



## Values-Based Disclosure & Claims Management:

### CASE STUDY

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March 7, 2012*

# Surgical Fire Incident: How VBDCM is Supposed to Work



**Ms. Kouko Bonney**

1932-2011

# Surgical Fire Incident: How VBDCM is Supposed to Work

- Ms. Kouko Bonney, a 78 year old Asian immigrant with a large, close-knit extended family, and metastatic lung cancer.
- Present to OR for an excision/biopsy of a deep cervical lymph node and implantable port insertion for chemotherapy.
- Normal surgical prep: Oxygen by mask, neck prepped with alcohol-based skin prep, standard tent draping over patient's torso and face.

# Surgical Fire Incident: How VBDCM is Supposed to Work

- Port implanted without incident; Proceeded to excise node using cautery.
- Surgical Tech: **“FIRE !”**
- Fire is immediately extinguished.
- Ms. Bonney suffers 1<sup>st</sup> and 2<sup>nd</sup> degree burns to face, neck and right shoulder.
- Bronchoscopy verifies no apparent injury to airway; patient stable.

# Surgical Fire Incident: How VBDCM is Supposed to Work

Now to tell the family:

- Entire surgical team meets with General Counsel and COO to debrief and prepare for disclosure.
- Determined that MDA and Surgeon to meet with family, make disclosure.
- Coaching, coaching, coaching:
  - Empathy:** “*We’re sorry* this happened.”
  - Set Expectations:** “We *don’t know why* this happened right now, but we *will find out*, we *will share what we find*, and we will *make sure it doesn’t happen again*.”

# Surgical Fire Incident: How VBDCM is Supposed to Work

## Family is:

- Upset, concerned about wife, mom.
- Some family members angry, believing burn injuries contributed to her breathing problems.
- Ms. Bonney passes as a result of her cancer within several months of the incident. RCA completed, and results shared with family.
- Some family members still angry, threatening, believing incident hastened her demise and decreased her quality of life.

# Surgical Fire Incident: How VBDCM is Supposed to Work

- Continued to involve family in the progress of our improvement efforts.
- Family wanted to make sure their loved one's legacy was to make sure that steps were taken to prevent this type of incident from happening to anyone else.

## The Kouko Bonney Fire Risk Assessment

Alcohol-based pre solution dried for >5 minutes. No pooling observed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	(Circle appropriate option)	Y	N
* Surgical site or incision above the xiphoid, or involving airway or pulmonary components		1	0
* Open oxygen source, >30% oxygen (supplemental oxygen via face mask or nasal cannula) potential airway leak, proximity of ETT, double-lumen tube		1	0
* Available ignition source: e.g., monopolar electrosurgery unit, laser, fiberoptic light source		1	0
	Total Score		
Scoring: 3 = High Risk 2 = Low risk w/potential to convert to high risk 1 = Low risk			
<input type="checkbox"/> High Risk Fire Protocol initiated by: Anesthesia provider   Surgeon   RN   Scrub tech (circle one)			

The family requested that their mother's story be shared throughout the organization so that staff would not forget the danger of a surgical field fire.

At the recommendation of the family, the fire risk assessment has been renamed "The Kouko Bonney Fire Risk Assessment" as a legacy for their mother.

Ms. Bonney's story has been shared with the leadership team and is being cascaded throughout the organization to staff.

### Fire Risk Protocols: Score 3 – High Risk

The circulating nurse, surgeon and anesthesia providers take these precautions and communicate at handoff.

#### Circulating nurse:

- Writes "Fire Risk High" on dry erase board
- Ensures appropriate draping techniques to minimize oxygen (use occlusive drape if high fire risk)
- Confirms verbally the electrocautery setting
- Assesses that alcohol containing preps are not used for head and neck cases
- Places laser in "stand-by" mode when not in use. Secures laser foot pedal to prevent accidental activation

#### Anesthesia Provider/Nurse:

- Notifies the surgeon and documents if O2 concentration >30% or risk of air leak present
- Before an ignition, source is activated:
  - Reduce the oxygen concentration of 30% or less if possible or discontinue use of O2
  - Stop the use of nitrous oxide

#### Surgical Tech/Procedure Tech:

- Ensures water or saline is available for the surgical field
- Wets sponges
- Ensures suction is always available on field
- Ensures ESU in holster when not in use. Light source turned off when not in use

#### Surgeon/Proceduralist:

- Before an ignition source is activated:
  - Wets sponges used as barrier between ESU and oxygen source
  - Announces the initial intent to use an ignition source
  - Verifies that the anesthesia provider has reduced the O2 concentration to the minimum acceptable level for 1-3 minutes before using ignition source
  - Confirms verbally the heat source setting – minimize ESU setting is possible

### In Case of Fire:

1. **Shout "Fire"**
2. **Remove ETT (if airway fire)**
3. **Turn off O2**
4. **Throw saline in field**