

The Doctor is in...Bed 2

Error from the other side of the bedrail

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Halifax 7, October 13, 2007

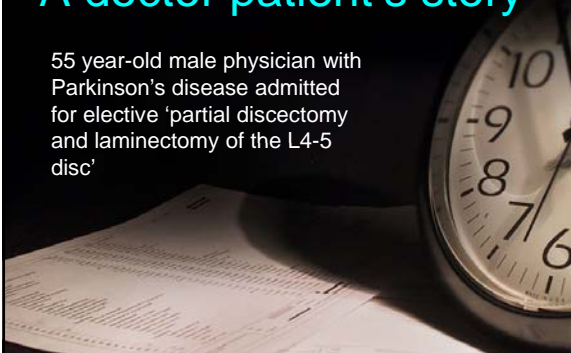
Emotional impact of error



- What is the emotional impact of being on the *receiving* end of error?
- How does being a health care professional change things?
- What does this tell us about the work we have to do to improve the care of patients?

A doctor patient's story

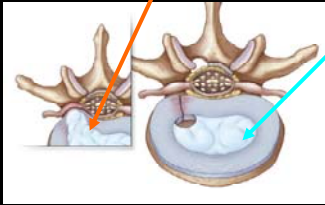
55 year-old male physician with Parkinson's disease admitted for elective 'partial discectomy and laminectomy of the L4-5 disc'



Discectomy: remove just part of disc
Laminectomy: remove overlying bone

Extruded disc compressing spinal root

Post-excision



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Lumbar surgery: Simple, right?

- It ain't brain surgery
- It ain't rocket science
- It's usually same day surgery
- It can't go wrong?
- Right?
- *Wrong*



Bad things happen



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Post-op: Day 1

Upon arrival on ward:

- Admitted to 2-bed room
- Patient offered his usual pills ... about to take them from the nurse, he realizes these are new and different
- "Those aren't my pills!" "Yes, they are!" "No, they're not!" "Yes, they are, you're Bed 2!"
- "I don't care what bed I am, I'm not taking them."
- The guy in Bed 1 exclaims, "Hey, I think those are my pills!"

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Day 2: "I can't walk!"

- Patient still in significant pain
- New right leg weakness, can't stand or walk properly
- Usual overnight stay extended to 6 day stay
- Team 'reassures' patient no nerve transected during surgery
- Patient barely able to walk on discharge

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The ER shuffle

- Excruciating pain continued, forces a return to ER the *same* night as discharge
- Examined by somebody in a white coat -- he never introduces himself -- ?resident, ?casualty officer, ?nurse, ?dentist?
- Neurosurgical resident arrives hours later, says no point repeating MRI, does no exam, just suggests increasing doses of pain meds
- Sent home
- Pain waxing and waning over next 4 weeks

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Week 4: *This is sciatica?*



- Acute onset of excruciating right leg pain – as if being crushed / burned / stretched all at once
...absolutely agonizing

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Post-op: Week 4

- Back to ER
- XR indicated new # of vertebra with spondylolisthesis (slippage of) L4-5 – surgery-related
- MRI: re-herniation of disc with *more* nerve root impingement
- Readmitted thru' ER to have urgent spinal fusion
- No exam done on admission to ward... *Where are the house-staff?*

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Do anything, something, please!

- Surgery scheduled for 2 days later
- Pain relentless and exhausting while awaiting operation
- Not controlled by high-dose narcotics

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"We care about your pain"

- Buzz for nurse... 1/2 hr later she appears - "You've had your pain medication"
- "But I'm in agony!"
- "Sorry, there's no order and I'm going off shift" – refused to respond to bell
- Door open, screaming in pain, staff charting
- Embarrassed and angry at same time



Back to the future

- The next day, fusion of L4-5
- 6 hr operation: he goes to sleep & wakes up in what seems like an instant later – the terrible pain in R leg is gone! He is cured!
- Sent home 9 days later
-it's not over

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2 weeks post-fusion

- 2 weeks post-op: malaise, chills, new deep-seated throbbing back pain, CRP > 200
- Pain worsens – obtains urgent appt with surgeon, bypasses ER, admitted directly to ward
- No admission history or physical exam ever done on ward. *Where are those housestaff?*
- ? surgical site infection: started on IV antibiotics on spec

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Another Complication

- Temperature spike just before discharge 1 week later
- Resident on call paged
- Stands at doorway, says “well, let’s just change your antibiotics”
- Never examines patient
- In fact, never actually enters the room
- Discharged next day with PIC-line, new antibiotics to be taken x 1 mo

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9 weeks post- fusion

- Improvement in pain and mobility over next month
- Antibiotics stopped
- 1 week later – severe back pain, malaise; CRP > 100



The Next 3 Months

- Readmitted to hospital; Dr-Patient: "I think I should be put back on antibiotics"
- IV antibiotics resumed but no improvement
- Dose of narcotics increased but no better
- 3 further admissions over next 3 months with intractable pain
- Increasingly massive doses of narcotics and other adjuvant medications
- Hallucinating at times, thinking jumbled, still barely able to ambulate

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Hopeless and Helpless

- Attending MDs: "we don't know what to do" = "we can't help you"
- "you may have to learn to live with this pain"
- "perhaps you should consider going on methadone"

- Repeat MRI at 2 months: no evidence of fusion!

- Advice: wait and see if fusion could still take place
- Lonely long days in hospital bed with few and brief visits from attending MDs
- Increasingly hopeless and despondent; has no idea if he will ever return to work

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Another route



- Seeks another surgical opinion
- "I can help you..."
- Another MRI: no evidence of fusion, previous hardware completely out of place, impinging on nerve roots
- Admitted to 2nd hospital & has, 2 days later, fusion from L2 to L5. Cleaned out; new hardware.

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A new twist

- But, he does not wake up as expected post-op
- Admitted to ICU, obtunded
- Lightens a little, but patient has no clue where he is, what happened, or who he is....feels something terribly wrong but cannot express self

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- ***Pt aware but completely disoriented – felt trapped and suffocated***
- ***Cannot move – as if boxed in -- cannot recall surgery or anything else***



Post-surgery day 1-2

- Patient restless, writhing movements, sweating, HT
- Very rigid with extensor posturing and eyes rolled back
- Agitated, combative, swearing+++
- ICU resident orders 5 mg Haldol q1h

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Oops

- Haldol commonly Rx'd for ICU psychosis and agitation
- But...contraindicated in Parkinson's - worsens PD
- Antidote Cogentin given ... and given
- Unexpectedly, more confused with antidote
- Nursing staff had not told attending MDs patient had not been able to swallow PD pills post-op....

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Eure

- Finally...someone figures out – agitation and rigidity secondary to abrupt discontinuation of PD meds post-op
- This was worsened by addition of Haldol
- Then confusion increased by cogentin



Post-surgery days 3-4

- Wakes up gradually
- Pretty loopy
- But pain BETTER!!

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Post-surgery days 3-6

- Vivid dreams and visual hallucinations initially
- ICU for 5 days
- But *felt cared for...*
- Nurses and MD's attentive and understanding



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Post-surgery week 1-2

- Moved to step-down unit
- Discharged from hospital 13 days after surgery
- Has continued to recover...& returned to work at "age 56, the prime of life, the age at which real life begins." (Dostoevsky, *The Idiot*)

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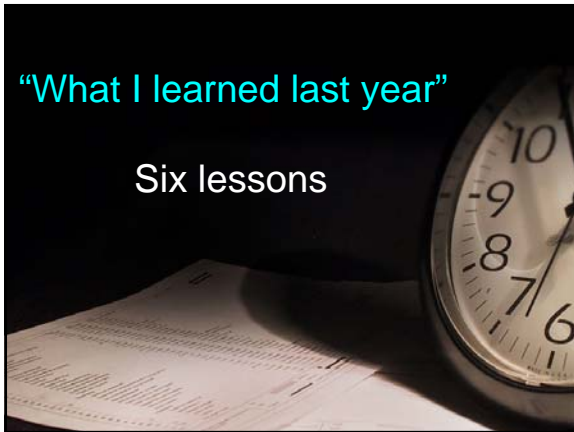
The dr was me.....

- "Midway on our life's journey, I found myself in dark woods, the right road lost. To tell about those woods is hard – so tangled and rough...."

• Canto 1, *Dante's Inferno*, Tr. Robert Pinsky 1994 30

“What I learned last year”

Six lessons



1. The view of error changes



- “The aspect of the bull changes when you are in the ring with him.”

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2. Hard to be a patient

- Being a patient means giving up some control
- Patient experience: if in serious pain, want to be looked after, ‘cared for’
- Requires trust to put yourself in someone else’s hands

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3. Error can be a bitter fruit

- The worst time: unanswered calls for help
- Felt alone, helpless, abandoned....a bitter disappointment
- Perceived lapse of professionalism at root of hardest emotional reaction to error

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4. Negative reaction can be mitigated

- Although the worst error led to the ICU experience, it did not provoke the worst reaction
- In the ICU, everyone kept doing their best
- Felt supported, cared for
- 'A robust professionalism'

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5. More to error

- Patient- defined 'incidents' (eg., waiting, failure to be examined),
- 'Moral harms' (eg. failure to show respect to a fellow human let alone health care professional)
- Things didn't turn out (expectations unmet, not being prepared for the worst).

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6. There are ways forward

- A robust professionalism must accompany our patient safety efforts
- Must empower patients & families to report errors / disappointments
- *We are doing these already, we must do them everywhere*


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- *It's not about them, it's not about us as health care providers.....*
- *It's about all of us as we are them when we are patients*





“Out of this nettle, danger, pluck this flower, safety.”
....Shakespeare. *Henry IV*, Part I, II, iii, 11



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