Case Studies about Catastrophic Medical Errors

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The Human Factor in Medical Error: Ethics, Accountability and the Law Beyond Technology

Introduction: Patient safety

Patient safety is defined as "the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum." (WHO 2023)



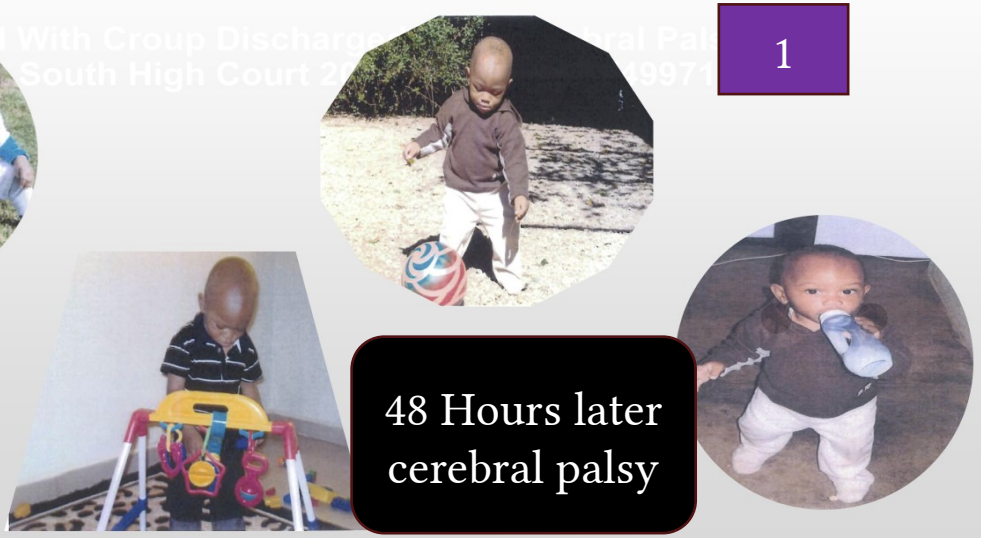
Cases about
Catastrophic Medical errors

Admitted With Croup Discharged With Cerebral Palsy (Gauteng South High Court 2012 Case No: 10/49971) : R20 million & Costs to be paid.



Post spinal surgery failing to contact surgeon leads to cauda equine syndrome-irreversible.
(High Court Bloemfontein Case 2302 2018)

2



1

48 Hours later cerebral palsy



5

Anaesthetic injury Age 33 years
Irreparable brain damage

Coronary Bypass Patient discharged with one leg (Case No 75488/09 North Gauteng High Court Pretoria)



1. SUBSTANDARD CARE: Cerebral palsy <48 hours after admission

- 18mth old child developing croup was admitted
- On admission in casualty: incomplete assessment
- Incomplete observations: only a temperature measured despite the respiratory distress.
- Poor interpretation of observations
- Not acting on clinical manifestations. Tachycardia 180+
- Poor documentation “Gamping”
- Not reporting to a doctor

1. SUBSTANDARD CARE: Cerebral palsy <48 hours after admission (Cont.)

- Poor interpretation of test results
- Not suctioning as required: secretions flowing down the ET tube and ventilator tubes.
- In ICUs no place for routine observations
- Manages to draw “mix blood” for arterial blood gasses, takes blood to the lab and leaves patient
- Returned from the lab and found the pulse rate at 50+, a drop from 180+
- She then suctioned the patient furiously
- Child decompensated, leading to a cardiac arrest, CPR started
- Twenty minutes later doctor arrived but too late as brain damage had set in

2. SUBSTANDARD CARE: Patient suffered cauda equine syndrome post-spinal surgery.

- 66-year-old female admitted for spinal surgery, walked into the ward the morning
- Patient returned from theatre at about 18h00
- Post surgery at 18h00 complained of numbness in both legs. Not able to move her legs
- Enquired whether she had an epidural
- RN responds at 20h00 whether the patient was sure that she did not come into the ward in a wheelchair and the patient indicated that she walked into the ward
- Not able to inform the patient or respond to the numbness the patient experienced
- Failed to contact the surgeon

2. SUBSTANDARD CARE: Patient suffered cauda equine syndrome post-spinal surgery. (Cont.)

- The assessment of this patient was not done by a registered nurse (RN). Incomplete assessment and care plan was done by an enrolled nurse and the RN failed to evaluate the care plan. Did not include monitoring the motor and sensation functions of the lower limbs or drainage of the porto-vac.
- Weakness got worse
- Pain killers were given and frequent position changes. Nothing helped
- By 01h25 patient could not move both feet and toes. Only then the surgeon was consulted.
- By 04h00 patient was prepared for theatre and taken back to theatre to drain a haematoma.
- Developed cauda equine syndrome
- An irreversible condition: paralysis of lower limbs, incontinent faeces and urine
- Quality of life totally disrupted

3. SUBSTANDARD CARE: Discharged after bypass surgery with above knee amputation

- 57-year-old-male patient complained of chest pain and consulted two cardiologists who advised that he required conservative treatment
- But a cardiac surgeon did not think so and indicated he could do the surgery the Saturday.
- Surgery was done on a Saturday, not an emergency
- Intra-aortic balloon pump (IABP) catheter was inserted via the left femoral artery
- Post surgery, nurses failed to monitor for ischaemia and arterial insufficiency of the left limb
- Doppler was used to identify the foot pulses, pulses of the particular foot were poor.
- But incorrect recording of foot pulses were done
- Observations of the left foot was recorded as right and right as left
- Failed to report observations
- Failed to interpret observations

3. SUBSTANDARD CARE: Discharged after bypass surgery with above knee amputation (Cont.)

- Catheter was removed Sunday afternoon at about 5pm
- Ignored complaints of severe pain in leg despite complaints to RN / nurses and surgeon who was watching cricket.
- Patient developed a compartment syndrome when the catheter was removed due to a perfusion injury
- Ignored all the clinical manifestations of a compartment syndrome
- By Monday patient had a dead leg
- Consequently above knee amputation
- R4million+ to patient and all other costs to be paid
- Can R4million replace a limb? Quality of life disrupted

The Star
11/02/2011



MOVING ON: Prosthetist Heinrich Grimsehl adjusts the prosthetic limb on Shabir Ahmed Limbada, who lost a leg following complications after heart surgery in 2009.
PICTURE: CHRIS COLLINGRIDGE

Neglect caused heart patient to lose leg, surgeon admits

KANINA FOSS

PRIVATE hospital network Netcare and a cardiothoracic surgeon have conceded liability for the amputation of a Zambian businessman's leg as a result of complications following his heart operation.

The surgeon continued watching cricket rather than attend to his patient's bedside after he had been contacted following complications on the patient, who had undergone a heart operation.

Shabir Ahmed Limbada, 59, went to court with a R48 million damages claim. On Wednesday after just three days of trial, Netcare and Dr Anilkumar Patel conceded liability and agreed to pay 100 percent of Limbada's damages. The settlement amount is still to be decided.

Yesterday Limbada had his prosthesis refitted at the Netcare Rehabilitation Hospital in Auckland Park, secure in the knowledge that his financial and psychological costs would be compensated.

"I'm relieved that it's all over and I can carry on with my life. There has been a lot of worry on my family," he said.

But prosthetist Heinrich Grimsehl said money could never sufficiently compensate a person for the loss of a limb.

"He's got a settlement of a couple of million, but if you ask him what he wants, he'll say he wants his leg back. If you offered him R100 million he'd still rather have his leg."

Doctor carried on watching cricket after getting call

Limbada was admitted to Netcare Milpark Hospital for a heart bypass in 2009.

An aortic balloon pump was inserted into his groin area to assist with his blood circulation. When Limbada woke up after surgery, he told his wife he had pain in his leg.

As Limbada was on a respirator, they had to communicate with hand signals, but she managed to identify three symptoms of compartment syndrome, a medical term that refers to the compression of nerves, blood vessels and muscle inside a closed space.

She testified in court that she had alerted the night nurse, who was eating a packet of crisps. The nurse dismissed her concerns and told her that as Limbada had subjected himself to heart surgery, he was going to have to deal with the consequences.

Limbada's family eventually called Patel, who was at the Wanderers Stadium watching the final of the IPL cricket tournament. He promised to send another doctor.

But after two hours, the doctor hadn't appeared, and the family called Patel again. He said the nurses had assured him there was nothing wrong.

The next morning, Patel visited Limbada.

He diagnosed compartment syndrome, and the leg had to be amputated above the knee.

Mervyn Joseph, an attorney specialising in medical malpractice cases, said the situation could have been avoided if the medical personnel had done their jobs.

Limbada said he used to spend a lot of time on his hands and knees, working with the machinery in his family's textile business.

"I was a very active person before this. I feel useless sometimes," he said.

COMMON THREAD: BASIC NURSING CARE VIOLATED

- Poor monitoring
- Failing to interpret clinical manifestations
- Poor interpretation of clinical manifestations
- Incompetence
- Poor training
- Failing to document correctly
- Failing to communicate with the doctor/ surgeon
- Substandard staff: Use of assistant nurses, care givers and enrolled nurses in ICU clearly a matter of chasing profits “Cheap labour, less expenses”
- Failing to utilize ICU trained staff
- Attitude, failing to listen to patients and families, instead ridiculing them
- Underestimating the integrity and intellectual levels of families and patients.

CONCLUSION

- Employ quality nursing staff to decrease adverse events. The trained professional nurse's training is complex and not just about doing: they acquire critical analytical thinking skills to manage complex patient matters related to anatomy, physiology, pathophysiology, chemistry, physics, anatomy etc. not acquired by non-professional nurses.
- The science of Nursing is not "carrying bedpans or having tick fever"
- Substandard staff should not be employed in ICUs. This is a complex critical environment Don't be fooled. These nurses have no insight about this environment.
- Train registered nurses practising in ICU. They need to function on the level of ICU trained staff
- Refrain from chasing profits and compromising safe quality patient care
- Implement CPD for nurses urgently
- Research has shown that adverse events at the bedside is our major contributor leading to litigation

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