Minutes of ED Clinical Governance Meeting

03 july 2015 - 14:00 – 15:00

ED REGISTRARS’ ROOM

**Present:**

Steve Haig (Chair) Vikki Brown Will Chapman Annette Baskerville

Rana Nag Patricia Monteiro Claire Gordon

**MINUTES OF LAST MEETING:**

SH will upload these to the Trust Intranet.

**COMPLAINTS:**

1. Complaint 882896 (VB) regarding a detached retina which was managed inappropriately.

Management in ED was appropriate.

1. Complaint 792196 (VB) regarding case of lady with fibromyalgia and missed tibial plateau fracture. X-ray interpreted correctly and patient referred to Fracture Clinic. Pain relief was administered. The patient was sent away from orthopaedics and had to return for an MRI.

Appropriate management on part of ED but issues with F/U in T&O. Apology given.

1. Complaint 894496 (AB) regarding a patient’s right to have a copy of ECG on discharge to take back to local area.

Lessons: Patients are allowed to take a copy of their ECGs.

1. Complaint 855096 (AB) regarding a male who claimed that a member of staff referred to his wife in a derogatory manner.

CCTV was checked and we were unable to corroborate the account from the patient’s husband.

1. Complaint: 929696 (AB) regarding lack of care in place on return of a patient to their home. This patient was discharged on the basis that a care worker would check on the patient’s well-being and this is documented in the notes.

ED took appropriate action. The issue is to be taken up with the external care company by the patient’s relative.

**IR1s OF NOTE**

1. Incident 80015: Discrepancy concerning referral and whose care a patient fell under resulting in patient being taken round to SAU with no call.

Learning: SAU co-ordinator to manage referrals appropriately.

1. Incident 79951: Reaction to Prilocaine following a Biers block. Patient given antidote and came into hospital. Biers block machine has since been checked. Blood was send after liquid emulsion.

Learning: Some teasing out required to establish was this the machine not working or user error? SH will do a memo in this regard. Revise Biers protocol.

1. Incident 79941: Mental Health nurse documented the plan for a patient but failed to document the discharge. This was a high risk mental health patient.

Learning: Communication problems across teams. VB to attend mental health meetings. IN will ask Joy Gobey to add VB to her mailing list.

1. Incident 78974: Delay in patient being seen by orthopaedics which led to confusion over which ward patient to go to. This resulted in verbal abuse staff on staff.

Learning: Breakdown in communication. For Chris Bull to investigate.

1. Incident 79917: Patient with ? urinary sepsis not verbalising to his carer or to staff. Recorded on CAS card that patient had no allergies. Augmentin prescribed. Later in the shift staff were informed by a family member that the patient had received Penicillin as part of the Sepsis 6 protocol and had not had any allergic reaction. Family were happy they had been informed and had no concerns.

Learning: Staff to check alerts

1. Incident 79872: Patient found to have significant non-blanching erythema/? bruising to sternal area. Staff nurse admitting the patient remembers the patient receiving sternal rubbing by doctor to assess GCS in ED.

Learning: This is not an acceptable procedure and not part of a GCS examination. Mastoid pressure only to be used in all cases.

1. Incident 79866: Patient aggressive and extremely dissatisfied with how he had been treated in SAU that day.

Action: Forwarded to Mr Iacovou for investigation.

1. Incident 79849: EPMA print out did not state whether drugs had been administered.

Action: Send to EPMA team for investigation.

1. Incident 79806: Newborn baby with no signs of life. No equipment to hand in the resus bays due to infection control concerns. Staff unfamiliar with ED were unable to locate essential items for resuscitation attempt. The IO drill and drugs locked in a cupboard and keys were not in the resus room when the equipment was required.

Action: IO box is now out in the Paediatric resus bay at all times and is to be checked and ready for use. Keys for the ED must be signed for on handover at the safety brief. ICU staff who come to resus to familiarise themselves with where things are.

1. Incident 77459: Patient admitted from ED with SVT with iv Amiodarone in situ. On checking infusion during handover of patient it was noticed that iv Amiodarone was mixed with normal saline (rendering it ineffective) and not 5% Dextrose as per protocol.

Action: Forward to Dr Ullah for investigation.

1. Incident 79527: Patient admitted post fall and injury to left shoulder. X-ray confirmed fracture of left neck of humerus. No mobility assessment was completed. Patient discharged home.

Action: Refer back to SEQOL

1. Incident 79306: Own medications of three high risk (of overdose) mental health patients not locked away. They were either on top of cupboards or on chairs and easily accessible.

Lesson: All staff to be vigilant about drugs left out.

1. Incident 79195: On checking the drug chart of a patient received from ED at 2110 it was discovered that medications, including Insulin, had not been given at either 1800 or 1900.

Learning: Regular medicines must be given at the appropriate time. This is especially important in the case of Insulin and medications for Parkinson’s disease.

1. Incident 79386: Verbal and physical abuse of security staff.

Action: Forward to Andy Wells of the Security Advisory Group

1. Incident 78734: Discrepancies in the chronology of the case of a paediatric patient.

Lesson: Staff to document all details accurately so that they can be reproduced if necessary with absolutely certainty.

**RESEARCH**

SH reported that currently PROTECT, HALT-IT AND TICH 2 are over-subscribed and that our numbers have gone from 1 to 70 patients per year.

Jennie Durham has had to resign due to relocation. Two people have come forward in this regard.

**AUDITS**

SH will do RCEM audit on vital signs in children. This is to be uploaded on to the CQC folder on the T:drive.

**HSDU**

The blue bin for HDSU has been removed from suture room as it continues to cause confusion to medical staff, locums and other specialities. Carol Black is looking in to an alternative system.

**ANTIBIOTICS**

The antibiotic policy for ‘sepsis – unknown origin’ has been amended and is included on the attachment and is now live on the Intranet. The initial STAT doses have been changed.

**MARAC**

Lucy Avenell has taken on the responsibility of MARAC from Ella Hutchison.

**BLOOD PRESCRIBING**

There have been a number of incidences of over-transfusion leading to cardiac failure in the last few months. The current version of the red cell guidelines tabulates the expected rise in Hb per unit of blood given a particular body weight. The full guideline is to be found at:

<http://gwh-intranet/media/406616/useofredcelltransfusionclinicalguideline.docx>

**TERMINAL PATIENTS**

All terminal patients and their families must be given the privacy and dignity of a side room on the ward as they approach their end of life.

**MEDICAL HANDOVER FORMS**

Teams to ensure that there is sufficient information on the forms.

**MEDICAL NOTES**

Teams are reminded of the importance of maintaining comprehensive medical notes. All medical decisions are to be recorded and it is especially important that details of any conversations with GPs or other agencies regarding the care of the patient are also recorded.

**MANDATORY TRAINING**

Staff are reminded that they must ensure they keep up with mandatory training. Computer-generated reminders are usually sent out 28 days before learning needs to be updated.

**ANTI-EMETICS AND STEROIDS**

There have been significant changes in the cost of some anti-emetics. Dexamethasone is very expensive and there are several alternative classes of anti-emetics available. Selection should be led by underlying cause:-

Cyclizine 1.92 /vial (£)

Ondansetron 0.10/vial (£)

**MESSAGE OF THE MONTH**

“Being smarter with our staffing” as per Trust Communication 30/06/15.

SH reminded staff that Guy Rooney will be visiting the department in due course.

**AOB**

None.

The dates of future meetings are:-

Friday 14th August 2015

Friday 4th September 2015

Friday 2nd October 2015

Friday 6th November 2015

Friday 4th December 2015

All meetings to start at 14:00 and to take place in the Registrars’ room.

Dr Steve Haig