Shared Learning in SNEE ICS

Type of Event:
Treatment Delay

Event:
Following a number of falls and suffering severe pain in the lower back a Patient was transported to their local Emergency Department by the Ambulance Service under blue light conditions. Following review the plan was to request an urgent MRI of the whole spine, refer to the Oncology team and administer steroids. This plan was hindered and there was a further delay of 4 hours between the specialist agreeing the MRI and the results being made available. Following assessment there was a significant delay to refer the patient with Metastatic Spinal Cord Compression (MSCC) to the local Specialist Tertiary Centre for further management.

Notable Practice:
- Very good management of the Patient by the Ambulance Crew in attendance
- Early Medical impression of metastatic cord compression
- Very good Quality Assurance by Pharmacy staff
- Good staff / family liaison

Improvement:
- Electronic referrals need to be supported by a telephone call by the referring clinician
- The pathway to manage patients that require urgent spinal review with suspected MSCC needs to be embedded
- Require a clear process for sharing patient pathways with rotating clinicians/new starters
- MSCC pathway should clearly state that Steroids should be commenced upon a patients initial presentation

Learning:
As a result of this incident the following improvements have been made:
- An electronic referral to the Specialist Spinal team must be followed up with a telephone call as per the Spinal referral pathway
- The MSCC Pathway is reviewed in conjunction with the emergency spinal referral pathway and a clear referral pathway is developed
- On induction all new clinicians will be provided with copies of the agreed revised pathways
- The MSCC pathway to include instructions of how patients with suspected cord compression should receive an initial dose of Steroids