Killers in our Midst?

Patient safety lessons from the Wettlaufer Enquiry
Why for M&M
Commentary

Health Care Serial Murder: A Patient Safety Orphan

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Remembering the victims
The interview

It can happen in good places
Healthcare
Serial Murders

- Visionary killers
- Mission killers
- Hedonistic killers
- Control killers
What are HSK characteristics?

Nicknames: Terminator, Angel of Death

Moving from job to job
- incidents at different sites

“Secretive”
- Challenges in personal relationships
- substance misuse

Shift choices
- prefer quieter shifts
- found in places they should not be

Credentials
- inaccurate in credentials and other personal information

Older, vulnerable patients

"Secretive"
Characteristics, continued

- Entering rooms where unexpected deaths had occurred
- Inconsistent statements related to incidents
- May relive the experience by discussing details with grieving relatives
- Tendency to predict when a patient will die
- Keep personal items of victims
- “Hanging around” immediate death investigation
Weapons of choice

- Injection: 52%
  Insulin, KCL, opiate
- Suffocation: 11%
- Water in lungs: 4%
- Unknown: 25%
Why are HCSK’s so hard to spot?

If you were a healthcare professional who wished to kill people, how might you hide in plain sight?
System issues: why are HCSK's so hard to spot?

Inquiry into serial killer criticises hospital’s response

Vital clues that could have pointed to nurse Beverly Allitt being a serial killer were missed during the 58 days she worked on the children's ward at Grantham and Kesteven Hospital in Lincolnshire, according to the report of the independent inquiry into the tragedy. The inquiry, chaired by Sir Cecil Clothier, criticises the hospital’s two consultant paediatricians, the ward sister, the clinical services manager, and other middle managers. It paints a picture of a hospital “on the edge of viability,” operating on a shoestring budget. Sir Cecil, however, dismissed staff shortages as “a tangential issue.”

Allitt, aged 35, is in Rampton Special Hospital after being given 13 life sentences last May for murdering four children and attacking nine others while working as an enrolled nurse on ward 4 between February and April 1991.

The report criticises the hospital’s “ sloppy” appointments procedures in recruiting Allitt but doubts that she would have been detected as unsuitable at that stage even if everything had been done correctly. “The main lesson is that the Grantham disaster should serve to heighten awareness in all those caring for children of the possibility of malevolent intervention as a cause of unexplained clinical events.”

The health secretary, Virginia Bottomley, promised government action on the inquiry’s and effectively to the series of collapses had they had more time to reflect.

Efforts by Dr Nanayakkara to have a paediatric pathologist carry out a postmortem examination on Allitt's first victim, Liam Taylor, were thwarted by the coroner's officer Keele University, who has been involved in 50 cases of Munchausen's syndrome by proxy, told the inquiry that the delay in diagnosing it on ward 4 was no longer than that in other cases. Parents of Allitt's victims attacked the report as a “cover up.” One
Why LTC?
Letter:

To Tamara Condy:

Effective immediately I am resigning my position at Saint Elizabeth.

Please know that I am thankful for all I have learned and done while being an employee here.

In the box are the contents of my t-funk kit.

In the backpack is my phone and other necessary items.

August 29/16
On November 2011
Mary Zerwinski - not a diabetic, carers at care, dementia

Mary was spunky, thin and outspoken. One afternoon, around 4 pm, I gave her 50 units of short-acting insulin and 30 units of long-acting insulin. She bugged me because she was outspoken & resident to care. She was feeling very angry in general. She died the next afternoon.

Constantly saying "Help me nurse", she frequently yelled out "I want to die!" One afternoon I felt like something snapped inside me. She kept yelling out she wanted to die. I thought angrily " Fine, I'll help you die." I gave her 60 units of short-acting insulin just before
5 Questions:
- natural death?
- reasonably foreseeable and logical?
- doc to do certificate?
- no care concerns?
- location (e.g. Mental Health), ID, decomposition
System issues:

The role of CNO?

The role of the ONA?
Our role in prevention of error and malevolence?
64. It serves THREE purposes when you think about it!
First step- consider it is possible!!

And:

- Recognition “misbehaving” professionals.
- Medications administration systems
- Better data on deaths Especially with high risk staff
First step- consider it is possible!!

And:

- Better reporting systems
  And communication
- Hiring (and firing) practices
- Consensus guidelines
  For suspicious situations
‘They put money and reputation in front of a human life’

They put money and reputation in front of a human life. He’d be here today if it wasn’t for the gross incompetence of people.

“She portrayed herself as a very caring nurse for the residents. She would take on some very difficult (residents), even people who didn’t have family, and bring them special treats from home. I had no idea.”