



# New **Definition**

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## **Careless Care: The Slippery Slope Down Safety Mountain**

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### **Prologue<sup>1</sup>**

Ensuring patient safety is at the forefront of initiatives in health care, seemingly as huge an endeavor as a mountain to be scaled. Safety is not the peak, however; it is actually far down the slippery slope. At the peak is the connectivity of the caregivers to the work itself. But when people are over- (or under-) stressed, the next element that disappears down the slope is empathy. They just don't care about the situation or person in front of them; i.e. care-less care. After that, they don't expend the energy for critical thinking and clinical inquiry, which in turn, makes them dangerous; i.e. careless care. The following true story is presented as a chance to study that slope of events. Fortunately, Sue was lucky and did not become a safety statistic or a sentinel event. However, she and her family will never be going to this hospital again, and you will soon understand why.

### **Setting the Stage for Mistakes**

I am generally a person who appreciates all that is given to me, and greatly respects health care personnel. But I get migraines, and I had a bad one that lingered for days. At the end of the work day, my doctor told me it was time for a shot of Toradol and sent me to the ED at a local hospital. I've done this several times without incident. However, this time I got a first-hand look at the crisis with patient safety.

I checked in at 4:45 pm with the triage nurse as instructed by the sign in the lobby. Then I went to registration, where the clerk asked me if everything was "the same", to which I replied, "That depends what you have in there". My records were not accurate and trying to help, I asked if she wanted my insurance card, as I know from CCM that it is a crucial step. She responded, "If you want to give it to me, sure", and proceeded to tab through the rest of my information. In my experience, tabbing is easy for the clerks but disastrous for the data base, the first place where safety becomes vulnerable.

### **Lobby Action**

I sat in the lobby for an hour, with a quick visit to the triage nurse for vital signs. The woman next to me was a raving lunatic who cut her leg shaving, needed a divorce lawyer and screamed at everyone and anyone who walked by. Oh, and she needed to go shopping ASAP to buy a pair of pants just like mine. It was so bad I asked them to please take her in before me. I wondered why I was in the lobby and not the un-used dark family room which in the past has been standard operating procedure for people with migraines.

### **Enter Room #7**

By 7 pm I made it into Exam Room #7, which is supposed to be a lucky number, isn't it? The nurse came in and asked me why I was there and what type of meds I needed. I once again told my doctor's wish that I receive Toradol. The ED doctor came in and asked me all

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the standard questions, ordered a CT scan (eeweeek, every case management director would shriek if they heard this expense) and also wanted to send me for an MRI! If I had to have an MRI, they would have had to transport me via ambulance to another facility, which didn't seem to enter into his thought process. I had to stop him mid-sentence and repeat myself: "I have a migraine; I get them, it's not a new thing—look at my records (I have a pretty thick file); my doctor wants me to have a shot of Toradol.

About 45 minutes later the nurse came back with an IV and a needle in hand. "So what is this?" I asked. "The IV is to stop the nausea" she told me while she put it in my arm. "But I don't have nausea, and never said I did". A few minutes later came the shot to my bum, and I felt funny. The nurse explained that they gave me Dilaudid, a narcotic, so now I will need a ride home after the migraine goes away. Actually, it was getting worse as I got more stressed and angry. I had to call my cousin to give me a ride home. That was 8 pm. Around 9:30 the nurse came back and asked if the shot had worked, which it hadn't. I asked again for the Toradol, explaining that it usually works and I only have needed narcotics when the Toradol doesn't help. But back she came a few minutes later with another shot of Dilaudid because apparently Toradol doesn't work once narcotics are in your system.

Meanwhile, I was not so out of it, that I did not hear the man in Room #5 in horrible pain, apparently from gall stones, as the doctor worked with him and the morphine drip (so much for HIPAA). And then there was the drunk woman across the hall threatening to kill her dead grandmother.

### Pained Scale

Around 1 am I asked if I could go home, but was told I couldn't unless my pain was gone. I recalled a friend who put ginger ale in her bedpan to show that she had urinated after a minor procedure because she was ready to go home. Maybe I should lie too? Thinking better of it, I said, "No, it is pretty much the same, but I have been her since 5pm. I'm tired, and my cousin is tired. The nurse responded that she would give me one more shot—Demerol this time—because the doctor wouldn't let me leave unless I was pain free.

At 1:30 am, another nurse came into the room to take my vital signs. Now I was mad, and asked her what the point was after 9 hours. She said she was just doing her job, as I watched her write away on Chart #5! "Whoa, stop!— Do you know my name?". She said she didn't, and I informed her that she was writing on Chart #5 and this was Room #7. After she said, "Whoops, wrong room", I told her not to touch me anymore. It turned out that the man in Room #5 was waiting to be admitted, poor thing.

### Self-care

I took my IV and went to look in the hall for someone, but no one was around. I went back to my room to use the call button but you guessed it, it was broken. I heard the doctor at the desk looking for Chart #5, and, to get the staff's attention to my fear and frustration, I announced that the nurse threw out Chart #5. I am not proud of this, but it shows how far I felt I had to go to be heard. I slammed my IV bag on the desk and demanded that they take the IV out and get me home. They couldn't find my chart, because Chart #7 was in the discharge pile which I happened to notice before they did, even in my drugged state of mind.

Within minutes they were in my room, handing me two notes. One note said not to return to work due to my injury. "What injury?", I asked, with the reply from the nurse "I don't know, what ever injury you came in here for". The other note was a prescription for percocet, which I said I never used. She replied, "Oh, just keep it, you never know". Then they gave me what they called "One more shot for the road".

### Epilogue

I survived the 4 shots of medicine I didn't need, but now was numb. My cousin Sandy got me home at 3 am and I *still* had the migraine. They won't miss me, but then, they didn't know who I was down there in Room #7 all night anyway. As I left the ED, Patient #5 was being wheeled to his room and the drunk, being her 5th visit, was also admitted. Good luck to them, I thought. If the ED is the gateway to the hospital, just think what the rest of the care will be like. This is my story, and I am sticking to it.

### Endnotes

1 From K. Zander, Editor and Principal, and Co-owner, CCM.

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- **World Research Group – Optimizing the Role of the Physician Advisor, March 27-29, Orlando, FL** (Karen Zander)
- **AONE Annual Meeting and Exposition, April 20-22, Orlando, FL** (Kathy Bower and Karen Zander) **BOOTH 1216**
- **NICM/ACMA conference, April 23-26, Hollywood, FL** (Karen Zander and Margaret Reid)
- **CMSA Conference and Expo, June 13-17** (Donna Hopkins and Shawna Kates) **BOOTH 357**

