

The case studies are provided as a resource for health care facilities to use during implementation of the Clinical Procedure Safety PD2014\_036.

Each case study is based on an incident reported to the Incident Information Management System (IIMS) and the action required is based on requirements from the Clinical Procedure Safety PD2014\_036.

### Case 1

#### Providing Clinical Handover – VTE Prophylaxis

A patient was admitted for management of ventricular tachycardia. The patient was taking clopidogrel daily at that time.

The patient underwent an electrophysiology study (EPS), and during this procedure it was determined that a thoracotomy approach was needed to successfully perform the ablation. The cardiothoracic team was consulted and a percutaneous transluminal coronary angioplasty (PTCA) with insertion of stent was requested in advance of the ablation procedure.

In addition to the provision of aspirin, the surgeon and cardiologist decided to continue antiplatelet therapy during the rest of the patient's stay to prevent acute stent thrombosis.

Diagnostic angiography was performed and, on the same day, the PTCA and stent procedure were completed by an interventional cardiologist. On the next day, the patient underwent thoracotomy, epicardial EPS and ablation.

At completion of the procedure, the procedural team recorded in the patient's health care record the required procedural aspects of care. The cardiac electrophysiologist who performed the EPS recorded the need for continuation of aspirin and clopidogrel. There was no discussion about other advice for clinical handover.

Aspirin and clopidogrel were not ordered. The patient was transferred to CICU post-procedure. Three days later the patient reported central chest pain with radiation to the left arm and progressed rapidly to arrest. Resuscitation attempts were unsuccessful.

#### ACTION REQUIRED

- Sign Out is completed before the patient leaves the procedural area.
- The procedural team discuss the patient management plan that is to be provided to the staff at the post procedure destination.

### Case 2

#### Providing Clinical Handover - Management Plan for Recovery

A morbidly obese patient required surgery for a detached retina. The patient was an insulin dependent diabetic with a history of cardiac ischaemia which was being managed medically.

During pre-operative assessment, the anaesthetist documented that the patient suffered from significant sleep apnoea which required continuous positive airway pressure (CPAP). No record was made of an assessment of the patient's respiratory function.

The procedure was performed without difficulty, but in view of the patient's co-morbidities and the late finish of the procedure, the proceduralist and anaesthetist agreed the patient should stay overnight.

There was no clinical handover of the patient to ward staff and no documentation of a management plan. Analgesics were ordered but CPAP was not.

Because of ongoing pain, three doses of narcotic analgesia were administered to the patient over the next 8 hours. Early the next morning the patient was found pulseless and without respiration. The patient could not be resuscitated.

#### ACTION REQUIRED

- Sign Out is completed before the patient leaves the procedure area.
- Procedural team must discuss the patient management plan for recovery and provide this advice in clinical handover.