

# Risk Watch

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## Lessons from the sentinel event casebook

### Potential for error – Attempted Suicide

A patient was brought to the Emergency Department after an attempted suicide and was admitted under Section 12. However, there were no beds available in the Acute Psychiatry Unit and therefore the patient was admitted into the general ward.

The patient was 'specialised' with one to one nursing by a trained psychiatric nurse and was managed by the Psychiatric Medical team. The patient had a long history of depression but showed a rapid and positive response to treatment. The patient continued to improve and was compliant with treatment.

The psychiatric Liaison Nurse reviewed the patient on the morning of day four and rated the patient as a low suicide risk. Nursing observations were reduced and the patient was managed by the general ward nursing staff as an acute medical patient.

Later that afternoon the patient absconded from the ward with the intention of reattempting suicide. The patient was found and admitted to the Acute Psychiatry Unit.

### What were the major contributing factors in this case?

- Admission of the patient into the general ward resulted in a reduced capacity to monitor the patient's movements.
- The decision of the patient to abscond was a deliberate human act.
- Nursing staff on the general ward were untrained in the nursing care of a psychiatric patient.

### How did the health service address these issues?

- By eliminating wherever possible, the admission of psychiatric patients to the general ward.
- Development of clear nursing procedures and guidelines for psychiatric patients should such an admission be unavoidable.

## How does your organisation manage psychiatric patients when appropriate beds are unavailable?

### High risk medication alert - Vincristine

The Safety and Quality Council has published a safety alert for the high-risk medication Vincristine.

Vincristine, a medicine commonly used in the treatment of leukaemias and lymphomas, is neurotoxic and must only be administered intravenously. Inadvertent intrathecal administration results in a fatal outcome in 85% of cases with devastating neurological effects in the few survivors.

The alert makes a number of recommendations and all hospitals should evaluate their safety controls and risk management strategies against those recommendations.

For more information please go to [www.safetyandquality.gov.au/council/vincristine/index.htm](http://www.safetyandquality.gov.au/council/vincristine/index.htm)

### Potential for Error – Request for immediate Medical Response

A patient presented to hospital in late pregnancy with headaches and dizziness. Her urine contained moderate protein and her blood pressure was slightly raised. She was reviewed by the Obstetric Registrar and was admitted for observation and monitoring of pre eclampsia.

The following day the patient complained of sudden and extreme abdominal pain. The resident was called to review her and placenta abruption was suspected. The Registrar was paged although did not respond immediately.

The patient was taken for an emergency caesarean section approximately four hours after reporting the abdominal pain. The baby was born and a 'Code White' called. The baby was resuscitated. The mother was transferred to a tertiary hospital Intensive Care Unit for dialysis having sustained renal damage resulting from her pre eclampsia.

## Lessons from the Sentinel Event Casebook continued...

### What were the major contributing factors in this case?

- Guidelines for the nursing or medical management of Pre-eclampsia were not available.
- The lack of a robust system for obtaining urgent obstetric assistance contributed in a delay in preparation for an emergency caesarean section.
- The lack of guidelines for the management of patients requiring an emergency caesarean section may have contributed in to the delayed response time.
- 'Code White' is a local code only and represents a Newborn Emergency. It is not widely recognised by rotating medical staff. It is not recognised as an obstetric emergency.

### How did the health service address these issues?

- A review of medical cover to improve continuity of care for maternity patients.
- The development of clinical practice guidelines for the medical and nursing management of pre-eclampsia.
- Emergency response codes were reviewed in line with industry best standards and incorporate a response process for relevant medical, nursing and theatre staff.

### How does your organisation respond to requests for immediate medical assistance?

#### Victorian Incident Information System Project

The Clinical Governance Unit has recently engaged a project manager to conduct stage 1 (scoping and planning) in preparation for the implementation of a statewide incident information system for the Victorian Health Services. This first stage of the project will involve researching successful incident reporting initiatives from within and outside of Victoria.

Formal project governance and consultative committees will be established for the project, such that input can be sought from health service representatives in determining the preferred characteristics of a Victorian incident information system.

Health service representatives are invited to express their interest in joining a working group for stage 1 of the project. Expressions of interest and/or any queries about the project can be directed to Danielle Whitman on 03 9096 8964 or e-mail [danielle.whitman@dhs.vic.gov.au](mailto:danielle.whitman@dhs.vic.gov.au)

#### Creutzfeldt-Jakob Disease

The Quality and Safety Branch with the Victorian Advisory Committee on Infection Control (VACIC) held the Creutzfeldt-Jakob Disease (CJD) workshop in December 2004 due to enquiries from health services requesting assistance to interpret and implement the guidelines provided by the Department of Health and Ageing for preventing the transmission of CJD in healthcare.

115 people attended the workshop; participants were drawn from a wide range of health services, professional groups and consumer advocacy groups. Given the interest in the subject at the time, all the State and Territory Government Chief Medical Officers were invited to attend, as were representatives of the Australian Government of Health and Ageing.

The report summarises the materials presented at the CJD consensus workshop, and the discussions that resulted. The report will be used to assist in the development of local practices and processes intended to reduce the risk of transmission of CJD.

A copy of the report can be found at [www.health.vic.gov.au/ideas/diseases/cjd.htm](http://www.health.vic.gov.au/ideas/diseases/cjd.htm).

### Quote of the month

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

*Aristotle (384 BC - 322 BC)*  
*Greek Philosopher*

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