Significant Event Audit Case example: Rabbit anaesthetic mortality

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

A Significant Event Audit (SEA) 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. An SEA is completed in 6 stages. The following points will take you through the steps that this practice took to put an SEA into practise.

1. Identify the significant event

Create a brief description of the event, context and outcome to be discussed in the meeting.
A rabbit patient was admitted for a routine castrate. Despite the procedure going well, the patient deteriorated towards the end of the anaesthetic and went into cardiac and respiratory arrest. Attempts to resuscitate him were unsuccessful. There was no contact number for the owner, so she was only informed of the incident when she called in later in the afternoon.

2. Collect all the relevant information

Gather all relevant information, such as case files and staff accounts etc., which contribute to the case. Information was collected from the consent form, anaesthetic monitoring sheet, the patient's clinical history and the Practice Management System (PMS). An account of that day was taken from the team members that were working that day, in particular the reception team, the veterinary surgeon and the veterinary nurse. An account was also taken from the client.

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 encourage to speak freely and honestly. A meeting was held with all team members to discuss the information and the event. There were many factors that had led to the event. 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. Based on the findings discussed at the meeting it was clear that further guidelines were required in practice for rabbit anaesthesia, admission appointments and waiting times.

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.

New equipment was ordered in light of the new guidelines, and training provided as to how to use the equipment within anaesthesia. Further training and advice was given to all team members on the guidelines and protocols in regards to admissions and waiting times.

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 audit may be required to monitor the change.

Auditing will be carried out to see if the new guidelines are being followed. This will occur in 3 months' time.

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Section B: A significant event audit after a rabbit anaesthetic mortality.

Title:	**Significant event audit after a rabbit anaesthetic mortality**
Date of significant event:	10/08/2018
Date of meeting:	17/08/2018
Meeting lead:	Sophie, the clinical director
Team members present	The whole practice team; Vets, RVNs, ACAs & Receptionists

What happened?

Boo the rabbit was admitted for a routine castration. He was left at the surgery by his owner, Mrs Jones, and spent the morning in the in-patient kennels before his procedure.

The vet Jane, only saw rabbits occasionally, but the induction and procedure were straightforward and Boo was stable. Towards the end of the anaesthetic Boo's heart rate and respiratory rate fell. Sue, the RVN monitoring the anaesthetic alerted the problem to Jane. Despite their best efforts Boo went into respiratory and cardiac arrest and could not be resuscitated.

Jane tried to contact the owner, however there was no contact number on the consent form, or the patient records on the computer system. Mrs Jones rang the practice later in the afternoon, and was then told about Boo's fatality. Mrs Jones was extremely upset and filed a complaint with the practice manager.

At the SEA meeting we found out the following

The reception team said it had been a chaotic morning and the waiting room was packed and noisy. There were barking dogs as well as 2 or 3 emergencies that had been slotted in. The PMS showed that Mrs Jones had waited 20 minutes before Boo was seen.
Jane, the nurse who admitted Boo, was rushing and had forgotten to as Mrs Jones for a contact telephone number.

Boo was pre-medicated with medetomidine and buprenorphine, then induced with Alfaxalone. Jane said she normally used Hypnorm, but it was out of stock so she opted for Alfaxalone as it was licensed for rabbits. He was maintained via mask and not intubated as Jane was not confident in intubating rabbits. Sue RVN had previously asked the clinical director for V-Gels, but they had not arrived. The anaesthetic chart showed, that apart from an elevated heart rate on induction, the rest of the procedure was uneventful until closure, when the heart and respiratory rate fell.
Jane and Sue attempted resuscitation with CPCR and adrenaline, however it was unsuccessful.
It was only then, that they realised there was no contact number for Mrs Jones, and had to wait until she called in herself for an update.

Why did it happen?

System factors:	• Appointments were busy that day, with extra emergencies to be triaged. • No rabbit anaesthesia guidelines. • Lack of equipment- no V-Gels. • No separate waiting area for dogs and prey species • Hypnorm was out of stock with the supplier, and no alternative had been sourced.
Human factors:	• Both receptionists and nurse were feeling under pressure and forgot to ask Mrs Jones for a contact number. • Vet unfamiliar with the drugs available to use.
Patient factors:	• Boo stressed from being in unusual environment, with added stress of having to wait in same room as barking dogs.
Owner factors:	• None
Communication factors:	• Several team members failed to communicate to Mrs Jones that a contact phone number was important. • An update of what drugs were available hadn't been communicated to the vets.
Other:	• None

What has been learned?

Everyone at the practice was devastated at losing a young, fit and healthy rabbit. After discussion it was decided that guidelines were required for rabbit anaesthesia and further training would be given for members of the team that were not confident with intubation and in the use of V-Gels.

The waiting room was particularly busy that morning, with a number of noisy dogs. It was decided that the receptionists would look at separating areas for dogs and other patients.

Jane stated that despite the sad outcome, Sue RVN had monitored Boo well, and commended her response to his deterioration.

What has been changed?

CPD/training required:

- V-Gels to be ordered and all staff to be trained on placement and use.
- Training to be provided on rabbit intubation to Jane, and other vets if they require it.

New or updated protocols/checklists/guidelines:

- Rabbit anaesthesia guideline to be drawn up.
- Procedure admission guidelines and checklists to be introduced.
- Prey species guidelines to be introduced, to include patients being removed from waiting room rapidly and acclimatized into hospital.

Further audit required?

- Audit of consent forms to ensure all details are being checked.
- Audit of waiting times for prey species.
- Audit of anaesthetic sheets to see if guidelines are being followed.

Other:

- Team members to be informed when a drug is out of stock, so if needed, alternatives can be sourced.

Interested in submitting your own case example? Email us at ebvm@rcvsknowledge.org