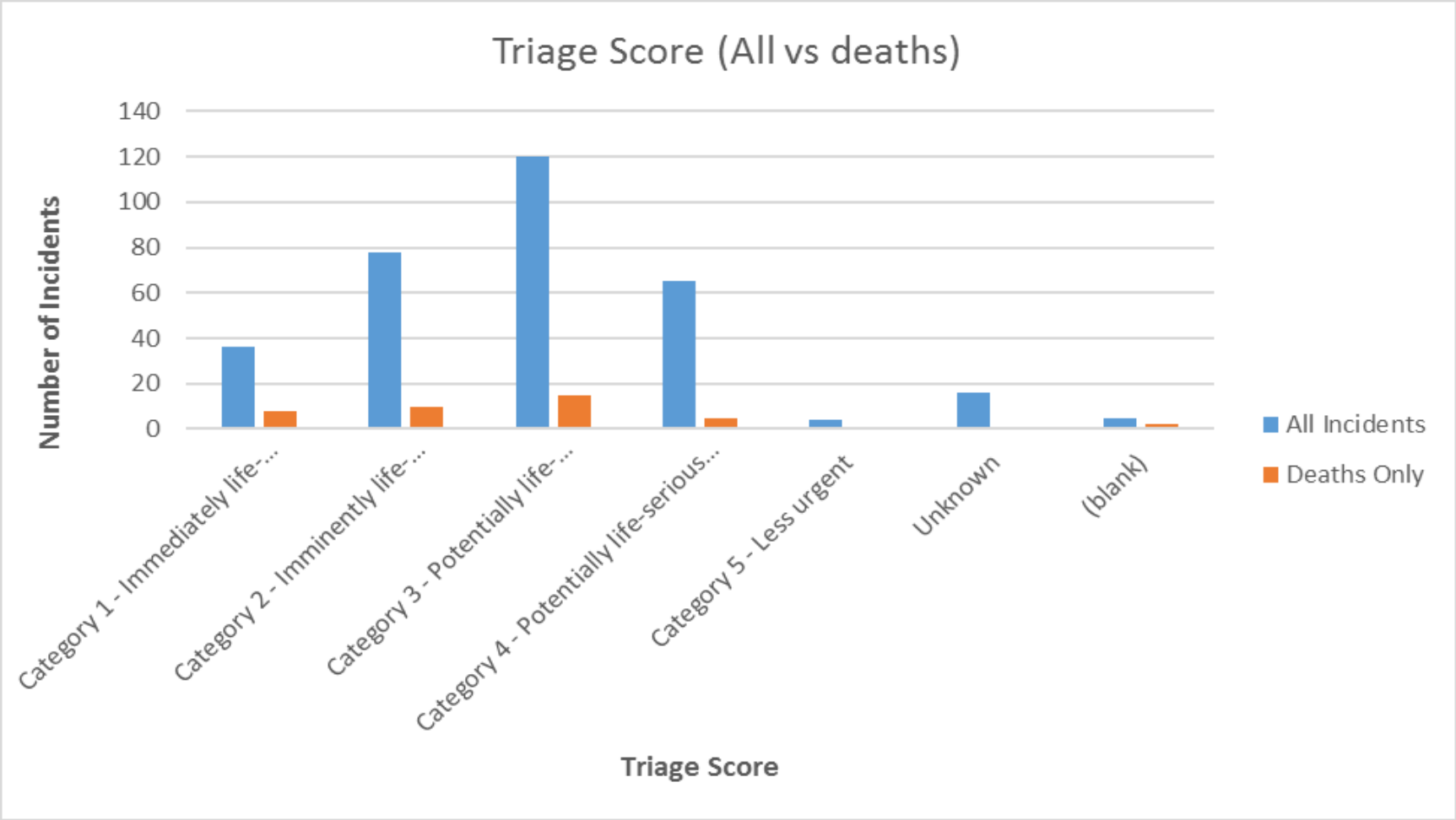
December 2012 – November 2016



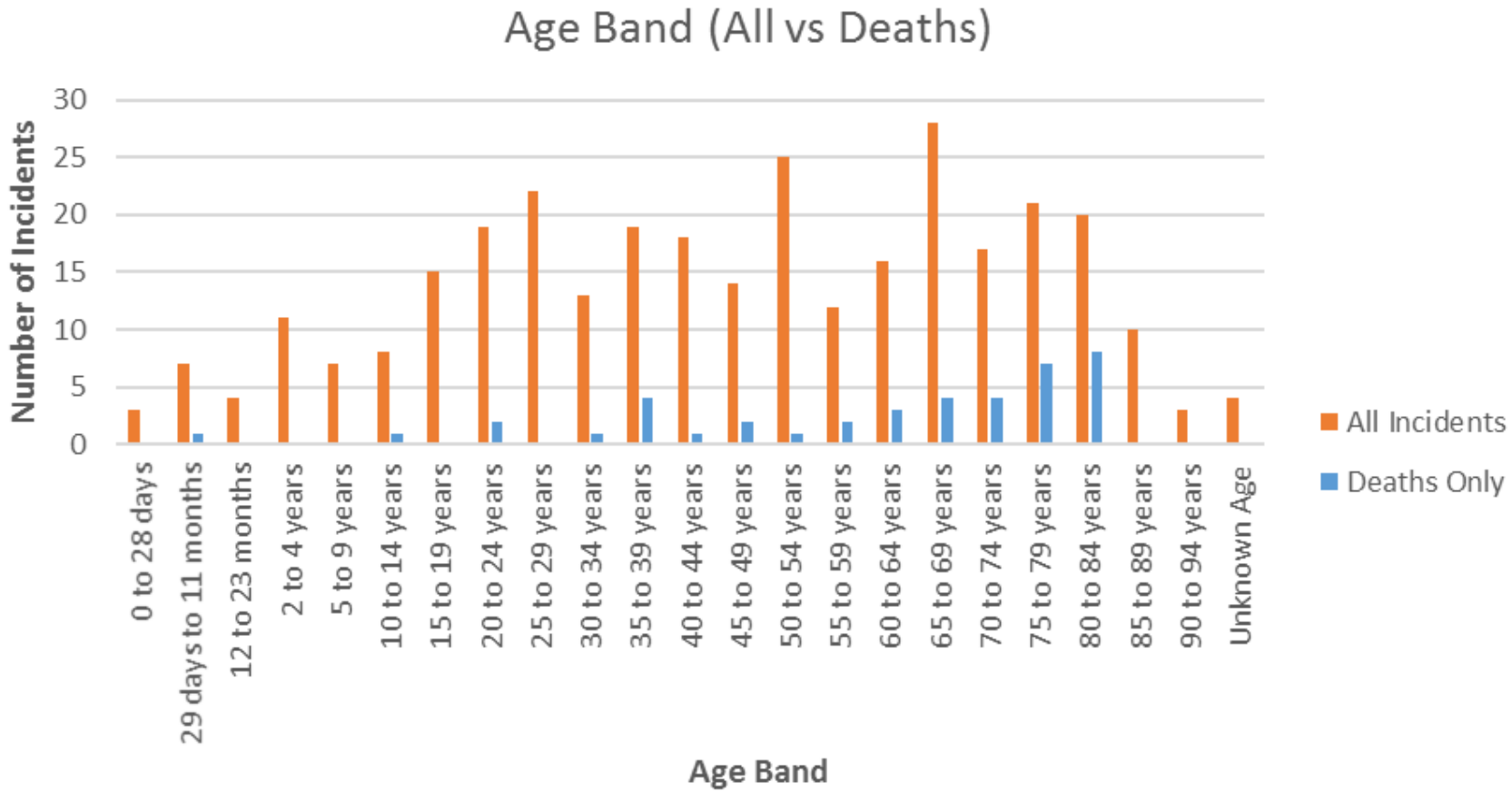
Deaths in EMER

- 42 of 324 incidents entered (12.3%)
- 38 were at an Australian Public Hospitals
- 19 were Triage Category 1 or 2 (45.2%)
- 15 patients were female (36%), 27 were male (64%)

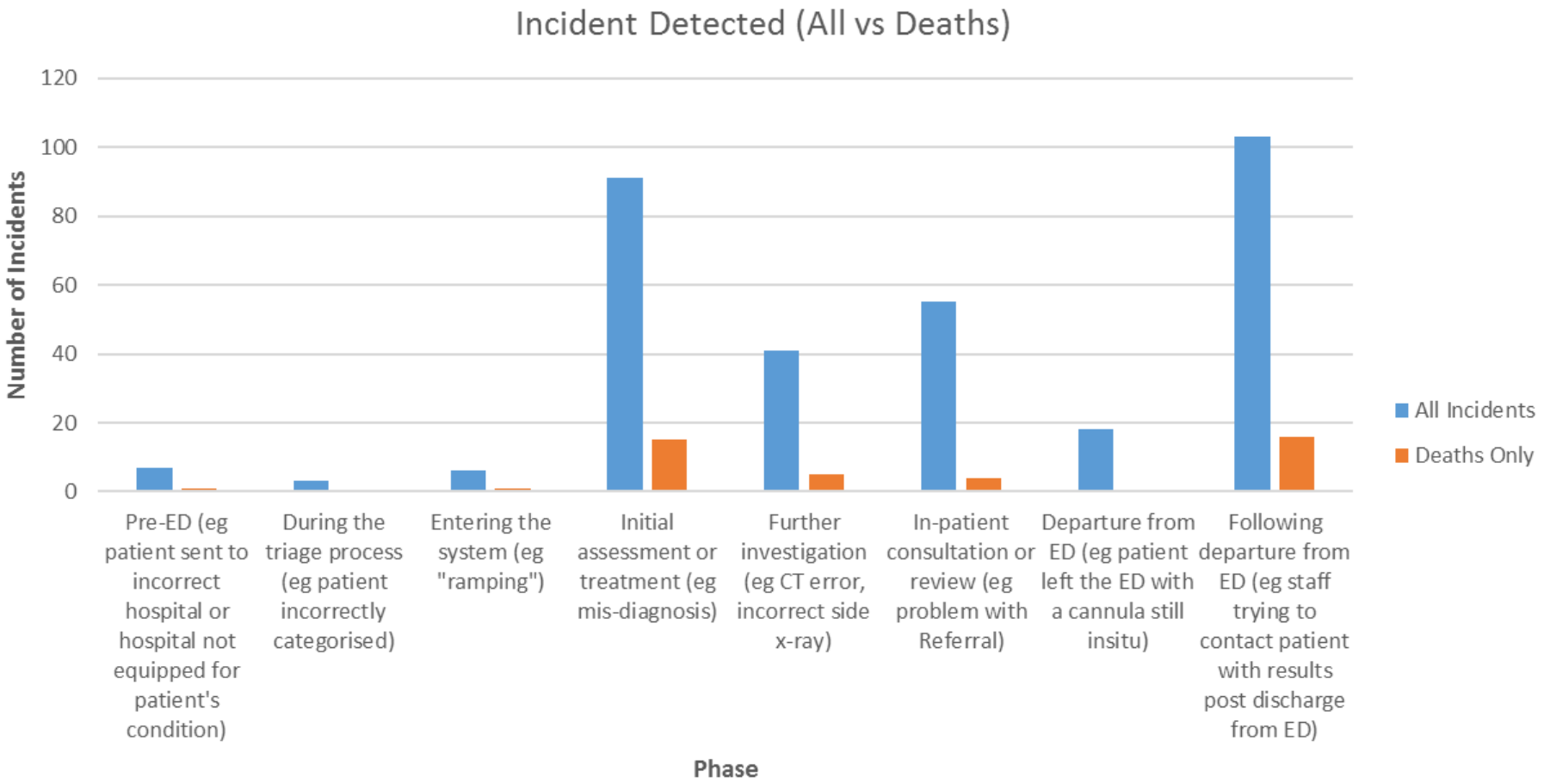
Triage Category



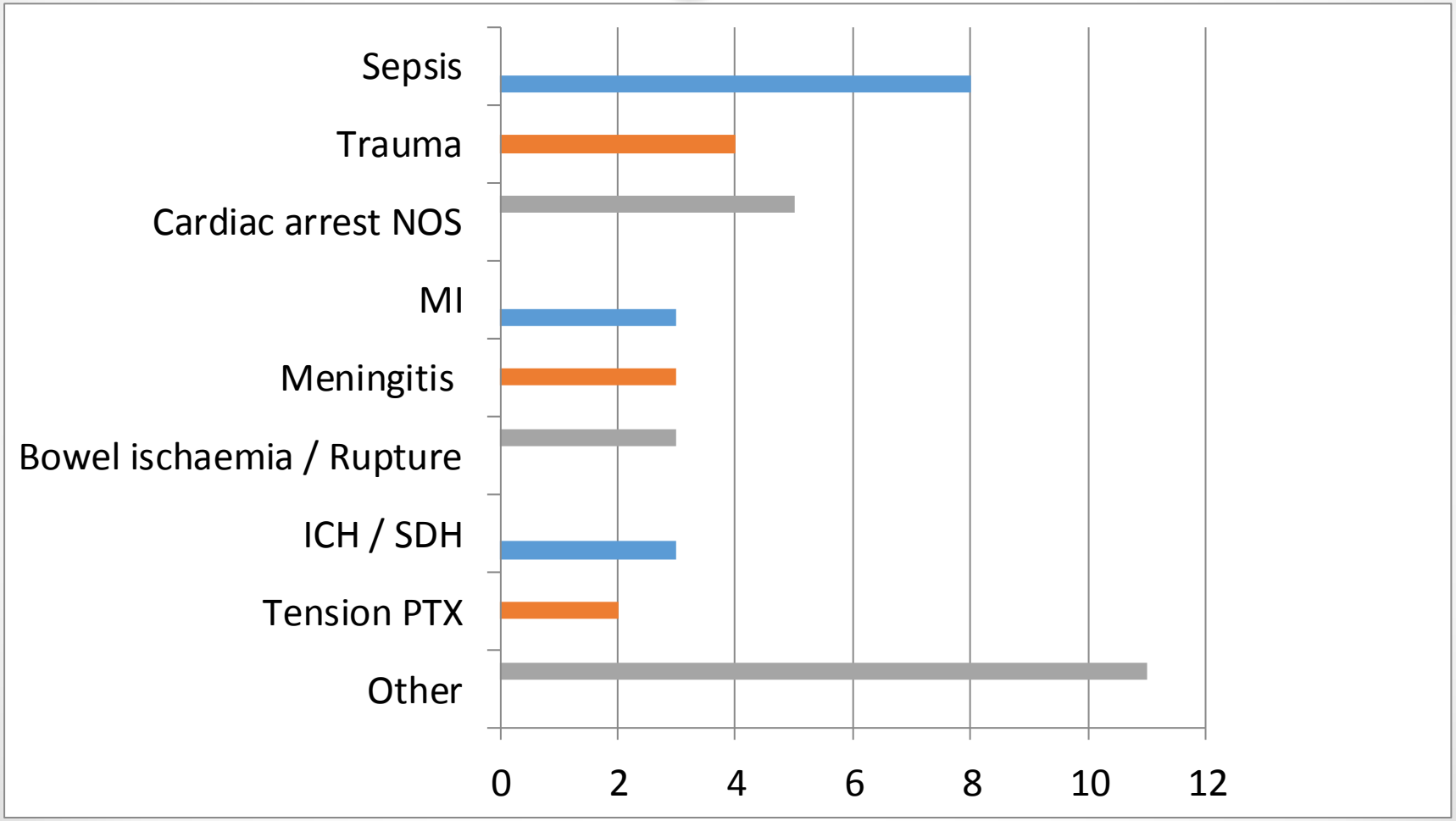
Age

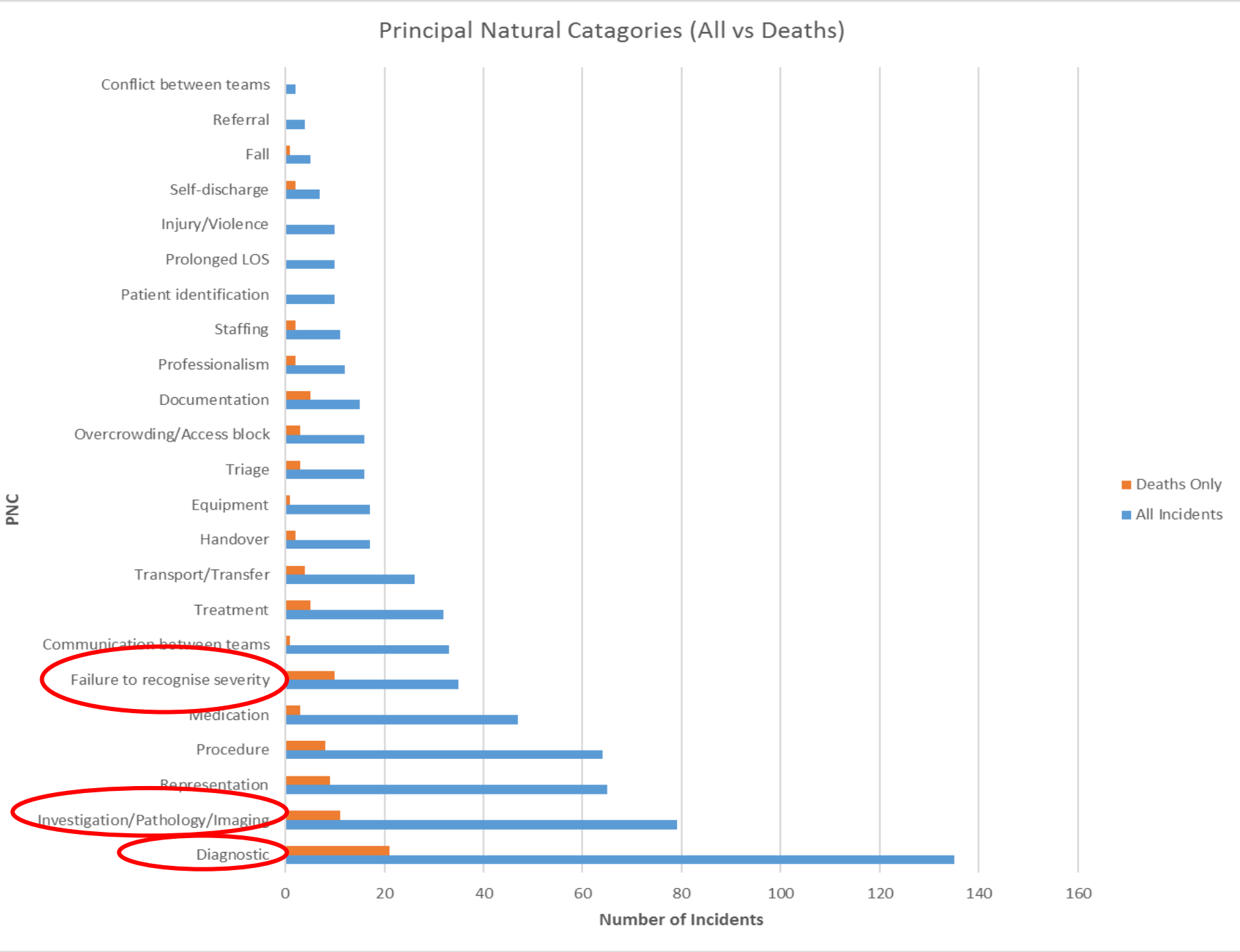

Age Band (All vs Deaths)
Number of Incidents
30
25
20
15
10
5
0
0 to 28 days
29 days to 11 months
12 to 23 months
2 to 4 years
5 to 9 years
10 to 14 years
15 to 19 years
20 to 24 years
25 to 29 years
30 to 34 years
35 to 39 years
40 to 44 years
45 to 49 years
50 to 54 years
55 to 59 years
60 to 64 years
65 to 69 years
70 to 74 years
75 to 79 years
80 to 84 years
85 to 89 years
90 to 94 years
Unknown Age
Age Band
All Incidents
Deaths Only

"At what stage of the patient's journey was the event detected?



Diagnosis


Sepsis
Trauma
Cardiac arrest NOS
MI
Meningitis
Bowel ischaemia / Rupture
ICH / SDH
Tension PTX
Other
0
2
4
6
8
10
12


Principal Natural Catagories (All vs Deaths)
Conflict between teams
Referral
Fall
Self-discharge
Injury/Violence
Prolonged LOS
Patient identification
Staffing
Professionalism
Documentation
Overcrowding/Access block
Triage
Equipment
Handover
Transport/Transfer
Treatment
Communication between teams
Failure to recognise severity
Medication
Procedure
Representation
Investigation/Pathology/Imaging
Diagnostic
PNC
0
20
40
60
80
100
120
140
160
Number of Incidents
Deaths Only
All Incidents

Discussion

Diagnostic Error

- Chest pain – 5
  - ACS
  - Aortic dissection
  - PE
- Sepsis - 3
- Meningitis - 3

Investigations

- Delay to investigations eg CT
- Delay to reporting
- Follow-up of test results (after patient has left ED)
  - 2 x results indicating possibility of malignancy

Airway Management

- Oesophageal intubations x 2
- Failure to recognise complications
  - Tension pneumothorax
  - Misplaced NGT

Conclusion

There are lessons to be learnt from medical errors and patient deaths.

- **EMER** provides the opportunity to collect incidents, which, after analysis and reporting, can be used to improve patient safety in your ED.

Recommendations

1. Learn from EMER (other's mistakes)

2. Safe guard high risk areas
    1. Diagnosis of chest pain, sepsis, meningitis
    2. Follow-up of tests results
    3. Time to imaging and time to report
    4. Airway management

3. Contribute to EMER's database to ensure future learning for all

Case Study

Chest pain diagnosis case study

• • •

Details available at
http://www.courts.qld.gov.au/courts/coroners-court/findings

All coroner's reports referred to ACEM are entered into EMER

ED Details

- 55 year old male
- Triage cat 3
- Arrival 19.00

Clinical Presentation

- Sudden onset chest pain (rated 8/10), dizziness, "numb from waist down" while at gym
- Ambulance called - ECG and bilateral BPs done
- On arrival to ED: Ongoing buttock pain and leg weakness. No further chest pain.

What happened?

- Patient in distress with pain
- IV analgesia given

- Minimal history taken
- Limb examination only

- CT lumbar spine ordered

- Ambulance notes lost…

What happened?

- Dr reviewed patient (approx. 2 hours after arrival) and attempted to get history of chest pain, patient was “quite dismissive”
- CT lumbar completed and was normal
- Able to convince patient to have blood tests, and to see GP next day for results. ECG done.

What happened?

- Ongoing back pain but able to mobilise
- Patient left ED
- Friend offered to take to another nearby ED but patient declined.

What happened?

- Patient found deceased the next day
- D-dimer positive
- Autopsy showed aortic dissection
  - Aortic root to left common iliac artery
  - Inflammation at initial tear indicates time between aortic tear and death
  - Haemopericardium caused death

Contributing factors

- No ambulance notes / handover available
- Patient placed in fast track bay
- Full history and examination not done
- Early closure to “back pain” diagnosis
- Patient left prior to pathology results available

How could the incident have been prevented?

- Ambulance notes and handover available to ED doctor and nurse
- Full assessment by ED doctor
- Avoid early closure to benign diagnosis
- Patient presenting to another ED as suggested by friend
- Recall after d-dimer result positive

Coroner's report

- Comments from patient while in ED

Patient called friend and family member and was not happy with ED treatment, and arranged to be picked up

- "doctor only saw me for 10 seconds"
- "not happy with the service"
- "massive pain"
- "someone please help me"
  (when in a corridor in severe pain)

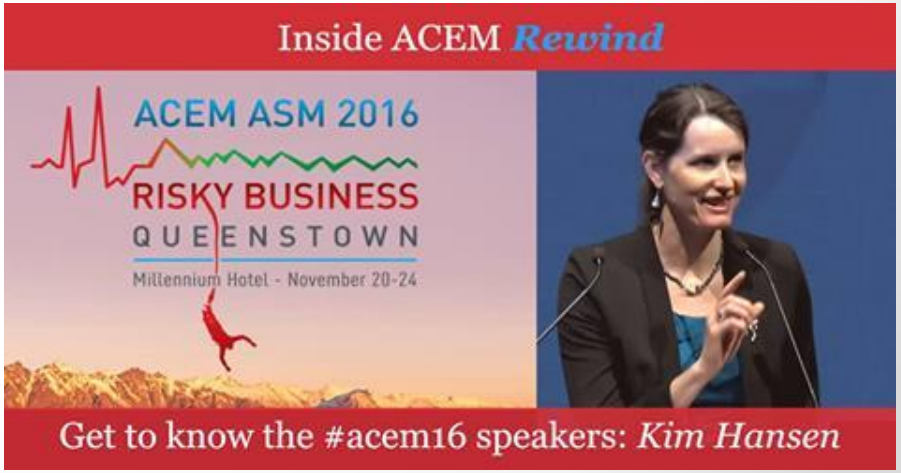
EM is risky business…

FAQ

Emergency Medicine Events Register

How to we share EMER's information?

- ACEM Bulletin
- EMA, BMJ
- Conferences – ASM, ICEM, SMACC, IFSQH etc
- Site champions network, EMER newsletters
- Twitter - *Follow us @EmergMedER*
- Hospital education sessions
- Patient Safety Alerts



EMER

Emergency Medicine Events Register

Patient Safety Alert

Subject: Testicular Torsion

Testicular torsion in young males is over-represented in the EMER database. Currently, 3% of incidents (7/235) involved a probable testicular torsion. All incidents in the EMER database are coded into categories by an expert panel. The most common incident categories in reports involving torsion is **delay to treatment**, **conflict between teams** and **diagnostic error**.

The management of testicular torsion is rapid surgical exploration to maximise the chance of a positive outcome. The patient should be given analgesia and kept fasted. Ultrasound scanning should not delay surgical exploration.[1] Referral and treatment pathways should be established by the ED Leadership team in advance.

Patient Safety Alert No. 1 /09/11/2015. Follow us on Twitter at @EmergMedER Information obtained from Emergency Medicine Events Registry – an online, anonymous incident reporting system for Emergency Department doctors in Australia and New Zealand. Contact: emer@acem.org.au. Reference: 1. Deakin, A. and Shepherd, M. (2015), 'Knickers in a twist'. Emergency Medicine Australasia. doi: 10.1111/1742-6723.12473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