

## **PA PIPS Updates Implementation - 2019**

Moving forward:

- Keep doing PI as you have done it in the past!
- PTSF Outcomes Central Site will include taxonomy data
- Taxonomy classification utilized for all issues/events associated with death case submission
- Utilizing ACS “traumatification” of the “National Quality Forum Taxonomy” as it becomes available

This following information is based on the work of Donald Jenkins, MD, Carol Immermann, RN & Kathie Martin RN

### **Implementing Trauma PIPS Classification** (webinar)

Link to access the LMS directly: <https://secure.icohere.com/PTSF>

### **The following are reference materials for determining Impact (Levels of harm)**

#### **Differentiating Levels of Harm**

1. No Harm - Sufficient information determines no harm occurred
2. No Detected Harm - patient outcome is not symptomatic or no symptoms detected and no treatment is required. Insufficient information or unable to determine any harm
3. Minimal Temporary– patient outcome is symptomatic, symptoms are mild, loss of function or harm is minimal or intermediate but short term, and no or minimal intervention (e.g., extra observation, investigation, review or minor treatment) is required
4. Minimal Permanent- requires initial but not prolonged intervention
5. Moderate Temporary – patient outcome is symptomatic, requiring intervention (e.g., additional operative procedure; additional therapeutic treatment), an increased length of stay, or causing permanent or long term harm or loss of function
6. Moderate Permanent – Requires intensive but not prolonged hospitalization (not resolved at time of hospital discharge)
7. Severe Temporary – Requires intervention necessary to sustain life but not prolonged hospitalization (resolved at time of hospital discharge)
8. Severe Permanent – patient outcome is symptomatic, requiring life-saving intervention or major surgical/medical intervention, shortening life expectancy or causing major permanent or long term harm or loss of function (not resolved at time of hospital discharge)
9. Death – on balance of probabilities, death was caused or brought forward in the short term by the incident

## **IMPACT: Degree of Harm**

### **MINIMAL**

Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons.

Examples:

Perforation of the bowel during surgery that was repaired at the time and the area was appropriately washed out. Only antibiotic treatment is required.

A patient is given someone else's medication. The medication is the same as they normally take, but at a slightly higher dose, and they need to go to bed earlier due to drowsiness.

Continuing treatment with warfarin without monitoring clotting levels, which results in prolonged clotting times, and in turn causes bruising.

An ambulance crew are called to a patient at home who has fallen and is SOB. On arrival they decide to administer oxygen, and are then told the patient has had a laryngectomy. There are no laryngectomy masks on the vehicle so the crew have to attempt to oxygenate the patient using a face mask over the stoma. On arrival in ED the patient's oxygen saturation levels have dropped from 92% to 85%.

Blood is given to the wrong patient and causes a minor rash and temporary rise in temperature.

## **IMPACT: Degree of Harm**

### **MODERATE**

Any unexpected or unintended incident that resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused short-term harm to one or more persons.

Examples:

Perforation of the bowel during surgery was not picked up at the time. It results in septicemia and a return to OR for repair.

A patient is given someone else's medication. The medication is stronger than their own and they suffer prolonged drowsiness for a week. The patient needs frequent observation of their respiratory rate.

Continuing treatment with warfarin without monitoring clotting levels, which results in an overdose and bleeding problems.

An ambulance crew are conveying a patient from the ambulance to ED on stretcher. The patient is left unattended for a short period and the stretcher bed tips over. The patient suffers short-term loss of consciousness and needs to be admitted to hospital for observation. There is no longer-term head injury.

Wrong blood is given to a patient, resulting in temporary renal failure.

### **IMPACT: Degree of Harm**

#### **SEVERE**

Any unexpected or unintended incident that caused permanent or long-term harm to one or more persons.

Examples

Perforation of the bowel during surgery, requiring a temporary colostomy and subsequent major operations.

A patient is given someone else's medication. They have an allergic reaction to it, have a cardiac arrest and suffer brain damage as a result of receiving the medication.

Continuing treatment with warfarin without monitoring clotting levels, which results in a brain hemorrhage and brain damage.

An ambulance is called to a patient who has fallen from scaffolding. On arrival the patient is conscious but lying awkwardly, with a leg that is clearly fractured and twisted. Before carrying out a full assessment or immobilizing the cervical spine, the crew reposition the patient to straighten the leg. After repositioning, the patient is unable to move any of their limbs, and later investigations identify that they have a cervical fracture and spinal cord damage. The spinal cord was, however, immobilized immediately after repositioning. The patient is left with long-term paralysis from the neck down.

Wrong blood is given to a young woman, who then develops anti-D antibodies that will affect any future pregnancy.

#### **THE FOLLOWING ARE EXAMPLES OF IMPACT AND HARM DETERMINATION:**

No harm: Wrong patient got an AM chest x-ray. Similar names on different floors. No harm, a patient safety event.

Minimal: Wrong antibiotic to wrong patient. Potential temporary harm slight reaction with treatment for reaction and monitoring.

Moderate: Pneumothorax cause by subclavian central line placement; requiring a chest tube and extended ICU LOS.

Severe: A previous active elder female with a history of Coumadin is admitted for hip fracture. She is taken to OR post ED with elevated INR unnoticed. Suffers bleeding complications and needs MTF protocol to stabilize with multiple clotting factors.

Death: Frequent doses of Ativan administered over a 24 hour period to a geriatric patient causing respiratory depression and respiratory arrest. Required intubation and transferred to ICU. Course of events was extended ICU with the patient remaining unresponsive and family withdrawing care.

## **EXAMPLES OF OCCURRENCES/Complications & Level of harm determinations:**

### **Impact: Degree of Harm**

#### **Cardiac Arrest with CPR (\$15,079)**

Definition: Cardiac Arrest is the sudden cessation of cardiac activity after hospital arrival. The patient becomes unresponsive with no normal breathing and no signs of circulation. If corrective measures are not taken rapidly, this condition progresses to sudden death. Cardiac Arrest must be documented in the patient's medical record, and must have occurred during the patient's initial stay at your hospital.

Minimal: pulseless (any rhythm) requiring CPR, defibrillation, or chemical intervention, restoration of spontaneous circulation after brief interval (<5 minutes)

Moderate: pulselessness requiring prolonged CPR (>5 minutes), pacing to restore circulation, or other surgical intervention with no neurologic deficits (anoxic brain injury or ischemic stroke or neurologic deficits)

Severe: meets minimal or moderate definition with neurologic deficit (anoxic brain injury or ischemic stroke or neurologic deficits)

### **Impact: Degree of Harm**

#### **Organ/Space Surgical Site Infection**

Definition: Consistent with the January 2016 CDC defined SSI. Always use the most recent definition provided by the CDC

Minimal: Oral or IV antibiotic treatment

Moderate: requires new drainage (percutaneous or operative drainage – open or laparoscopic) or aspiration, requires drain manipulation (upsite or manipulation) without signs of severe sepsis

Severe: requires new drainage (percutaneous or operative drainage – open or laparoscopic) or aspiration, requires drain manipulation (upsite or manipulation) without signs of severe sepsis

### **Impact: Degree of Harm**

#### **Pressure Ulcer (\$37,800)**

Definition: A localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Equivalent to NPUAP Stages II-IV, Unstageable/Unclassified, and Suspected Deep Tissue Injury. Documentation of Pressure Ulcer must be in the patient's medical record, and must have occurred during the patient's initial stay at your hospital.

Minimal: Stage 2, partial thickness skin loss

Moderate: Stage 3

Severe: Stage 4 and unstageable

**Impact: Degree of Harm**

**Pulmonary Embolism (\$16,644)**

Definition: A lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins of the pelvic venous system. Consider the condition present if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arterio-gram or positive CT angiogram and/or a diagnosis of PE is documented in the patient's medical record. Must have occurred during the patient's initial stay at your hospital.

Minimal: incidental finding, asymptomatic

Moderate: Symptomatic (SOB, tachycardia, evidence of right ventricular dysfunction (RV dilation on CT or Echo, EKG findings of new complete or incomplete RBBB, anteroseptal ST elevation or ST depression, anteroseptal T-wave inversion) without systemic hypotension); requires increase in oxygen requirement but not intubation

Severe: Moderate + sustained hypotension (SBP < 90 mm Hg-not due to arrhythmia, hypovolemia, sepsis or left ventricular dysfunction lasting at least 15 minutes) and/or: need for vasoactive medications; pulselessness; persistent bradycardia (HR<40 bpm); need for intubation with ventilator support; need for invasive intervention (i.e. embolectomy)

**Impact: Degree of Harm**

**Severe Sepsis**

Definition: Sepsis plus organ dysfunction, hypotension (low blood pressure), or hypoperfusion (insufficient blood flow) to 1 or more organs.

Minimal: meets NTDS definition of severe sepsis without hypotension or evidence of hypoperfusion

Moderate: meets minimal criteria + hypotension or evidence of hypoperfusion (use of vasoactive medications is acceptable surrogate for hypoperfusion)

Severe: Minimal or moderate criteria met + signs of organ injury- AKI, ARDS, MI