Waitemata District Health Board
Best Care for Everyone

Waitemata District Health Board
Serious & Sentinel Events Report FY 2012/2013

	Died?	SAC	Event Code	Summary of Reportable Event	Key Investigation Findings	Recommendations
1	Y	2	12	An 87 year old fell while mobilising independently sustaining a fractured hip. Patient died 4 days post fractured hip surgery	• No falls risk assessment completed on admission (within the requisite 8 hours of admission) • Only one falls prevention care plan intervention measure in place – floor level (low line) bed • Falls Risk Assessment after the fall identified the patient as having been a high falls risk at admission	A Falls Prevention Programme Phase One has been implemented as a DHB quality improvement project and in collaboration with the Northern Region DHBs as part of the First Do No Harm programme A multidisciplinary falls prevention steering group has been established to oversee the programme. All falls with major harm (SAC 1&2) are investigated as part of the serious and sentinel event review process and are referred to the steering group to inform the falls prevention programme. Falls Prevention Programme Phase Two underway aiming to reduce the risk of falls with serious harm
2	N	2	12	An 81 year old fell while transferring from a commode sustaining bilateral arm and leg fractures Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk care plan interventions/measures were in place • Patient admitted with pathological fractures (fractures not related to trauma/falling). • Pre-existing medical condition which left the patient's bones very brittle contributed to the fractures sustained • Medical condition limited use of some falls prevention care plan measures e.g. lifting belt for transferring (risk of causing further fractures)	
3	N	2	12	An 87 year old fell while mobilising independently sustaining a lumbar vertebrae compression fracture Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • All appropriate high falls risk care plan interventions/measures were in place • On transfer to second ward no falls risk assessment completed – this transfer occurred on a Friday which meant physiotherapist and occupational therapist were unable to assess until the Monday	
4	N	2	12	A 93 year old fell from a commode sustaining a fractured arm Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • All appropriate high falls risk care plan interventions/measures were in place • The model of commode used had no rear brakes –removed immediately from the clinical area	
5	N	2	12	An 87 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to ward • All appropriate high falls risk care plan interventions/measures were in place • Confusion a contributory factor – on 10 minute checks • Medication (night sedation) a contributory factor (fall at night)	
6	N	2	12	A 90 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • All appropriate high falls risk care plan interventions/measures were in place • Patient on constant observation – observer left room to handover to next shift leaving patient unattended – contravenes DHB policy • Cognitive impairment a contributory factor	
7	N	2	12	An 84 year old fell while transferring from a stretcher to a bed sustaining a fractured hip Discharged post rehabilitation	• The patient fell prior to a falls risk assessment being completed. Transferring between departments (on stretcher) prior to fall • A request for assistance with transferring not completed – this would have alerted departments that help was required	

					• Staff transferring patient did not request assistance on arrival to new department	
8	N	2	12	A 95 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • All appropriate high falls risk care plan interventions/measures were in place • 15 minute checks in place and noted to be settled at each visual check - patient acted impulsively and mobilised independently	
9	N	2	12	A 79 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Inaccurately assessed as a moderate falls risk on admission • All appropriate moderate falls risk care plan interventions/measures were in place • Review of falls risk at time of fall identified patient should have been a high falls risk on admission • Confusion (new onset) a contributory factor	
10	N	2	12	An 82 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • All appropriate high falls risk care plan interventions/measures were in place • Confusion a contributory factory - despite 15 minute checks and continued staff supervision and reminders, patient acted impulsively and mobilised independently	
11	N	2	12	A 93 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk care plan interventions/measures were in place • Confusion a contributory factory - despite 15 minute checks and continued staff supervision and reminders, patient acted impulsively and mobilised independently • Inappropriate footwear worn at time of fall a contributory factor	
12	Y	2	12	A 94 year old fell while mobilising independently sustaining vertebral fractures. Patient subsequently died of comorbidities unrelated to the fall.	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk care plan interventions/measures were in place • Confusion a contributory factory • Laxative medication likely a contributory factor	
13	N	2	12	An 83 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place • Patient's medical history of Parkinsonian disease a contributory factor • Patient had been compliant with mobilising with assistance except on this one occasion	
14	N	2	12	An 89 year old fell while mobilising independently sustaining a fractured elbow Discharged post rehabilitation	• No falls risk assessment completed on or during admission • No falls prevention care plans in place	
15	N	2	12	A 97 year old fell while mobilising with assistance sustaining a fractured pelvis Discharged post rehabilitation	• Patient was not confident with mobilising following a fall at home • There was a misunderstanding that the patient had been mobilising with a super stroller frame at home. Patient had been provided with a super stroller frame a year previously by Occupational Therapy; however patient was actually using a gutter frame she had acquired.	

					• The patient had previously being taken to the gym to mobilise • Clipboards placed on the wall contributed to the patient's fall to the ground	
16	N	2	12	An 86 year old fell while mobilising independently sustaining a fractured ankle Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place • Confusion secondary to pre-existing medical condition (Alzheimers) a contributory factory	
17	N	2	12	An 89 year old while mobilising independently sustaining a fractured wrist Discharged post rehabilitation	• Inaccurate falls risk assessment on admission – medical condition not factored into assessment nor previous fall at home • Falls risk care plan interventions/measures in place did not accurately reflect care required • Falls risk not regularly reviewed during admission • Review of falls risk at time of fall identified patient should have been a high falls risk on admission • Likely vasovagal faint prior to fall a contributory factor	
18	N	2	12	A 76 year old fell while mobilising independently sustaining a fractured leg Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place • Patient's medical history of Parkinsonian disease a contributory factor	
19	N	2	12	An 82 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Inaccurate falls risk assessment completed on admission; did not factor previous falls at home and patient deafness • Profound deafness a contributory factor	
20	N	2	12	A 91 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place	
21	N	2	12	An 82 year old fell while mobilising independently sustaining a fractured pelvis Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • No documented high falls risk interventions/measures in place	
22	N	2	12	An 80 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • No documented high falls risk interventions/measures in place • Confusion a contributory factor	
23	N	2	12	A 59 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• No falls risk assessment completed on or during admission • No falls prevention care plans in place • Confusion a contributory factor	
24	N	2	12	A 75 year old fell while mobilising independently sustaining a fractured wrist Discharged post rehabilitation	• Falls risk assessments are not undertaken for waiting room/consultation area patients • Patient had been admitted with a possible fractured ankle and was in the process of having this investigated	

					• Appropriate assistance provided to patient with mobilising safely to the bathroom and call bell left with patient who was mentally alert and able to follow instruction – privacy provided and nurse within earshot • Patient's significant osteoporosis a contributory factor	
25	N	2	12	A 91 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Inaccurately assessed as a moderate falls risk on admission to initial ward • Accurately assessed as a high falls risk on transfer to rehabilitation ward • No documentation of high falls risk interventions/measures in place but some interventions completed	
26	N	2	12	An 80 year old fell while mobilising independently sustaining a fractured coccyx (tail bone) Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • No documented high falls risk interventions/measures in place • History of falls at home • Patient continued to use walker as a seat despite advice that it was not safe • Difficulty ascertaining whether fracture occurred at home or in hospital	
27	N	2	12	A 49 year old fell while mobilising independently sustaining a fractured pelvis Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • No documented high falls risk interventions/measures or care plan in place • Patient's medical condition leading to poor bone density a contributory factor	
28	N	2	12	A 90 year old fell while mobilising independently sustaining a fractured sacral vertebrae Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • No documented high falls risk interventions/measures in place	
29	Y	2	12	A 85 year old fell while mobilising independently sustaining a fractured hip Patient deteriorated six weeks after surgery and subsequently died	• Accurately assessed as a high falls risk on admission • No high falls risk interventions/measures documented	
30	N	2	12	A 56 year old fell while mobilising independently sustaining a fractured rib Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place • Patient's medical history and cognitive impairment contributory factors	
31	N	2	12	A 91 year old fell while mobilising independently sustaining a fractured pelvis Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission to initial ward • No documented high falls risk interventions/measures or care plan in place • No review of falls risk on transfer to second ward • Confusion a contributory factor	
32	N	2	12	An 83 year old fell while mobilising independently sustaining a fractured elbow Discharged post rehabilitation	• No falls risk assessment completed on or during admission • No falls prevention care plans in place	
33	N	2	12	An 88 year old fell while mobilising independently	• Accurately assessed as a high falls risk on admission	

				sustaining a fractured pelvis Discharged post rehabilitation	• All appropriate high falls risk interventions/measures were in place inclusive of close observation	
34	N	2	12	An 81 yr old fell while mobilising independently sustaining a fractured skull with a right temporal subdural haematoma and a subarachnoid haemorrhage Discharged post rehabilitation	• Accurately assessed as a moderate falls risk on admission • All appropriate moderate falls risk interventions/measures in place • After first unwitnessed fall (no injury sustained) high falls risk interventions/measures undertaken including close observation • Language barrier a contributory factor	
35	N	2	12	A 93 year old fell while mobilising independently sustaining a fractured hip Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission • All appropriate high falls risk interventions/measures were in place • Dementia a contributory factory • Delirium secondary to medication condition a contributory factor • Previously a watch had been in place – no watch at time of fall due to other patient requirements for a watch	
36	N	2	12	A 39 year old fell while mobilising independently sustaining a fractured nose Discharge following treatment in the Emergency Department	• No contribution of physical factors e.g. low blood pressure/dizziness/low blood sugar to fall • Inappropriate footwear worn by patient • Patient's current pre-existing medical conditions have contributed to a reduction in strength to mobilise • Falls risk assessment not currently completed in outpatient areas	
37	N	2	12	A 97 year old fell while mobilising independently sustaining a fractured wrist Discharged post rehabilitation	• Accurately assessed as a high falls risk on admission – but well documented • All appropriate high falls risk interventions/measures were in place – also not well documented	

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	Died?	SAC	Event Code	Summary of Reportable Event	Key Findings	Recommendations
1	N	2	02	A 27 year old woman had a retained vaginal swab following suturing post birth	• The labour and birth summary documentation includes a field for a swab count to be completed by the clinician doing the repair. This was not completed • No electronic discharge summary was completed following the patient's readmission • No clinic letters were completed following the patient's outpatient clinic follow up appointments	• Review case and policy with obstetric and maternity teams • Completion of the birth trauma/ suturing checklist following suturing • Timely completion of ACC forms • Timely incident reporting via RiskPRO reporting system • Head of Division of Midwifery to examine feasibility of introducing vaginal pack with larger swabs with tape to be used when suturing
2	N	2	02	Baby sustained hypoxic ischaemic encephalopathy (brain injury) at birth	• Delayed identification of fetal compromise • Labour was augmented with syntocinon in the presence of fetal compromise • Loss of contact with the CTG (fetal heart trace monitor) resulted in fetal heart not being continuously monitored • A fetal scalp electrode was considered but not placed • Observations were not consistently documented • Delay in notifying the obstetrician of the fetal distress	• An online CTG training package will be rolled out to all staff and will form part of midwifery and obstetric staff orientation • Education sessions on the use of syntocinon will be overseen by the Head of Division of Midwifery
3	N	2	02	A 29 year old had a delay in diagnosis and treatment of cervical cancer	Under investigation	Under investigation
4	N	2	02	A 75 year old had a delay in diagnosis and treatment of bowel cancer	Under investigation	Under investigation
5	N	2	02	A 76 year old had a delay in diagnosis and treatment of bowel cancer	Under investigation	Under investigation
6	N	2	02	An 86 year old had a delay in diagnosis and treatment of lung cancer	Under investigation	Under investigation
7	N	2	02	A 49 year old sustained bilateral arm brachial plexus injury during bowel surgery	Under investigation	Under investigation
8	N	2	09	A 67 year old sustained a laceration when equipment collapsed during surgery preparation.	Under investigation	Under investigation
9	N	2	02	A 36 year old required removal of a retained swab 4 days after surgery	Under investigation	Under investigation
10	N	2	11	A 76 year old sustained a chemical burn to the eye from skin preparation stain during surgery	Under investigation	Under investigation
11	N	2	02	A 32 year old woman with retained swab removed 12 hours after birth	• Labour & Birth Summary swab count checked as completed • Unable to confirm with locum clinician as no longer available	Discuss at Maternity Forum for transference of learning

					• Unable to ascertain with any certainty the origin of the swab	
12	N	2	02	A 68 year old had a significant bleed after a colonoscopy procedure that required surgical repair. Bleed likely related to anti-coagulant therapy patient was on that had not been stopped prior to procedure.	Under investigation	Under investigation
13	N	2	02	A 67 year old had a delay in diagnosis and treatment of bowel cancer	Under investigation	Under investigation

General classification of event	Event code
Clinical administration (eg handover, referral, discharge)	01
Clinical process (eg assessment, diagnosis, treatment, general care)	02
Documentation	03
Healthcare associated/acquired infection	04
Medication/IV fluids	05
Blood/blood products	06
Nutrition	07
Oxygen/gas/vapour(eg, wrong gas, wrong concentration, failure to administer)	08
Medical device/equipment	09
Behaviour (eg, intended self-harm, aggression, assault, dangerous behaviour)	10
Patient accidents (not falls) (eg, burns, wounds not caused by falls)	11
Patient falls	12
Infrastructure/buildings/fittings	13
Resources/organisation/management	14

SAC	Severity Assessment Code - (Severity of outcome to patient)
1	Serious or Death
2	Major