

Emergency Ambulance Service Reportable Events: October - December 2018

Total number of SAC1 and 2 reportable events (*Severity Assessment Code*)

- One new SAC2 (QRMS 4083) event was reported to the Health Quality and Safety Commission and NASO during the quarter.
- Three major adverse event reviews were completed during the quarter. One event was assessed at SAC 2 (4039).

QRMS 4083

Summary: The initial call was coded as a “Grey”1 response and managed through Clinical Telephone Triage. After further 111 calls, the call was upgraded as a “Red”2 response and an ambulance responded. It was subsequently identified by the hospital that the patient was experiencing an ectopic pregnancy and was taken to theatre for emergency surgery.

Root causes	Recommendations	Actions taken
Delay in ambulance arriving due to shortcomings in call and triage process	Due to the high risk of this condition, alongside the difficulty in accurate diagnosis via call taker triage, it would be worthwhile reviewing the potential for an additional possible identification of ectopic pregnancy, as part of the call taker’s classification guidelines using the Pregnancy Protocol. (It is already identified under the ‘Abdominal Pain’ and ‘Fainting’ protocols, as most patients are not yet aware they are pregnant). This would need to be taken to the International Academies of Emergency Dispatch for review and agreement.	Ectopic pregnancy is marked as a high risk complication under Protocol 24. Therefore all patients who have an identified ectopic pregnancy will automatically receive a higher response
Extended time taken for the nurse assessment to be completed. Initial nurse assessment not completed.	Clinical Telephone Assessment: Standard protocols require review for escalating those calls where the caller hangs up and no information is provided to complete the required assessment	Feedback has been given to Homecare Medical for specific customer training for the nurse involved.
Limited guidance in CPG’s regarding ectopic pregnancy	The information for identification of ectopic pregnancy included in the	In progress

	Clinical Procedures and Guidelines requires review and training opportunities for ectopic pregnancy need to be considered.	
Communication problems arose between paramedics and the patient and her partner, causing stress to both parties.	Supportive, developmental feedback be provided to the paramedic team to ensure that there is a learning from the customer interactions in this event.	In progress

QRMS 4039:

Summary: The closest ambulance was not assigned to a patient triaged as a RED response. The patient deteriorated, and CPR was initiated before the ambulance arrived.

Root causes	Recommendations	Actions taken
The Dispatcher had reduced exposure to dispatching, causing a higher reliance on CAD tools	Review the process whereby Initial Assign selects vehicle to be dispatched including; a. Response plans, b. Response areas, c. Vehicle sharing across regions.	Fix identified, to be implemented in next version upgrade.
Initial Assign (a CAD tool) was not consistently functioning correctly, and therefore did not dispatch the closest ambulance to this incident.		
Underestimation clearance time was given by the Urgent Community Care Paramedic.	Ambulance officers to give accurate clearing times or, when they realize they aren't going to clear in the given time, to notify the Dispatcher of new estimated time to clear.	In progress
The Dispatcher was covering two roles at the same time within the communications centre, dividing their attention between dispatching and being a manager	Ensure there is sufficient staffing in the Communications Centre to prevent a staff member filling more than one role. If this is not possible should be escalated to Executive Director Communications Centre and Patient Coordination.	Roster being reviewed to minimize the need for TMC to dispatch. Escalation process in use.