

Critical Incidents Reported to Manitoba Health

Period: January 01, 2019 - March 31, 2019

Fiscal Year Occurred	Degree of Injury	Description
2018/19	Major	An in-patient developed an unstageable pressure injury. Prevention strategies could not be identified within the patient care record.
2018/19	Major	Staff found patient lying on the floor of his bedroom with his wheelchair adjacent to him. He reported falling while transferring out of his wheelchair. He sustained a fracture to his left hip.
2018/19	Major	During an attempt to irrigate a blocked urinary catheter, a part of the catheter ruptured. As a result, the patient required intensive care treatment and an extension of their hospital stay.
2018/19	Major	An in-patient was given a meal tray that included an item for which the patient had a known food allergy. The patient required ICU admission for an allergic reaction.
2018/19	Major	A resident required 2 care providers for all their care. Care was provided by only 1 care provider. The resident fell and sustained a fracture, surgery was required.
2018/19	Major	Patient noted with health decline, assessed querying pneumonia. Transferred to acute care, diagnosed with subdural hematoma. Received surgical intervention at tertiary facility. Progress notes indicate patient had unwitnessed fall, possibly resulting in the subdural hematoma.
2018/19	Minor	Following notification of reddened area to the skin, patient was assessed by physician and wound care nurse to have an unstageable pressure wound to the upper leg over a surgical scar. It is unknown when this wound developed.
2018/19	Major	A Stage 3 pressure injury on the coccyx developed during hospitalization resulting in a delayed rehabilitation and discharge.
2018/19	Major	An in-patient required medication to treat a chronic condition. The medication order was missed resulting in a decline in the patients' health status and necessitating a transfer to a higher level of care.
2018/19	Major	Resident of PCH developed a stage 3 pressure injury. Resident remains in PCH with ongoing wound assessment and treatment.
2018/19	Major	A patient diagnosed with psychosis and displaying aggressive and threatening behaviour caused serious physical harm to another patient on the patient care unit.
2018/19	Major	A patient was discharged home with an incorrect feeding regimen resulting in symptoms that required readmission to hospital.
2018/19	Major	A patient with stroke symptoms presented to the ED. A delay in treatment occurred. The patient has significant weaknesses.
2018/19	Major	A patient developed a Stage 3 pressure injury to the coccyx and unstageable bilateral heel pressure injuries. Pressure injury treatment was provided.
2018/19	Major	Patient admitted with general weakness and falls. Patient became confused and agitated, smashed window and fell from 2nd floor resulting in fracture and cut to head requiring 6 staples.
2018/19	Major	A medication was provided to a patient for pain relief. The patient experienced a sudden and severe change in health status. Emergency intervention was required.
2018/19	Major	A patient required a specialist consultation to manage a wound. There was a delay in consultant assessment resulting in a worsening of the injury and need for surgery.
2018/19	Major	Changes in a patient's heart condition were not recognized and escalated for intervention in a timely manner. This required a longer hospitalization.
2018/19	Death	A patient on a soft textured diet received a regular texture food tray. While eating, the patient experienced a choking event. There was a delay in activating the code blue team, and efforts to clear the patients airway were unsuccessful.
2018/19	Death	A patient required heart monitoring and was inadvertently taken off the heart monitor. The patient was later discovered unresponsive. Efforts to resuscitate the patient were unsuccessful.
2018/19	Major	A patient, who required two staff members to transfer, experienced a fall while being assisted to transfer by one staff member. The fall resulted in a significant change in mobility and independence.

Fiscal Year Occurred	Degree of Injury	Description
2018/19	Unknown	Infant born with poor respiratory effort requiring resuscitation, resulting in extended length of hospital stay.
2018/19	Minor	A patient was diagnosed with a Stage 3 pressure ulcer to the elbow requiring ongoing assessment and clinical care.
2018/19	Major	Patient with suspected head injury who was intubated required an extended hospital stay in an intensive care unit for treatment of aspiration pneumonia.
2018/19	Major	A resident experienced a preventable fall resulting in a broken hip requiring surgery. The fall prevention strategy was not updated following the identification of a fall risk.
2018/19	Major	A patient fell resulting in pain. No fracture was detected on assessment. Subsequent reassessment determined a fracture resulting in surgical intervention.
2018/19	Death	A patient underwent a procedure to open a blocked artery in their heart. As a result of a complication with the patients intravenous, the patient did not receive the correct dose of a medication which resulted in deterioration. Emergent intervention and an increased level of care was required.
2018/19	Major	Patient found on the floor. X-ray confirmed a fracture of the right femur requiring surgical repair.
2018/19	Unknown	Patient received a misdiagnosis on a CT and MRI. Patient went home with pain medications. One month later patient received a metastatic diagnosis from a bone scan.
2018/19	Major	A patient presented with a lower leg injury which was treated. On reassessment an infection to the injured area was not appreciated in its early stages. Once the infection was identified, admission to hospital with surgical intervention was required.
2018/19	Major	Patient received a diagnosis and based on diagnosis underwent a surgical procedure. Patient was re-imaged post surgery; a mass was missed.
2018/19	Major	A presence of acute injury on a diagnostic imaging test was not appreciated, leading to a delay in specialist consultation and intervention.
2018/19	Death	A patient experienced out of hospital trauma. There was a delay in accessing trauma services.