The Lewis Blackman Story

http://qsen.org/faculty-resources/videos/

First Video

1. Why does Helen Haskell start her story by talking about Lewis?
Helen Haskell wants us to meet her son. She wants the listeners to get to know him on a personal level. She wants all of us to see that Lewis was a child that mattered and that he deserves to be remembered and respected. She wants us to know that he means the world to her and that his tragic death could have been, and should have been, prevented. She mentions that she is speaking for all patients and families who suffer from the consequences of medical mistakes. By her allusion to Lewis, she is telling us that all such victims are unique, important, and loved individuals.

2. What is Ketorolac (indications, side effects, normal dosages for 15 year old.)?
Ketorolac (discontinued brand name Toradol) is a powerful NSAID. It is used for the short term relief of moderately severe pain. It should not be used for mild pain or for chronic conditions and Ketorolac should not be used for more than 5 days. Child single dose is IM 1 mg/kg with a maximum dose of 30 mg or IV 0.5 mg/kg with a maximum dose of 15 mg.
Side effects include: bleeding, GI ulcers, holes in the intestine, dizziness, nausea, diarrhea, heartburn, headache, chest pain, SOB, stroke, edema, rash, mouth sores, urinating less than normal or not at all, kidney failure, and ringing in the ears. Ms. Haskell mentioned that Lewis was given an adult dose of Ketorolac and had a pedi rate of IV fluids.

3. What was the significance of lack of urine output (to underlying problem, amount of Ketorolac, and need for fluids)?
Ketorolac is contraindicated in severe kidney disease or in patients that are dehydrated or have low blood volume. In patients that are dehydrated or have low blood volume, Ketorolac can cause kidney failure. Another Ketorolac side effect is urinating less than normal or not at all. Increasing IV fluids may have helped to increase urine output and prevent renal shut down. If Lewis was receiving less than the normal amount of IV fluids for his age/weight, dehydration could be a factor increasing the likelihood of a side effect from Ketorolac.

4. What are possible reasons why health care providers dismissed implications of undetectable blood pressure? Why would they think it was equipment failure?
Health care providers may have dismissed findings believing that Lewis was a healthy 15 year old boy who only had minimally invasive surgery. He did not fit the profile of someone that would have a complication or a poor outcome. When a specific complication occurs very rarely, it is possible to become complacent even when a staff member has experience in responding to emergent situations. For those without experience, it is easy to miss ominous signs. Believing that finding “no blood pressure” is equipment failure, demonstrates a mindset that it is very unlikely that a complication could, and did, occur.

5. Do you agree that it was significant that Lewis’s crises developed on the weekend? Explain why or why not.
Hospitals do not have the same resources on the weekend that they have during the week. There may be fewer nurses, fewer support staff, and physicians may be difficult to reach. Frequently there is little back up. Developing a complication on the weekend may have had an effect on Lewis’ condition, however during the week someone would still have to recognize his symptoms, recognize his downward spiral and then take action.

6. Lewis died from septic shock. Describe the incidence, signs/symptoms, and appropriate interventions for this problem.
Septic Shock begins as an infection that leads to a decreased BP, increased temperature, dizziness, decreased urine output, increased HR, SOB, restlessness, agitation, lethargy and/or confusion and
possibly death. Gram positive bacterial pathogens are the most common cause, although fungal organisms are on the rise. According to the FDA Research Report (n. d.) septic shock was reported in 11 cases while using Ketorolac. The occurrence rate of septic shock as a side effect of Ketorolac is considered 0.7829% per the FDA research report from FactMed. According to Martin (2013) deaths associated with sepsis are 10-20%, in severe sepsis 20-50% and in septic shock 40-80%.


Second Video

1. Create a list of the characteristics Helen Haskell ascribes to a “good” or professional nurse/physician.
   - Goal oriented behavior
   - Adequate training and education
   - Training in emergent situations with the ability to recognize and rescue patients in distress.
   - Patient advocate
   - Empowered and courageous
   - Critical thinking abilities
   - Knowledgeable in medication side effects
   - Knowledgeable in the science and art of medicine

2. When Helen Haskell says “patients need to be empowered and nurses need to embrace it”, how do you react to her suggestion?
   - Patients need to speak up and question what is being done to them. Patients need to be able to get clear and accurate answers from healthcare professionals and patients need to have resources to contact when they believe that something is not right.
   - Nurses need to listen to the patient and include the patient and their families in the planning of care and in daily care activities.

3. What does Helen Haskell mean by “misplaced professionalism”?
   - Not listening to the patient. Believing that you know more than the patient knows about himself or more than family knows about him. Not knowing what to do.

4. In her story, did you think of other examples of “misplaced professionalism”?
   - I have heard nurses dismiss patient worries and complaints before, especially in nurses who have not witnessed patient distress. On the other hand, I have witnessed many nurses taking patient concerns seriously and acting on their patients’ concerns and/or complaints.

5. What is professionalism in your view?
   - Professionalism in nursing is a combination of qualities, traits, and standards that professional nurses guide their practice by. Professionalism includes education, clinical skill, compassion, advocacy, communication, and courage. Professionalism also includes the values of honesty, responsibility, equality, and the belief in human dignity.

6. What is your reaction to Helen Haskell’s view that nurses need policy-level help to be empowered with respect to communications with physicians?
   - Policy development will help the nurses who have difficulty speaking-up or who have difficulty advocating to feel more empowered. The Lewis Blackman Law, having to give patients the physician’s phone number, will help patients and families to feel more empowered too. This is a win-win.

Video Three
1. **What factors in this hospital’s “teamwork” culture might have contributed to the lack of response to Lewis’s parents’ concerns?**
   It appears that there was little or no communication between team members and the family. The patient’s verbalizations were ignored. Decreased communication may have been exacerbated with the incident happening on the weekend when there is less staff support.

2. **How might this story have changed if patients and families were considered part of the healthcare team?**
   It is possible that Lewis would be alive today. But even in a case where a patient is unlikely to survive and does not, the family may be more likely to feel that their concerns were and considered. The family might not be left only with the feeling that the patient died because the health system failed.

3. **When Helen Haskell says she saw almost no evidence of teamwork, would you agree or not, and why?**
   According to Ms. Haskell, there was a complete communication breakdown among all members of the healthcare team. As she tells it, this is apparently true among the family, the nursing team and the patient’s physicians. If teamwork had occurred, there would have been discussion between family and nurse. The nurse would have made connections between objective and subjective information and the patient’s physicians would have been notified and treatment started. It sounds as if things might have gone very differently, had the Haskell’s concerns been heard.

4. **How does the culture in hospitals in which you’ve worked compare to the culture described in Helen Haskell’s story?**
   Many hospitals operate with less staff on weekends and on nights. Frequently, on these skeletal shifts, nurses have limited experience. Some charge nurses may be fresh out of school or have only one year of experience. Physicians may tell nurses not to call them and, in some cases, there is little backup from other doctors.

5. **What can health care professionals do to create a hospital culture that supports effective teamwork and patient-centered care?**
   All healthcare workers should be willing to communicate with each other and be willing to communicate with the patient and the patient’s family. Communication should take place as equals and in partnership with the intention of providing the best care possible to the patient. All patient caregivers should be knowledgeable in the chart’s contents and be knowledgeable on the patient’s present condition. Shift report should be given at the bedside allowing the patient to help in the planning their own care.

**Video Four**

1. **What does professional accountability mean to you?**
   Professional accountability means accepting responsibility for one’s own actions and taking corrective actions. Related to this is a mindset that drives the professional to be diligent in taking steps to ensure the risks of errors, omissions, or miscommunications are minimized.

2. **How do health professionals demonstrate:**
   a. **A feeling of accountability for the reliability of the system in which they work**
      Working in a just culture where accountability is a system concern gives employees the opportunity to be accountable and to assist in correcting system failures. The employee takes on the responsibility to challenge complacency and to look for and report potential failure points in the systems.
   b. **Lack of accountability for the reliability of the system in which they work**
Such employees may refuse ownership for things that occur. They may try to hide errors or place blame elsewhere for fear of retribution or punishment.

3. **Helen Haskell describes nurses focused on task completion (including documentation of a plan of care) rather than on accurate assessment, application of knowledge, listening to patient and family, and action on the patient’s behalf. How accurate is her depiction of nursing care you have observed? In instances where you have made similar observations, what contributes to this “misplaced” work focus?**

Possible contributors to a culture of task completion over care delivery are patient load, patient acuity, number of support personnel, documentation, fatigue, time, and generic plans of care. On the other hand, a plan of care should reflect accurate assessment, application of knowledge, the information obtained from the family, and actions enumerated to ensure the patient’s welfare is served.

**Describe what happens in your current health care setting if someone is involved in an error?**

Employees who make an error are asked to complete an error form. The error is discussed and the circumstances which led to the error are assessed. Remediation and education is offered or given. In the case of a system failure, a committee is formed to examine and implement changes that need to be made.

4. **What errors happened in Lewis’s story?**

Lewis was given too much Ketorolac and too few fluids. Lewis and his parents verbalized that something was wrong, but apparently no one listened. Staff members believed that equipment failed instead of recognizing a complication was occurring. Vital signs were taken yet, when out of parameters, no one was notified and no action was taken. In fact, the vital signs that were taken were dismissed and ignored. No one recognized a decrease in urine output. The family asked for the attending physician to be notified, but that was not done. There was a failure to respond to a patient in distress.

5. **Which of the errors you described were “system” errors? Which were errors that individuals committed? What distinguishes these categories in your view?**

System errors include the standing protocol for Ketorolac and for the IV fluid rate/amount. Techs documenting vital signs in the chart without the RN being of aware of what they are can delay interpretation by the RN. Techs should be trained to recognize vital size outside of a specified range of parameters and inform the RN immediately of such findings. Individual errors included failure to recognize decreased urine output, failure to read and interpret vital signs, failure to listen to patient and family, failure to notify the physician, and failure to rescue.

An example of a system error is a breakdown in communication or practice that can happen anywhere in the organization. It is not isolated to only one place or one time. A system error is any situation that ‘sets a trap’ in which an individual who is following proper protocols will still fail. Individual error happens through lack of knowledge, lack of training, carelessness, or an overwhelming situation. It may be a system error that leaves an individual without the proper education or training.

6. **If you were a patient or family member in Helen Haskell’s situation, what would you have wanted to say to or hear from the “frontline” nurses and residents who provided Lewis’s care?**

I believe that I would want to hear words about taking responsibility such as: “I’m sorry”, “I should have listened to you”, “I made mistakes.”, and “It’s my fault that Lewis died”. From the system, I would like to hear that improvements in protocol or culture have been made to eliminate the possibility of the same failures leading to another tragedy.
7. What is it about being a learner that can help prevent errors and adverse events?
Being a learner helps prevent error due to the carefulness of how learners practice and how learners seek out information or advice when they are unsure.

8. What is it about being a learner that can increase the risk of errors/adverse events for patients?
When learners assume they know more than they do and act on that assumption before communicating with more experienced mentors, mistakes are likely.

9. What policies or safeguards could help protect patients and families from a health care team’s inability to recognize a developing problem?
Patients and patient families could be given a list of contact numbers for questions or problems. A log of objective information such as vital signs, temperature, I&O, and a list of medications could be kept at the bedside for all to see. A care conference between patient and family could be conducted at each shift to document or verbalize concerns, answer questions, and develop the plan of care. And walking rounds in each patients’ room with the patient participating. It might also be helpful to be able to involve new experts, who have not already bought into the situation.

10. Patients enter hospitals assuming that health professionals are watching for complications so that they can “rescue” patients. What factors detract from our effectiveness in making that true – reliably true – for every patient?
There has to be a shift in culture from a ‘everything’s going to be fine’ culture to a ‘what could possibly go wrong?’ culture.

11. Helen Haskell has stated elsewhere, “We were in the only place in this country where Lewis’s father and I could not get help for our son…a hospital.” In any other location, she could have called “911”. How do health professionals justify this reality? What policies could eliminate the problem?
When a patient requests to talk to their physician the physician must be notified. When a patient states they feel something is not right a comprehensive assessment is completed and a charge nurse or supervisor is notified. Patients and patient’s families are given contact numbers. In many sorts of organizations and ombudsman serves the organization by taking on the role of acting as an outsider, a perspective meant to challenge the status quo or the ‘business as usual’ mentality.

12. What are your ideas about patient empowerment and nurse empowerment in terms of the overall safety of our health care systems? When are the interests of patients and nurses in alignment? When are they not?
Patients and nurses have to communication with each other. Nurses should help to empower patients by giving them access to other healthcare providers when appropriate. Nurses should believe patients when patients or family have concerns. Nurses should be a champion and an advocate for their patients. Patients and nurses may not be in alignment when there is not respect, when the unit is extremely busy, or when boundaries are not respected.

13. What kind of courage do you think Helen Haskell believes we need to prevent Lewis’s story from happening again?
Nurses and patients need to have the courage to communicate, the courage to listen, the courage to speak, the courage to advocate, the courage to believe, the courage to act and the courage to rescue.