**SAQ (12 Marks)**

**Monash Edit:**

**Question 15  (12 Marks)**

A 75 year old female has re-presented with left hip pain following a fall, you note she was seen in your ED on a night shift after her fall four(4) days ago, and discharged with a diagnosis of hip sprain. X-rays at the time were documented as normal by the junior doctor who was treating her, but have since been reported as demonstrating an impacted subcapital fracture of the neck of femur.

a) List four (4) key issues present in this case that may have contributed to this missed injury. For each issue, list ONE potential strategy to prevent recurrence of this situation. (8 marks)

|  |  |  |
| --- | --- | --- |
|  | **Issue** | **Strategy** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

The patient’s daughter is furious that her mother was sent home “with a broken

hip”. She wants to know how this happened.

b)  List Four (4) key steps in your response to this situation (4 marks)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.

Junior staff **supervision –** staffing of senior Regs onight

- *No patient discharged without senior discussion/review*

*- All imaging reviewed by senior ED staff at time of presentation*

Junior staff medical **knowledge**:

-missed fracture- Xray interpretation - *education*

-how to manage a suspected # NOF when no # seen on Xray ie CT/MRI/Bone scan + admission - *education*

Delayed **reporting** of investigations, No **notification** of abnormal results to ED clinical staff

- *Meet with radiology to review plain film reporting*

- *Direct notification of abnormal results to ED consultant phone*

Staff not **checking** abnormal results

- All investigation results checked by ordering staff/routine results checking processes

? Lack of early fup -ED policy on GP review and fup and communication with GPs

? Overcrowding/access block/Busy Shift

? Patient Issue – don’t blame patient for medical error

(others acceptable)

B.

-Introduce self and explain role

**-Apologise** and acknowledge

-Pledge to **investigate** incident and feedback

-Immediate clinical priorities – **ensure care** (analgesia) and expedite consultant review and early

orthopaedic disposition

-Investigate case – review notes, interview staff involved, look at issues (any mentioned in (1) will be

fine)

-**Document** findings and outcomes

-**Feedback** to relative and patient

-**Make any changes** to ED process as result of Ix

**RESULTS:**

Pass mark of ≥9 out of 12

Passed 26 out of 40 - 65%

Failed 14 out of 40 – 35%

**Themes:**

-Poor handwriting – often couldn’t read candidate number! ‘it I can’t read it I can’t give it’

-Repeating similar answers for different marks

-Some responses too vague

-Don’t blame patient for missed Dx eg dementia, difficult to assess

-‘Busy night shift/overcrowding/access block’ inadequate – need more consultant analysis eg ‘review presentation numbers that night and patient acuity and compare to staffing and skill mix’

-Some candidates wrote ‘don’t accept liability’ I disagree with this when there is a clear missed #

A 75 yo F has represented with left hip pain following a fall, you note she was seen in your ED on a night shift 4 days ago after her fall, and discharged with a diagnosis of hip sprain.

X-rays at the time were documented as normal by the junior doctor who was treating her, but have since been reported as demonstrating an impacted subcapital fracture of the neck of femur.

A.List 4 key issues present in this case that may have contributed to this missed injury. For

each issue, list ONE potential strategy to prevent recurrence of this situation. (4 marks)

|  |
| --- |
| Issue 1: |
| Strategy: |
|  |
| Issue 2: |
| Strategy: |
|  |
| Issue 3: |
| Strategy: |
| Issue 4: |
| Strategy: |
|  |

The patient’s daughter is furious that her mother was sent home “with a broken hip”. She wants to know how this happened.

B. List 6 key steps in your response to this situation (6 marks)

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |

As part of this patient’s treatment, you decide to administer a femoral nerve block for analgesia.

C. Complete the following table for safe doses of local anaesthetic agents for regional use.

(2 marks)

|  |  |
| --- | --- |
| **Drug** | Max safe dose for this patient (mg/kg) |
| Bupivacaine |  |
| Ropivacaine |  |
| Lignocaine (without adrenaline) |  |
| Lignocaine (with adrenaline) |  |

**Answers:**

A.

Junior staff supervision

- No patient discharged without senior discussion/review

- All imaging reviewed by senior ED staff at time of presentation

Delayed reporting of investigations

- Meet with radiology to review plain film reporting

Staff not checking abnormal results

- All investigation results checked by ordering staff/routine results checking processes

No notification of abnormal results to ED clinical staff

- Direct notification of abnormal results to ED consultant phone

Lack of early fup

-ED policy on GP review and fup and communication with GPs

(others will be acceptable)

B.

Introduce self and explain role

**Apologise** and acknowledge

Pledge to investigate incident and feedback

Immediate clinical priorities – ensure care (analgesia) and expedite consultant review and early

orthopaedic disposition

Investigate case – review notes, interview staff involved, look at issues (any mentioned in (1) will be

fine)

Document findings and outcomes

Feedback to relative and patient

Make any changes to ED process as result of Ix

C.

Drug Max safe dose for this patient (mg/kg)

Bupivacaine 2

Ropivacaine 3

Lignocaine (without Ad) 3-5

Lignocaine (with Ad) 7