

Significant Event Audit Case Example: Social distancing and an escapee patient

Section A: Case example on the six stages on a significant event audit

A Significant Event Audit (SEA) is a quality improvement technique. It is a retrospective audit, which looks at one case in detail from beginning to end, to either increase the likelihood of repeating outcomes that went well or to decrease the likelihood of repeating outcomes that went badly. SEAs may result in further development of guidelines, protocols or checklists and may result in the need for additional clinical audits (process, structure or outcome). SEAs are conducted by bringing your team and the relevant case notes together to discuss the event. It is important that the event is discussed without any blame – allowing team members to provide honest and constructive feedback on how they contributed to the care process. A SEA is completed in 6 stages. The following points will take you through the steps that this practice took to put a SEA into practice.

1. Identify the significant event

Create a brief description of the event, context and outcome to be discussed in the meeting.

A patient being discharged via social distancing guidelines managed to slip its collar and escape into the industrial estate.

2. Collect all the relevant information

Gather all relevant information, such as case files and staff accounts etc., which contribute to the case.

The case was reported to the senior support nurse who then spoke to the team that were involved.

3. The meeting and analysis

In a team discussion regarding the event, analyse the event and its causes to suggest where changes can be made. Indicate changes that could aid in achieving the desired outcome. It is important to ensure this meeting provides an environment where all staff members are encouraged to speak freely and honestly.

A meeting was held via email with all team members to discuss the events that led to the dog escaping. These factors were discussed and organised into System, Human, Patient, Owner and other factors.

4. Decide what changes need to be made

Confirm which changes should be made, and make a prediction on the effect this will have. It may be that no change is required or there is only a need to disseminate the findings. Where changes are made, they could be in the form of checklists, guidelines or protocols. Following the meeting, a final report detailing the key points raised in stages 1-4 should be written.

Further guidelines were required for contact-free patient discharges, including checking the patient's collar, and a suitable hook was required to ensure dogs could not leave the porch without being suitably restrained.

5. Implement the changes

Develop an action plan. What needs to be done by whom, when and how? Ensure the whole practice team is aware of the changes and what role they play in implementing them. Monitor the changes once implemented and set a time to review them. The length of time required for monitoring will be dependent on the event.

A hook was installed the following day, and more clip leads were ordered so that guidelines could be adhered to. The new guidelines were sent to the entire team.

6. Review the changes

The team should sit down together to review the changes and discuss what went well and what didn't. You could also share what you have found with clients and the profession. Further audits may be required to monitor the change.

The guidelines will be assessed in a team email discussion after one week.

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Section B: A significant event audit after an escapee patient

Title:	Significant event audit for an escapee patient
Date of significant event:	04/04/2020
Date of meeting:	06/04/2020
Meeting lead:	Senior support nurse
Team members present	The whole practice team via email

What happened?

A dog that had been hospitalised was due to be sent home. Due to the COVID-19 pandemic, the owner had organised a pet taxi to collect the patient.

During a contact-free collection of the dog, she managed to escape and get loose in the industrial estate.

Luckily, while the veterinary team were searching for her, another client that was waiting in the car park managed to approach the dog and put her on a lead. The dog was then transported back to the owner.

At the SEA meeting we found out the following:

Contact-free collections meant that patients were being left in the porch area, with only the veterinary team or owners being able to access the porch at any time. The dog was very nervous, and the lead had slipped off the door handle. When the team picked up the lead, the patient backed away and was able to slip her collar, which was previously a little loose, and get free.

Why did it happen?

System factors:

- Dogs' leads were looped on the door handle, and cats in baskets.
- The door handle was not suitable for leads to be attached to, and it easily slipped off.

Human factors:

- The veterinary team were trying to adhere to social distancing and contact-free guidelines as much as possible. The guidelines were implemented by the government fairly quickly, so the contact-free handover may not have been considered fully.
- The patient was being collected by a pet taxi and the dog was nervous of them.
- Another client was waiting in her car to see the vet, and fortunately was able to approach the dog and slip another lead on.
- The patient's collar was quite loose and had not been tightened previous to discharge.

Patient factors:

- The dog was quite nervous and would back away from people.

Owner factors:

- The owner was unable to collect the dog herself due to self-isolating due to COVID-19.

Communication factors: · It was not communicated that the lead had slipped off the handle before the door was opened. However, the incident happened very fast, so there was not much time.

Other: · It was noticed afterwards that the dogs collar was quite loose, making it easy for her to slip out of.

What has been learned?

The team were worried that they had potentially lost a patient and were concerned for the dog's welfare. They were very grateful to the kind client who assisted in getting the dog back to her owner. Collars and leads would be double-checked in the future, and a request was made for a proper hook so that leads would not slip off in the future.

Due to the pandemic events causing social isolation, the procedure of handing out potentially nervous dogs had not been thoroughly thought over.

What has been changed?

CPD/training required: · None required

New or updated protocols/checklists/guidelines: · Patients to have their collars and leads checked before discharge.
· Nervous patients to be handed out on their own lead and an additional clip lead for two forms of restraint.
· A 'dog park' hook was installed in the porch area.

Further audit required? · Further SEAs to occur if another event occurs.
· Team catch up in one week to identify if the changes have been useful.

Other: · None

Follow-up date

Today's date: 06/04/2020

Review date: 13/04/2020

Signature:



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