

Duty of Candour

Health care scenario - Transcription

Pennie Taylor, Pennie Taylor Communications: 'In this scenario you'll see a conversation that's taking place following a review into an incident where the Duty of Candour procedure has been invoked.'

Alan is a 50 year old chief executive of a large aerospace company, and he has a family history of high cholesterol. He has come to your hospital for cardiac bypass surgery. Married to Sonia for 25 years, they have three college aged children.

The hospital has recently purchased a new piece of equipment for blood administration during a surgical procedure. The anaesthetist received training on the equipment and has used it in six surgical cases to date. The equipment is being used in this case and two units of blood are administered. As the anaesthetist oversees administration of the last unit of blood, Alan suddenly experiences cardiopulmonary arrest. The anaesthetist suspects that Alan has an air embolus. Appropriate measures are undertaken and he is successfully resuscitated. However, he experienced a prolonged period of limited oxygen to the brain. Over the next few days it becomes clear that Alan has suffered a significant brain injury due to lack of oxygen. He is discharged to a skilled nursing facility, with little prospect of ever returning to work.

The root cause analysis suggests that the cause of the air embolism was multifactorial, but it identified a breakdown in communication between the anaesthetist, perfusionist and surgeon, along with a lack of familiarity with the new equipment, as important causes of the adverse event.

Dr Allardyce has been asked to lead the meeting with Alan's family and explain the findings of the review. Alan himself is unable to attend the meeting due to his condition. His wife Sonia will be attending and will be accompanied by Alan's sister.

Dr Allardyce: 'Good morning, I'm John Allardyce. I'm the doctor who's led the review into Alan's operation. Before we start it would be a good idea if we introduced ourselves.'

Sonia: 'Okay...I'm Sonia, Alan's wife.'

Marie: 'I'm Marie, I'm Alan's sister.'

Dr Allardyce: ‘Well, what I would like to do this morning is to explain to you the findings of our review into Alan’s operation. Now, if at any point you would like to ask any questions, or if there’s something that you’re not sure of, please don’t hesitate to stop me. But before I start to go into the findings, I’d like to say how sorry we are for what has happened to Alan, and for the obvious distress that this has caused him, you and your family.’

Sonia: ‘Distress! Distress can’t even begin to describe how we’re feeling. This has ripped our family apart. Alan had so many years left in his life and your hospital, or this hospital, has done this to him. We need to understand how this has happened.’

Dr Allardyce: ‘I understand the upset that this has caused and, again, we’re very sorry for the harm that’s come to Alan, but I hope the information I’m going to be able to give you this morning will help you understand exactly what happened to Alan.’

Marie: ‘We’re all really distressed about this and worried about Alan’s future, but we really do need to get to the bottom of what happened.’

Dr Allardyce: ‘Okay, well if I could start by explaining what was happening in theatres at the time Alan became unwell. There were a number of staff present – there was the surgeon, the anaesthetist, the perfusionist, who’s a specialist who looks after the heart and lung machines we connect the patients to, and there were 3 nurses. Now, as you’re aware, Alan was undergoing a heart bypass operation. When we carry out this sort of surgery we need to give patients blood. We use a specialist machine to do this, and for this operation the anaesthetist was using a machine that was newly purchased. Alan wasn’t the first patient that this machine had been used with – there had been six other patients previously. Now for Alan, we needed to give him three units of blood, a unit being about a pint. The first two units were administered without a problem, but when we came to give him the third unit he developed an air embolus. Now, this is a small bubble of air that can develop in a blood system, and that can prevent the blood from moving around the system properly. This can prevent enough oxygen from getting to a patient’s brain, which is what we believed happened in these circumstances, which led to Alan’s brain injury.’

Sonia: ‘But we knew he had a brain injury but we were never told he had a... an air bubble?’

Dr Allardyce: ‘An air embolus, that’s right.’

Sonia: ‘So what went wrong?’

Dr Allardyce: ‘Well, we’ve identified a number of factors that we believe had contributed to this. The first was a matter of communication between the surgeon, the anaesthetist and the perfusionist. We believe that they didn’t adequately communicate the correct information, and they didn’t share specific things that they should have done during the operation. The second problem regarded the training with the machine that administers the blood. Now, as I mentioned previously, this was a newly purchased machine and, although it had been used successfully on six other patients before Alan, we’ve identified that further training is needed to make sure that staff are confident in how to operate the machine fully. It’s a combination of these factors that we’ve identified that we believe has led to Alan suffering this brain injury, and for that we’re truly sorry, but we have taken learning from this, and we will be making improvements.’

Sonia: ‘Are you telling me that people not talking to each other and not sharing information caused my husband

to be brain injured?’

Dr Allardyce: ‘That was one of the factors, yes, and then there was also the issue of the training on the machine.’

Marie: ‘And what’s going to be done to stop this happening again?’

Dr Allardyce: ‘Well, we’re working with the staff involved to carry out communications training to improve their skills, and we’re also developing a protocol in theatre to ensure specific information is shared during operations. That’s not something that’s restricted just to the type of surgery Alan underwent, but to all surgical procedures we’re carrying out at this organisation. I’ve had the chance to discuss this case with the staff involved...we’ll be monitoring them to make sure that there are improvements in their communication skills, and they’ve acknowledged that their communication fell well below what was expected. Now, I understand you’ve had the chance to talk to the surgeon and the anaesthetist involved?’

Sonia: ‘Yes, yes, I have, thank you. But, you know, what about this machine...is it safe to be used on other patients?’

Dr Allardyce: ‘We found no mechanical fault with the machine itself. However, we’re suspending its use until we’ve had the chance to offer further training to the staff involved. We’ll only start using the machine once we’re happy that all staff are completely confident in its safe operation.’

Sonia: ‘So, you talk about training for staff...that’s all well and good, but who’s to blame for this?’

Dr Allardyce: ‘Well, I understand why you’d want to look for somebody to blame, but in this circumstance the staff involved work as a team, and we can’t really identify one individual staff member to blame. What I can say, however, is that as an organisation we take complete responsibility for what happened to Alan. We’re making sure that we’re taking learning from that so we can make improvements. Now, I have spoken to the staff concerned and they’ve asked that I pass on how sorry they are for the harm that was caused, and also for the obvious distress this has really caused you and your family.’

Sonia: ‘My husband should have been going back to his job, making good money...our kids need to go to university. This has all been taken away from us. How are we going to cope, Marie?’

Dr Allardyce: ‘We will do everything we can to support you in Alan’s future care, and we will also be working with the staff in the ward where he currently is, just to make sure that he gets the best possible treatment.’

Marie: ‘I think the family will wish to discuss, you know, what you’ve told us today and we might have to come back with more questions.’

Dr Allardyce: ‘Well, that’s fine. What we’ll do is send out a written copy of the report to you, and take some time to read through that, and if you do have questions please come back to us and we’ll do our best to answer them for you. Now, I wanted to meet with you before we provided you with that written report so I could have the chance to explain some of the more technical aspects to you, but also I wanted to point out that, when you get the report, Alan’s name won’t be in it, neither will the names of the staff who were involved. Now the reason we do this is

because we share the report through the organisation to make sure that everybody can learn from what happened and, because we're sharing these openly, we're required by the Data Protection Act to protect the identities of the staff and patients who were involved. Now, I understand you've had the chance to discuss Alan's care directly with the surgeon and the anaesthetist involved?'

Sonia: 'Well, I did at the time but, honestly, I don't know how much I took in, and the question I want to ask is, how honest is this report going to be?'

Dr Allardyce: 'Well, the review is being led by myself and other independent clinicians. None of us were involved in Alan's care. We've all received specialist training to make sure that we can get to the truth in what happens in an incident. We also have a legal obligation to make sure that we tell families the truth, and tell them when something has happened to a patient. We also have that obligation to take learning from an event to make sure that something like that can't happen again. We will be sharing a copy of this report right across the organisation, not just to this hospital but for all the other hospitals that we cover, so that everybody's got the opportunity to learn from what happened to Alan.'

Sonia: 'Well, okay, thank you for this, but I'm sorry, I'm still going to have to seek compensation, make a claim.'

Dr Allardyce: 'Well, I understand why you'd want to do that. I'm not the person who would deal with this myself, however, we do have a legal department that I can put you in touch with. They will be able to guide you through that process. Would you like me to pass on their contact details to you?'

Marie: 'I think we've got that information. I mean, thanks for being honest with us. It can't be easy investigating your colleagues.'

Dr Allardyce: 'Well it's not, but please be assured that the team involved in Alan's care really wanted to understand what had happened so they can make sure this doesn't happen to anyone again.'

Sonia: 'Okay, thank you for your time.'

Dr Allardyce: 'Well, thank you very much for coming in to meet me. I'd like to say once again just how sorry we are for the harm that we've caused, and for the obvious distress this has caused you all.'

Sonia: 'That's okay.'

Dr Allardyce: 'Do you have any further questions that you would like to ask?'

Sonia: 'No, I don't think so... do you, Marie? No...'

Pennie Taylor, Pennie Taylor Communications: 'So how do you think that went? What did you hear that met the Duty of Candour procedure? Do you think it could be further improved? How will you prepare for these conversations?'