

Reporting Complications and Near Misses

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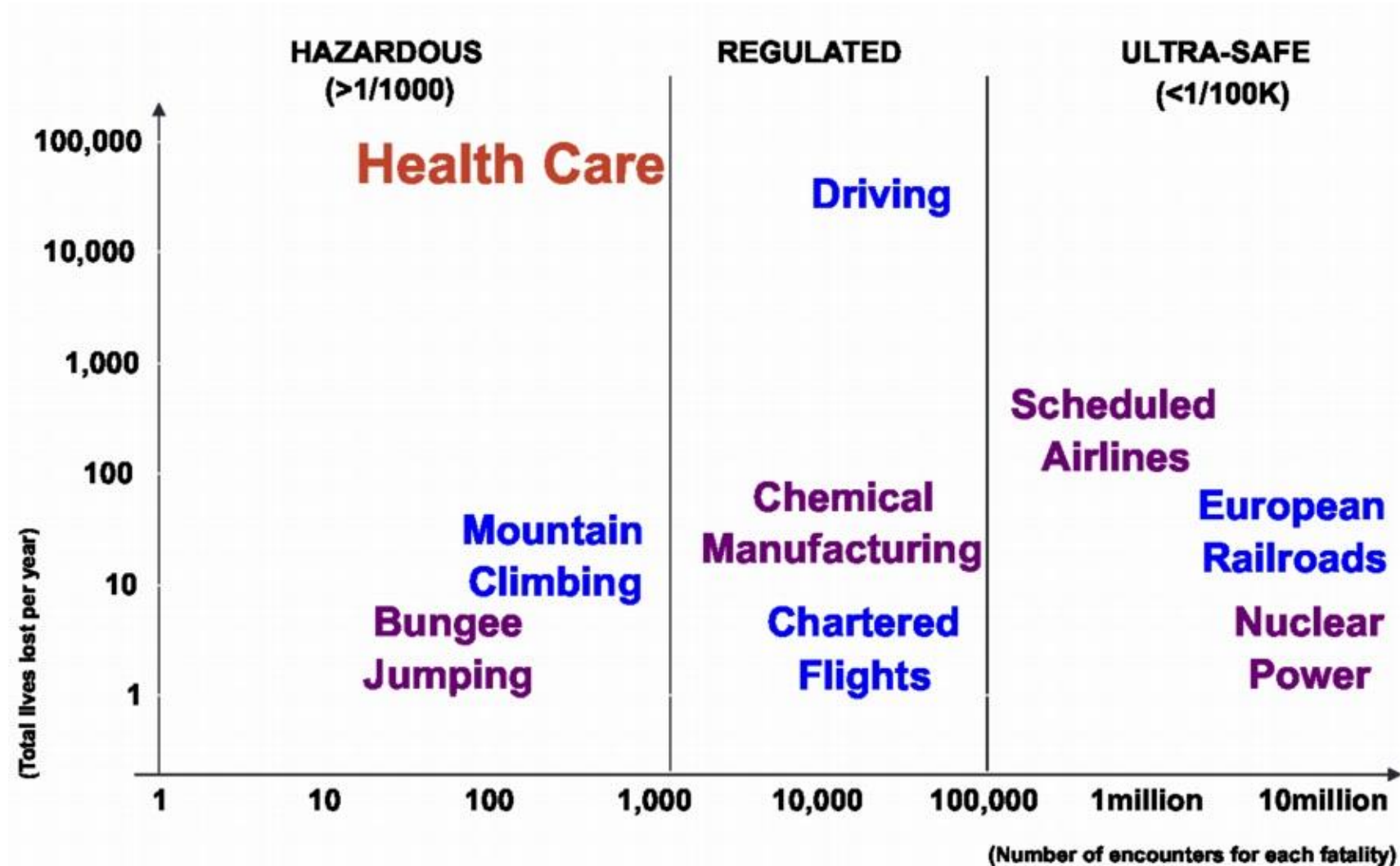


Do we have a problem?
What can we do to stop it?

Why does it go wrong?
How can we learn from it?

- 1 in 10 hospital admissions results in an Adverse Event
- Medical error is the 3rd most frequent cause of death after cancer and heart disease
- 4 times more people die from medical error than from all other type of accident
- Average cost of AEs per year: 2.5 billion (UK)
\$29 billion (US)

(DoH 2000)



Do we have a problem?

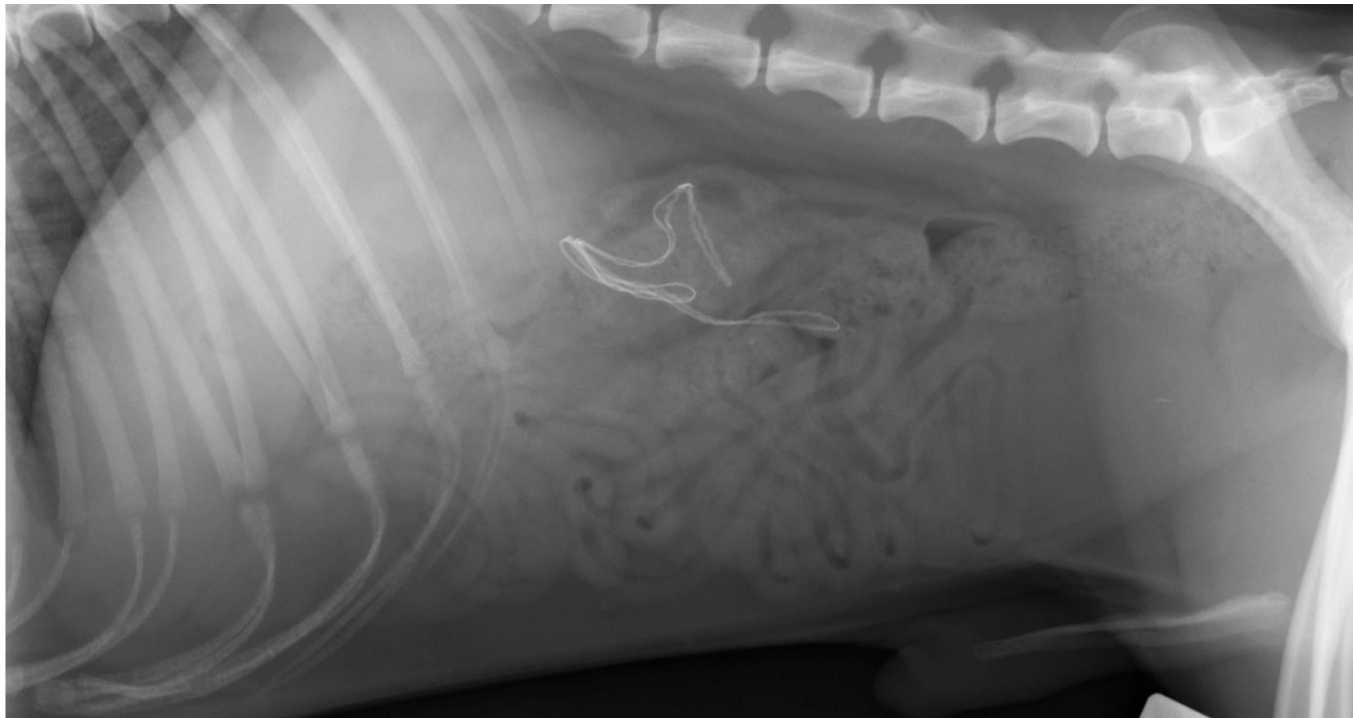


Financial

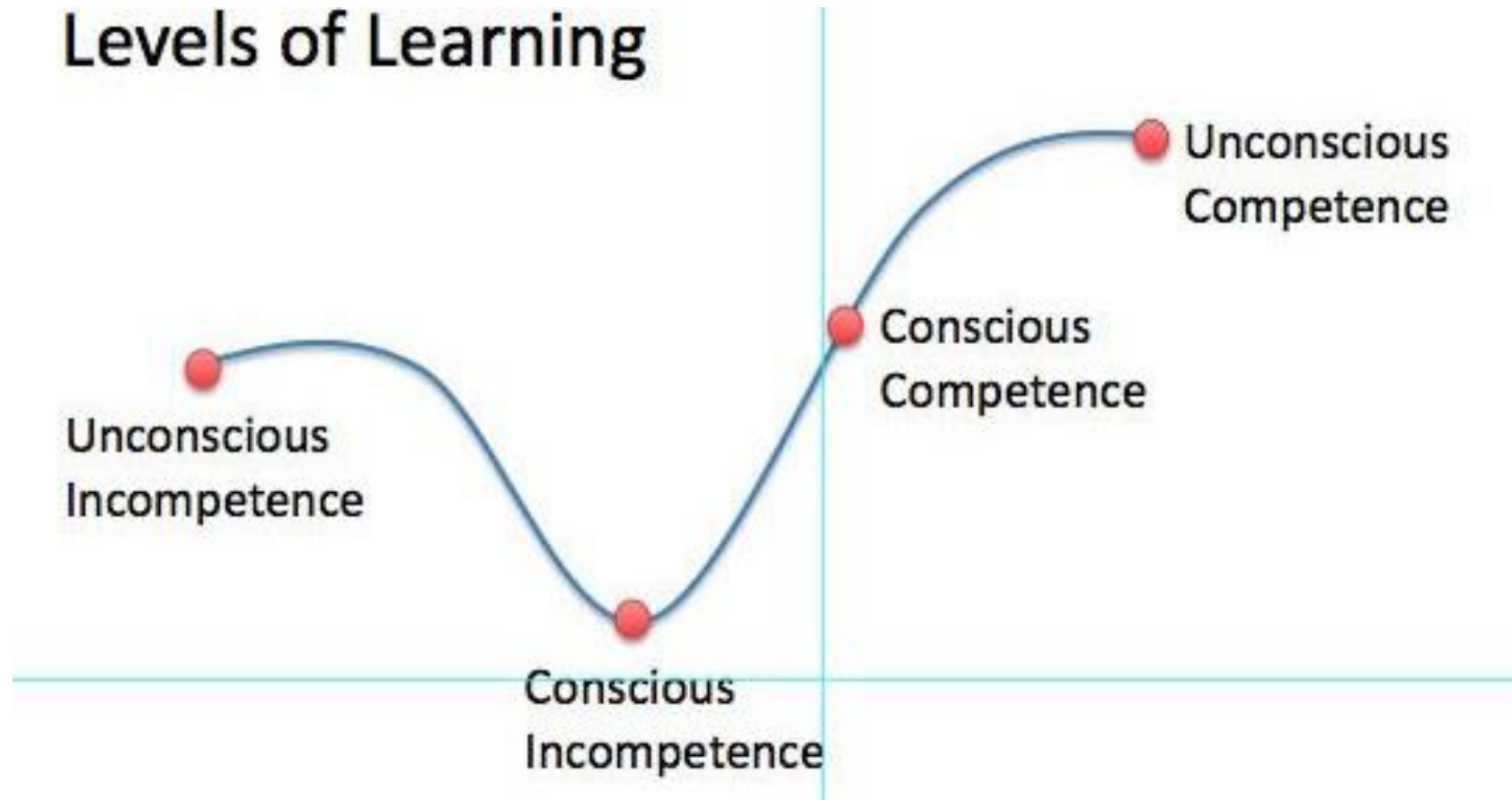
- Insurance claims
- Gestures of goodwill
- Rework
- Loss of reputation
- TIME

Emotional

- Stress
- Clinical confidence
- Staff retention



Levels of Learning



Without data
you're just
another person
with an opinion.

W. Edwards Deming



KLM (RADIO) Ah roger, sir, we are cleared to the Papa beacon flight level nine zero.... We are now at take-off . *[KLM brakes released]*

KLM CAPTAIN We're going ... check thrust. *[Engine acceleration audible in KLM cockpit]*

TENERIFE TOWER OK.... Stand by for take-off, I will call you. *[Only the start of this message could be heard clearly by the KLM crew due to radio interference]*

PAN AM CAPTAIN No... uh.

PAN AM (RADIO) And we're still taxiing down the runway, the clipper one seven three six. *[This message was not heard completely clearly by the KLM crew due to a radio interference]*

KLM FLT ENGR Is he not clear then?

KLM CAPTAIN What do you say?

KLM FLT ENGR Is he not clear, that Pan American?

KLM CAPTAIN Oh yes *[emphatic]*

[Pan Am captain sees the KLM's landing lights at approx. 700 m]

PAN AM CAPTAIN There he is ... look at him. *[He's]coming!*

PAN AM FIRST OFFICER Get off! Get off! Get off!

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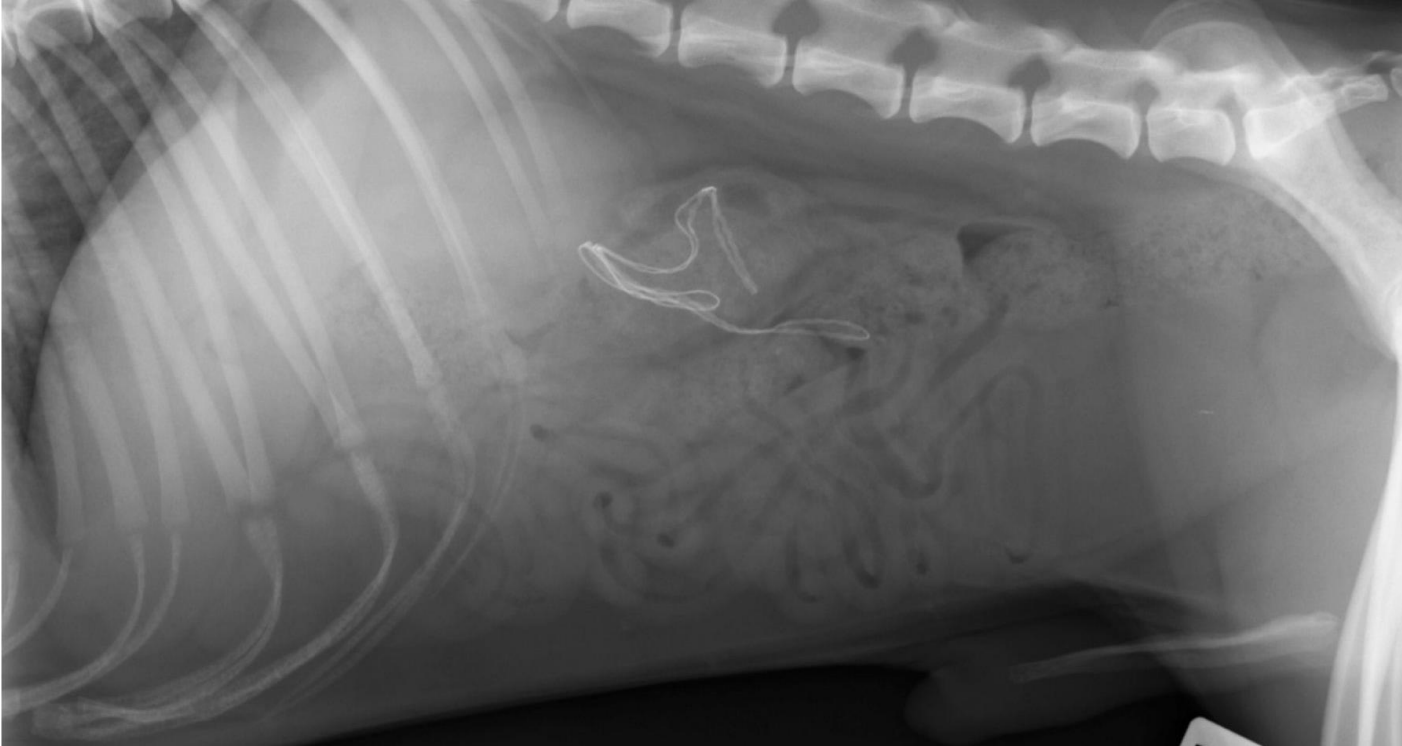
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“I’ve said to the nurses ‘Is everything OK? Have they done their swab count?’ ‘No. I asked them to do their swab count and they said no they’re not doing it.’ I think there are some nurses not even asking them.....because they’re worried about what’s going to be said to them if that person is in a particularly bad mood on that day...”

Oxtoby, C., et al. *Veterinary Record*
(2015)

Even when fatigued I perform effectively during critical times.

Junior team members should not question the decisions of their senior team members.

70%

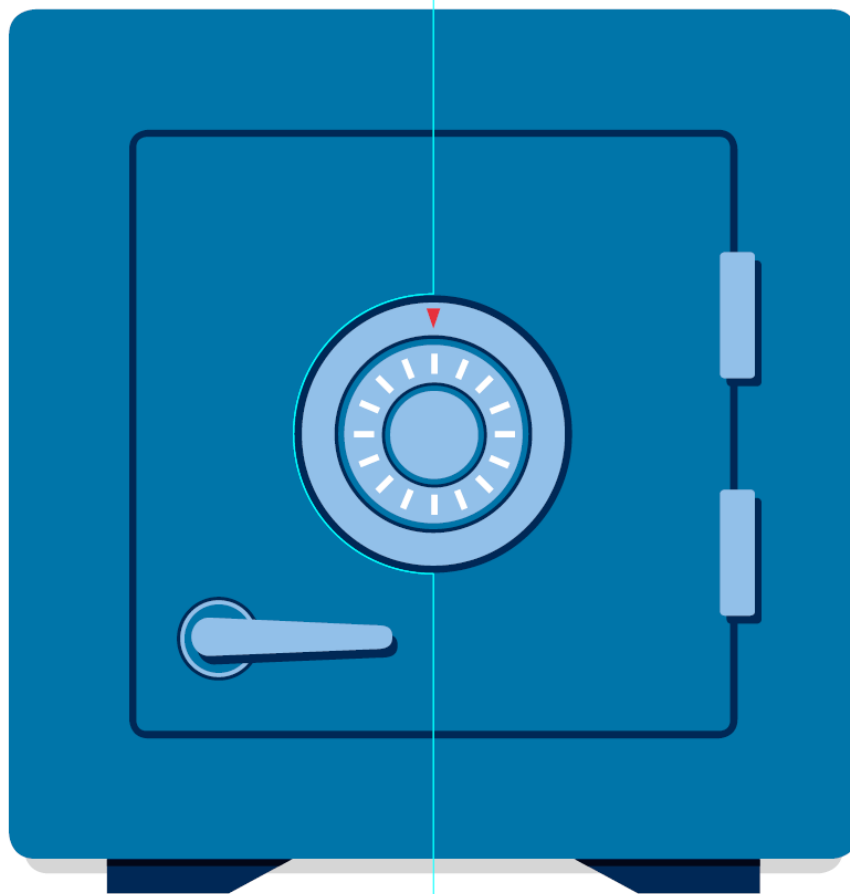
45%



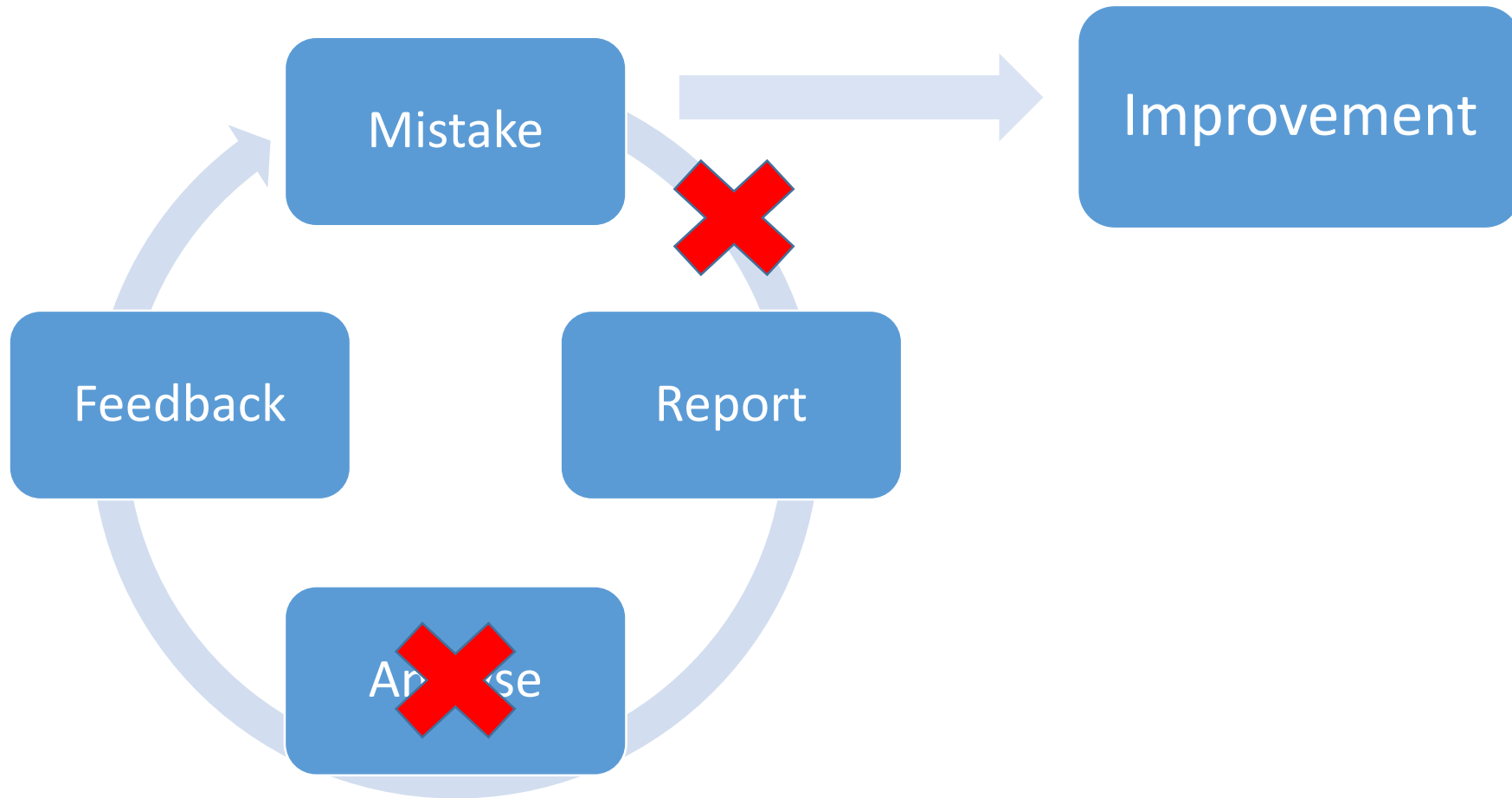
26%

7%

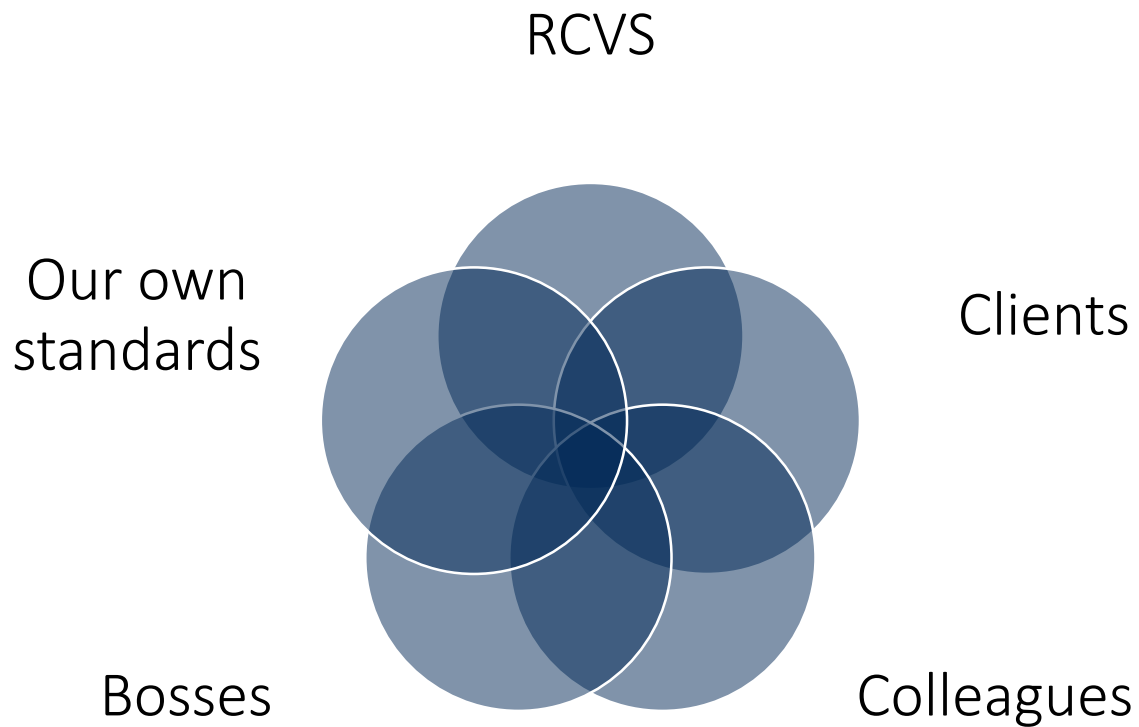




VetSafe



What stops us?



‘Horrific. Challenged my identity as ‘a good vet’

‘Sick, sleepless, guilty, paranoid about repeating the error’

‘Worried sick, anxious, depressed, immediately lost my confidence, guilty’

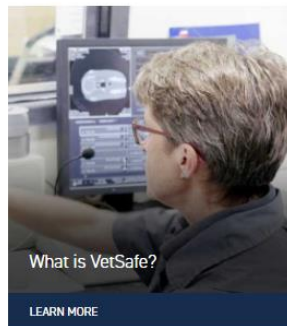
‘It was the worst feeling I’ve ever had.’

VetSafe

[WATCH THE VIDEO](#)



Available on the
App Store





[REPORT AN INCIDENT](#)

[ABOUT](#)

[SETTING UP ▾](#)

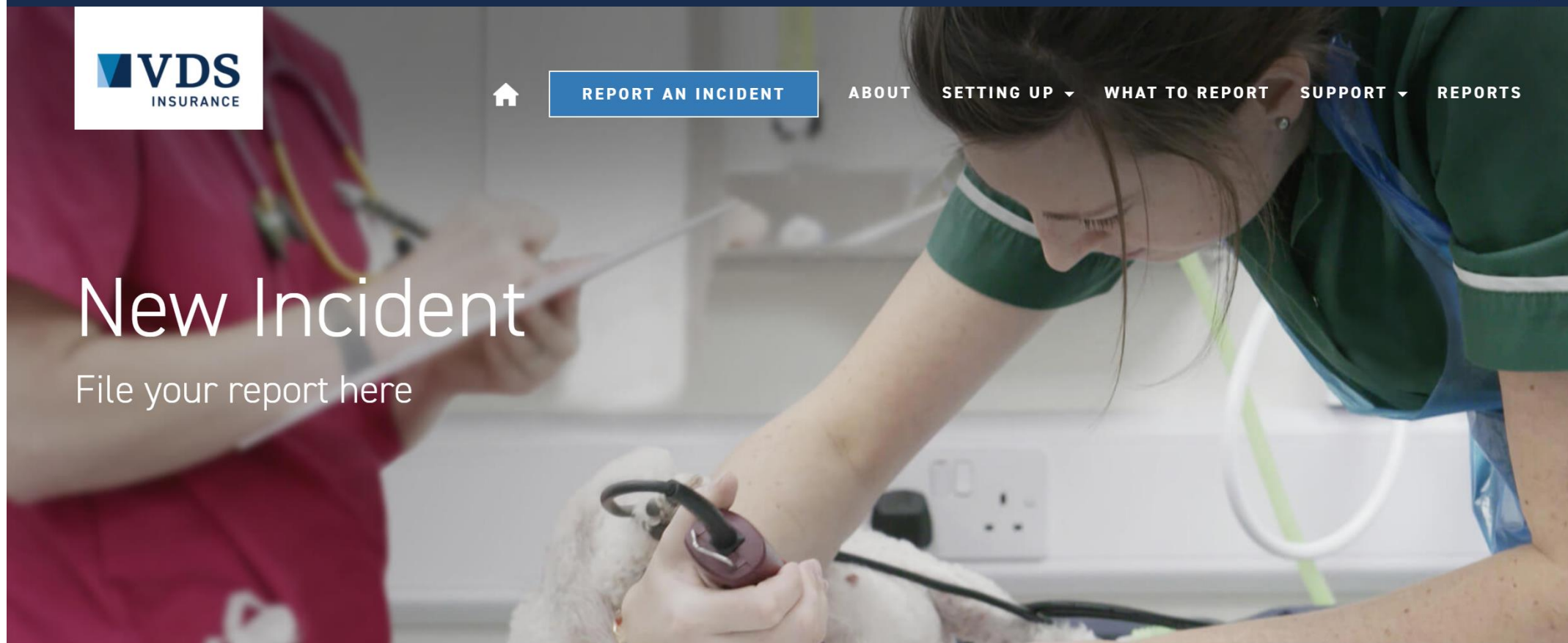
[WHAT TO REPORT](#)

[SUPPORT ▾](#)

[REPORTS](#)

New Incident

File your report here



National Data

Your Reports Dashboard

Welcome to the feedback section of Vetsafe. This section helps you to monitor, analyse and score your reports. Reports can be filtered by date, species or category.

All members have access to the national data base which displays trends in data reporting and incident categories. VDS supervisors will have access to all their practice reports.

The feedback system has been designed to help clinicians learn from errors by working through a review of each incident using a root cause analysis framework. This tool will facilitate significant event review and mortality and morbidity meeting discussions. These reports also help you comply with RCVS Practice Standards Scheme requirements.

[DOWNLOAD PDF](#)

Select a report area from below to get started

NATIONAL

PRACTICE

LARGE EMPLOYER GROUP

TOTAL NUMBER OF REPORTS - LAST 12 MONTHS



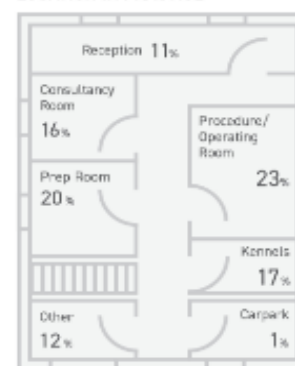
NUMBER OF REPORTS BY SPECIES



INCIDENTS REPORTED BY CATEGORY

Admission	42	Documentation	19
Anaesthesia/sedation	64	Euthanasia	11
Clinical examinations	17	Inpatient/hospitalisation	41
Diagnosis	13	Treatment/medication	92
Diagnostic procedure	15	Treatment/other	12
Discharge and transfer	18	Treatment/surgical	38

LOCATION IN PRACTICE



REPORTS IN HOURS/OUT OF HOURS



IN HOURS

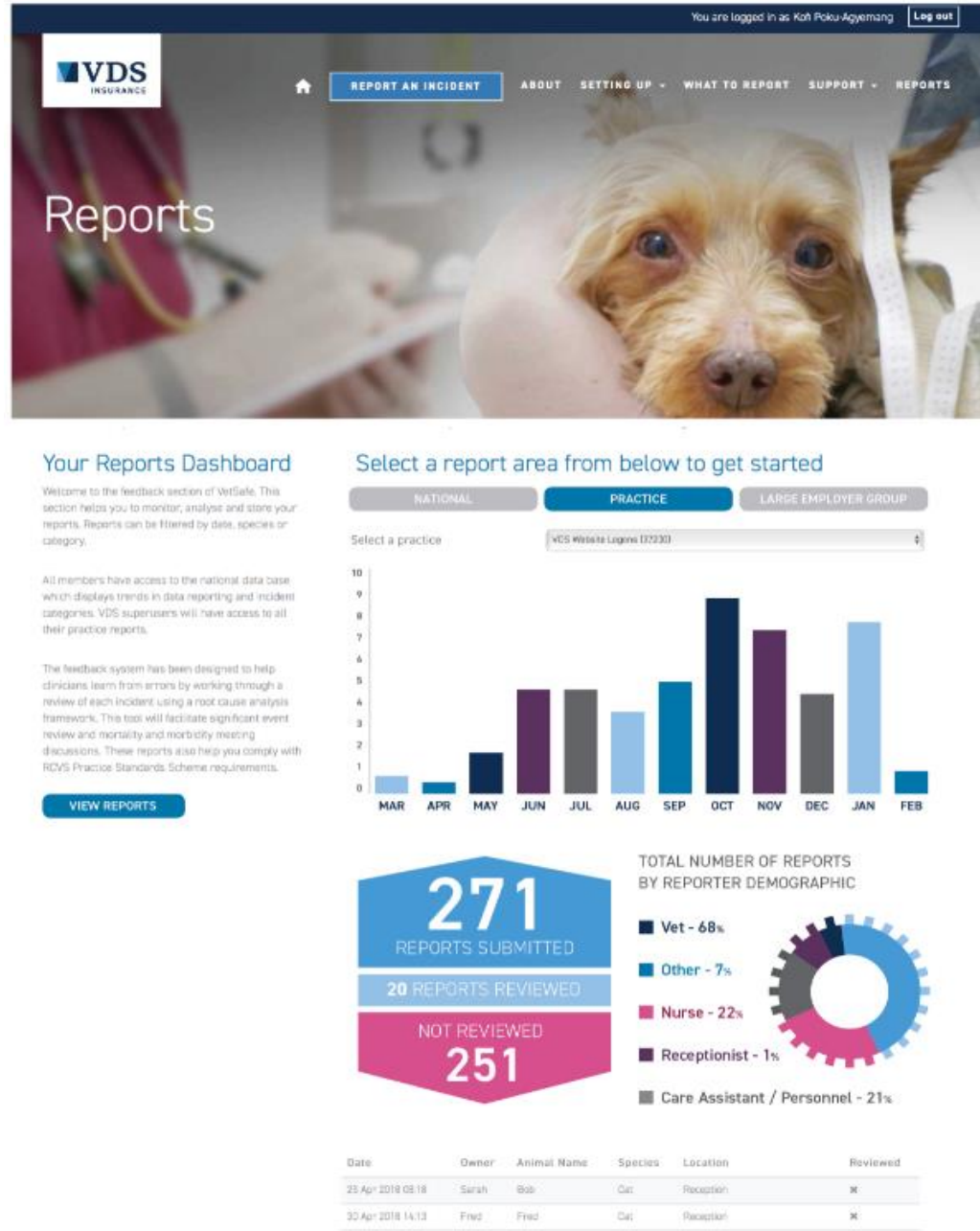


OUT OF HOURS

LEVEL OF HARM

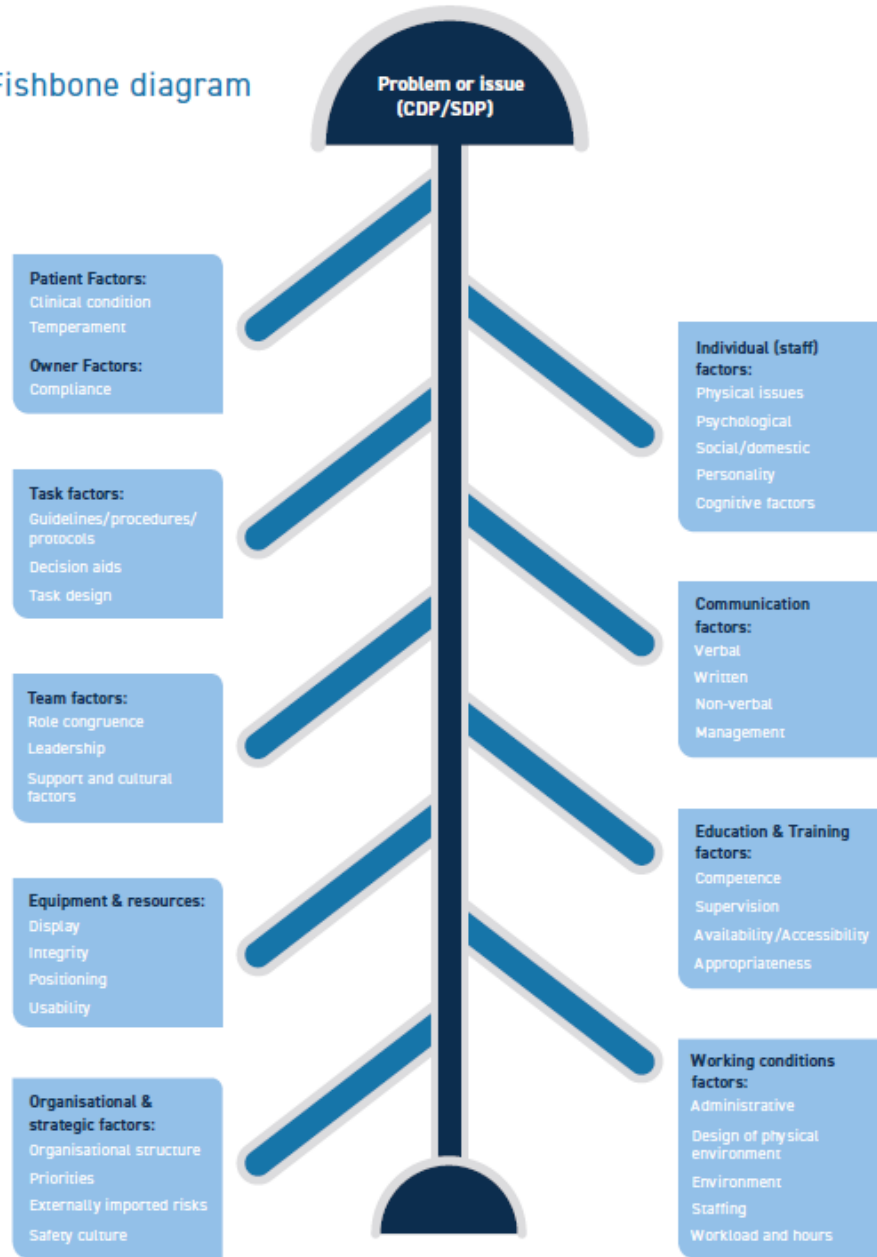


Local Data

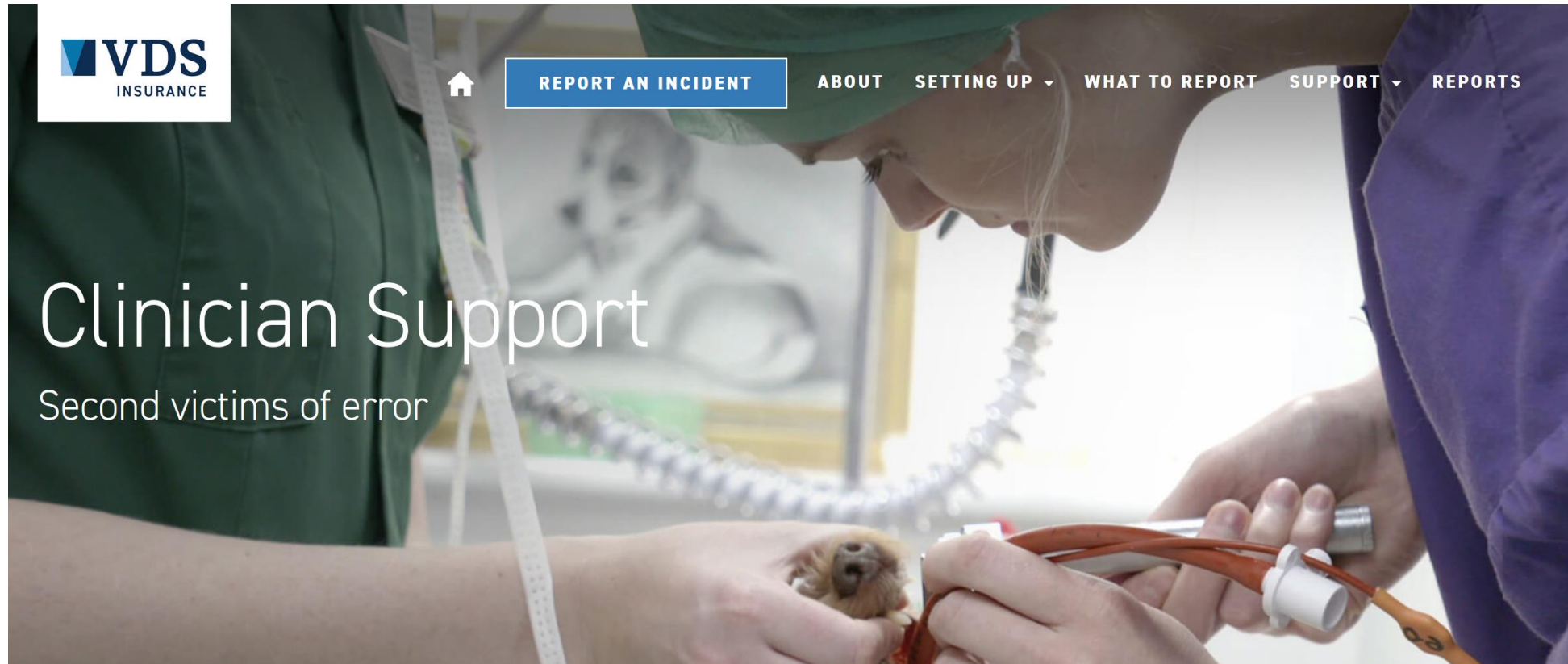


Analysis

Fishbone diagram



Support



‘Although hearing “yeah, I’ve had that happen to me” (by another vet) helps the emotional part, it doesn’t help with what I really need i.e. what did I do wrong...and how can I prevent it. No one seems to be able to help me with that...’



It is not enough to
DO YOUR BEST

You must know
WHAT TO DO
and then do
DO YOUR BEST

Edwards Deming

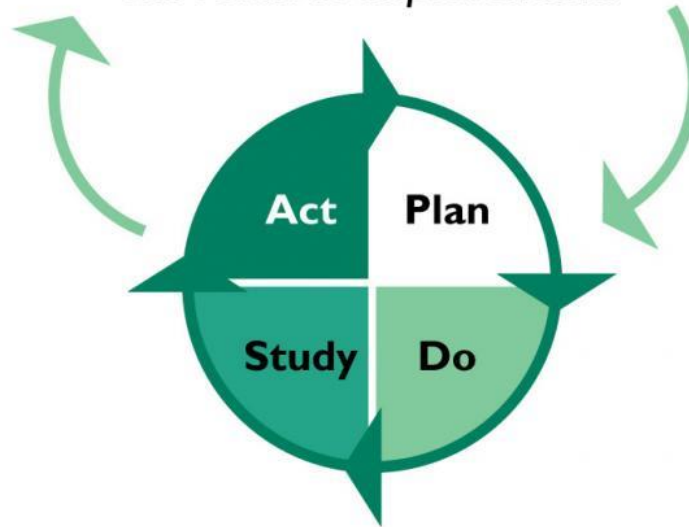
Improvement Science

Model for Improvement

What are we trying to accomplish?

*How will we know that a change
is an improvement?*

*What changes can we make that
will result in improvement?*



Reporting and Mistakes : Clinical Audit...

- Understand the barriers
- Work out what people need
- Work out what people want
- Consider the local AND the big data

COMMUNICATE IT



Questions?



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