

Critical Incidents Reported to Manitoba Health

Period: April 01, 2019 - June 30, 2019

Fiscal Year Occurred	Degree of Injury	Description
2019/20	Death	A patient who was considered low risk unexpectedly delivered a stillborn baby.
2019/20	Major	A patient experienced a sudden deterioration that went undetected due to an apparent malfunction of the patients monitoring equipment. The patient required resuscitation and transfer to a higher level of care.
2019/20	Major	A stage 4 wound discovered to right elbow of a resident. The wound required ongoing assessment and clinical care.
2019/20	Major	A patient experienced skin tissue breakdown requiring increased care and intervention. Early opportunities to provide intervention were not consistently realized.
2019/20	Unknown	Patient received a misdiagnosis in 2017. Patient should have received treatment in 2017. Patient will require a more extensive treatment due to advanced illness.
2019/20	Major	A patient sustained a broken ankle requiring specialist consultation during patient transportation.
2019/20	Major	A patient received a fluid overload requiring emergency transfer and intensive care.
2019/20	Major	The patient experienced skin tissue breakdown to their heel requiring increased care and intervention. Early opportunities to provide intervention were not consistently realized.
2019/20	Unknown	Client consented to surgery for excision of ganglion on right wrist. Surgery performed was right carpal tunnel decompression, in addition to the original consented surgery.
2019/20	Major	A patient experienced a fall in the shower which resulted in a broken bone and surgery. Complete fall prevention strategies were not in place.
2019/20	Major	A resident ingested a cleaning product requiring hospitalization and intensive care. The opportunity to secure the cleaning product was not realized.
2019/20	Major	A patient, with known pressure injuries, was admitted to hospital. Strategies to prevent further deterioration of the wounds were not immediately established. The patient's wounds deteriorated requiring additional care.
2019/20	Death	A patient was scheduled for a procedure to treat a life threatening cardiac condition. Prior to the procedure the patient deteriorated, and while resuscitation efforts were made, the opportunity to include an additional and potentially life saving intervention was not realized.
2019/20	Major	A patient was admitted to hospital with a bowel obstruction. Attempts to escalate concerns for surgical assessment were unsuccessful. The patient required multiple surgeries and ICU admission.
2019/20	Major	A patient, with suspected cancer, had surgery to obtain a tissue sample to identify the type of cancer and plan for treatment. The sample was inadvertently discarded. As a result , a specific diagnosis and treatment plan could not be made.
2019/20	Major	Patient developed stage 4 pressure injury to hip while in care. Patient remains in health centre with ongoing wound assessment and treatment.
2019/20	Major	A patient underwent a medical procedure. Lab values, that placed the patient at risk for complications, were not addressed prior to the procedure. As a result the patient deteriorated and required life-saving intervention.
2019/20	Major	A patient presented to an emergency department of one site with acute symptoms and waited for several hours before leaving and presenting to another emergency department. At the second hospital there was further delay in recognition and response to a life threatening condition.
2019/20	Major	Patient received a diagnosis, received a standard treatment care for stage 3 cancer, patient had a severe toxicity and required a 3 week internal medical hospitalization. A review was requested on the case; patient received a misdiagnosis of cancer and missed the appropriate window to receive curative treatment which has a decreased occurrence of severe toxicity.
2019/20	Major	Opportunities for timely assessment and treatment for a suspected infected joint were not realized. As a result, the patient's condition deteriorated and required an intensive care admission.
2019/20	Death	A patient presented to the ED and waited to be triaged. There was a delay in responding to the patient at triage and the patient left the hospital. The patient returned a short time later in cardiac arrest and died.

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2019/20	Major	An inpatient developed changes in their level of consciousness. The seriousness of the change was not appreciated by care providers leading to a delay in treatment. The patient required emergency surgery and transfer to a higher level of care.
2019/20	Death	A patient was receiving a high dose of a blood thinner (Coumadin 6mg daily orally) with minimal bloodwork monitoring. The patient developed a stomach bleed and passed away in care.
2019/20	Major	A patient presented to hospital with stroke like symptoms that were not immediately recognized by care providers, resulting in a delay of treatment and paralysis.
2019/20	Major	A patient, waiting treatment for a fractured leg, experienced complications that were not immediately identified by care providers. As a result the patient required additional treatment and surgery to address the complication.
2019/20	Major	An inpatient experienced increasing difficulty breathing over a period of several days. Timely recognition and intervention did not occur. The patient required admission to the intensive care unit.
2019/20	Major	During the administration of an anesthetic for surgery a patient was inadvertently given an incorrect medication. As a result, the patient required admission to the Intensive care unit and an extension of their hospital stay.
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2019/20	Minor	A patient was diagnosed with an unstageable pressure injury to the left heel requiring ongoing assessment and clinical care.
2019/20	Major	A patient, with an urgent acute diagnosis, experienced a delay in establishing treatment potentially contributing to permanent disability.
2019/20	Major	A patient with seizures was given a discharge prescription for antiepileptic medication which was outside the safe dose range. The patient filled the prescription, took the medication, and developed acute toxicity requiring hospital admission.
2019/20	Major	Client developed Stage 3 pressure injury to hip while in care. Client remains in Personal Care Home with ongoing wound assessment and treatment.
2019/20	Death	Patient presented with acute abdomen. Abdominal x-ray not completed; missed diagnosis and delayed treatment of large bowel obstruction.
2019/20	Major	A patient experienced a delay in consultation and surgical intervention resulting in treatment delay and disease progression.
2019/20	Major	A patient received an incorrect microbiology diagnosis. Patient received the full 6 months of medication treatment for an incorrect diagnosis.
2019/20	Major	A patient, with an acute medical condition, continued to decline despite treatment and intervention. The opportunity to consult with allied health specialty services for treatment planning was not consistently realized.