

Patient Safety Forum

Katie Ogawa Douglas and Darshan Patel
Clinic based case

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Objectives

- Perform a **system-based root cause analysis**
- Identify **one system-level intervention** to offer to leadership

Last time on PSF...

The timeline:

November 2018 post watchman UNM d/c summary-

- ASA and apixaban for at least the next 45 days and No plavix noted on d/c med list

December 2018 UNM cardiology chart note:

"Called Mr. Hackett and advised him that his TEE looked good s/p WATCHMAN and **that we can stop his Eliquis.....** He should be **on ASA and plavix x 6 weeks** and then just ASA alone indefinitely thereafter.....He uses IHS for his prescriptions, so we need to print a **hard copy of the plavix for him to pick up on Jan 2nd. He will continue his apixaban until that time.** "

MAY 2019 UNM Cardiology notes: "plan to d/c plavix"

JULY 2019 NMHI Note: Plan to consider cardioversion in one month and a script for apixaban was sent to IHS pharmacy and filled

FALL 2019: No notes from NMHI in IHS chart AND continued refills of apixaban

May 2020 UNM Cardiology note: "previously on apixaban now s/p WATCHMAN 11/18 -off plavix (5/19), continues on day 325mg ASA"

*apixaban never on med list with UNM Cards since dec 2018

IHS notes : There are multiple resident notes with preceptor confirmation continuing apixaban after watchman procedure

August 2020 IHS note: "Was seen by UNMH cardiology on 5/5/20" ... plan says "continue asa, carvedilol and apixaban"

Hospitalization: 3/21 for 4 days : For Cerebellar hemorrhage after Fall

Upon admission noted was taking apixaban and aspirin at home

After watchman apixaban plan:

New Mexico Heart Institute:

Apixiban: July 2019-
August 2019 (in
preparation for cardioversion)

IHS Chart:

Patient on apixaban
July 2019 – March
2021

UNM Chart:

Patient off apixaban
since March 2019

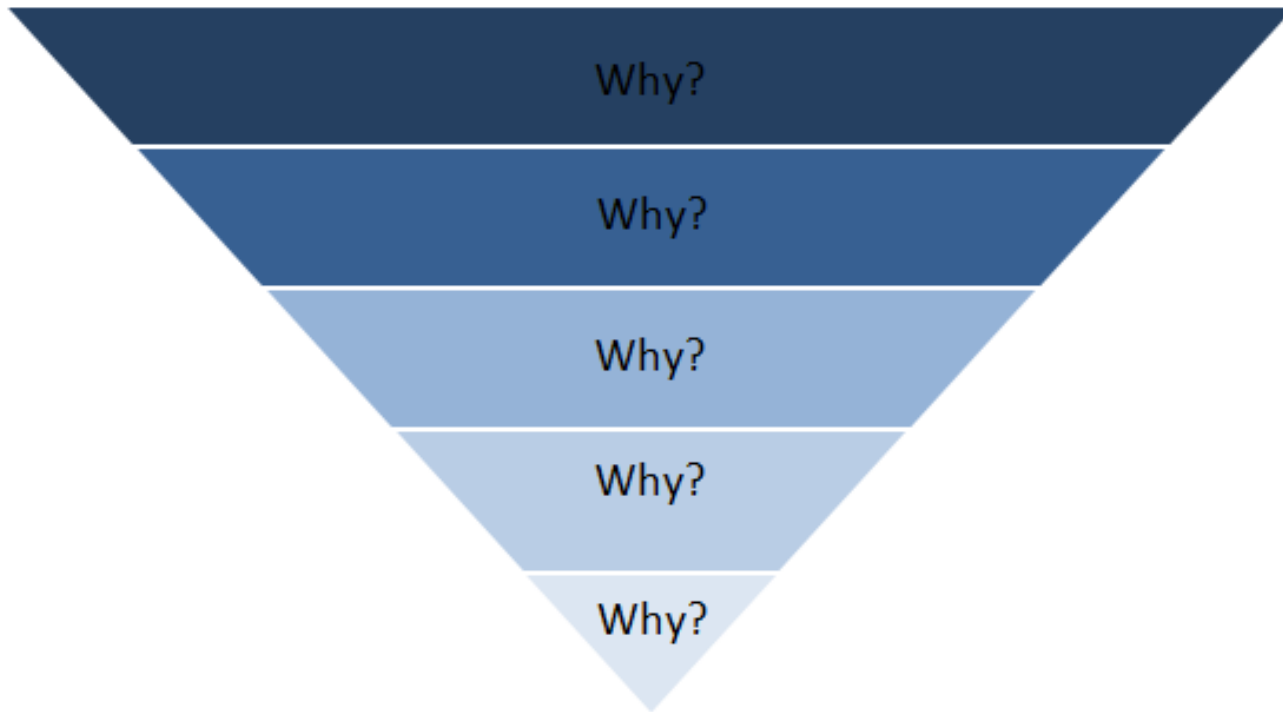
The Outcome

Medication list at patient's medical home (IHS) not consistent with UNM cardiologist recommendation

“5 Why’s”

Medication list at patient's medical home (IHS) not consistent with UNM

PROBLEM: cardiologist recommendation



ROOT CAUSE

Break into groups to
determine Root Cause and
a System Level intervention

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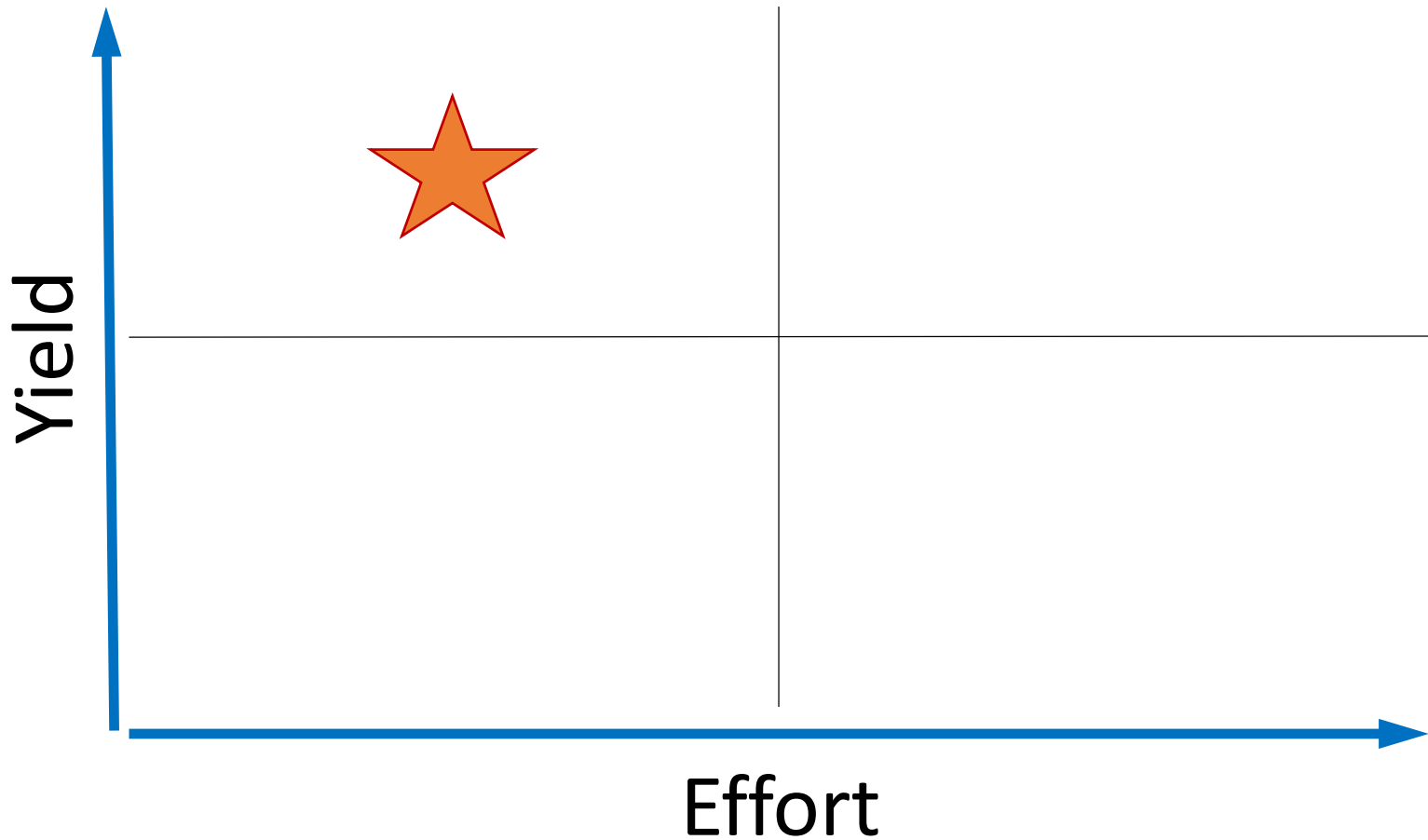
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OUTCOME: Medication list at patient's medical home (IHS) not consistent with UNM cardiologist recommendation

Let's pick a system level intervention:



Objectives



Perform a **system-based root cause analysis**



Identify **one system-level intervention** to offer to leadership

References

- Szostek, Jason H., et al. "A systems approach to morbidity and mortality conference." *The American journal of medicine* 123.7 (2010): 663-668.

- Easier access to specialist notes to reference
- IHS anticoag clinic to follow patients on anticoag