…It's always the others who make mistakes …

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- „Man errs as long as he is striving“

«Es irrt der Mensch, so lang` er strebt…»

medbase

Today on the menu

1. Planning and implementation of a CIRS in a large Swiss GP practice

2. Critical incidents in general practice:
   - 3 case studies

3. "Standing at the crossroads"
   - critical incidents at the transition between outpatient and inpatient care
   - "Trouble-makers": Nursing homes, Spitex, other care givers (relatives, friends)

4. Discussion

German steel, buttered toast and Swiss cheese

- **Alfred Krupp:**

"People who work make mistakes. Those who work a lot make more mistakes. Only those who sit back and do nothing make no mistakes at all"

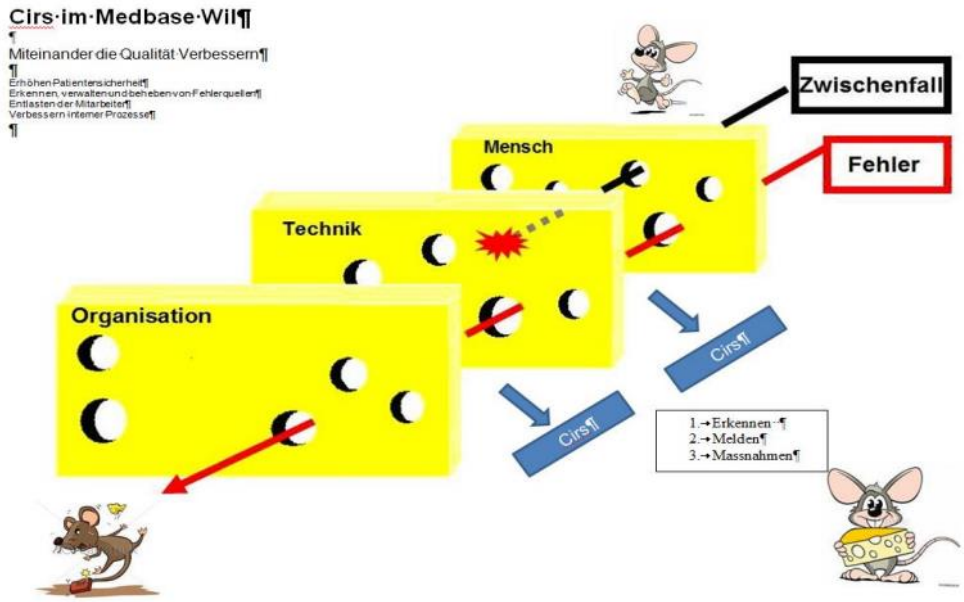
- **Capitain Edward A Murphy** 1949:

"If there's more than one possible outcome of a job or task, and one of those outcomes will result in disaster or an undesirable consequence, then somebody will do it that way."

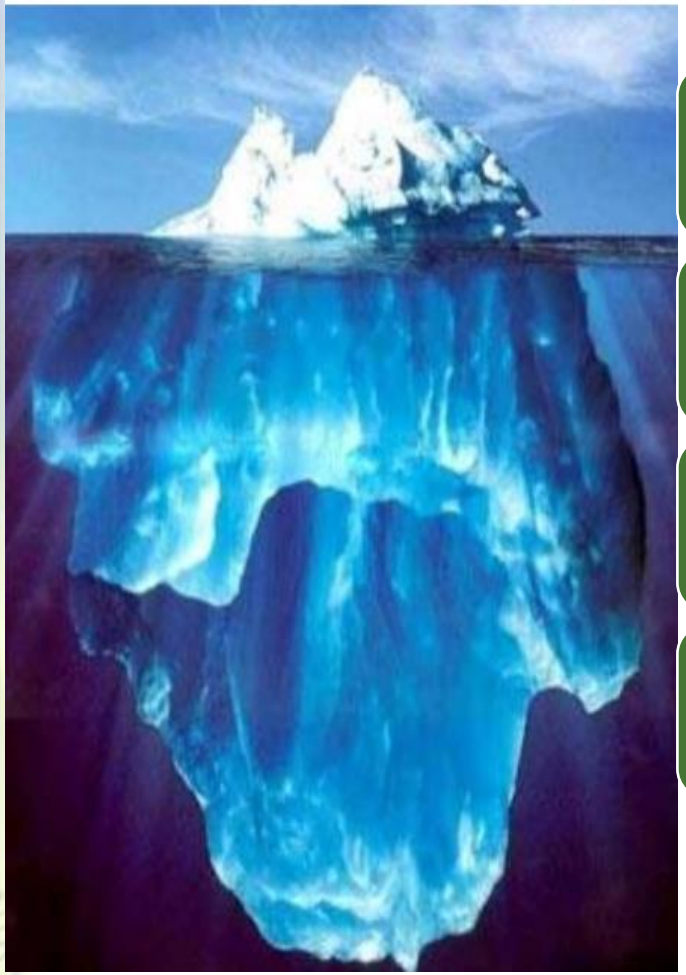
- **James Reason:**

"Swiss cheese model" (1990)

Swiss Cheese Model



CIRS- Why do we need one?



- 1 accident with a fatal outcome
- 10 incidents resulting in severe injuries
- 30 incidents involving damage properties
- 600 „near misses“

CIRS at the Medbase MC Wil

- A total of around 60 employees in various positions
- 8-10 specialists, 1 dermatologist, 1 psychiatrist
- regularly about 3-5 assistant doctors
- 1 pharmaceutical assistant
- 45 MPA
- Since 2022 4 APNs (advanced practice nurses)
- Approximately 25,000 - 30,000 patient contacts per year in the medical area
- Tendency increasing
- By the way: we are the only practice in Wil still accepting new patients.

Key figures of our practice

CIRS at the Medbase MC Wil

How did we do it?

- Decision to establish a CIRS 2019
- Preliminary work and planning by interdisciplinary project group
- Election of a responsible person
- Introduction and training of staff by responsible Person
- Kick off in March 2019 without any further major preparatory work (“just do it”)

CIRS at the Medbase MC Wil

World Health Organization

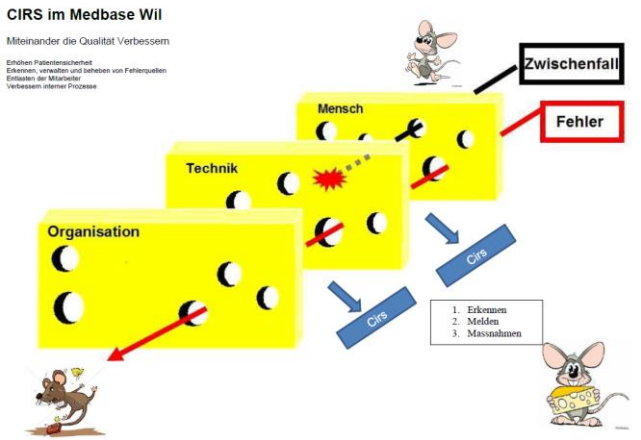
Table 1 Characteristics of Successful Reporting Systems (7)

Non-punitive	Reporters are free from fear of retaliation against themselves or punishment of others as a result of reporting.
Confidential	The identities of the patient, reporter, and institution are never revealed.
Independent	The reporting system is independent of any authority with power to punish the reporter or the organization.
Expert analysis	Reports are evaluated by experts who understand the clinical circumstances and are trained to recognize underlying systems causes.
Timely	Reports are analysed promptly and recommendations are rapidly disseminated to those who need to know, especially when serious hazards are identified.
Systems-oriented	Recommendations focus on changes in systems, processes, or products, rather than being targeted at individual performance.
Responsive	The agency that receives reports is capable of disseminating recommendations. Participating organizations commit to implementing recommendations whenever possible.

Basic requirements for a successful CIRS

CIRS at the Medbase MC Wil

CIRS (Critical Incident Reporting System)



Ein Fehler ist:

„jedes kritische Ereignis oder jeder beinahe/tatsächliche Fehler, oder alles, was der/die Meldende dafür hält"

Was ist CIRS:

- **EIN ADÄQUATES MESS- UND MELDESYSTEM ZUR VERBESSERUNG DER PATIENTENSICHERHEIT**

Was soll es bewirken:

- **EINE ANGEMESSENE REAKTIONEN AUF DIE ERHALTENEN MELDUNGEN**
- **DIE FÄHIGKEIT, AUS ERFAHRUNG LERNEN ZU KÖNNEN**
- **ENTLASTUNG DER MITARBEITER UND MITARBEITERINNEN**
- **EINE POSITIVE FEHLERKULTUR**
- **QUALITÄT ENTWICKLUNG**
- **DEN PATIENTENSCHUTZ ERHÖHEN**
- **VERBESSERN INTERNER PROZESSE**
- **WIR WOLLEN VONEINANDER UND MITEINANDER LERNEN**

Interner Meldevorgang Medbase Wil
Meldungen werden via CIRS Formular an MAS (Mail oder Postfach) gemeldet. MAS entscheidet, ob zeitnah eine Intervention nötig ist oder der Rücklauf via Teamsitzung/Grossteamsitzung an die Mitarbeiter gelangt.

The Wil-Way: A possible CIRS-algorithm

Critical Incidents

Report (Employee)

CIRS Responsible

Collection and triage

Immediate action required?

No immediate action?

Immediate consultation stakeholders and superiors

Regular feedback to the team

Example Nr.I
Mis-Dispensing of drugs…
Substance and Dosage

Prescribed: Lisinopril 5 mg,
Dispensed: Lisinopril +HCT 20mg/12.5 mg

Other “classics”:

- Paracetamol- Pantoprazole
- Mirtazapine – Mianserin
- Amlodipine 5 mg – Amlodipin 10 mg
- 2-0-2 instead of 1-0-1, 1-0-0 instead of 1-0-1 or vice versa

Example Nr.I
Mis-Dispensing of drugs
and now…?

Errors in dispensing medication were very frequent in our practice (approx. 90-120 reports per year; high number of unreported cases).

Possible solutions:

- Regular training on dispensing medicines for existing staff,
- The process of dispensing medicines became an obligatory part of the induction program for new staff,
- Consistent implementation of the 4-, or better 6- eyes principle,
- Restriction of access to medicine storage.
- Hiring of a pharmaceutical technical assistant (reduction of dispensing errors by 90% per year)

Example Nr.2
Hyposensitisation treatment
a pain in the a#@§!$???

Scenario:

- A patient is enrolled for desensitization treatment,
- The normal treating physician is not present,
- The documentation of the previous treatment is incomplete and poorly legible,
- The current treating physician has no experience with the treatment method,
- but does not ask and
- injects 0.1 ml instead of 1.0 ml.

Example Nr.3
“Less than zero or how abnormal can normality be?”

Scenario:

- a patient receives a blood sample before a planned colonoscopy (without seeing a doctor)
- he receives the statement "everything is good and without pathological findings".
- The findings are released without comment as "checked",
- entered in the patient's medical history and handed over to the patient.

Analyse			Resultat	Einheit	Referen
MPV	Mittleres Thrombozytenvolumen (MPV)		10.2	fL	8 - 12
PLCR	Platelet Large Cell Ratio (P-LCR)		29.1	%	15 - 35
PCT	Thrombokrit (PCT)		0.01	%	
MXD%	Mischzellen Prozent		---.-	%	3 - 13
MXD#	Mischzellen absolut		---.-	10^3/uL	0.2 - 1.0
GRA%	Granulozyten Prozent		---.-	%	50 - 70
EC	Erythrozyten	!	0.89	10^6/uL	4.6 - 6.2
GRA#	Granulozyten absolut		---.-	10^3/uL	2.0 - 7.0
HB	Hämoglobin	!	>0.0	g/dL	14.0 - 18
HCT	Hämatokrit	!	>8.3	%	43 - 49
LC	Leukozyten	!	>0.0	10^3/uL	4.0 - 10.
LYM%	Lymphozyten Prozent		---.-	%	25 - 40
LYM#	Lymphozyten absolut		---.-	10^3/uL	1.0 - 4.0
MCH	Mittlerer zellulärer Hämoglobingehalt (MCH)	!	0.0	pg	27 - 33
MCHC	Mittlere zelluläre Hämoglobinkonzentration (MCHC)	!	0.0	g/dL	32.0 - 36
MCV	Mittleres Zellvolumen (MCV)		93.3	fL	85 - 95
TC	Thrombozyten	!	>8	10^3/uL	150 - 40
PDW	Thrombozytenverteilungsbreite (PDW)		13.5	fL	9 - 14
RDWCV	Erythrozytenverteilungsbreite CV (RDW-CV)		12.3	%	11 - 16
RDWSD	Erythrozytenverteilungsbreite SD (RDW-SD)		43.9	fL	37 - 46

Appendix: Annoyances
First half of 2023

- Doctor's handwriting not legible, or too many abbreviations.
- Double examinations: TSH checks at intervals of 2 or 4 weeks.
- suture material not completely removed,
- FIT given to patients >75 years of age without reflection
- Old report of patient scanned at another one
- Urine sample was sent to lab without identification tag, could not be analysed by Unilabs.
- Letter to patient was sent to another patient with the same name.
- Plavix is unnecessarily dispensed in addition to ASA without medical contro
- 100 mg Xeplion injected instead of 150 mg,
- Patient explicitly requests AB for OLI without red flags→is prescribed

II. Standing at the cross-roads
The interface-issue…

- The transition between outpatient care and institutional treatment and vice versa is regularly a high-risk situation for the occurrence of critical incidents.
- main factor: faulty and/or insufficient communication between the different professions
- Outpatient Setting: Often missing discharge report
- Inpatient Setting: missing diagnosis lists or incomplete medication lists

„Trouble Makers“: Spitex, Relatives, Nursing homes…

- The reasons for the occurrence of critical incidents in the interaction of different patient-care professions are manifold and complex.
- Almost always communication problems (Insufficient, incomplete and misleading)
- Relatives: Critical incidents due to desire for treatment or even non-treatment
- Overwork is also an important factor in the occurrence of critical incidents (relatives and health care professionals)


We don't
make mistakes,
just happy
little accidents.
BOB ROSS