INCIDENT REPORTING

Morbidity & Mortality Rounds
Catriona MacPhail, DVM, PhD, DAVCS
Small Animal Chief Medical Officer
GOAL / PURPOSE OF I.R.

“Issue Triage”

• Track medical errors
• Identify correctable issues
• Central system for client concerns
• Improve hospital function
• Client retention
WHO CAN REPORT?

*Everyone, of course*

- Reception / Client services
- CCU / UC – star reporters
- Negative survey responses
WHEN / WHAT TO REPORT
“Should I tell somebody about this?”

- Injury
- Medication Error
- Procedure or Treatment Error
- Equipment Misuse or Malfunction
- Property Lost-Stolen
- Client Complaint-Concern
- Medical Records Request
- Laboratory
- Other
WHAT NOT TO REPORT

• Personnel issues that do not involve a client or patient
  – Utilize direct supervisors and chain of command
HOW TO REPORT

• http://csuvth.colostate.edu/employee_resources/
WHAT HAPPENS AFTER I.R. SUBMITTED?

• Automatic email is sent to set list of individuals
• Small vs. Livestock vs. Equine
• Action required?
Who sees the I.R.?

• Tim Hackett
• Wayne Jensen
• Gail Gumminger
• Catriona MacPhail
• Tracy Keegan
• Senesa Stinebaugh

• Robert Callan
• Stacey Byers
• Britt Madsen
• Sara Caminada
• Tom Harmon
• Erin Napier
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has submitted the following information:

Incident date: 9/23/2014
Incident Location: CCU
Case Number: 301697
Animal Type(s): 
Animal Name: Dundee
Client Name: Scott

Type of Incident: Medication Error -- Specifically: Route

Incident Description: Gave 10 mg methadone IV instead of SQ

Treatment Given or Action Taken: Monitor patient and watch for medication to wear off.

Faculty DVM in Charge of Case: Dr. Sullivan

Intern personnel with knowledge of the case: Alicia Moon
Staff personnel with knowledge of the case: Brandon Sone

Brandon Sone was notified at the time of the incident
Owner was not notified at the time of the incident

No further information provided on form.

To view the completed form, go to the VTH Incident Reports List and click on the corresponding Document Link.
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EXAMPLE #1

Ms. X called about a bill from April 2013. She says she had to come in twice. The first time they told her they could not close the wound and just packed it, and then the Dr the next day told her it should not have been packed and should have been closed instead. She says she was told she would not be charged for the visit. I explained that she was not charged for the exam, but would be charged for the work done during the visit. She swears she was told she would not have to pay since they should have closed the wound the previous night. I told the Dr’s involved were no longer here but I would have someone review the bill.
RESOLUTION

• Record reviewed by MacPhail
• Outlined that appropriate medical care was given – best practice
• Compromise – remove handling fee if invoice paid by certain date
• Agreeable / happy client
EXAMPLE #2

- Ms. V. is upset with a lack of communication on our part. She feels that we did not call and did not provide solid medical information. Ms. V. has concerns that she feels were not addressed. At the first visit she received a discharge that she found valuable; at the following two visits she did not. Ms. V. would like the two discharge instructions that she did not get and would like for us to know how important it is for owners to go home with information. She would also like for us to know how important timely follow-up is. Her expectation when she came to us was that they would receive the best, most thorough information and care.
FOLLOW-UP

“I called Ms. V. back and talked with her. She was very pleasant and just wanted to voice her concern about client follow up. She has been here 3 times with her cat and loves our staff. She is disappointed about the lack of communication. She has had to call all 3 times to get the discharges. She feels like if we are teaching facility we should start with teaching our owners about their pets care don't assume they read the discharge. She was happy with medical records Sue sent her discharge to her and was nice. She would just like us to learn to be better communicators. She really loves coming here.”
The Discharge Instruction Debate

• What does a client need in writing? When?
  – Medication instructions
  – What adverse reactions to watch for
  – What care to provide animal at home
  – Medical summary???
Example #3

• Client complained about deceased animals coming down hallway by Argus then through entrance where "stair" sign is located. Client thought this was inconsiderate for clients waiting in lobby whose animals may be at deaths doors and to have to see this. She also thought it came across that it appeared we "euthanized a lot of animals."

• I had another comment last week from a client in Oncology who stated she saw two dead animals being pushed out through the front doors around 3:30 p.m. and it came across as insensitive
Example #4

- Diagnostic Lab called me this morning concerning a necropsy report for the above mentioned patient. She had the owner on the phone and asked if we could help her with obtaining a copy of the necropsy report. She then transferred the owner to me. I spoke with her and told her I would look in Vet Point to see what I could find out for her. I was not able to locate a necropsy report in Vet Point (VP), and I told the owner that I did not see a report but that I would do some research and that someone would contact her later with whatever I found out.

- Primary clinician no longer at VTH
- Discrepancy between forms and VP
- No necropsy
- “Fun” phone call for me...
OUTCOMES

• Clients retention / Client release
• Fencing / Flooring / Signage
• Change in medical record release policy
• Reminders about hospital policy / good practice
• Recognize needs in UC / CCU
THEMES

• Clients
  – Didn’t meet expectations
  – Spent more than estimate given
  – Never saw a specialist
  – Lack of consistency with doctors
  – Lack of communication between services
  – Lack of follow-up
  – Wrong diagnosis
THEMES

• Patients
  – Medication errors
  – Injuries to patient
  – Injuries to staff from patient
TAKE-HOME POINTS

• File more incident reports 😊
• Use your Argus skills
• Follow-up with clients
• Document, document, document!