MedPro Group

Berkshire Hathaway's dedicated healthcare liability solution

Diagnostic Errors: A Real Threat to Patient Safety

Today's Moderator

Today's speaker is Rachel Rosen, RN, MSN, Senior Patient Safety & Risk Consultant, MedPro Group (Rachel.Rosen@medpro.com)

Rachel has more than 20 years of experience in patient safety, quality, and risk management — both as an internal leader and as an external consultant.
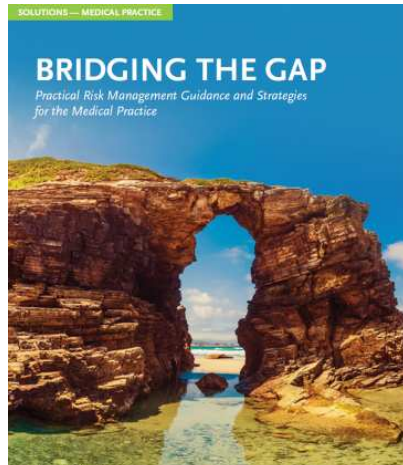
Her healthcare industry customers have included multihospital systems, large acute hospitals, long-term acute care facilities, critical access hospitals, healthcare services, and managed care organizations.

Rachel has extensive experience in standards preparation and compliance, strategic organizational improvement planning and implementation, quality measurement, patient satisfaction, and medical staff quality and peer review.

Rachel is a graduate of Ball State University with a bachelor of science degree in nursing, and she earned a master of science degree in nursing administration from Indiana University. Rachel is a member of the American Society for Healthcare Risk Management and the Indiana Society for Healthcare Risk Management.

Are you aware of our vast resources?

Join Us on Twitter

Join us on Twitter @MedProProtector!

Risk management and patient safety information delivered in a convenient, flexible format

Articles

Announcements

Resources

Videos

Tools

Case studies

Risk Q&A

And more!

Not on Twitter? Give It a Try!

Twitter is an easy, quick way to stay current with healthcare news and trends, receive information and resources, connect with individuals and organizations, and receive risk management info from MedPro! Opening an account is simple — visit www.twitter.com.

Designation of continuing education credit

Medical Protective is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Medical Protective designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure

Medical Protective receives no commercial support from pharmaceutical companies, biomedical device manufacturers, or any commercial interest.

It is the policy of Medical Protective to require that all parties in a position to influence the content of this activity disclose the existence of any relevant financial relationship with any commercial interest.

When there are relevant financial relationships, the individual(s) will be listed by name, along with the name of the commercial interest with which the person has a relationship and the nature of the relationship.

Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at Medical Protective have reported that they have no relevant financial relationships with any commercial interests.

Objectives

At the conclusion of this program, you should be able to:

- Discuss claims data and trends related to diagnostic and other medical errors.

- Identify and analyze contributing factors/root causes of diagnostic errors that affect patient safety.

- Design and implement processes and systems that reduce and prevent diagnostic and other medical errors.

- Identify at least one risk-reduction strategy that you can implement in your practice.

Registration Polling Results
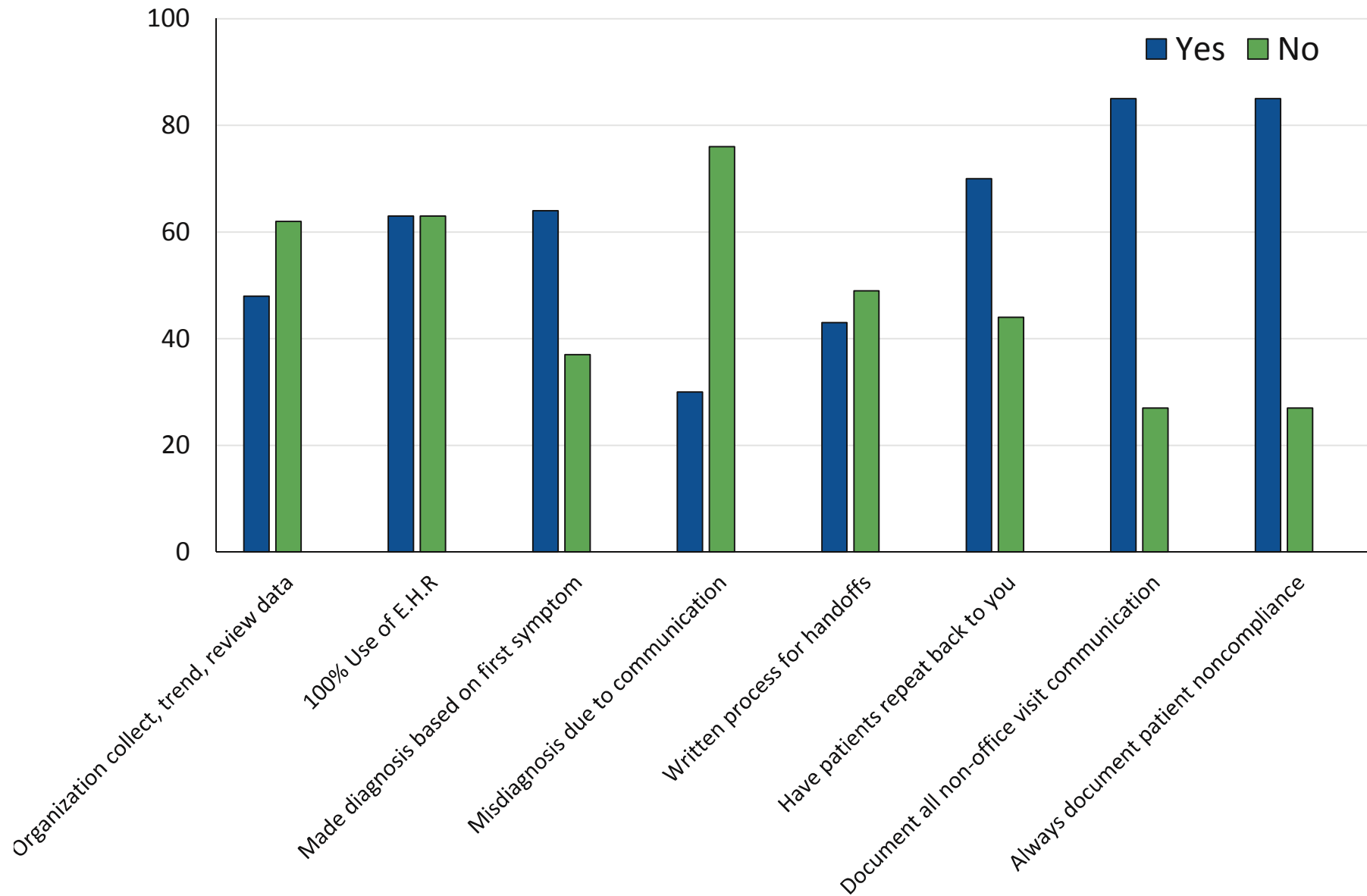
Today's Program

Today's speaker is Melanie Osley, RN, MBA, CPHRM, CPHQ, ARM, DFASHRM, Senior Patient Safety & Risk Consultant, MedPro Group (Melanie.Osley@medpro.com)

Melanie provides risk management services for MedPro Group insureds in the Northeast, ranging from Maine to Maryland. Melanie has worked in healthcare for more than 25 years, with 20 of those years dedicated to healthcare professional liability. Her experience includes working with self-insured hospitals, off-shore insurance captives, and physician insurance carriers.

Melanie speaks frequently on topics that include quality initiatives, patient safety, insurance models, and risk management. In addition, she has published numerous articles for peer-reviewed journals and texts. Melanie is a member of the American Society of Healthcare Risk Management (ASHRM) and the Connecticut and Massachusetts Societies of Healthcare Risk Management. Melanie's clinical specialty areas include prior certification in both critical care (CCRN) and emergency (CEN) nursing, and advanced cardiac life support instructor (ACLS) status. She has also completed the Fundamental Critical Care Support course offered by the Society of Critical Care Medicine.

Melanie earned a bachelor of science in law enforcement from the University of Evansville and a bachelor of science in nursing from the University of Maryland. She completed an MBA in healthcare administration at City University (WA), is a certified paralegal, and holds a current Connecticut insurance adjuster's license. She is certified in both healthcare quality and risk management, and has designations as a Distinguished Fellow of ASHRM in New England (DFASHRM), and an Associate in Risk Management from the Insurance Institute of America.

Today's Program

Today's speaker is Viviane Jesequel, RN, HCRM, Senior Patient Safety & Risk Consultant, MedPro Group (Viviane.Jesequel@medpro.com)

Viviane provides comprehensive risk management services to healthcare systems, hospitals, clinics, and physicians in Florida. She has more than 25 years of experience in the healthcare industry and has achieved an understanding of the challenges and opportunities facing both clinicians and hospitals.

Viviane has been actively involved in healthcare risk and quality management for many years. In previous positions, she provided services to hospitals, nursing homes, physicians, and other allied health professionals.
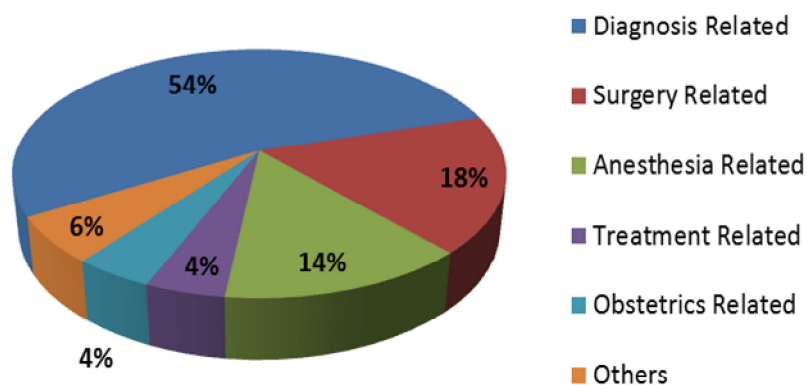
Viviane's expertise includes consulting with clients regarding patient safety and quality/performance improvement, identifying and evaluating potential liability exposures, and developing solutions to reduce or eliminate loss severity.

Viviane earned her RN degree from Mount Saint Mary College in New York. She also earned a bachelor of science degree in business administration from Mount Saint Mary College, and she is licensed as a healthcare risk manager by the state of Florida.
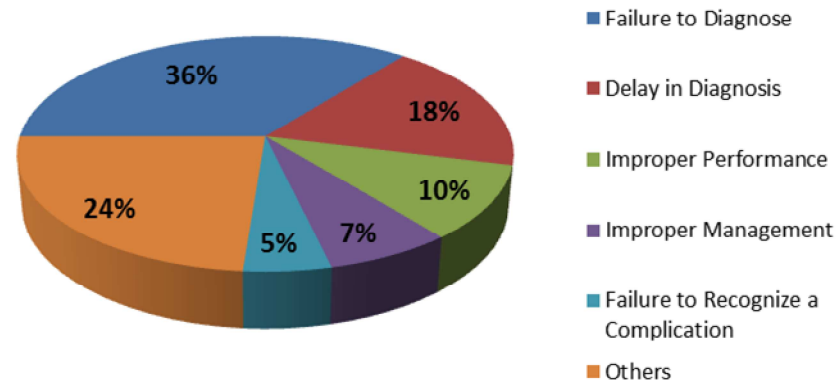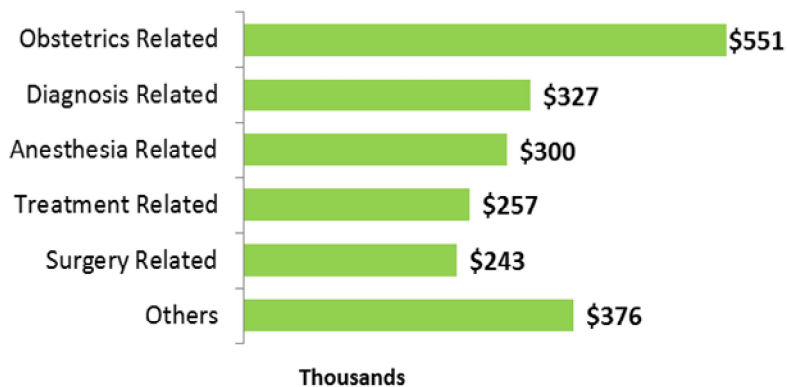
NPDB: Countrywide Allegations
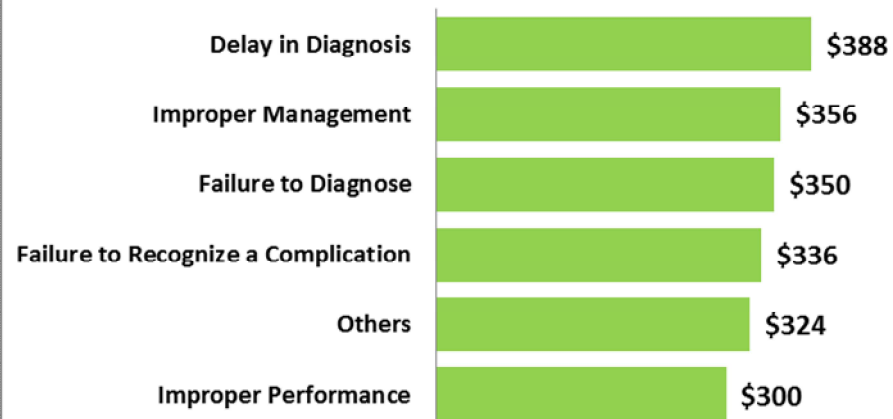

Percentage of Claims by Allegation Group, 2004-2013
- Diagnosis Related — 54%
- Surgery Related — 18%
- Anesthesia Related — 14%
- Treatment Related — 4%
- Obstetrics Related — 4%
- Others — 6%

Diagnosis Related: Top Allegations
- Failure to Diagnose — 36%
- Delay in Diagnosis — 18%
- Improper Performance — 10%
- Improper Management — 7%
- Failure to Recognize a Complication — 5%
- Others — 24%

Average Indemnity by Allegation Group, 2004-2013 (Thousands)
- Obstetrics Related — $551
- Diagnosis Related — $327
- Anesthesia Related — $300
- Treatment Related — $257
- Surgery Related — $243
- Others — $376

Diagnosis Related: Average Indemnity
- Delay in Diagnosis — $388
- Improper Management — $356
- Failure to Diagnose — $350
- Failure to Recognize a Complication — $336
- Others — $324
- Improper Performance — $300

Source: National Practitioner Data Bank Public Use File, Dec. 2013.
Indemnity paid physician claims 2004-2013. Data does not include payments by patient compensation funds.

Top Root Causes/Contributing Factors — Diagnostic Allegations
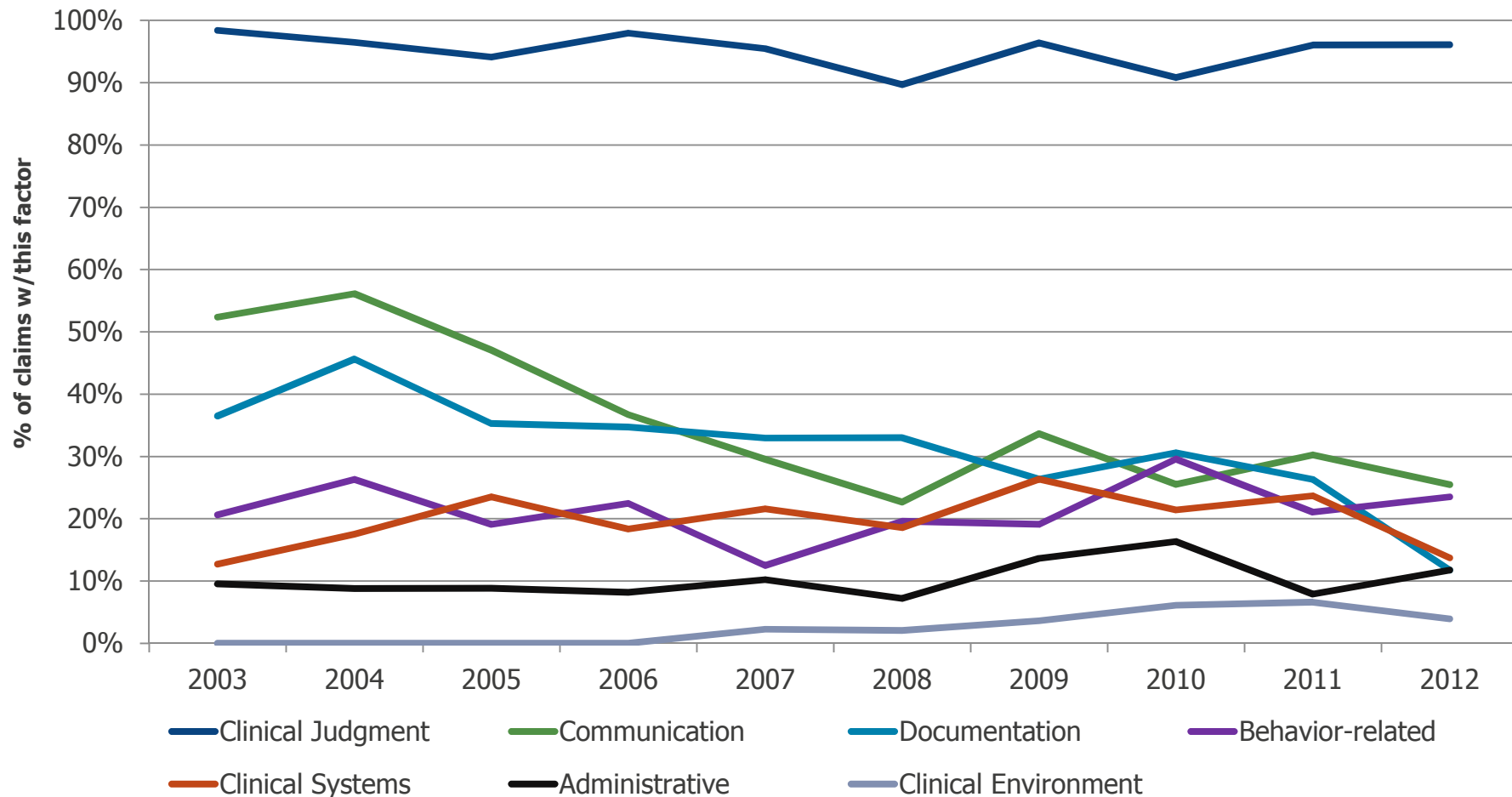
Contributing factors are broad areas of concern that may have contributed to allegations, injuries, or initiation of claims. These factors reflect issues that may be amenable to loss-prevention strategies. A claim may have several contributing factors identified, or none.

Clinical Judgment

# Case Study: Failure to Accurately Dx. Cardiac Condition

Patient: 34-year-old male.

Chief complaint: Presented in ED with sternal pain after lifting a boat in his backyard.

Case overview: Pain increased when raising arms. ECG was negative. Cardiac enzymes were not obtained because muscle strain was determined diagnosis. Patient discharged to internist who okayed vacation.

Outcome: Two days later, patient died.

Specialty Comparisons: Focus on Clinical Judgment – Diagnostic Allegations
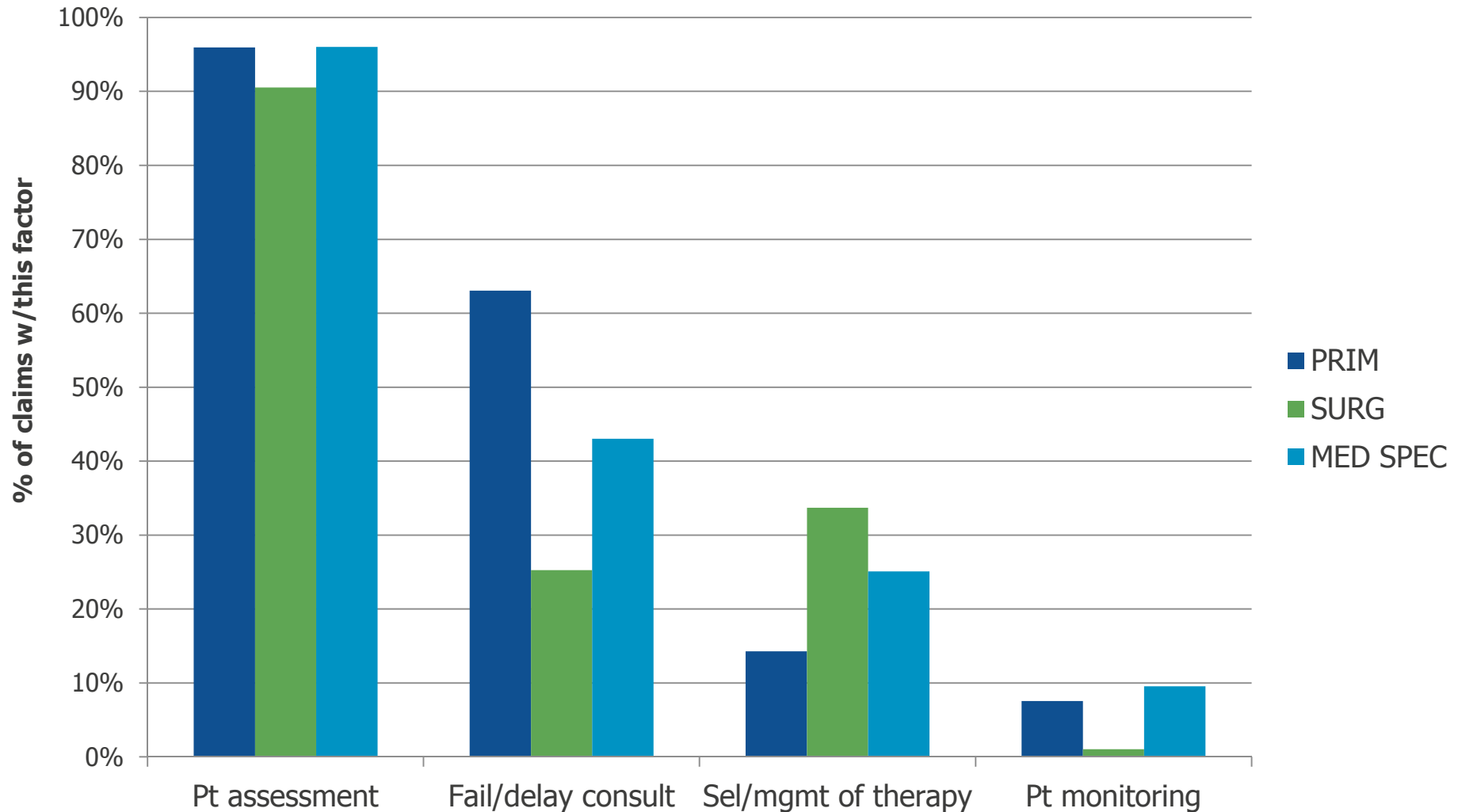
Source: MedPro physician claims, originating in physician office/clinic, opened years 2003-2012

Issues With Clinical Judgment

- The most prevalent risk issue in all allegations

- A broad category, including:
  - Patient assessment
  - Selection and management of therapy
  - Failure or delays in obtaining consults/referrals
  - Other factors

- Tends to present the most difficulty in terms of finding simple fixes

When the Patient's Symptoms Don't Fit a Pattern

- Information may be missing or incomplete.

- Cases may not be "typical."

- Depends on clinical element selected, importance assigned to each, and how information is arranged and processed.

- Conclusions (diagnoses) may vary significantly.

Groopman, J. (2008, September/October). Why doctors make mistakes. *AARP Magazine.*

Cognitive Mistakes

- Anchoring — a snap judgment, diagnose on the first symptom or lab abnormality

- Availability — using a prior experience, maybe what's most available in your memory to diagnose

- Attribution — to mentally invoke a stereotype and attribute symptoms

Groopman, J. (2008, September/October). Why doctors make mistakes. *AARP Magazine.*

Clinical Judgment: Risk Strategies

- Perform complete assessment.

- Update and review patient's medical history on a regular basis.

- Review and update problem lists, medication lists, and allergies.

- Enable prompt access to diagnostic information.

- Implement and utilize clinical pathways.

- Formalize procedures for:

  - Over-reads — ECGs, imaging.

  - Peer review/quality improvement.

Clinical Reasoning Toolkit

Communication

Issues With Communication

- Between providers
  - Consultation reports (consult vs. referral)
  - Coordination of care
- Between physician and patient
  - Phone calls
  - Informed consent
  - Education
  - Follow-up instructions

Issues With Communication

- Poor communication with staff and other providers involved in patient care

- Inadequate communication of pertinent clinical findings to radiologists and other providers

- Lack or delayed reporting of critical values

- Physician/staff distractions or lack of teamwork

- Care across multiple locations/providers

Handoffs

Approximately 80% of serious medical errors involve miscommunication during handoff.

Solet, D. J., et al. (2005). Lost in translation: Challenges and opportunities in physician-to-physician communication during patient handoffs. *Academic Medicine, 80*(12), 1094–1099.

Communication: Risk Strategies

- Standardize processes for handoffs, on-call, and after-hours care.

  - Identify all points of handoffs.

  - Determine the critical elements of each handoff identified.

  - Develop a policy and procedure — who, what, where, when, and how.

  - Use all this information to establish a checklist.

- Establish reliable call structure and response plans.

- Establish tickler system for high-risk patients.

Safer Sign Out

Communication Strategies to Enhance the Relationship

- Explain the recommended procedure.

- Start with the diagnosis and educate the patient.

- Offer explanation and rationale on why this is an appropriate treatment plan.

- Go over treatment plan step by step.

- Ask the patient to repeat back proposed treatment plan and/or informed consent discussion.

- Provide written documentation for patient to take home, and document in chart.

- Reinforce patient teaching (staff).

"I want to be sure that I did a good job explaining your problem. Can you tell me:

- What your problem is?

- What you need to do?

- Why you need to do it?"

Printed Material — CDC's Simply Put

- Instructions should be written for 4th–6th grade level.

- Font size of at least 12–14 points.

- *Italics are difficult to read.*

- ALL CAPS ARE DIFFICULT TO READ.

- Eliminate technical jargon.

- Most important information at the beginning and repeated at the end.

Centers for Disease Control and Prevention. (2009). *Simply put: A guide for creating easy-to-understand materials.* U.S. Department of Health and Human Services.

Health Literacy Information and Tools (CDC)

Documentation

Specialty Comparisons: Focus on Documentation – Diagnostic Allegations

Source: MedPro physician claims, originating in physician office/clinic, opened years 2003-2012
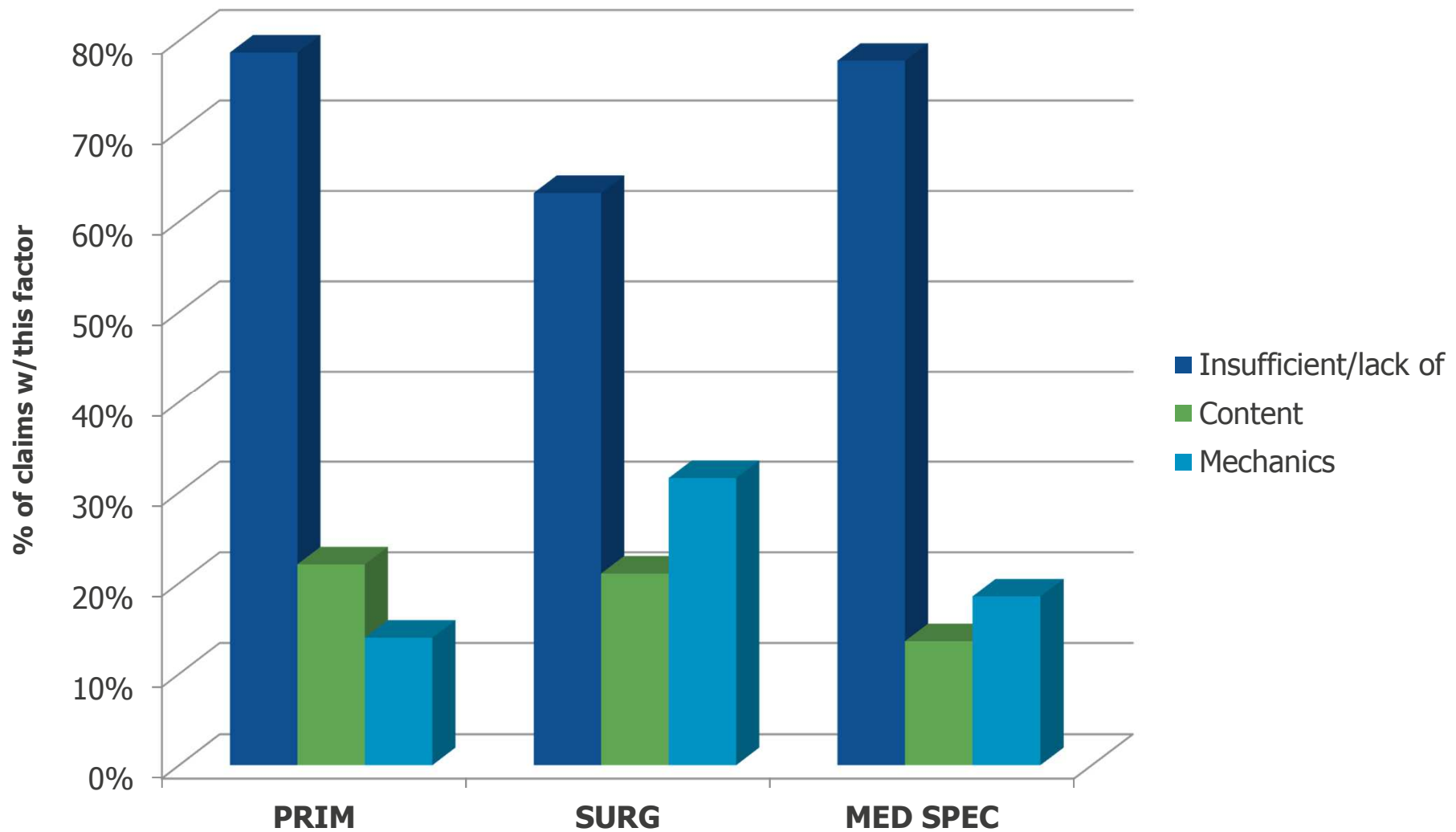
Issues With Documentation

- Patient compliance, including missed/cancelled appointments
- Treatment plan changes
  - Receipt of diagnostic results
  - Follow-up
  - Patient response
  - Telephone conversations
- After-hours contact
- Consults
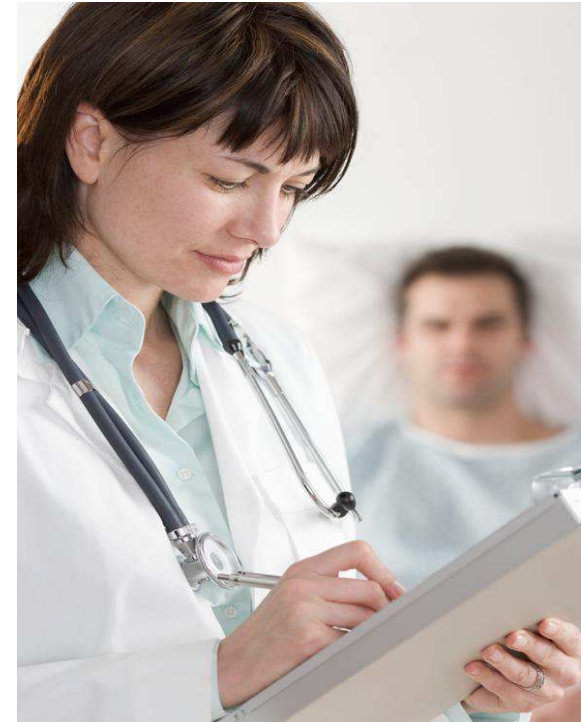
Issues With Electronic Health Records (EHRs)

- Documentation gaps in transition from paper to electronic

- New error pathways, particularly when trying to force old habits on new system

- Inconsistencies in use and following policy

- Flow of information not intuitive

- Build up of incomplete charts

- Failure to use system capabilities, e.g., alerts/reports

- Hybrid systems

- First-year of use

EHR: Risk Strategies

- Adopt collaborative strategies to include all system users when evaluating the need to make changes or updates.

- Set stringent documentation guidelines and eliminate workaround processes.

- Tailor the system's alert function to specific patient populations.

- Use system reporting functions to support an active performance improvement plan for risk reduction.

- Develop a comprehensive policy to define the legal patient record.

Health IT Tools and Resources

Behavioral Issues

Specialty Comparisons: Focus on Patient Behavioral Issues – Diagnostic Allegations

Source: MedPro physician claims, originating in physician office/clinic, opened years 2003-2012
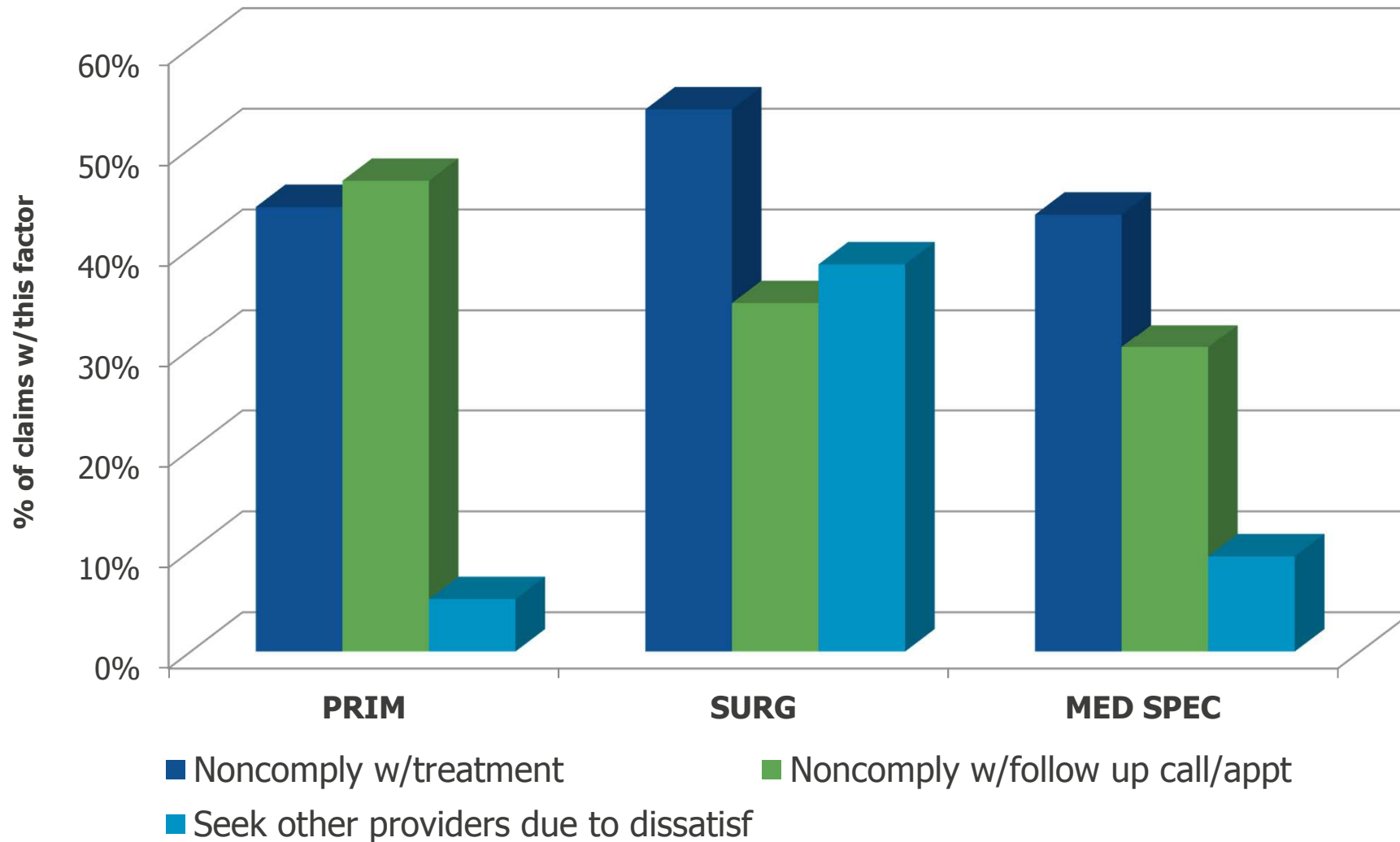
Patient Behavioral Issues: Risk Strategies

- Establish expectations upfront.
- Address and document all noncompliance.
- Use health history to screen.
- Make appropriate referrals.
- Negotiate the process of care.
- Access community resources.
- Ensure adequate follow-up care.
- Set firm limits.
- Terminate relationship as a last resort.

# Provider and Staff Behavior: Risk Strategies

- Acknowledge your own emotional response to patients.

- Elicit feedback on your communication skills.

- Improve your listening and understanding skills.

- Improve partnership with the patient.

- Improve skills at expressing negative emotions.

- Increase empathy.

Clinical Systems and Administrative Factors

Specialty Comparisons: Focus on Clinical System Issues – Diagnostic Allegations
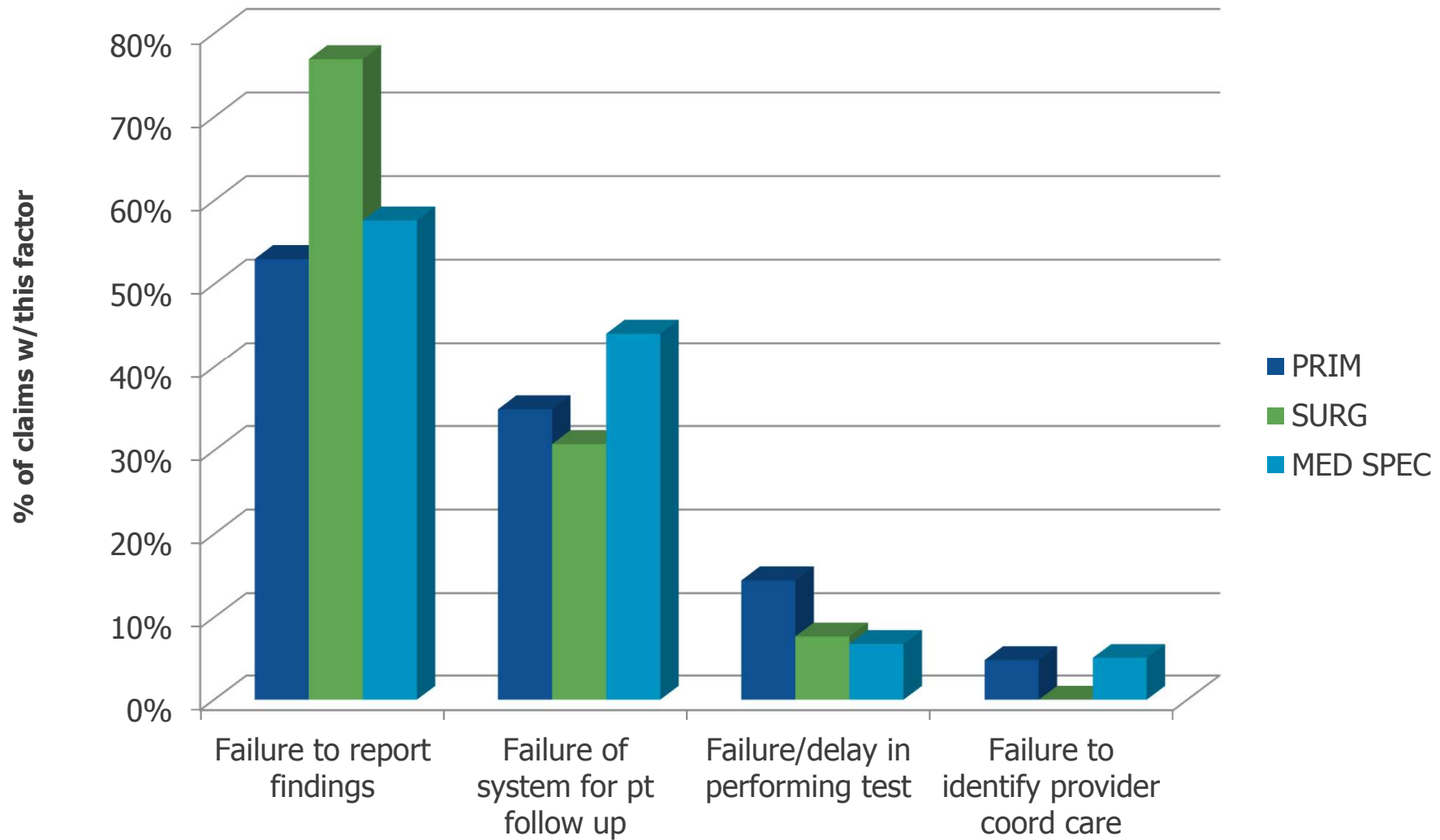
Source: MedPro physician claims, originating in physician office/clinic, opened years 2003-2012

Clinical Systems/Administrative Factors: Risk Strategies

- Standardize process for tests/referrals/consults.
  - Returned and reviewed.
  - Initialed by physician.
  - Patient informed and included.
- Verify patient identifiers.
- Report critical values immediately.
- Assign responsibility.
- Utilize process improvement methodologies.

Improving Your Office Testing Process

Summary

- Significant opportunity exists to reduce diagnostic errors.

- Root cause analysis of diagnostic errors and surgical complications identifies clinical judgment issues as the top driving force behind these errors.

- Effective strategies to reduce medical and diagnostic errors include designing and implementing processes and systems to address issues with:

  - Clinical judgment
  - Communication
  - Documentation
  - Behavior-related issues

  - Clinical systems
  - Administrative
  - Technical skill

What questions do you have?

Thank You!