A Constellation of Clinical Cases: Lessons from training

Ramesh Nadarajah
ST4 Cardiology
Mid Yorkshire NHS Trust

Introduction

- Clinical experience – Lessons learned
- NOT clinical learning points → Non-technical factors
- 3 clinical cases
- Your experiences

Miss HO

- On-call Surgical FY weekend days
- 28y/o
- BG: Morbidly obese, learning disabilities
- Originally admitted with Nec Fasc
- Multiple Operations, long stay in hospital
- ITU stay x 2 – Now on ward
- Multiple infections
- PICC line in situ

- Handover sheet: ‘On ABX for UTI, Check well’

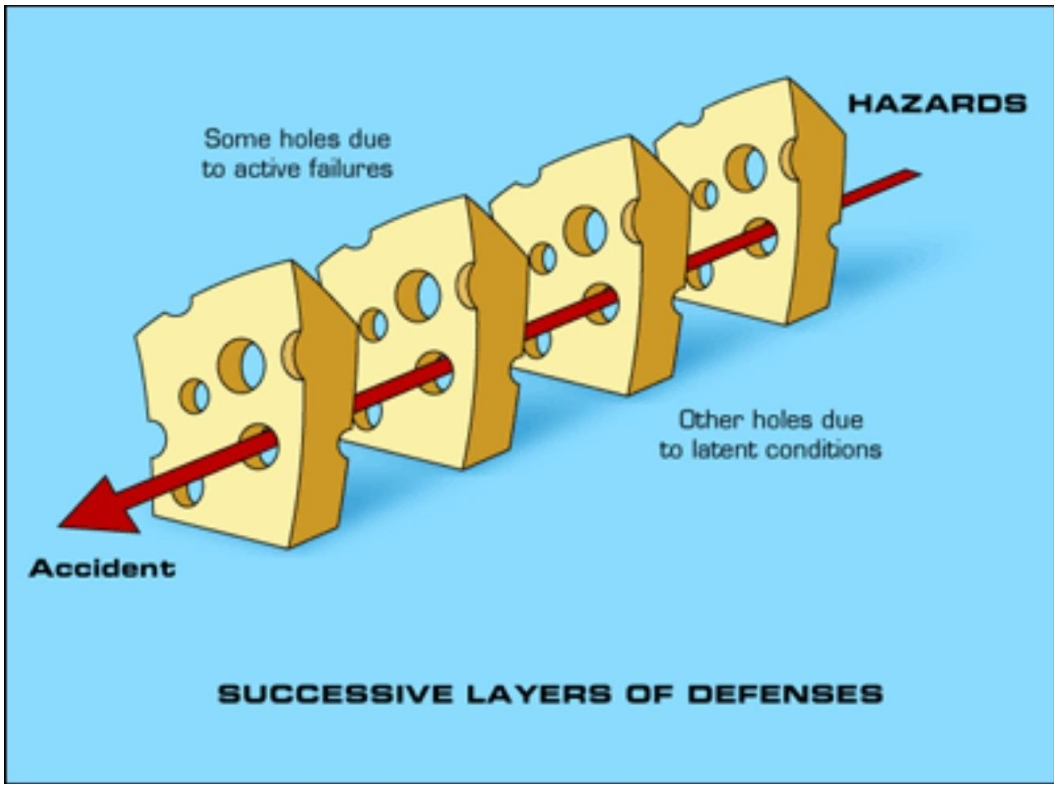
- Review
- One off-spike, BP, HR fine, no rigors
- Systemically well

What would you do?

- Bloods
- Blood cultures
- PICC and blood cultures
- Check culture results on system
- Ask a senior

5 days later….

- Cardiac arrest - unsuccessful



Coroners --- GMC --- Cloud

- Handover written at 15:00 on friday

- 16:30
  - Then Micro Consultant – PICC line cultures +ve
  - Advised removal
  - FY1 spoke with SpR – ‘I’ll speak to consultant’
  - No conversation with consultant
  - No verbal, written or handover communication
  - Results not authorised so not on system PICC line left in over weekend

Handover

SAGE Open Med Case Rep. 2015; 3: 2050313X15584859. PMCID: PMC4857297
Published online 2015 Apr 29. doi: 10.1177/2050313X15584859 PMID: 27489689

Communication failures during clinical handovers lead to a poor patient outcome: Lessons from a case report

Elizabeth Manias,[1,2,3] Fiona Geddes,[4] Bernadette Watson,[5] Dorothy Jones,[4] and Phillip Della[4]

Author information Article notes Copyright and License information Disclaimer

Table 1. "I PASS THE BATON" Mnemonic for Handoffs and Health Care Transitions

I	Introduction	Introduce yourself and your role or job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnosis
S	Situation	Current status or circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
S	SAFETY Concerns	Critical lab values or reports, socioeconomic factors, allergies, and alerts (eg, falls or isolation)
The		
B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	What actions were taken or are required? Provide brief rationale
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person or team) including patient or family?
N	Next	What will happen next? Are there anticipated changes? What is the plan? Are there contingency plans?

Experience of handover

- What is your experience?
- What do you think works well?

Experience of handover

- What is your experience?
- What do you think works well?

- Punctuality
- Introductions
- 1 person at a time
- Who, where, what, wherefore
- Team debrief before start
- Responsibility
- No interruptions

Case 2: Mr TYG

- Day Medical SHO
- 36y/o M
- BG: Nil
- Seen by FY1 ‘looks ok’
- Admitted with Pneumonia (CXR, bloods)
- MEWS 5 (oxygen, RR, SpO2 94% on 28%)
- Haemodynamically stable, chatting – ‘feels fine’
- RR up, flushed, looked unwell, crackles bibasal

What should you do?

- Nurses to do close observation
- ABG
- CXR
- Bloods
- Speak to Micro

- ABG
  - Lactate 12
  - pH 7.33, PO2 8, HCO3 12
- 30 mins later peri-arrest
- ITU – I+V, filtered, survived

Trust your Gut

- Do the extra investigation
  - Don’t go home wondering
- Your gut is usually right, especially with young patients
  - ‘End-O-Bed-O-Gram’
  - 10-30 seconds

Your experiences

- Have you ever gone home and thought about something you didn't do?
- Worrying about a patient?
- Called in to your colleague the hospital?
- How easy to switch off? - Techniques

Mr BP

- Medical SpR Weekend Days
- Winter
- Many awaiting clerking

- 76y/o M
- Previous angina, smoker, plays golf
- Cough, fever, breathlessness
- Occasional crackles on chest,
- SpO2 92%RA, RR 18, chatting, smiling
- Lactate 2, mild T1RF, WCC 12, CRP 49
- Family very worried –
  - ‘lips blue…’
  - ‘Do you think it is ok for us to go home?’
  - ‘Is his heart ok?’

What to tell them?

- ‘It is unclear how things will proceed’
- ‘I would stay, things could get worse’
- ‘He should be fine, get some rest’
- I think he is very unwell… this could be the end’
- ‘We will do our best’

- Rushed, stressed, lots of sick patients
- ‘Chest infection’
- ‘ABX’, ‘should be ok’

- ABX
- Oxygen
- IV fluids
- Flu swab + Tamiflu

- Sick patients x 1
- Arrest calls x 2
- Arrest call – Mr BP – PEA/asystole – unsuccessful

- Angry family! – Nurses, A+E…

- PM – influenza pneumonitis

Paint a bleak picture

- Patients are unwell – at risk of deterioration
  - Paint a realistic, ‘bleak picture’
  - Listen to concerns even when busy
  - Honest about uncertainty
- Shake hands with all family
- Talking to family:
  - Give away the bleep
  - Go with a senior nurse

Your experience

- Difficult conversation with family?
- What did you learn?

Conclusion

- Handover
  - SBAR
  - Taking responsibility for the patient
- Trust your gut
  - Human intuition
  - Investigate
- Communication with families
  - Listen to concerns
  - Introduce yourself to each person

Have a nice weekend