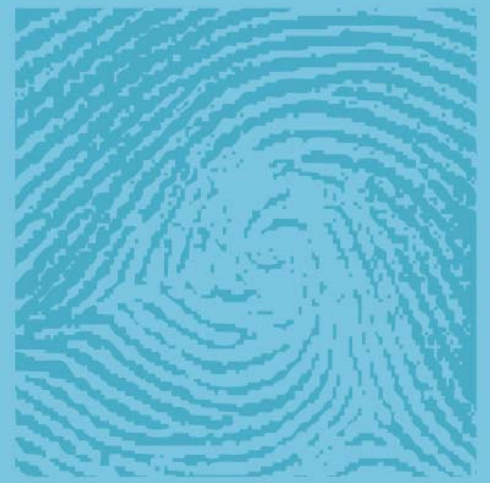


The Department of Human Services, Victoria

Risk Watch

August 2004 – Volume 2, Issue 5



The Sentinel Event Casebook – a state-wide approach

Cervical Spine Management Following Trauma – Experiences of Two Health Services

Two similar sentinel events were reported to The Sentinel Event Program concerning cervical spine management issues following motor vehicle accidents. As a result of these events, the Department of Human Services (the department) State Trauma Committee (STC) undertook a review of management of patients with cervical spine injuries. A draft policy was developed to support a standardised approach to cervical spine management. The following is a description of these two events and information regarding the draft policy.

Case One:

An elderly patient was brought to an emergency department following a motor vehicle accident. The patient was wearing a cervical collar on arrival. Xrays identified that the patient had degenerative changes in the spine and although the examination was not ideal, no obvious fracture or dislocation was noted. The patient's neck pain was not severe and the cervical collar was removed.

Some hours later, the patient complained of clumsiness in both hands and cervical tenderness. A cervical collar was placed on the patient and a CT scan of the spine and head was ordered. The CT scan determined that there was a type 3 non-displaced hangman's fracture at C2 along with a fracture at C6 or C7 pedicle.

Case Two:

An elderly patient was brought to an emergency department (ED) following a motor vehicle accident. On arrival at the hospital the patient was wearing a cervical collar. Xrays and CT scan determined that there were degenerative changes to the cervical spine but there was no fracture or dislocation. The patient was re-examined. The patient was not experiencing neck pain and the collar was subsequently removed.

A short time later the patient was found to have tetraplegia (paralysis of both arms and both legs). A review of the CT films showed a fracture of the cervical spine at C5 with a change to the spinal alignment at C5 and C6. An MRI was undertaken. The report indicated spinal cord damage at C3/C4.

What did the department instigate as a result of these events?

The Office of Chief Clinical Advisor sought expert opinion and recommendations on the management of cervicel spine injuries from the State Trauma Committee (STC). The STC developed a draft policy called '*Victorian State Trauma System Adult Cervical Spine Clearance Policy*'. The policy has been sent to all public health services, Divisions of General Practice, Rural Workforce Agency Victoria and the Australian College of Rural and Remote Medicine, to assist in the management of cervical spine injuries. It is available at the following website:

www.health.vic.gov.au/trauma

The department is seeking feedback from the sector on this policy until December 2004. Please send your comments to:

ClinicalTrial.occa@dhs.vic.gov.au

The Trauma Advice & Referral Line phone number is 1800 700 001.

Steal Syndrome in Arterio-Venous Fistula (AVF) Formation –

Comments from the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM).

In March 2004 Risk Watch reviewed a sentinel event that concerned a patient who had undergone an AVF formation for the provision of haemodialysis to treat end-stage renal failure. The patient who had multiple chronic health problems, underwent the AVF formation under a brachial plexus block. Several days after the procedure the AVF flow was poor and a thrombectomy was performed. The patient was subsequently diagnosed with Steal Syndrome and required AVF ligation. The patient experienced irreversible ischaemic neuropathy, palsy of the right arm and developed a gangrenous right finger.

(Please refer to www.health.vic.gov.au/clinris/march2004riskwatch.pdf for the full article.)

VCCAMM has advised that whenever a regional blockade is performed, there should be early consultation with the anaesthetist if neurological complications are suspected and in addition, surgical complications must always be considered. VCCAMM also suggests that health services should develop protocols for the management of patients following regional anaesthesia.

For further information on VCCAMM: website <http://vccamm.health.vic.gov.au>

An update on Reusable Medical Devices

The National Coordinating Committee on Therapeutic Goods has released the following document "**Reducing Public Health Risks Associated With Reusable Medical Devices**".

The document discusses issues that affect the ability to clean and sterilise reusable medical devices and is intended to complement the following:

- AN/NZS 4187:2003 Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities, or AS/NZS 4815:2001 for office-based health care facilities.
- Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting, January 2004.
- Other relevant standards, guidelines, and policy documents published by healthcare professional organisation and health authorities.

The document also identifies that from October 2002 all medical devices included on the Australian Register of Therapeutic Goods must meet the 'Essential Principles for Safety and Performance'. These include the requirement of the manufacturer's instructions for use to be provided with the medical device, unless the medical device is low risk and can be safely used for its intended purpose without instructions.

To obtain a copy of the document please access the Therapeutic Goods Administration website at http://www.tga.health.gov.au/devices/reusdev_phr.htm.

QUOTE OF THE MONTH

"It is important that discovery leads to learning and that learning leads to change. I think that in the past we have over-emphasised individual learning and downplayed the team and organisational aspects of learning."

Liam Donaldson, October 1999

**Risk Watch is produced by the
Office of Chief Clinical Advisor
Department of Human Services
Level 16, 555 Collins Street
Melbourne Victoria
Ph: 03 9616 7916
Fax: 03 9616 8010
www.riskwatch@dhs.vic.gov.au**

Policy Prowl Patch

A request for a maternity patients' risk rating tool to determine appropriate protocol for transfer/referral to tertiary hospitals has been received.

Please send to: leylas@humehealth.org.au