SAFETY ALERT

Early Discharge of a Sepsis Patient

"Sharing Lessons Learned"

An incident was reported and discussed as a Sentinel Event for a patient with initial suspicion of Sepsis. The patient received antibiotics and was discharged, while clinically stable. However, on the following day, a positive blood culture was reported. Several phone call attempts were made to inform the patient about the need to be admitted for further treatment, but there was no response. Unfortunately, the patient died a few days later.

Situation/Background:

A 66-year old female patient with co-morbidities, including Heart Disease and End-Stage Renal Disease on Hemodialysis using a Permacath, presented to DEM. The patient stated that she had chills during Dialysis and that her PermaCath had not been changed since it was placed in 2019. The patient had a fever for three (3) months with Intra-Cardiac Thrombus, and was admitted in another Hospital to receive antibiotics for one (1) month.
The patient presented to DEM with chills and generalized body pain. The patient's Laboratory results showed early signs of Sepsis, so the DEM Consultant's clinical judgment was to admit and treat the Sepsis. The decision was not escalated after dispute and shift change. The patient was discharged home with antibiotics and a Cardiology Clinic follow-up appointment. The next day, a positive blood culture was received with Extended Spectrum Beta-Lactamase (ESBL). All communication attempts with the patient and her family to bring her to the Hospital for treatment had failed; a few days later the patient died.

Assessment:

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

- ∆ Failure to escalate clinical judgement dispute between services (decision to admit vs. discharge).
- ∆ Inadequate handover between shifts and between services.
- ∆ Failure to involve different sections/specialties within Medical Departments.
- ∆ Failed attempts to call the patient with no existing documentation updating the interaction.

Recommendations:

- ∆ Reinforce the Policy of DEM Consultations – Service to be Consulted – Resolution of Potential Disputes CIPP-3449.
- ∆ Establish Code Sepsis Program / Dashboard for early detection and management of Sepsis.
- ∆ Reinforce closed-loop communication for cases referred from different services by having Consultant-Consultant direct communication.
- ∆ Reinforce the proper handover during transition of care between different shifts in DEM.
- ∆ Implement the Just Culture approach to identify the involved staff behavior.
- ∆ Strictly follow the established Admission criteria between Internal Medicine and Nephrology for Dialysis patients.
- ∆ Reinforce the referral process within Medical Department (Internal Medicine and Nephrology).
- ∆ Establish Interdisciplinary Taskforce to develop guidelines for calling patients and document the interaction.