



CAS 2018









#### **Objectives**

• Describe some issues (as I see them) over the last 12 months

Examine the value of change

• Explore the value of resilience

#### **Conflicts & Warnings**



the lie of the land

Q

All

Videos

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More

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Tools

About 443,000,000 results (0.64 seconds)

#### Dictionary

Enter a word, e.g. 'pie'

Q

#### the lay (lie) of the land

phrase of land

the way in which the features or characteristics of an area present themselves.

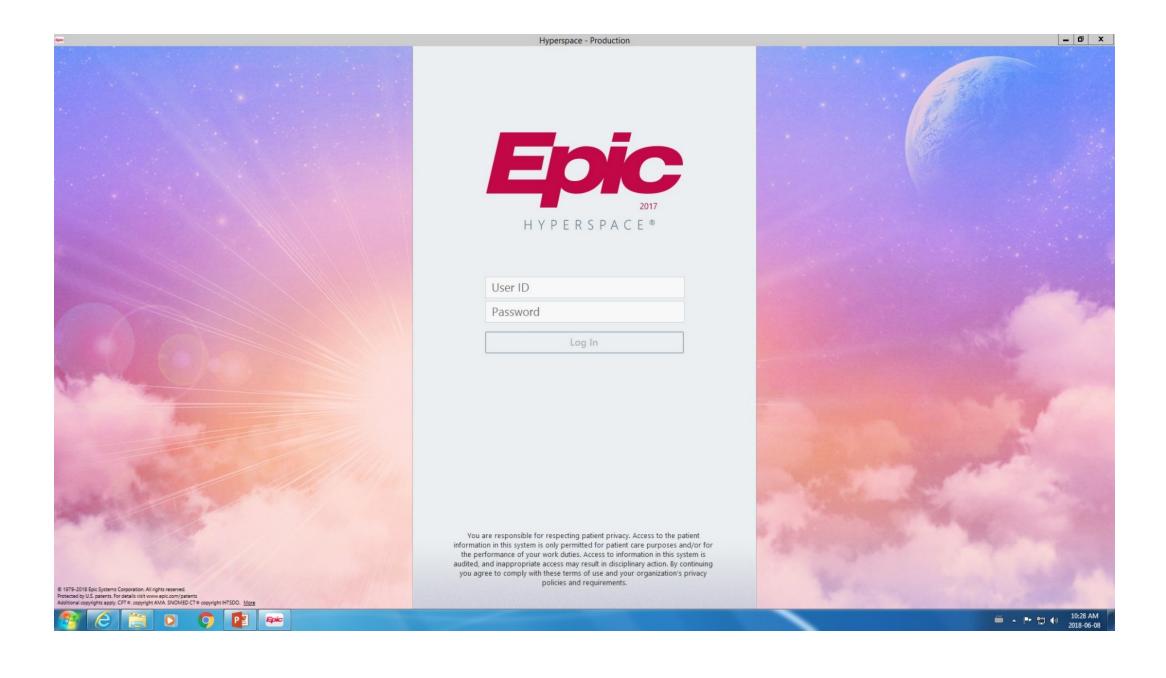


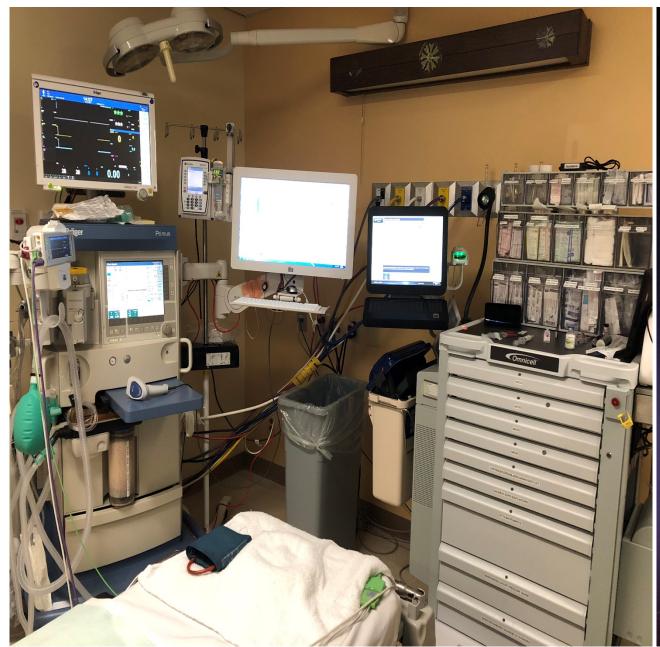
Translations, word origin, and more definitions

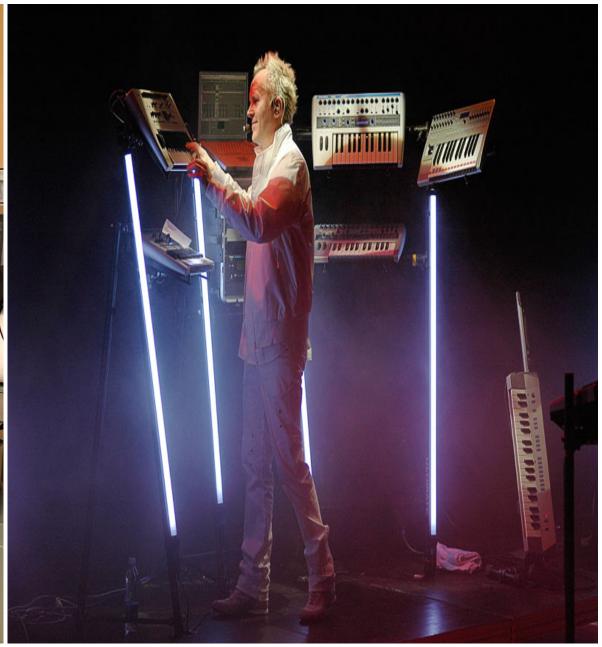


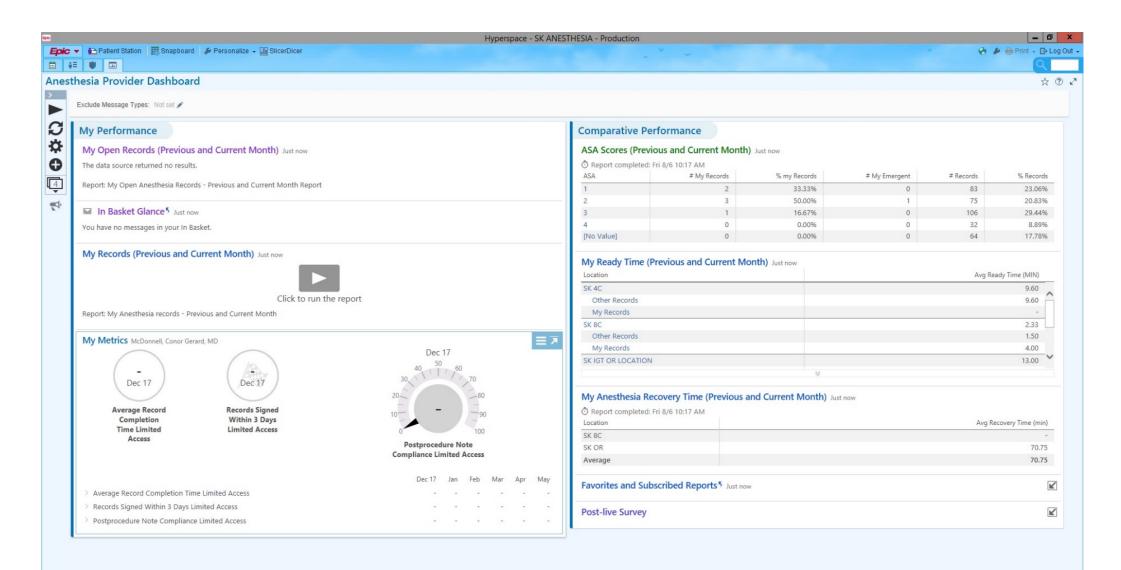
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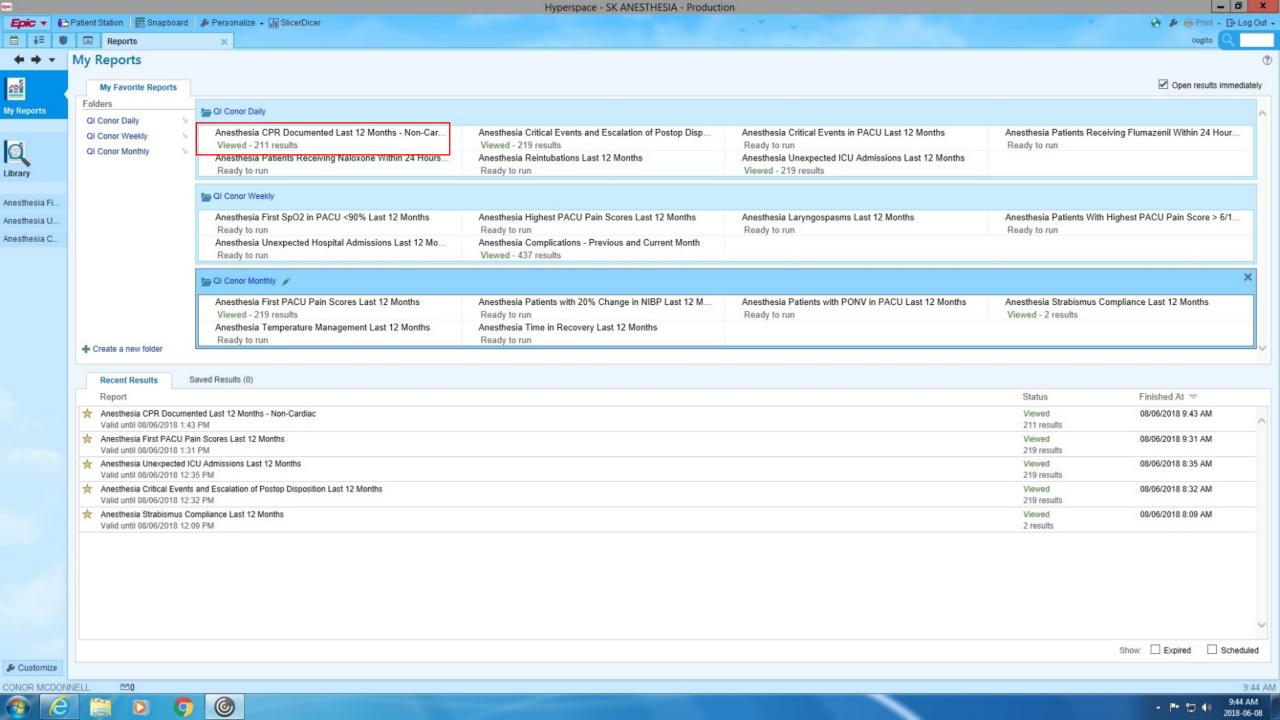


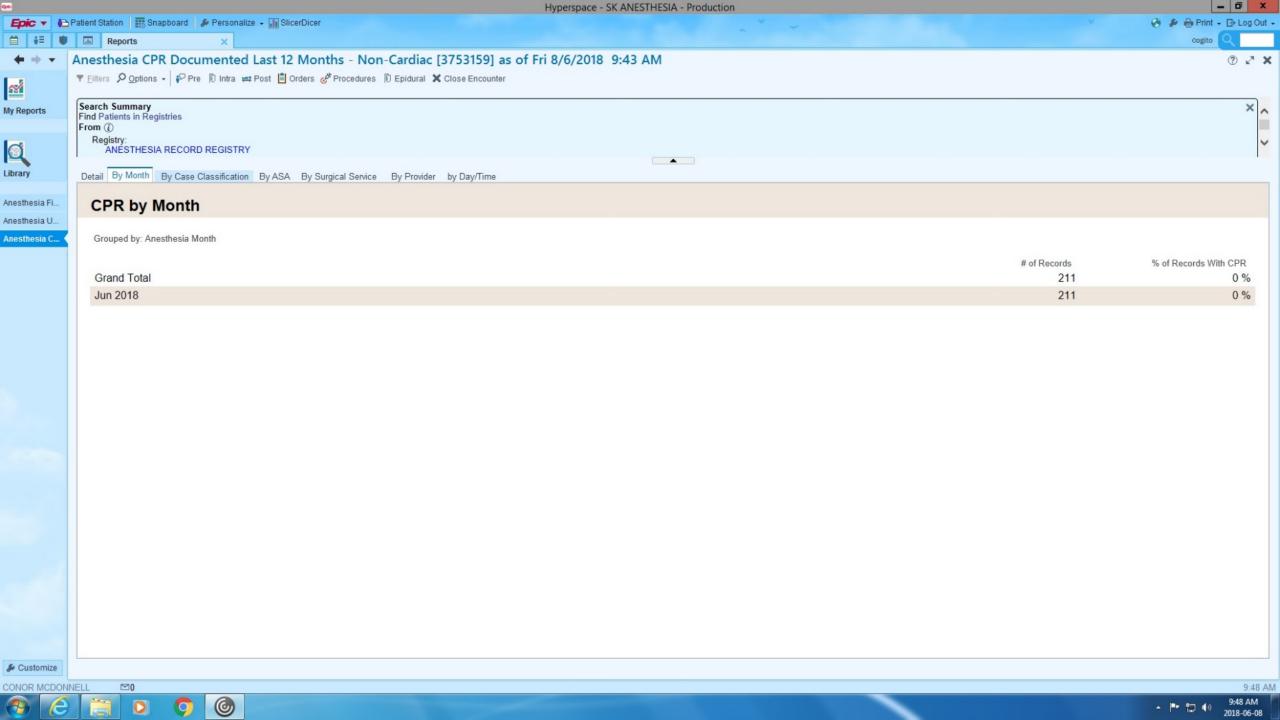


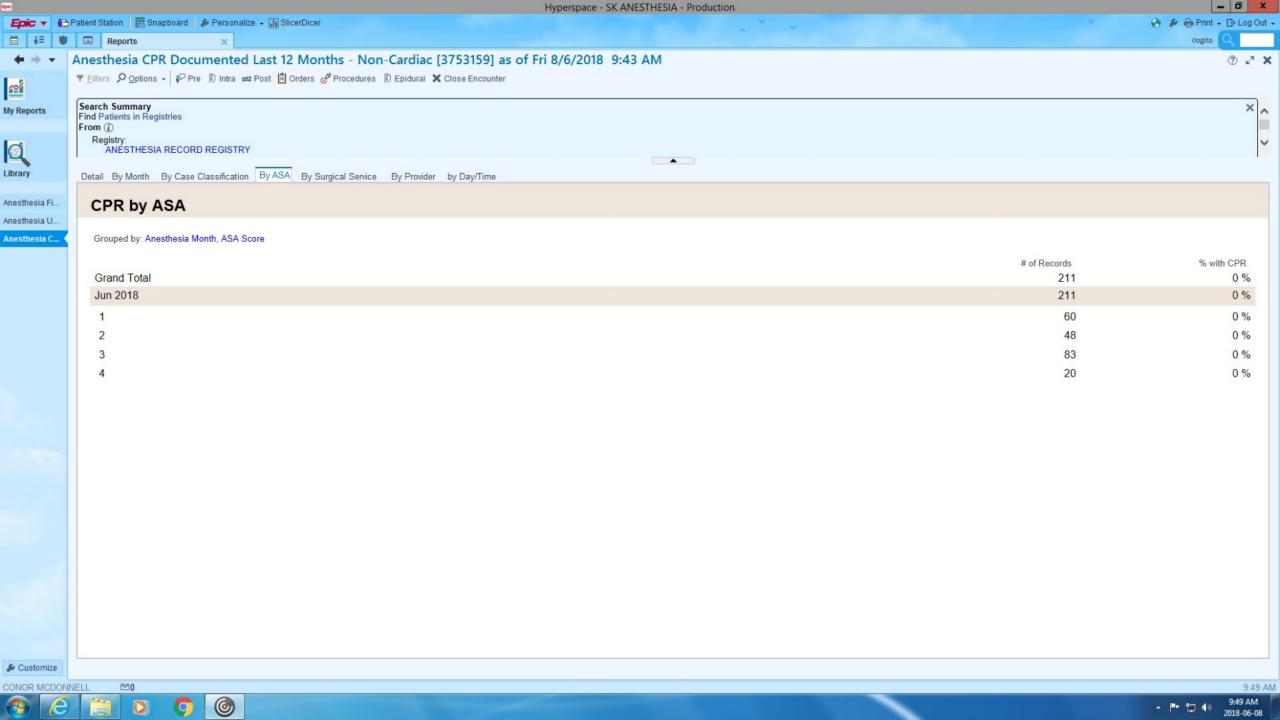


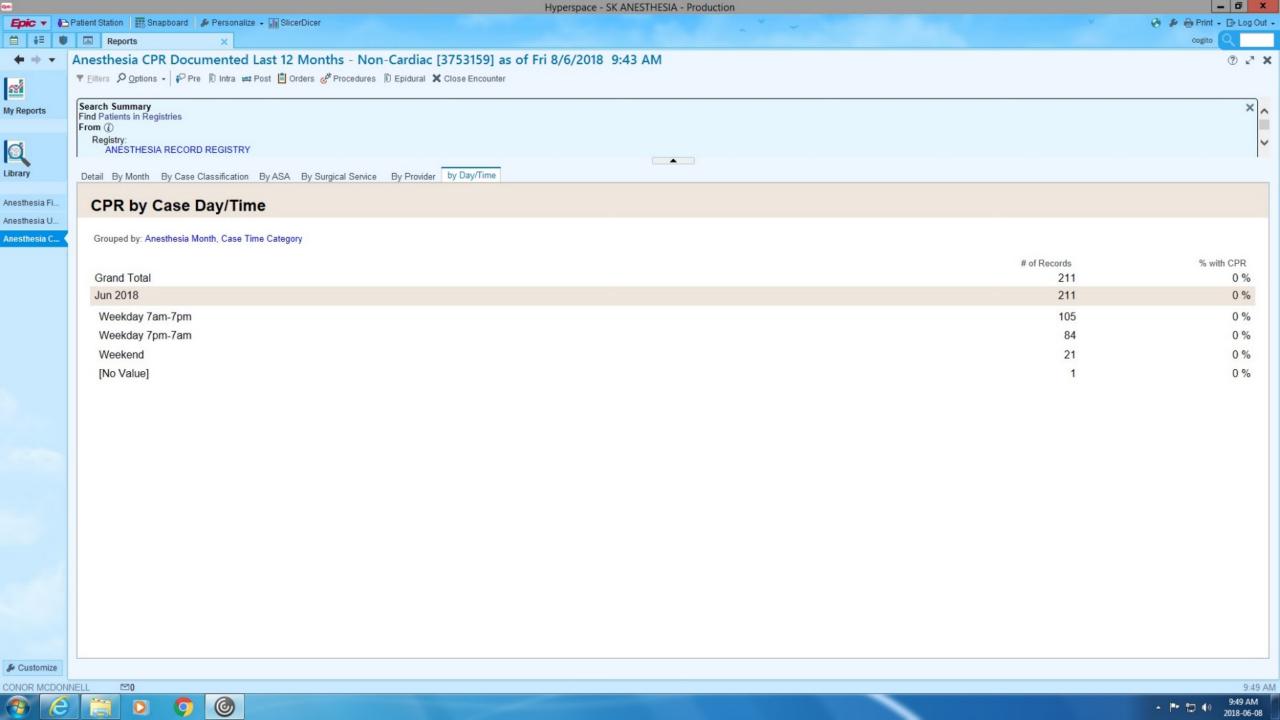


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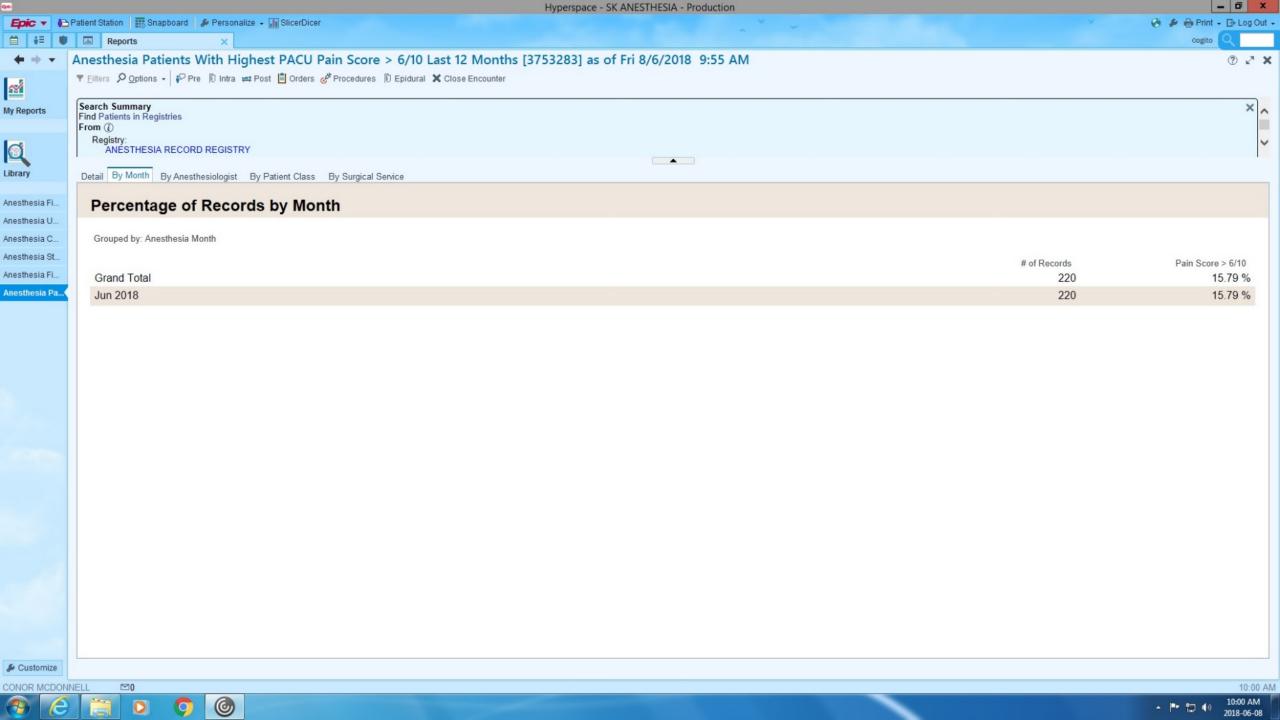


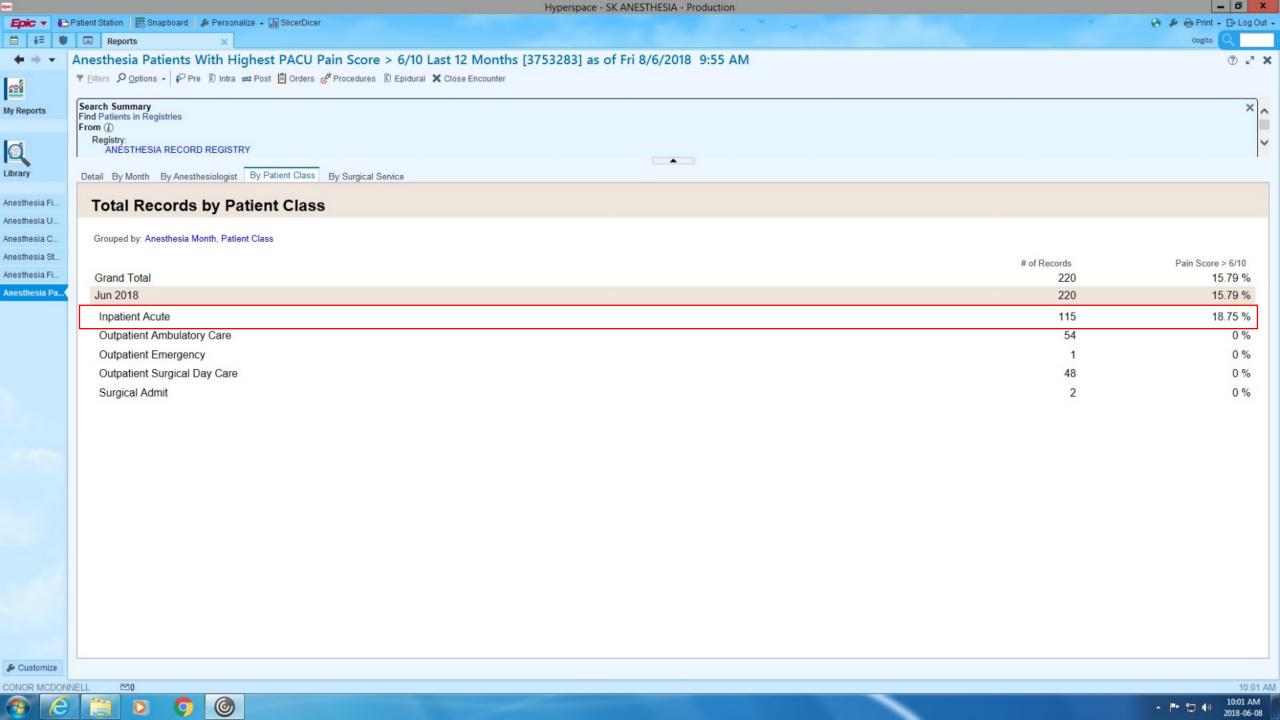




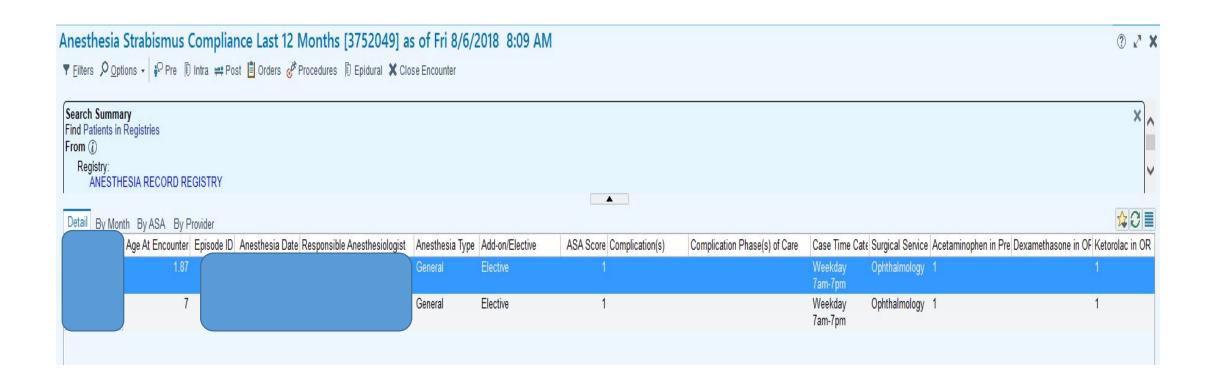












From (i) Registry	ts in Registries	GISTRY							X
Detail By	Month By ASA By Pr	nvider							<b>\$</b> C∥
	Add-on/Elective	ASA Score Complication(s)	Complication Phase(s) of Care	Case Time C	ate Surgical Service Acetami	nophen in Pre Dexamethasone in OF Ketorolac in OR	Morphine/Hydromorphone in OR	Ondansentron in OR	Strabismus Compliance (%)
	Elective	1		Weekday 7am-7pm	Ophthalmology 1	1		1	20
	Elective	1		Weekday 7am-7pm	Ophthalmology 1	1		1	20

### But these are mere teething issues

#### What concerns me most days?

When things go wrong

When small things cause big problems

## It's the little things...



and they don't come much littler than

#### Interstitial IVs

a new metric on our Hospital Quality Card

**PIVIE** is now an **SPS HAC** 

...and acronyms are the new Skynet

...and IVs seem to be very much on the mind of Epic...

#### SickKids Event Report Analyses

In last 18 months – 11 peri-operative PIVIEs of note reported

7 intra-op – including 1 compartment syndrome requiring fasciotomy (cases ranging from neonatal laparotomies to liver transplants to cardiac case with ventricular rupture on sternotomy)

4 post-op – PACU / Ward

#### National query on listserv

• Response from 8 sites

3 critical events in recent memory requiring fasciotomy

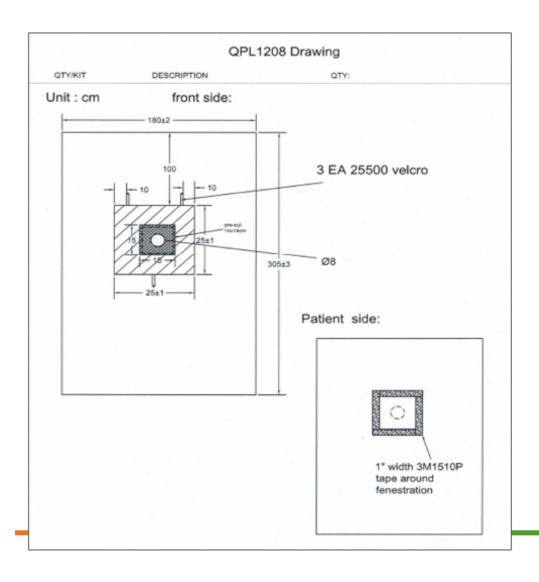
#### Some of your responses...

- Hourly checks if surgery > 1 hour (No clear drapes in use, v. compliant surgeons!)
- One site (very TIVA-engaged) keeps IV sites accessible, free-flowing IVs
- Minimize tucking; TLC touch look compare
- Avoid 'mummification'

Awareness & surveillance

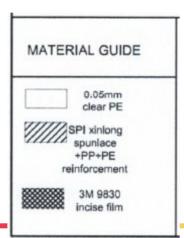
#### One site does have an Intervention Bundle

- Clear Drapes
- Regular site monitoring (timing not specified)
- Reporting of events for analysis
- Protocol for management of interstitial events



Clear drapes are not currently made by any manufacturer

MedLine has developed a custom clear drape for the use in pediatric/neonatal cases in General Surgery



**Cost Analysis** 

Drape	Cost per Drape	Current Usage per Year	Cost per Year	Cost Difference per Year Using Clear Drapes
Pediatric Laparotomy Drape	\$6.29	500	\$3145	\$5060
Neonatal Drape	\$4.65	75	\$348.75	\$882
Clear Drape	\$16.41			

Over 10 different types of drapes are currently used in the OR

Not all are replaceable by clear drapes

#### National query on listserv

- Response from 8 sites
- 3 critical events in recent memory requiring fasciotomy
- No single solution
- Plan to bring to CAS exec for discussion

#### Outcome of local (SK) case analyses

- System Issues:
- Difficult access
- Multiple attempts
- Neonates / infants
- IV sites buried out of view
- Placement of BP cuff, 'tucking in'
- Infusion pump settings for pressure alarms
- No OR protocol / policy / shared accountability

- Cognitive Issues:
- Identification of at-risk patients
- High index of suspicion
- Early detection

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#### Our own Intervention Bundle in development...

#### **Identify at-risk patients:**

- Extremes of age and size
- Known difficult access
- > 3 attempts (esp. in same limb)
- Likelihood of rapid infusion / transfusion
- Pre-existing cannulas with long-dwell time (> 48 hours)
- Prolonged (> 2 hours) surgery where patient is completely covered
- The presence of three factors prompts a team-discussion prior to proceeding that patient is considered high-risk for PIVIE

#### Bringing the little things to the foreground

#### **Identify at-risk patients:**

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Need to avoid over-tucking and wrapping; use more arm-boards

• Institute hourly inspection of sites for patients identified at-risk

• In the event of an event, consult Plastic Surgery and engage hospital bundle re: staging, grading and possible treatments

Shared responsibility, including reporting of PIVIEs in the OR

Confirmation of success with Ultrasound for difficult access cases

Orientation item for all new-arrivals (resident, fellow, Staff)

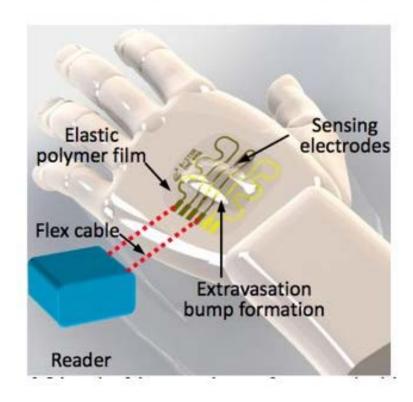
# May ultimately become a consent issue we discuss with parents

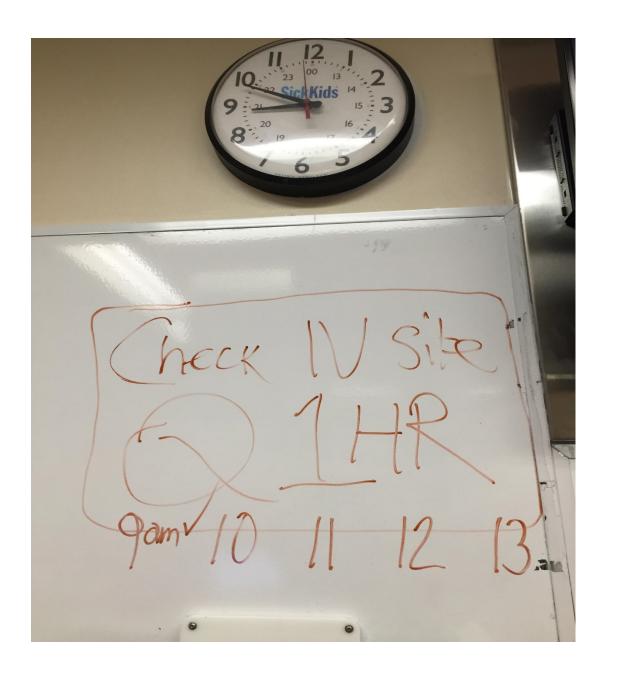
#### Wearable Sensor Patch for Early Extravasation Detection

Ming-Yuan Cheng<sup>\*1</sup>, Ramona Damalerio<sup>1</sup>, Ruiqi Lim<sup>1</sup>, Weiguo Chen<sup>1</sup>, Kwan Ling Tan<sup>1</sup>, Choon Looi Bong<sup>2</sup> and Swee Kim Tan<sup>2</sup>

<sup>1</sup>Institute of Microelectronics, A\*STAR (Agency for Science, Technology and Research), Singapore

<sup>2</sup>KK Women's & Children's Hospital, Singapore





# It's the little things...



#### Toddler's injury from IV line a severe example of a common problem, expert says

Emmy Gunther, 3, sustained a serious injury to her hand after an intravenous line slipped out of her vein

Andrea Ross · CBC News · Posted: Jan 23, 2018 7:00 AM MT | Last Updated: January 23





#### ...that become big problems





#### Next 'big thing' is Peer Support

...but I only have ten minutes

and patients always come first



# Thank you

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# Thank you

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