



SAFETY ALERT

Premature Discharge from Department of Emergency Medicine (DEM)

“Sharing Lessons Learned”

A recent Sentinel Event reported a patient who presented to DEM, treated for the active symptoms, and discharged after improving. However, the underlying condition was not resolved, and the patient returned to DEM unresponsive, after two (2) hours. Unfortunately, resuscitation attempts were unsuccessful and death was announced.

Situation/Background:



A 60-year-old patient with co-morbidities presented to DEM, complaining of worsening Dyspnea and shortness of breath. She was admitted as a case of Acute Decompensated Heart Failure with Acute Kidney Injury (AKI), and was treated for Pulmonary Edema with Intra Venous (IV) Diuresis. The next day there were improvements in the patient’s shortness of breath and Edema. Also, the oxygen requirement was back to baseline. After resolving the active issues, discharge was ordered. However, the underlying cause of shortness of breath was not determined, and the Staff Nurse verbalized **concern** about the respiration rate being higher than baseline. The junior Resident of the admitting service assumed the treatment resolved the symptoms and discharged the patient with an additional dose of Diuretics. The patient returned to the DEM after two (2) hours in an **unresponsive state**. Resuscitation took place for 30-40 minutes, but unfortunately, the patient died.

Assessment:



A Root Cause Analysis was done; multiple factors contributed to the event:

- △ The Resident did not escalate the concern to the Consultant to assess the patient physically before discharge.
- △ The underlying cause of the disease was not resolved. The Resident assumed the symptoms were treated and improved.
- △ The Staff Nurse did not escalate the concern to the Consultant to assess the patient physically before discharge.
- △ Failure to follow the chain of command to raise any concerns of patient’s condition.
- △ The patient was treated for Pulmonary Edema; however, the underlying causes for Pulmonary condition work up were not completed.



Recommendations:

- △ Re-inforce to the medical departments to assess all patients physically before discharge.
- △ Review the escalation of communication process.
- △ Empower staff to communicate with the Consultant directly, if they have any patient safety concerns.
- △ Adhere to the policy “Chain of Command CIPP-3742”.
- △ Establish a multidisciplinary process across all medical departments for patients with complex conditions.
- △ Apply the Just Culture Approach for the involved staff.