# CIS seminar
# 27-11-2010

## Incidence management lesson learned

Lau Lan
PYNICU NO

# Implementation of CIS in PYNEH ICU

Partial implementation: 05/2007
Fully implementation: 10/2007

# Cases sharing

# Case 1: Found missing

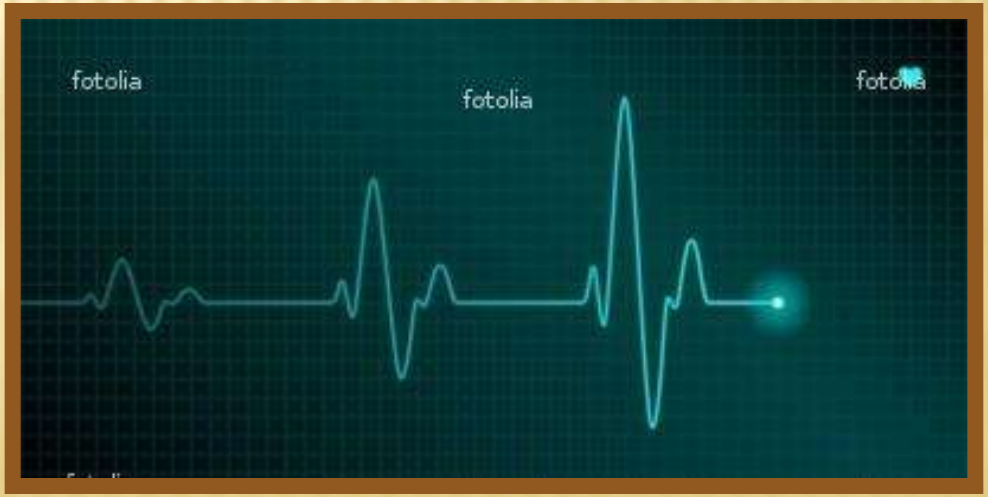
Mr Chan was admitted to ICU at 2300, nurse enter central monitor, do CIS charting and document as usual, 3 hrs later, Mr Chan was disappeared in CIS.

Where did he go??

# Case 2: Missing of ECG tracing

Mr Chan was found arrest, after resuscitation, we tried to review his ECG strip (one day before ), no record was found on both central and bedside monitor.

Where did it hide??



# Case 3: Resurrection

At am shift ~10:00, Patient Mr Chan was appeared on CIS-census for ICU, located at B10/bed 3, but bed 3 was an empty bed, actually Mr Chan was admitted and died 2 month ago.

Why he has appeared??

# Case 4 : Hardworking nurse Ms Chung

Reviewed hourly record of IV infusion, all chartings were done by nurse Ms Chung. (from 00:00 to 23:00)

Our hardworking (pitiful?) nurse on duty from 00:00 to 23:00??

# Case 5: Big sale – order one get one free

Mr Chan's medication order in CIS → Betaloc 25mg oral once.

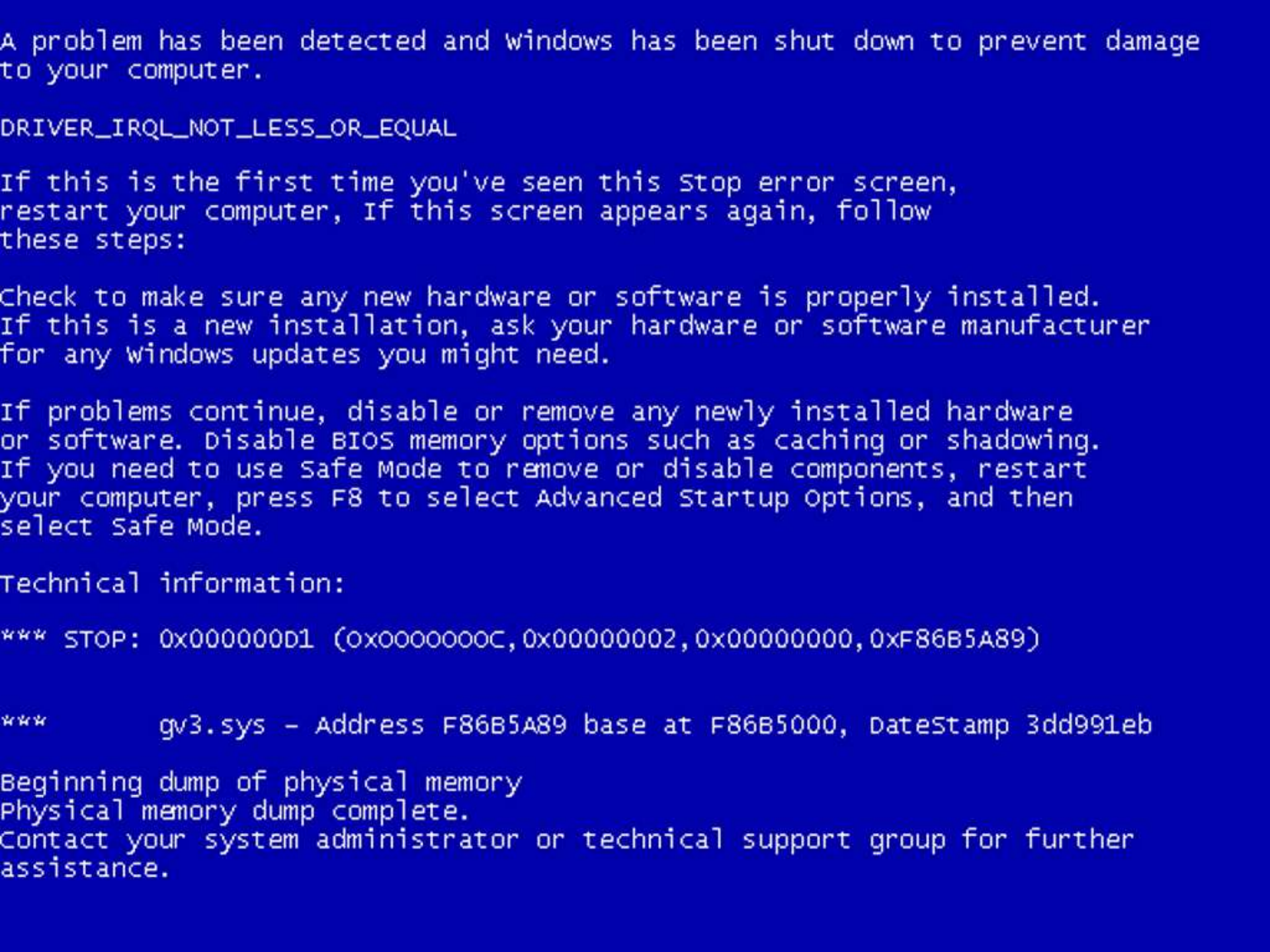
Copy received by pharmacy (after fax) → Betaloc 25mg oral once and Piriton 4mg IVI once.

Where did it come from??

# Case 6: Allergy status

Mr Chan had an allergy history. Dr made medication order via CIS, copy received from pharmacy showed no allergy history.

Allergy??


A problem has been detected and Windows has been shut down to prevent damage
to your computer.
DRIVER_IRQL_NOT_LESS_OR_EQUAL
If this is the first time you've seen this Stop error screen,
restart your computer, If this screen appears again, follow
these steps:
Check to make sure any new hardware or software is properly installed.
If this is a new installation, ask your hardware or software manufacturer
for any Windows updates you might need.
If problems continue, disable or remove any newly installed hardware
or software. Disable BIOS memory options such as caching or shadowing.
If you need to use Safe Mode to remove or disable components, restart
your computer, press F8 to select Advanced Startup Options, and then
select Safe Mode.
Technical information:
*** STOP: 0x000000D1 (0x0000000C,0x00000002,0x00000000,0xF86B5A89)
*** gv3.sys - Address F86B5A89 base at F86B5000, DateStamp 3dd991eb
Beginning dump of physical memory
Physical memory dump complete.
Contact your system administrator or technical support group for further
assistance.

# Case 7: Unexpected downtime

At 2000+

CIS: "I am very tired,"

"I need to rest!"

"I need to rest for a long time!!"

Nurse: " Oh!!!

What should I do??..."

# Incidences review

# Incidences review

- Unfamiliar with the system:
  Wrong entry: patient ID, capital letter
  Address the invalid

- Wrong practice:
  incomplete procedure after patient transport / change bed / discharge

# Incidences review

- Interfacing problem:

  Fail to interfacing occasionally – vital sign, ventilator reading.

  Fail to interfacing after power interruption.

  Interfacing cable breakdown.

# Incidences review

- Medication administration record:

  Prolong fax time

  Missing patient in patient list

  Printing problem

  Cosign problem

# Incidences review

- Others:
  - Unexpected downtime:
    - Problem: Previous ICU chart:
      - Not familiar
      - Outdate
      - Not enough
      - Need back charting
  - Technical error
  - Problem related to other specialty users

# Lesson learned:
## *Solve the problem ASAP*

Understanding the underlying operation: the linking with CMS, LIS, pharmacy, monitor…

Team work – Dr, nurse, supportive staff, vender
Active approach
Supportive
Good communication
Sharing of learning point

Keep incidence record

Well preparation

End.