Critical Incidents Reported to Manitoba Health

Period: April 01, 2018 - June 30, 2018

Fiscal Year Occurred	Degree of Injury	Description
2018/19	Major	PCH resident was walking down the hall and was pushed by co-resident. Fell to the floor. Fractured hip. Surgical repair completed.
2018/19	Unknown	Patient consented and prepared for laparoscopic cholecystectomy. Patient had same procedure performed 18 years earlier. Once discovered that the gallbladder had been removed, laparoscopy with adhesions performed.
2018/19	Major	PCH resident found to have Stage 3 pressure injury during care. Pressure injury prevention plan was not fully implemented prior to discovery.
2018/19	Major	PCH resident slipped in bathroom striking ankle on the pedal of their motorized wheelchair. Fractured ankle. Grab bar located next to the toilet was not replaced when the toilet was replaced.
2018/19	Major	During laparoscopic surgery, a piece of surgical equipment failed. The surgeon had to abort the laparoscopic procedure. An open procedure was performed. Hospital stay was extended.
2018/19	Major	Patient developed unstageable pressure injury to their back. A skin care plan had not been fully implemented prior to the event. Discharge from hospital was delayed as a result.
2018/19	Major	Patient with dementia was left alone in bathroom momentarily. Fell and hit head. Seizured. Subarachnoid hemmorhage.
2018/19	Major	Patient had hysteroscopy and IUD removal performed in the Operating Room. Lidocaine (local freezing) applied to the cervix. Dose of Lidocaine was 25% greater than the maximum recommended dose. Experienced a short period of asystole and apnea. Unusually extended stay in Recovery Room following procedure.
2018/19	Major	Pediatric patient admitted to hospital for seven days with seizures secondary to low blood sugars. Found to have low serum sodium levels due to diuretic. Diuretic put on hold after consultation with Nephrology. On discharge, medication reconciliation did not include the diuretic. Discharge instructions indicated to resume home medications including discontinued diuretic. Three weeks later, to Emergency Department with gastroenteritis. Serum sodium level found to be dangerously low. Admitted. Required ICU admission to treat hypotension exacerbated by low sodium level..
2018/19	Major	Patient with entensive cardiac history being cared for ICU with cardiogenic shock, Required continuous infusions for three inotropic medications. Norepinephrene infusion increased to dose ten times required. Patient developed ventricular tachycardia and lost consciousness. Code Blue. Defibrillated. Required additional medications to re-establish stable cardiac rhythm.
2018/19	Major	Patient had a CT scan that showed a suspicious mass. Follow-up was recommended. Follow-up did not occur. Palliative care was initiated. Fourteen months later, the CT scan was reviewed again. It was determined that no malignancy was present. The patient received an incorrect diagnosis. The patient should not have been enrolled in the Palliative Care Program.
2018/19	Unknown	Patient received diagnosis negative for malignancy in March 2017. Reactive mesothelium present. Whole pelvis radiotherapy and vaginal brachytherapy completed. Follow-up in January 2018 with abdominal discomfort. CT scan suspicious for omental metastasis. CT guided biopsy positive for metastatic adenocarcinoma. Cytology from March 2017 amended to reflect diagnosis. Patient is now receiving palliative care.
2018/19	Major	Patient had pap smear in 2014. Pathology indicated no cancer. Repeat PAP smears in 2015, 2016 and 2018 also interpreted as no cancer present. Cervical biopsy in 2018 indicated cancer present. Pap smears from 2014,2015,2016 and 2018 re-evaluated. All indicated cancer present. Patient has undergone trachelectomy (removal of the cervix) and will require additional surgery and radiotherapy.
2018/19	Major	The neonatal transport team was en route to transport a febrile one month old infant from a rural nursing station to an urban facility. At the time of departure, a second call for transport was received for infant twins in respiratory distress who were intubated and ventilated. A second care team was not available to respond. One twin extubated themselves and had a cardiac arrest. Following the return of spontaneous circulation, the neonate could not be intubated until the transport team arrived. Admitted to NICU.

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2018/19	Major	PCH resident required the use of a mechanical lift to mobilize, however was transferred manually. Resident complained of groin pain. Leg was noted to be shortened following the transfer. To ED for assessment. Fractured hip.
2018/19	Major	Patient had a peritoneal dialysis catheter inserted unnecessarily. The patient was re-admitted to hospital at which time the peritoneal dialysis catheter was removed.
2018/19	Major	Patient receiving mental health services was wearing a cast boot to manage a fracture. No skin assessment was done on admission. Several days later, a pressure injury was found. Wound deteriorated. Delay in seeking appropriate treatment. Required surgical intervention. Delay in seeking appropriate treatment. Extended hospital stay.
2018/19	Major	Infant received a paralytic agent while intubated and ventilated. No sedating agents or analgesics were given as per protocol. The infant underwent two invasive procedures: a umbilical venous and arterial catheter insertion and a chest tube insertion before receiving sedation and analgesic.
2018/19	Major	Patient to rural Emergency Department via Emergency Medical Services (EMS) with left lower limb swelling to the level of the pelvis with weeping open wounds and bruising. Three day history of nausea, vomiting and malaise. Profoundly hypotensive. Resuscitated. CT scan shows extensive deep vein thrombosis. Anticoagulated. Minimal documentation overnight. Increasing hypotension and hypoxia. Ultrasound shows infection and imflammation. Delay in specialist consultation. Admitted to Medicine. Diagnosis of necrotizing fascititis and septic shock. Emergency surgery to amputate leg. Spent 18 hours in Emergency prior to receiving needed treatment.
2018/19	Death	Patient underwent coronary angiography. During procedure, coronary artery was dissected during wire insertion. Inadvertently transferred to the ward instead of the acute cardiac care unit. Returned to the cardiac catheterization lab for attempted coronary intervention and insertion of intra aortic balloon pump. Continued deterioration in condition with progressive cardiogenic shock. CT scan shows intra abdominal bleed. Booked for emergency abdominal surgery but had another cardiac arrest prior to being able to be transferred to the Operation Room. Died.
2018/19	Death	Patient with diabetic foot infection had wound debrided. Started on antibiotics. Following debridement, patient had ongoing bleeding. Vascular surgery consulted with plan to assess the next morning. Over the course of the evening, patient's blood pressure and hemoglobin dropped. The next morning, patient had cardiac arrest. Attempts to resuscitate unsuccessful. Expert medical opinion indicates standard of care not met.
2018/19	Death	The nature of the concern in the referral is a possible delay in diagnosis of sepsis at the home facility prior to the resident’s transfer to hosptial and subsequently death.
2018/19	Major	Pediatric patient received an intravenous Heparin infusion. The intravenous pump used to deliver the infusion was programmed incorrectly. The required two staff check was not performed. The patient received a higher dose of Heparin than ordered. Patient developed an arterial bleed requiring blood transfusion and admission to the Pediatric Intensive Care Unit.
2018/19	Major	Patient complained of pain to their arm. X-ray shows scapular fracture. Patient identified that the injury occurred the previous night when she was repositioned by health care providers. Extended hospital stay needed for rehabilitation.
2018/19	Major	Pediatric patient was admitted with respiratory issues associated with a nosebleed. A balloon tamponade device was inserted to manage the nose bleed. When the device was removed, the nose began to bleed again. Code Blue called. Required intubation and transfer to PICU. A replacement device was not available. Delay in providing appropriate intervention. Prolonged bleeding.
2018/19	Major	Patient living with dementia and functional decline was wandering in the hallway. The patient began shouting, kicked down a door to another patient's room. The patient in the room came out and pushed the patient in the hallway. Sustained multiple fractures.
2018/19	Major	Patient with known fall risk was transported to another area of the hospital for a test. The patient's fall risk was not communicated to the transport staff. The patient fell. Fractured hip.
2018/19	Major	During a surgical procedure, the equipment overheated causing a burn to the patient’s eye. Additional surgeries were required to address the burn.