The Trifecta: Medical Errors, Patient Safety, and Risk Management

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The Joint Commission
Risk of What?

• Patient injury/death
• Economic loss
• For physicians, it could be worse!!!!!!
It’s Risk Management, Not Risk Elimination!

There is no such thing as risk elimination.

Managing risk appropriately can lead to zero harm.
Imagine a Day of Zero

• Zero complications of care
• Zero missed opportunities
• Zero overuse
• Zero harm
• Zero lost revenue
• Zero harm events of any kind
General Liability

• Needle sticks
• Falls
• Transfers
• Security
• Employment law
• OSHA
• HIPAA
General Liability

• Need to track and trend
• Need to train staff
• Need adequate insurance:
  ✓ general liability insurance
  ✓ D & O insurance
  ✓ workers comp, etc.
"You weren't listening. I said, 'Don't fall.'"
Medical Malpractice
What’s the Scope?

• One malpractice suit is filed for every 40,000 patient encounters
• FP’s will average one claim every 7-8 years
• Different specialties have different rates
• Malpractice cases take, on average, 4-7 years to reach a settlement

Medical Economics
Payments on Medical Malpractice Claims - 2007

- **Total dollars:**
  - Florida: $226,487,600
  - US: $2,890,079,900

- **Average Claim Payment:**
  - Florida: $289,256
  - US: $323,266

Kaiser Family Foundation
Who gets sued?

1) OB/GYN
2) IM
3) FP
4) General Surgery
5) Orthopedics
6) Pediatrics
7) ENT
8) Neurology
9) CV (non-surgical)
10) EM
11) GYN
12) Dermatology

Physicians Insurers Association of America
Top 10 Allegations Against PCP’s

• Diagnosis Errors (mainly failure to timely diagnose)
• No medical misadventure (the group or clinic is named)
• Improper performance of procedures
• Failure to supervise/monitor case
• Medication errors (anticoagulation)
• Procedure not performed
• Failure/delay in referral/consult
• Procedure performed when not indicated
• Failure to recognize complications
• Delay in performance of procedures
Failure to timely diagnose cancer has surpassed MI as the #1 allegation

- 1) Breast
- 2) Colorectal
- 3) Lung
- 4) Prostate
Those are some of the depressing numbers

Do we believe them?
Medical Errors
IOM Report
Evidence Based Medicine

We can’t ignore the data from the Institute of Medicine (IOM) Report, 1999.

“To Err is Human; Building a Safer System”
IOM, 1999

- 98,000 patients die each year as a result of preventable medical errors
- We, and our systems, have to take some of the blame!
- Patient safety and risk management are inseparable!
What would 99.9% reliability mean?

- 1 hour of unsafe drinking water every month
- 2 unsafe plane landings per day at O’Hare Airport in Chicago
- 16,000 pieces of mail lost every hour
- 22,000 checks deducted from the wrong bank account each hour
- 20,000 incorrect prescriptions every year
- 500 incorrect operations each week

*Multiply above numbers by 20 to 40X ~ Hospital Reliability*
The majority of health care is delivered in the outpatient setting.

Negligent adverse events were more likely to have severe outcomes when they occurred in hospitals, but the total number of high severity outcomes & death was larger in the outpatient setting.
In a study of almost 6,000 claims, 68% were for negligent events in outpatient settings and resulted in over 1,200 deaths.

The Robert Graham Center, 2004
CDC Report, 2009

• More than 60,000 patients in the US may have been exposed to hepatitis in the past decade.
• 45 cases are confirmed
• The study found a lack of basic infection control procedures and aseptic technique in injection safety, including the reuse of syringes.
• Blood contamination of medications, equipment, and devices was also a common factor.

Annals of Internal Medicine, Jan.6, 2009
Most common findings in FQHC surveys in 2018
IC 02.02.01: EP 2 (85%)

The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. *(See also EC.02.04.03, EP 4)*
MM.01.02.01: EP 2 (45%)

The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.

Note: This element of performance is also applicable to sample medications.
DATE FILLED: 03/26/2012

INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS RECTALLY

VENTOLIN HFA 90 MCG INHALER
Medical Errors

- Tampa... Man was scheduled for a right leg amputation; left was amputated
- Rhode Island... 3 wrong side brain surgeries in one year!
- Tampa... 6 day old infant had cardiac surgery to correct VSD; died two days later after being given 35 mg of KCl instead of 3.5 mg

AP. 2008
IC.02.01.01: EP 2 (39%)  

The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4)
The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)
EC.02.02.01: EP 5 (37%)

The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
What is the Standard of Care?

Res Ipsa Loquitor
Respectable Minority Rule Error in Judgment Rule

It’s OK pursue one of several recognized courses of treatment.

Therefore, documentation is important!

What is the thought process?
How Do We Minimize The Risk?

Prevention
and
Defense
Prevention

• Systems for follow up: tickler files, no-shows, recalls, referral tracking
• Incident reports for trending (non-punitive)
• Awareness – “culture of quality and risk management”
• Physician/staff/patient relationships
Staff Training

• Phone information
• Triage: phone, walk-ins, appointments
• Written protocols for regular and after hours phone calls
• Need timely review of labs, x-rays, etc.
Consents

• Must be adequate!!!
• Consider:
  ✓ Timing
  ✓ Patients mental ability
  ✓ Understanding
  ✓ Language
  ✓ Complications
  ✓ Alternatives
Informed Refusal

• Description of treatment offered
• Reason the treatment was offered
• Potential benefits of procedure
• Statement that patient has been informed of the risks and is not accepting treatment
• Statement that the patient has declined the treatment
• Reasons the patient refused treatment
Patient Tracking

• Document missed appointments: need follow-up protocol (calls, letters) and document!

• Need policy: timing for preventive care; document at acute visits - patient advised to schedule PE

• Schedule appointments after consults, x-rays, etc.
Defense

Best is thorough, legible documentation!!!
"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."
In a malpractice case, the medical record is the key!
It can be your best friend or your worst enemy.
Documentation

The vast majority of cases are settled d/t inadequate or illegible documentation:

- If it wasn’t written, it wasn’t done (staff MUST understand)
- Use soap notes
- Appropriate corrections in chart
- Appropriate late entries
- No “do not use” abbreviations
“Physicians who use electronic health records may be less likely to pay malpractice claims.”

DHHS – AHRQ, May, 2009 – from Archives of Internal Medicine, Nov. 24, 2008
SPEED BUMP

TAKE TWO WEBSITES AND E-MAIL ME IN THE MORNING...

www.healthfinder.gov—Your information Rx
Manager/owner, compliance officer, risk manager, QI must work together.

Must develop a culture of quality and safety with a mindset toward risk management.
Stay focused on the patient

SMILE
Okay folks... it's a wrap
Questions
The Joint Commission’s Website

Overview of the Bureau of Primary Health Care

The Health Resources and Services Administration/Bureau of Primary Health Care (HRSA/BPHC) promotes the advancement of quality improvement efforts across the health center program.

Learn More

Standards for Health Centers

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