

APPENDIX 6

Case Examples

1. Incident Summary: post-partum haemorrhage

Case Chronology

The case concerns a healthy 23 year old mother (whom we shall call J). The risk factor associated with J concerned her previous precipitate labour.

08:00

J was admitted to the LW by midwife A with a history of abdominal pain since early morning. She was contracting moderately, but was not considered to be in labour. Midwife A was a senior F grade midwife, who was acting as a G grade midwife and so was responsible for the labour ward.

12:00

J's contractions had become weak and irregular, J asked to go home. As a precaution (due to her previous precipitate labour), midwife A sent J to the ANW.

13:00

J was transferred to the ANW where her care was taken over by midwife B. The ANW was full (8 women in two four-bedded wards). Twenty minutes later J's father called midwife B to see J, as she was distressed. Midwife B realised that the delivery was imminent and called midwife C (who was working on the PNW) for assistance. A few minutes later the baby was born. There was some difficulty and delay in delivering the placenta, which looked ragged (this could suggest that part of the placenta had been retained, which could lead to the uterus failing to contract and the woman would bleed), but this information was not communicated to the junior doctor. Midwife B estimated that the third stage had taken 15-20 minutes, but because there was no clock on the wall she could not be sure. The workload for midwife B on the ANW was high, and she therefore asked the sister in charge of the LW for some midwifery assistance. In response to this request a student midwife who was new to the hospital was sent to assist.

14.45

J was transferred to the PNW

15:00

J called midwife C to say she had lost quite a lot of blood and had soaked a pad which she had thrown away. On palpation, her uterus was well contracted, so no further action was taken.

15:50

J called midwife B as she was bleeding profusely. The junior doctor was called.

16:05

J was transferred to the LW, under the care of midwife D for a more thorough examination, as the lighting on the PNW made examination difficult. The junior doctor found midwife D to be uncooperative and seemed not to appreciate the urgency of the situation when asked to get J into position for examination. The procedure was further delayed because the button on the bed jammed which prevented the bed being correctly positioned. Secondly, because a number of J's family were present they hindered the work of the junior doctor and midwife, by constantly asking questions and getting in the way of

work. On examination, the junior doctor could not identify the source of the blood, but because the uterus was found to be well contracted, a tear was suspected. The junior doctor phoned her superior (who was working in his room on an article for his consultant) and asked him to review J immediately.

This doctor refused to see J until a spinal or epidural anaesthetic was sited and said he would examine J in theatre. The junior doctor wanted her superior to see J before deciding what treatment would be necessary.

16:55

The junior doctor's superior arrived in theatre, found no tears, but removed a lobe of placenta from the uterus and the bleeding settled almost immediately. J was estimated to have lost 1200mls of blood, which was a large blood loss considering J was very small and the fact that she had been anaemic during her pregnancy. The haemoglobin results took more than 30 minutes to be given to the obstetric team and only arrived because the junior doctor reminded the laboratory. The haemoglobin results were important in helping the obstetric team decide if J would need a blood transfusion to improve her condition. J's condition improved (without the need for a blood transfusion) and 5 days later she was discharged from hospital, after an extended stay.

Form C: SUMMARY

CARE MANAGEMENT PROBLEMS AND CONTRIBUTORY FACTORS FORM

Use one form for each of the care management problems identified

Care Management Problem
 The two midwives who delivered the placenta were unsure of its completeness and failed to communicate this information to the junior doctor

Clinical Context and Patient Factors
 Multip (1/1), with a previous precipitate labour presents to the LW in the early stages of labour. Contractions reduce, sent up to ANW, where labour occurs a short time later. MW in charge of the ANW is looking after a full ward (8 women), on her own, therefore asks LW to send up MW for help, only a student MW who is new to the hospital is sent. Consequently the ANW MW asks PNW MW to help. Patient had numerous friends and family with her

Contributory Factors

Specific - Work Environment Factors -	General
High work load - staff responsible for the ANWs and PNWs. Staffing - minimal nos. of staff on ANW/PNW. Assistance sought, student MW new to unit sent	There was a general lack of staff co-ordination between the three wards. LW when not busy did not reallocate staff to busy PNWs and ANW.
Team Factors None	None
Individual Factors None	None
Task Factors None	None

Organisational Management & Institutional Context Factors
 None

Implications and Action Points

1. Conduct a workload analysis to determine what tasks can be completed in a reasonable time frame
2. Develop methods to reallocate staff resources when needs must.



Form C: SUMMARY

CARE MANAGEMENT PROBLEMS AND CONTRIBUTORY FACTORS FORM

Use one form for each of the care management problems identified

Care Management Problem
 Failure to get women into position to enable the junior doctor to diagnose the cause of the bleed: the bed failed.

Clinical Context and Patient Factors
 Patient is having a PPH, but seems unfazed by the complication. Patient has a number of friends and family with her which hindered the situation.

Contributory Factors

Specific	General
Work Environment Factors Availability and Maintenance of Equipment Supplies- button on the bed failed, therefore not allowing the women to be placed in the required position	Equipment failure occur regularly on the unit and were generally accepted and tolerated
Team Factors None	None
Individual Factors None	None
Task Factors None	None

Organisational Management & Institutional Context Factors
 Policy, Management and Goals - no formal regular test and maintenance was arranged for equipment

Implications and Action Points
 Review maintenance management procedures for equipment on the LW. Ensure tests are made regularly and results are recorded. Check and ensure maintenance contracts are in place to ensure timely rectification of faults.

Form C: SUMMARY

CARE MANAGEMENT PROBLEMS AND CONTRIBUTORY FACTORS FORM

Use one form for each of the care management problems identified

Care Management Problem
 Failure to get women into a position to enable the junior doctor to diagnose the cause of the bleed. Midwife did not get women into position for examination quickly.

Clinical Context and Patient Factors
 Patient is having a PPH, but seems unfazed by the complication. Patient has a number of friends and family with her which hindered the situation. Midwife D seemed in no rush to get the women into position for examination

Contributory Factors

Specific	General
Work Environment Factors None	None
Team Factors Relationships and Seeking Help - midwife responded to the situation slowly	Staff (junior obstetric and midwifery) aware of midwife D's poor work attitude and performance, but felt they could not report her for fear of "grassing" on a colleague
Individual Factors Physical & Mental Stressors - midwife D had a poor work attitude	Midwife D's performance was generally in question
Task Factors Availability and Use of Protocols - Midwife D was unfamiliar with the PPH protocol	None

Organisational Management & Institutional Context Factors
 None

Implications and Action Points

1. Review education and training needs of midwife D
2. Instigate a policy where staff can positively identify staff training needs and ensure need is reported and acted upon. Foster a positive culture.

Form C: SUMMARY

CARE MANAGEMENT PROBLEMS AND CONTRIBUTORY FACTORS FORM

Use one form for each of the care management problems identified

Care Management Problem
The registrar did not assist the SHO when requested

Clinical Context and Patient Factors
The registrar was working on an article for his consultant at the time of this incident, which he felt was more important to complete.

Contributory Factors

Specific	General
Work Environment Factors None	None
Team Factors None	None
Individual Factors Physical and Mental Stressors - the registrar was of low morale and had a poor work attitude	Registrar's attitude was well known and tolerated on the unit
Task Factors Task Design - the registrar had an article to complete for his consultant, in addition to seeing patients, therefore there was a conflict of interests	Drs and midwives generally have to multitask and therefore they need to be able to prioritise their work effectively

Organisational Management & Institutional Context Factors
Safety Culture - senior obstetric staff were aware of this Drs poor performance, reluctance to supervise and support juniors and to practice in an arrogant and risky manner. The registrar had received further training and support (to no avail) senior Drs were aware further action was needed e.g... disciplinary action, but they were hoping he would move Trusts and therefore alleviate their problem

Implications and Action Points
Review procedures to deal with ineffective staff (e.g... training, discipline, etc..)

Lessons Learned

1. The maintenance management of equipment and systems should be reviewed regularly to ensure faults are recognised promptly. In addition rectification of faults needs to occur quickly and efficiently, so maintenance contracts need to be in place to facilitate this.
2. Staff performance should be monitored regularly, via both senior and junior staff appraisal. Where action is deemed necessary, senior management must foster a will and a culture to ensure change.
3. Staff workload should be investigated to determine what tasks can be completed in a specified time-frame accurately and efficiently.