WOUND DEHISCENCE REPORT

UR	NAME	SURG	OPERATION/DATE	RETURN TO THEATRE	SECOND OPERATION	LOS	SLOS	COMPLICATIONS	CODED DEHIS	DEPTH DEHISCENCE	ADMISSION STATUS	DRG	COMMENTS
93077		2	sigcolectomy 1/03	1	reclose	16	12	dehis	Y	FULL	ELECT	G02A	
71453		1	sig col 5/03	1	reclose	25	24	dehis	Y	FULL	ELECT	G02A	
12769		1	sig col 5/03	1	reclose	12	9	dehis	Y	FULL	ELECT	G02A	
130224		1	oesophgectomy	3	recx2/leak anasto	15	11	dehis	Y	FULL	ELECT	G03A	transfer to bris
910		1	hartmans 1/04	1	redo colostomy	70	14	dehis/stoma wound sinus	y	full	EMERG	G01A	
11854		3	tram2nd stage	0		9	1	dehis	Y	part	elect	J06B	
20609		1	total col5/03	1	RECLOSURE	34	12	dehis	Y	FULL	ELECT	G02A	
9		3	sm resect/stoma	1	div adhesion/ refash ileost.	42	15	dehis	y	part	emerg	G02A	deceased end of episode
49114		1	ANT RESCT	1	reopen/fist/colost	19	17	fist /colostomy	Y	no dehis	ELECT	G01A	
124584		5	AAA	1	RECLOSURE	15	15	dehis	Y	FULL	EMERG	F08A	deceased end of episode
133338.3		1	reast colostomy	2	drain/abcess x2	20	22	dehis	y	part	elect	A06Z	? CORRECT
133338.4	same patient	1	no proc.		readm day after dis	44	4				emerg	X63A	
134442.1		1	sig col. 3/04	1	SEE BELOW	10	7	dehis	y	full	elect	N03a	
134442.2	SAME PAT		closure dehis			11	5				emerg	X06A	
300054.4		4	perf div/lap	1	see below	9	16	dehis	y	FULL	EMERG	G02A	
300054.5	same patient		REPAIRdehis			10	1				ELECT	X63B	
95623.6		6	bladder suspension	2	see below	7	3.71	dehis	y	full	elect	N06Z	
95623.7	same patient		wound explor			7	5.55				EMERG	T61A	
95623.8	same patient				wound infection	43	5.55				emerg	T61A	
95623.9	SAME PATIENT		Admitted for resuture not done			3	2.31				elect	X63B	
95623.10	SAME PATIENT		debride and rep hern			4	2				elect	XO6B	
28142.1		1	colect	1	see below	7	9	dehis	Y	full	elect	GO2A	
28142.2	same patient		reopening lap site			4	2		y		EMERG	X06B	
47475.5		3	rev mast.	0		3	1	dehis/Inf.	Y	part	elect	J10Z	
47475.6	same patient				readmission inf	7	4				emerg	X63A	
58347.3		3	Bilat brest reduct			2	1	wd infection	y	part		JO6B	
58347.4	SAME PATIENT				WD INFECTIO	3	4					T61A	
96664.33		3	bilat breast recon			6	1.6	dehis	y	full abdo		J06B	
96664.34					still in								
											5 th		4 king
											2 jay		1 pat
											3 gaf		6 wijer

Prepared by: Di Jenkin, Nurse Unit Manager, Surgical Ward
Date: 14/07/2004

DJ-5

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: ASPIC Clinical Service Forum

Meeting No: 06/04

Date: 9th of June 2004 **Start Time:** 0825hrs

Present: Martin carter, Darren Keating, Jenny White, Dianne Jenkins, Jenny White ,Margie Mears, Peter Leck, Jane Truscott, Kaye Ferrar, Karen Smith

Apologies: Toni Hoffman, Gail Alymer, Gwenda McDermld

Confirmation of Minutes: Darren Keating **Seconded:** Jenny White

Minute Taker: Karen Smith

Correspondence: Nil

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible,and Time Frame	Open/Closed
02/03-1.1	CC	Regional Anaesthetic Post –op Pain Management Replacement Forms	Costing of printing of forms by Joanne Elms 31 cents Epidural Infusion per sheet. 18 cents Local Anaesthetic per sheet 39 cents Epidural Birthing Suites per sheet Costs will be budgeted to Individual wards.	M Carter	Closed
04/04-6	IM	Wound Dehiscence	Definition supplied by Di Jenkins of Wound *Dehiscence* from Miller B. & Keane C (1987). Spreadsheet on occurrence of wound dehiscence in Surgical Ward commencing 1/03/04	Email of both documents to Jenny Kirby to follow up with coders. Operation status Emergency/Elective needs to be added to Spreadsheet. ? Jenny White will supply information to Dianne Jenkins. Total number of surgical cases need to be added to spreadsheet to give denominator figure for percentage of wound dehiscence. Degree of Dehiscence also needs to be recorded on spreadsheet	Ongoing

New Business

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
02/05-7	L & M	Disband ASPIC an replace with separate Surgical and Anaesthetic Forum	Discussion held, committee to stay and for further discussion at the next meeting	Discussion e-mail to be sent to all members and the results collated.	Open
02/05-8	C of C	Cardiac Drugs	Issue rose at the Nursing Level 3456 meeting, advised to be discussed at the ASPIC meeting. No protocols in the hospital for administrating Amiodarone, Digoxin and Metroprolal in the wards. Staff questioned the safety of administering these drugs in the ward area.	Leonie to take to C of C meeting. NUM ICU, Surgical to meet regarding the protocol.	Closed
02/05-9		Election of Secretary(or secretaries) and Chair	To be held over to the next meeting.		Open

Meeting Closed: 1340hrs
Next Meeting: 9th March, 2005

DDJ-7

Dehiscence a splitting open

Wound dehiscence – separation of the layers of a surgical wound: it may be partial or only superficial; or complete separation of all layers and total disruption. Complete dehiscence of an abdominal wound usually leads to evisceration.

Evisceration- extrusion of viscera outside the body especially through a surgical incision.

Miller B. & Neane C. (1987) Saunders Encyclopaedia & Dictionary of Medicine , Nursing & Allied Health.: W.B. Saunders Co.

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: ASPIC Clinical Service Forum

Meeting No: 07/04

Date: 14th July, 2004 **Start Time:** 0815hrs

Present: M. Carter, J. Patel, D. Jenkin, M. Mears, G. McDermid, K. Ferrar, J. White, K. Smith, P. Bardini, J. Truscott, C. McMullen

Apologies: G. Aylmer

Confirmation of Minutes: M. Mears **Seconded:** J. Truscott

Minute Taker: Gwenda McDermid

Correspondence: Nil

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible,and Time Frame	Open/Closed
04/04-6	IM	Wound Dehiscence	Report tabled. Discussion held re DRG's classification. Discussion held re dehiscence co morbidity of Patient. Look at number of Abdominal surgery and dehiscence. M. Cater thanked D. Jenkin for the information.	J. Patel and K. Ferrar to look at DRG'S	Open
05/04-8,9,10	CC	PAC Protocol/Forms Presented	Changes made to protocols, information sheets and introduced at PAC. Pre-op Medication information sheet to have a MR NO added. Anticoagulation information sheet to be completed.	M. Mears to arrange MR NO for medication sheet	Open

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible,and Time Frame	Open/Closed
06/04-7	CC	Orthopaedic Surgeon	Dr O'Brien – started 13th July. Theatre session Tuesday mornings and Outpatients clinic in the afternoon. Joint Replacement Pathway for revision.	M. Mears and D. Jenkin to review Joint Replacement Pathway.	Open
06/04-8	CC	ENT Outpatient Clinic	No further information available		Closed
02/03-1.1	CC	Regional Anaesthetic Post-op Pain Management Replacement Forms	M. Carter informed the meeting the draft forms were not collected and they have now been sent to the printers.		Closed

Standing Agenda

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
07/04--1	IM	Performance monitoring Monthly and Cost centre reports	DSU – Labour within budget, Non Labour $ 12,047.05- and YTD $ 26,508.39-. Major cause is the cost of drugs, YTD $145,462.58, $ 24,507.58- Surgical – Over Theatre – Anaesthetic and Surgical equipment are the major costs. Anaesthetic cost should have a separate budget. PAC – Pathology $ 3,000, discussed with the Pathology Dept.	M. Cater and J. White to discuss with T. Fleming K. Ferrar to review the costs.	Ongoing Open Open

Standing Agenda					
Item No	**EQuIP Function**	**Topic**	**Discussion**	**Agreed Action & Outcome, Person Responsible, and Time Frame**	**Open/Closed**
07/04-2	SPE	Infection Control	Defer to next meeting		Open
07/04-3	IP	Quality Management	Self Assessment – discussion held ASPIC – Full number of Surgeons and Anaesthetist – Increase in Surgical activity - waiting list down to zero - no increase in Theatre utilization - take to Theatre Management Committee.		Open
07/04-4	IM	Theatre booking Report	Report tabled – long wait Cat 1 & 2 – o% Cat 3 – 33%		Open
07/04-5	L & M	Risk Management	J. Truscott – Clinical Forms are to maintain Risk Management Registrar. J. Truscott discussed the policy, matrix and training over the next 12 mths for Integrated Risk Management, Surgical Ward – first meeting – 15.07.04 ASPIC Registrar – Advance Health Directive.		Open
07/04-6	CC	Clinical Indicators	Theatre – no sufficient problems Elective Surgery – green form is to be changed.		Open

New Business					
Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
07/04-7	CC	Cardiac Arrest Audit	Cardiac Arrest and Trauma call – not totally ASPIC, DEM involvement. To look at NFR and Advance Health Directives. M. Carter thanked C. McMullen for attending the meeting.	M. Carter to take to Executive.	Closed
07/04-8	SPE	Surgical Antibiotic Prophylaxis Policy	Policy presented.	G. Aylmer to change policy	Open
07/04-9	SPE	New Guidelines for Risk Management for Procedures	Discussion held. Theatre to start audit on consents of Patients arriving in theatre without a consent signed.	Committee members to read information on guidelines.	Open
07/04-10	CC	Emergent Patient Orders from DEM	Registrars not ordering pain relief, fluid etc.	J. Patel to discuss with staff	Closed
07/04-11	L & M	Terms Of Reference	Discussion held - DQM – not ex officio	J. Truscott to change.	Closed
07/04-12	IP	Brickbats and Bouquets	M. Cater – compliment received from another hospital on the excellent management by ICU staff of a young patient. Please bring compliments and complaints to the meetings		Closed
07/04-13	L & M	Presentation at HOD Meeting	D. Jenkin informed the committee that we are required to do a presentation at the HOD meeting in September.	J. Patel to present Day Only Laparoscopic Cholecystectomy.	Closed
07/04-14	L & M	Meeting Time	New meeting time not suitable, discussion held and meeting time to return to 1215hrs on the 2nd Wednesday of the month.	G. McDermid to arrange on meeting calendar and venue.	Closed

Meeting Closed: 0920hrs
Next Meeting: 11.08.2004

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: ASPIC Clinical Service Forum

Meeting No: 08/04

Date: 18th August, 2004 **Start Time:** 12.15hrs

Present: Gail Aylmer, Karen Smith, David Levings, Martin Carter, Gwenda McDermid, Jay Patel, Kay Ferrar, Toni Hoffmann, Margie Mears, Peter Leck, Dianne Jenkin

Apologies: Nil

Confirmation of Minutes: J. Patel **Seconded:** K. Smith

Minute Taker: Gwenda McDermid

Correspondence: Nil

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible,and Time Frame	Open/Closed
04/04-6	C of C	Wound Dehiscence	Information from coded data. Number of Abdominal Operations table presented. Data has been viewed by J. Patel and within indicators for 2003/2004, improvement shown. T Hoffmann asked if the wound dehiscence is documented on an Adverse Events form. Documented on Theatre Clinical Indicator within 24hrs.	M. Carter to report to this meeting re indicators available. M. Carter, J. Patel and K. Ferrar to meet.	Open
05/04-8,9,10	C of C	PAC – MR No Medication sheet	Medication Sheet sent to J. Elmes to take to Medical Record Committee for MR No. PAC has commenced using the Medication sheet.		Closed
07/04-1	IM	Anaesthetic Cost Centre	No separate cost centre.		Closed
07/04-1	IM	PAC - Pathology	Resolved		Closed

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible,and Time Frame	Open/Closed
07/04-5	L & M	Risk Management/ Risk Register. Advance Health Directive	Held over. Discussion held re Advance Health Directive. Discussion by P. Leck how forums are managing there Risk Register, how issues are dealt with. Risk Register from all areas are to be sent to DQDSU by the 25th Aug.	P. Leck to take to Executive, are we legally responsible to ask for Directive	Open
06/04-7	C of C	Joint Replacement Pathway	Dr O'Brien and M. Mears met and discussed the Joint Replacement Pathway. M. Mears and D. Jenkin to meet with Dr Keating	M. Mears to report to the committee	Open
07/04-8	SPE	Surgical Antibiotic Prophylaxis Policy	Policy to change when new drug available		Closed
07/07-9	SPE	New Guidelines for Risk Management for Procedures	Audit – Patients arriving in theatre without a consent signed has commenced.	Theatre MUN to report to committee	Open

Standing Agenda

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
08/04--1	IM	Performance monitoring Monthly and Cost centre reports	DSU – Drugs $ 515- Surgical – 3% positive penalties and overtime, Maintenance over budget due to new cooling system. PAC – Pathology corrected. 189 patients for July. Orientated new staff. ICU - $ 10,000- Overtime budget. One Sentinel event, staff working long hours. Vent. Hours over 700 hrs, 500hrs above normal and this does not include the Bi pap hours. Discussion held re ICU category, Investment by QH mainly in Brisbane, Gold Coast and Nambour Theatre/Anaesthetic – almost on budget. FTE staffing for Theatre, discussion with L. Mulligan, R. Goodchild, K. Smith and D. Levings. Unable to replace staff on fatigue leave and sick leave.		Open

Standing Agenda					
Item No	**EQuIP Function**	**Topic**	**Discussion**	**Agreed Action & Outcome, Person Responsible, and Time Frame**	**Open/Closed**
08/04-2	SPE	Infection Control	Discussion with J. Patel re wound infection, how to capture wound infections at follow up visits. Form developed for use at clinics but there is poor compliance.	G. Aylmer to discuss with J. Patel and D. Keating re the poor compliance by Junior Medical Staff.	Open
08/04-3	IP	Quality Management	Nil		Open
08/04-4	IM	Theatre booking Report	Cat 1 – 0% Cat 2 – 1% Cat 3 – 35% Clerical staff shortage at present. Endoscopy Blitz August, September and November		Open
08/04-5	L & M	Risk Management	Surgical Ward – monthly meeting commenced in July.		Open
08/04-6	C of C	Clinical Indicators	ACHS Indicators – due end of August. Collated and will present at next meeting.	K. Ferrar to send report to M. Carter	Open

New Business					
Item No	**EQuIP Function**	**Topic**	**Discussion**	**Agreed Action & Outcome, Person Responsible, and Time Frame**	**Open/Closed**
08/04-7	C of C	I V Tubing	D. Jenkin requested an explanation in the change of IV tubing used for patients in theatre. M. Carter gave an over view why to use a non restricting tubing with a non return valve to enable a large volume of fluid to be given.	D. Jenkin and D. Levings to meet.	Closed
08/04-8	L & M	No Blame culture	Any issues to be discussed.		Closed

Meeting Closed: 1320hrs
Next Meeting: 08.09.04

DJJ-10

UR	NAME	OPERATION/DATE	RETURN TO THEATRE	SECOND OPERATION	LOS	SLOS	COMPLICATIONS	CODED DEHIS	DEPTH DEHISCENCE
Jan 03 -July 2004									
71453		sig col 5/03	1	reclose	25	24	dehis	Y	FULL
12769		sig col 5/03	1	reclose	12	9	dehis	Y	FULL
130224		oesophgectomy	3	recx2/leak anasto	15	11	dehis	Y	FULL
910		hartmans 1/04	1	redo colostomy	70	14	dehis/stoma wound sinu	y	full
20609		total col5/03	1	RECLOSURE	34	12	dehis	Y	FULL
49114		ANT RESCT	1	reopen/fist/colost	19	17	fist /colostomy	Y	no dehis
99769.0		anterior resection	1	reclose	?				
133338.3		**reast colostomy**	**2**	**drain/abcess x2**	**20**	**22**	**dehis**	**y**	**part**
133338.4	**same patient**	no proc.		readm day after dis	44	4			
134442.1		**sig col, 3/04**	**1**	closure dehis	**10**	**7**	**dehis**	**y**	**full**
134442.2	SAME PAT	closure dehis			11	5			
128142.1		**colect**	**1**	reopening lap site	**7**	**9**	**dehis**	**Y**	**full**
128142.2	**same patient**	reopening lap site			4	2		y	

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: ASPIC Clinical Service Forum

Meeting No: 10/04

Date: 13th October, 2004 **Start Time:** 12.15hrs

Present: Martin Carter, Gwenda McDermid, Jay Patel, Toni Hoffman, Margie Mears, Gail Doherty, Darren Keating, Peter Leck, Dianne Jenkin

Apologies: Jenny Kirby, Leonie Raven, Gail Aylmer, Karen Smith.

Confirmation of Minutes: Martin Carter **Seconded:** Margie Mears

Minute Taker: Toni Hoffman

Correspondence: Nil

No Action

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
04/04-6	C of C	Wound Dehiscence		Jay Patel	Item Closed. Wards will obviously continue to report Wound Dehiscence as adverse event/outcome.
06/04-7	C of C	Joint Replacement Pathway		DI and Margie working on them	Open / Ongoing. Di Jenkin and Margie Mears.
07/04-5	L & M	Risk Management ASPIC Register – Advance Health Directive	Gwenda and Di discussed AHD, not easily found, process in place but not adequate. Risk Register done , but process of finding/tracking AHD is not adequate	Risk rating of medium/ process needs to be addressed properly, Requires further education/discussion.	Di to ask Joanne Elmes to present AHD
07/04-9	SPE	New Guidelines for Risk Management for Procedures	Most of this is supposed to be in place by Jan next year.	Darren will chase up Risk Management procedure	Open. Darren Keating to Follow up and present back to ASPIC.

Standing Agenda

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
10/04--1	IM	Performance monitoring Monthly and Cost centre reports	ICU	Well over budget due to large number of vents and OT required to care for them. Discusssion ensued about ways to change this. Surgical ward over budget due to S/L and increased acuity of patients. Alos the number of patients that required specialling. PAC in budget. OT Over budget due to joints.	Open Ongoing All Staff.
10/04-2	SPE	Infection Control		Apologies from Gail Nil reported	Open
10/04-3	IP	Quality Management	ICU DSU Surgical ward. OT	Completed ACS study, Collecting Aortic data. CI collaborative Continues and our results look very good Updating Chemo package. Survey of staff ongoing redoing of manual. Doing Consent audit.	Open
10/04-4	IM	Theatre booking Report	Slowly long term Cat 2 list rising	Huge influx of cat ones , and loss of anaesthetists.	Open
10/04-5	L & M	Risk Management	AHDs ICU Surgical	 Problem with Blood not being able to be obtained.	Open Martin
10/04-6	C of C	Clinical Indicators	ICU Surgical DSU PAC	Ongoing.AORTIC, Ongoing	Open

New Business

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
10/04-7		Morbidity / Mortality Subcommittee	Discussion ensued about whether The old format of looking at the arrest data in the hospital should be changed to a formal morbidity and mortality meeting, with all involved staff invited	Suggested that Terms of Reference be developed and then represented back to the meeting.	Open. Martin Carter will develop.

Meeting Closed:
Next Meeting: 10.11.04

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: ASPIC Clinical Service Forum

Meeting No: 02/05

Date: 9th February, 2005 **Start Time:** 12.15hrs

Present: Martin Carter, Gwenda McDermid, Jay Patel, Cheryl Byrnes, Margie Mears, Peter Leck, Dianne Jenkin, Darren Keating, Leonie Raven, Jenny Kirby, Guest – Gail Chandler

Apologies: Gail Aylmer, Karen Smith

Confirmation of Minutes: Jay Patel **Seconded:** Martin Carter

Minute Taker: Gwenda McDermid

Correspondence: Nil

Business Arising

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
06/04-7	C of C	Joint Replacement Pathway	Reviewed Pathway will be submitted to Health Information Committee next week.	Margie Mears and Dianne Jenkin	Open
07/04-5	L & M	AHD	Alert sticker on outside of the chart and sticker on the inside cover with the date AHD was placed in the chart. Do not except the original or if the patient has no medical records with the hospital. Staff will not be legally liable if they are not aware of AHD. Discussion held -	Recommendation that the policy change to show patients/relatives are asked if there is an AHD. Gail Chandler to change policy. Review in 3 months. Secretary to invite Gail Chandler to the May, 2005 meeting	Open
07/04-9	SPE	Guidelines for Ensuring Correct Surgery	Website on QHEPS, Clinical Protocol, Check list, Wording sheet. Look at current process and protocol process.	Ensuring Correct Surgery guidelines to be discussed at Theatre Management Committee. J. Patel	Open
10/04-7	I P	Morbidity / Mortality Subcommittee	M. Carter to look at Trauma and Cardiac Audit. Discussion held. Morbidity of Surgical Patients. Report on Adverse Event Forms.	Presentation to exec then ASPIC by M Carter at their next meetings.	Closed

Standing Agenda					
Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
10/04--1	I M	Performance monitoring Monthly and Cost centre reports	DSU – No budget for drugs. YTD $27,600 – PAC – On budget, new staff orientated Surgical Wd – On budget, sick leave a problem ICU – Overtime Anaesthetic Dept. Increase in labour costs		Open
10/04-2	SPE	Infection Control	Surgical Site statistics for November to January, 2005 tabled.	.	Open
10/04-3	I P	Quality Management	PAC – Review Pre Admission booklet. Consent audit. No results available. Extra clinics held due to increase in activity to meet surgical target. Surgical Ward. Assisted with consent audit. Phones at bedside, all call to phones, phone cards available for patients to make external calls. Education for new staff. ICU – Business submission to open 2 extra beds. Review policies. DSU – nil Anaesthetic Dept. – Restructure Adm/Discharge for ICU. P. Leck asked if staff they addressed any issues from the Press Ganey Report. Surgical Wd. on the committee looking at the report.		Open
10/04-4	I M	Theatre booking Report	No report available.		Open
10/04-5	L & M	Risk Management	DSU – nil PAC – nil ICU – nil Surgical Wd. – Committee formed, no consistent meetings All Department have a Risk register		Open
10/04-6	C of C	Clinical Indicators	DSU – 3 indicators collected – no report available Anaesthetic Dept – no problems, Return to theatre data – 6 month report Leonie informed the meeting there are a few new indicators eg. Pressure areas.		Open

aug 2004 to april 2005									
99769		low anterior resectior	1	closure dehiss	14		full dehis	incident report att.	
139985.0		nissens fundplic/splenectomy	1	closure dehiss	7		full dehis/ nicked spleen		
130566.2		subtotal colectomy	1	explor laparot/dr abscess/ loop	17		abdo abcesses faecal fist.		
130565.3	same patient	faecal fistula			5		faecal fistula		
130565.4	same patient	faecal fistula			3 days at time of report / inpatient for tpn .				
136688.0		lap chole	1	evacuation washout haematon	20		hemaotoma collection	incident report att.	
35261.2	halter	lap chole	2	drain.sub phren coll+drain hep abcess	30		intubation in icu and sent to brisbane intubate		
35261.3	same patient	transfer back from brisbane after 22 days in rbh .			8				
35261.4	same patient	readmission			2		Incident re foreign body on end of bellovac		
60881.2		rih repair	1	drainage of abscess	1		on return from brisbane.		
60881.20	same patient	drainage of abscess			12		abcess /		
910		multiple surgery					gross swelling for 2 weeks		
136688		lap chole	1	evac / washout abdo heamatoma	20		incident re cannula left in patient.		
2378	Dr De Lacey	lap chole	1	debridement of necrotic tissue	1		Incident report att		
38213	Dr Patel/Gaffi	femoral vascular sur	2	fasciotomy by 3 + redo vasc			necrotosing fasciits/ compartment syndrone	care supervised by Dr Gaffield for 7 day post surgery	

055 - 3

Queensland Government
Queensland Health

Bundaberg Health Service District
Accident/Incident Report Form

DSJ-14

Facility: BUNDABERG BASE
Unit/Department: SURGICAL
Patient Name: P306
DOB:
UR Number: 000910
Principle Diagnosis: POST HARTMANS
Location of Incident: XRAY.
Time of Incident:
Mental State: ☑ Orientated ☐ Anaesthetised ☐ Disoriented ☐ Aggressive ☐ Unconscious

Does the patient have any disability? (Specify) NO
Does the patient use supportive aids? (Specify) NO.

Patient Injury

	Yes	No
Did the patient fall/slip	☐	☐
From bed	☐	☐
From chair	☐	☐
In shower/bath	☐	☐
In toilet	☐	☐
In corridor	☐	☐
On wet floor	☐	☐

	Yes	No
Rails up	☐	☐
Safety restraints	☐	☐
Staff in attendance	☐	☐
Staff in attendance	☐	☐
Staff in attendance	☐	☐
Staff in attendance	☐	☐
Signs displayed	☐	☐

Other: (Specify) INTRODUCER/CANNULA FOR PIG TAIL CATHETER LEFT IN PATIENT FOUND IN PATIENT DURING REMOVAL OF CATHETER

Part of Body Injured:
θ Eyes
θ Ears
θ Face
θ Head
θ Neck
θ Back
θ Trunk
θ Shoulders & arms
θ Hands & fingers
θ Feet & toes
θ Internal organs
θ Multiple locations
☑ Other and unspecified location
ABDOMEN

Nature of Injury:
θ Fracture
θ Sprain
θ Internal injury
θ Superficial
θ Foreign body
θ Poisoning
θ Dislocation
θ Concussion
θ Laceration
θ Skin tear
θ Burns
θ Electrocution
☑ Other: PAIN ON REMOVAL

Nature of Disease:
θ Eye disorders
θ Dermatitis
θ Infectious diseases
θ Mental disorders
θ Other:

Agency of Injury/disease:
θ Fall
θ Contact with
θ Slip/trip
θ Electrical
θ Abuse
θ Struck
θ Heat/cold
θ Other:

Breakdown agency:
θ Power equipment
θ Chemicals
θ Indoor environment
θ Patient/ visitor/ staff
θ Body fluids
θ Vehicle accident
θ Hand equipment
θ Outdoor environment
θ ~~Other~~ PROCEDURE

Medical attention received:
☐ First Aid ☐ Obs taken ☐ Private Doctor ☑ Hospital Doctor ☐ Other

Name of Medical Officer: PATEL/RADIOLOGIST
Time & date Medical Officer notified: 10.00 19/1/04

Describe the incident: while removing catheter CN Meerkan and feeling object in side ~~of catheter~~ Probe + improved object there Dr Patel advising + he removed cannula/introducer + forceps.

Witness details: Name: I MEERKAN Position: CN Phone Number: 2330

Reporting Person Name: [signature] Signature: D TRANKIN Date: ~~19~~ 19/1/04

Please forward this form to Department Head

Area Supervisor Report
Date and Time incident reported: self report.

What sequence of circumstances contributed to the incident?
As described

What unforseen hazards contributed? ~~during procedure~~ Failure to remove catheter/introducer ~~[illegible]~~ insertion of catheter – separate parts.

Probable recurrence rate within the department ☐ Frequent ☐ Occasional ☑ Rare

Where there any environmental/personal factors that contributed towards the incident? (Specify)
Nil identified

Outcome – What action has been taken to prevent a recurrence of this type of incident?
Xray manager advised re incident

Reported to police: ☐ Yes ☐ No
Police Officer's Name:
Report Number:

HOD Name: D TRANKIN Signature: [signature] Date: 19/1/04

Forward to ADON/WHSO

ADON/WHSO comments:
Referred to ADMS to ask Dr Patel to see pt + explain happenings

Name: Kennedy Signature: [signature] Date: 19.1.04

D/C Dr Jenkins – [illegible]

Temporary Incident report form for use until February 2004

From: Robyn Pollock
To: Di Jenkin
Date: 11/9/04 9:19am
Subject: Adverse Event

Di, I did a little investigating after speaking to you about the adverse event (BKA pt with sutures 6 weeks post-op). The patient in questioned was seen on the following dates by the surgical team for review of stump at the Renal Unit staffs request:
Thurs 14.10.04 - surg review
Sat 16.10.04 - surg review
19.10.04 review of stump Dr Gardner(Dr Miach's team)
21.10.04 review Dr Gardner
23.10.04 - review Surg Team
26.10.04 - review Surg Team
31.10.04 (Sun) 11am - Renal staff organised dressing to be done by surgical staff prior to departure to RBH on Mon 1st Nov. Di all this is documented in the pt's dialysis notes and surgical team advised Renal staff NOT to remove sutures. I don't think there is anything more that the staff could have done here, what do you think? Robyn

Queensland Government
Queensland Health

Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and treat this person and to prevent injury to others. Ensure medical records are factual and up to date.

DQDSU Use Only

Registration No.		Date Registered		Date Received
Risk Assessment	Consequence	Likelihood	Risk Rating	
Risk Levels				
Assessed by				
Action required				

Please print clearly using a **black** pen (Attach extra sheets if required)

Site ☐ Bundaberg ☐ Childers ☐ Gin Gin ☐ Mt. Perry

Patient/Visitor Adverse Event
Enter details in this column

Full Name	Or affix Patient Label MARILYN DAISY		
UR Number	005225.		
Visitor Contact Details	15/4/Not		
DOB/Age	15/4/61		
Department	SURG/Comm.		
Sex of subject	Male	(Female)	Not stated
Subject is	(Patient)	Visitor	Other
MHS Clients	Involuntary	Voluntary	Unknown
Reporters Details	Name D L TINKLIN		
	Contact No		
Reporters Classification	Please specify		
1st Witness	Name & Contact No. DR.		
2nd Witness	Name & Contact No.		
Location of Adverse Event	SURG / RENAL		
Date of Adverse Event	DURING 5th MONTH OF Time		
Current patient diagnosis/problems	BKA / Renal Failure		
Adverse Event Type	Patient Care.		
Next of kin notified?	Yes No N/A	Name:	
Medical officer notified?	Yes No N/A	Name:	

Staff Adverse Event
Enter details in this column

Full Name				
Employee Number				
Department				
Employment Type	Fulltime	Part time	Casual	Temporary
Shift Type	Fixed	Standard	Rotating	Other
Date of Event		Time		
Shift time	From	To		
Position title				
Supervisor's Details	Name			
	Contact No.			
Task	What were you doing at the time of the adverse event?			
Experience in this task	years			
Place of adverse event				
Witness				
Equipment details	Including Asset Number			
1st Witness				
2nd Witness				
Medical officer notified?	Yes No N/A	Name:		

Medical Officer's examination (This section to be completed for patient or staff adverse event where relevant)

If relevant, please describe the assessment of the subject's condition and list treatments/investigations ordered. Ensure the medical record is complete.

Medical Officer's Signature:			Date & Time:	
Open Disclosure process initiated?	Yes No N/A	Name:		

Please complete all sections on page 2 for all adverse events (Patient or Staff)

Description of Adverse Event - Please describe exactly what happened, including who was involved

Patient had amputation of leg 29/9. Self discharged, at own risk 6/10. Had had 9 visits to Renal Unit since discharge for dialysis. Renal Physician advised me on 4/11 that he has been advised by Vascular Surgeon in Brisbane that

If this adverse event is a fall, pressure area or occupational exposure, please complete the relevant minimum data set form

Contributing factors - Identify causes/conditions/practice/human error/patient behaviour/staffing/experience etc that contributed to the incident

sutures had been left in stump. should [illegible] after 6 weeks post op — Patient stated he would go to local hospital for dressing. [illegible] disease — practice / holistic care not attending Renal dialy[illegible]

Treatment/investigations ordered - Indicate what treatments or investigations were required as a result of this incident

Nil.

Impact or Outcome - What has been the outcome of this adverse event?

Wound has healed.

Minimisation of Outcomes - What factors minimised the outcome, or if this was a near miss, what stopped the event from occurring?

No factors identified

Prevention - How could this adverse event have been prevented?

Signature	[signature]	Date	8/11/04

Thankyou for completing this form. Please give this form to your Shift Supervisor

Shift Supervisor /Management Report

Comment on action taken or action needed to be taken to prevent recurrence

~~Discharging nurse counselled re need to direct patient to seek medical help for removal of sutures.~~ counselled re need to [illegible] for wound care or send a plan for wound care to other hospital or give to patient. (Renal NUM advised)

Has the adverse event been documented in the medical record?	Yes	No (circled)	If not, why not? Several weeks post discharge
Name:- [illegible] SURGICAL UNIT NUM MANAG[illegible]		Signature: [signature]	

Please forward this form to the District Quality and Decision Support Unit

Director's Comment (Where required)

HSO Comment (Staff Adverse Event Only)

DSU Comment