

Risk Management Mentor Program

Program Disclaimer

► Modules

1. Risk Management Fundamentals
2. Enterprise Risk Management
3. Applications
4. Healthcare Providers
5. Clinical and Patient Safety
6. Legal and Regulatory
7. Claims and Litigation
8. Risk Financing

► Topics

- Web links
 - Primary sources
 - Templates
 - Questions
 - Responses



Module 5

Clinical and Patient Safety

High Risk Clinical Areas

► Objectives

Examine high risk clinical operations and processes

Analyze the data for each high risk area

Identify key risk issues applicable to each area

Describe risk mitigation strategies for each area

► High risk clinical services and processes

Perinatal-
Obstetrics

Surgery

Emergency
Department

Falls

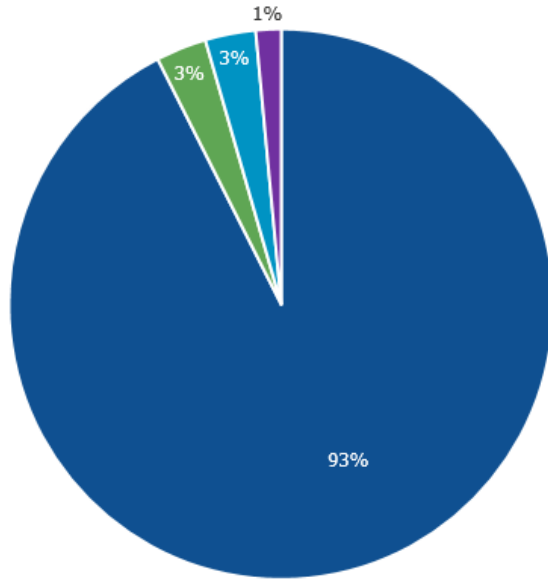
Medication
administration

Diagnostic
process

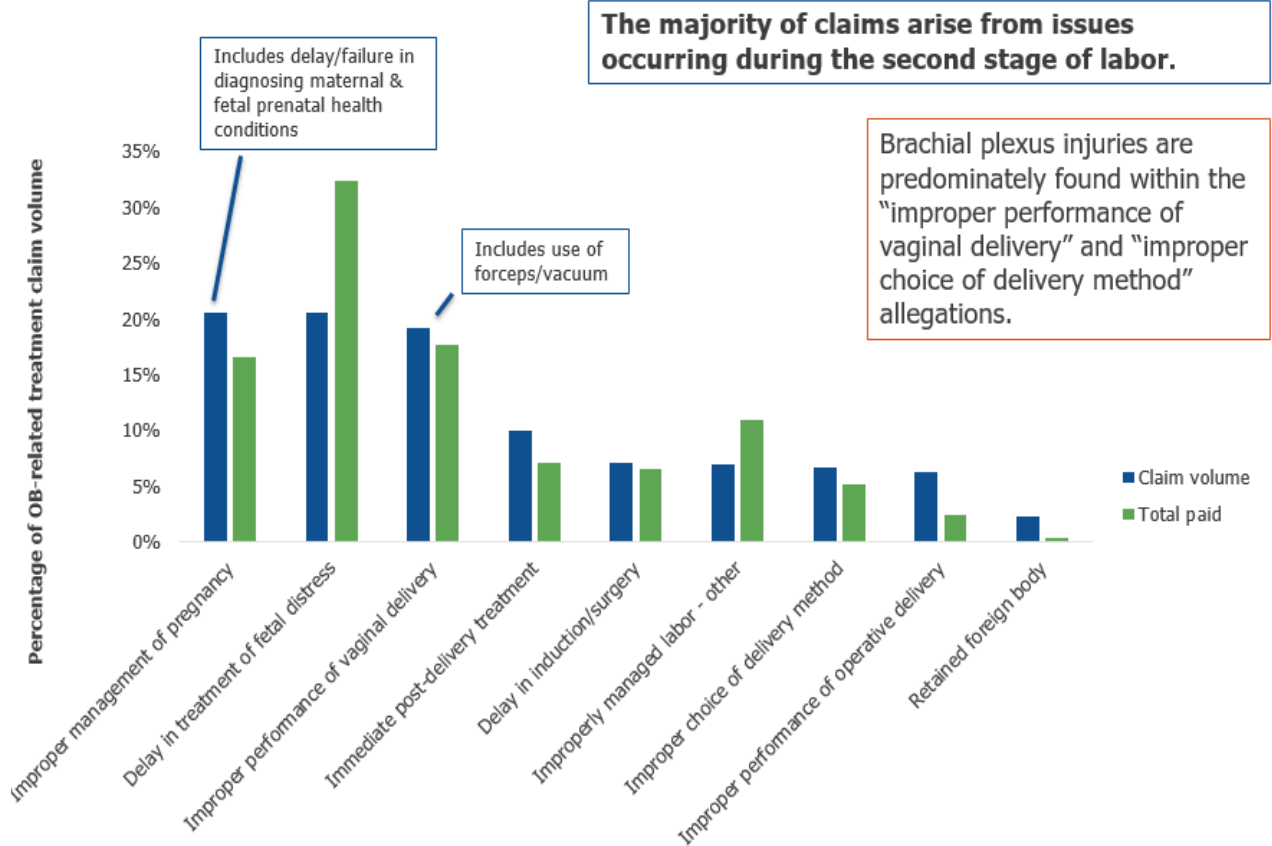
Perinatal - Obstetrics

Obstetrics claims

Allegations



- OB-Related Treatment
- Treatment-Related
- Diagnosis-Related
- Other



► Key risk factors

Improperly managed labor

Communication
failures

Lack of proper
monitoring

Failure of timely
response

▶ Proactive risk mitigation

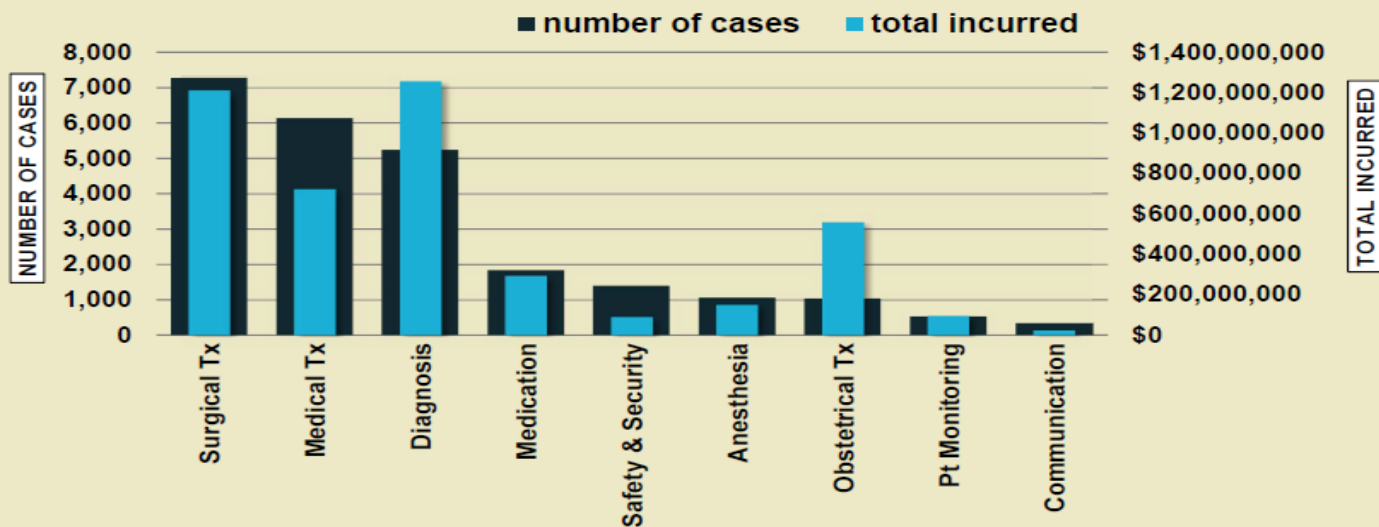
- ▶ Fetal monitoring
 - ▶ Physician and nursing staff have agreed on definitions
- ▶ Communication
 - ▶ Verbal
 - Team training leads to shared decision-making
 - Common language
 - ▶ Documentation
 - Health record supports clinical rationale
 - Hourly fetal monitoring strips
 - Audit health records
- ▶ Responding to emergencies
 - ▶ Simulations
 - Entire team participates including OB providers and anesthesia staff

Surgery

► Surgery-related cases most prevalent

Surgery-related cases are most prevalent, and diagnosis-related cases are most costly.

Allegation categorizes claims and suits by case type.



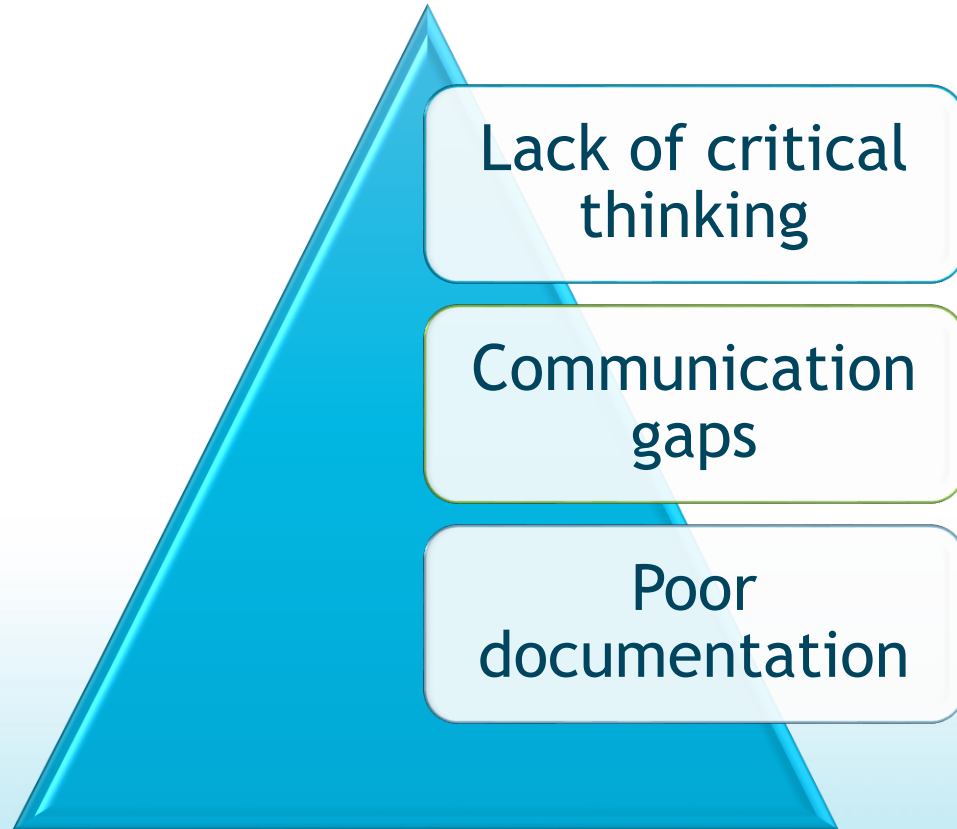
▶ Cases related to surgical performance most prevalent

Cases related to surgical performance are most prevalent.

Surgical allegations (also considered 'case types')

| ALLEGATION | % CASES | TOTAL INCURRED |
|---|---------|----------------|
| Improper performance of surgery | 65% | \$569,187,847 |
| Improper management of surgical patient | 24% | \$315,994,462 |
| Retained foreign body, surgical | 5% | \$20,410,998 |
| Surgery, other | 2% | \$16,679,820 |
| Unnecessary surgery | 2% | \$23,382,633 |
| Delay in surgery | 1% | \$25,725,423 |

▶ Key risk factors – Failure to rescue



► Case study: Surgery

- History/chief complaint: 42-year-old male with right shoulder injury fracturing clavicle in two places. Went to Emergency Department (ED) and admitted for surgery in morning.
- Case overview: Surgical delay; patient sent to floor at 5:30 p.m. Administered pain medication.
 - 6:00 p.m. vital signs: HR 114, BP 98/54, R 20. Patient sleeping soundly. Nurse did not arouse patient or check dressing as ordered (every 30 minutes x 4 hours).
 - In the meantime, 80-year-old ICU patient arrived on the floor at 7:30 p.m. Required extra attention in getting situated.
- Outcome: Surgical patient found unresponsive at 8:00 p.m., not breathing. Coded and died. Autopsy showed a small laceration to the patient's subclavian artery.

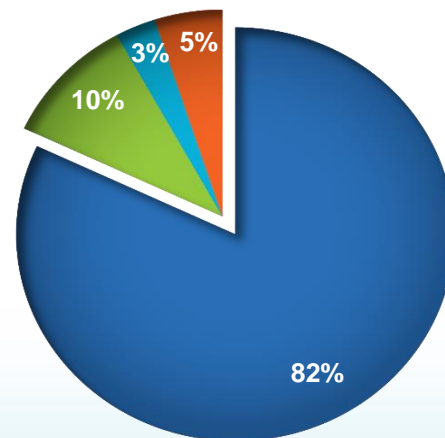
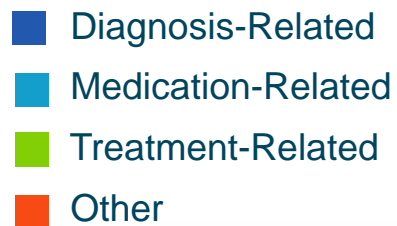
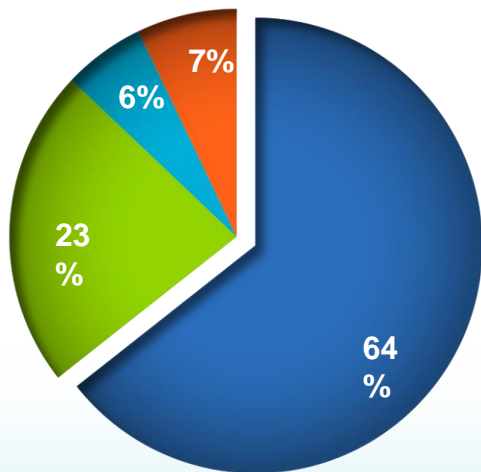
► Important risk mitigation strategies



Emergency Department

▶ Diagnosis-related allegations most common in ED

CLAIMS VOLUME BY ALLEGATION CATEGORY



Total dollars paid

► Case study: Failure to diagnose

- History: 34-year-old male. No previous cardiac health concerns.
- Chief complaint: Presented to ED with sternal pain after lifting a boat in his backyard.
- Case overview: Pain increased when raising arms. Electrocardiogram (ECG) was negative. Cardiac enzymes were not obtained because muscle strain was diagnosis. Patient discharged to internist.
- Outcome: Patient found dead the next morning on bathroom floor.

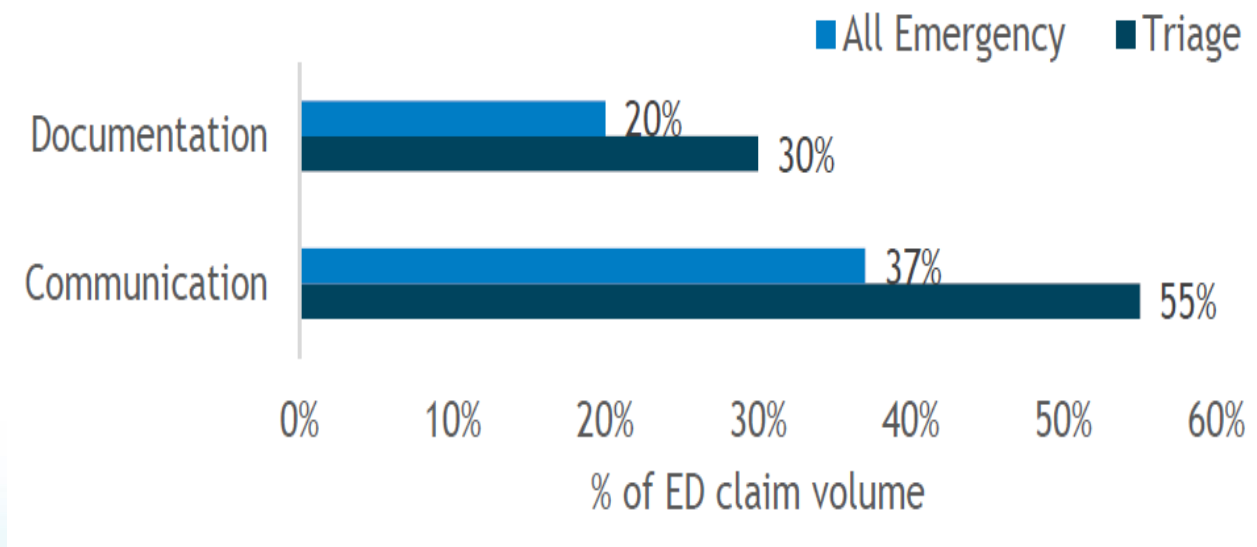
► Key risk factors for nursing

Inadequate
patient
assessment

Inadequate
communication

Inconsistent and
incomplete
documentation

▶ Triage pitfalls in the Emergency Department



► Proactive risk mitigation

Patient assessment

- Triage
- Reassess in waiting room
- Symptom-based protocols
- Poor history taking
- Reassess after a medication
- Reassess before discharge

Communication

- Chaotic department
- Handoffs with a checklist - bedside handoffs are the best

Documentation

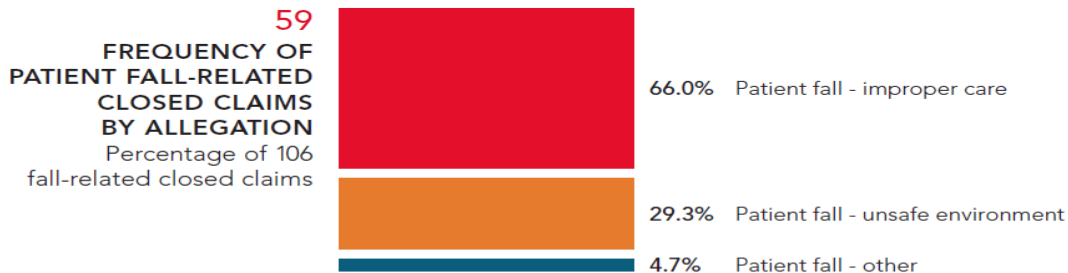
- Treatment in the ED should support the final diagnosis
- Discharge is a high risk time

Fall Prevention

► Fall statistics

- Top adverse event for the inpatient setting
 - Other falls occur as outpatients and on the property (general liability)
- Fall percentages demonstrate high risk occurrence
 - 3% – 20% of inpatients fall at least once
 - Injury prevalence 30% – 51%
 - 6% – 44% experience serious injury including death
- Cost for care following a fall
 - Classified by Medicare as a “never” event
 - Reimbursement for the fall care not paid by Medicare and most insurance providers
 - Patient with minor - moderate injury from fall costs an average of \$16,500

▶ Key risk areas



60
AVERAGE TOTAL PAID FOR PATIENT FALL-RELATED
CLOSED CLAIMS BY ALLEGATION

| Allegation | Average paid expense | Average paid indemnity | Average total paid |
|-----------------------------------|----------------------|------------------------|--------------------|
| Patient fall - improper care | \$30,298 | \$136,495 | \$166,793 |
| Patient fall - other | \$21,355 | \$127,500 | \$148,855 |
| Patient fall - unsafe environment | \$7,609 | \$47,720 | \$55,329 |
| Overall | \$23,241 | \$110,108 | \$133,349 |

► Key risk areas

Improper care

- Not following fall policy
- Ancillary departments not adhering to fall precautions
- Poor handoff to receiving department

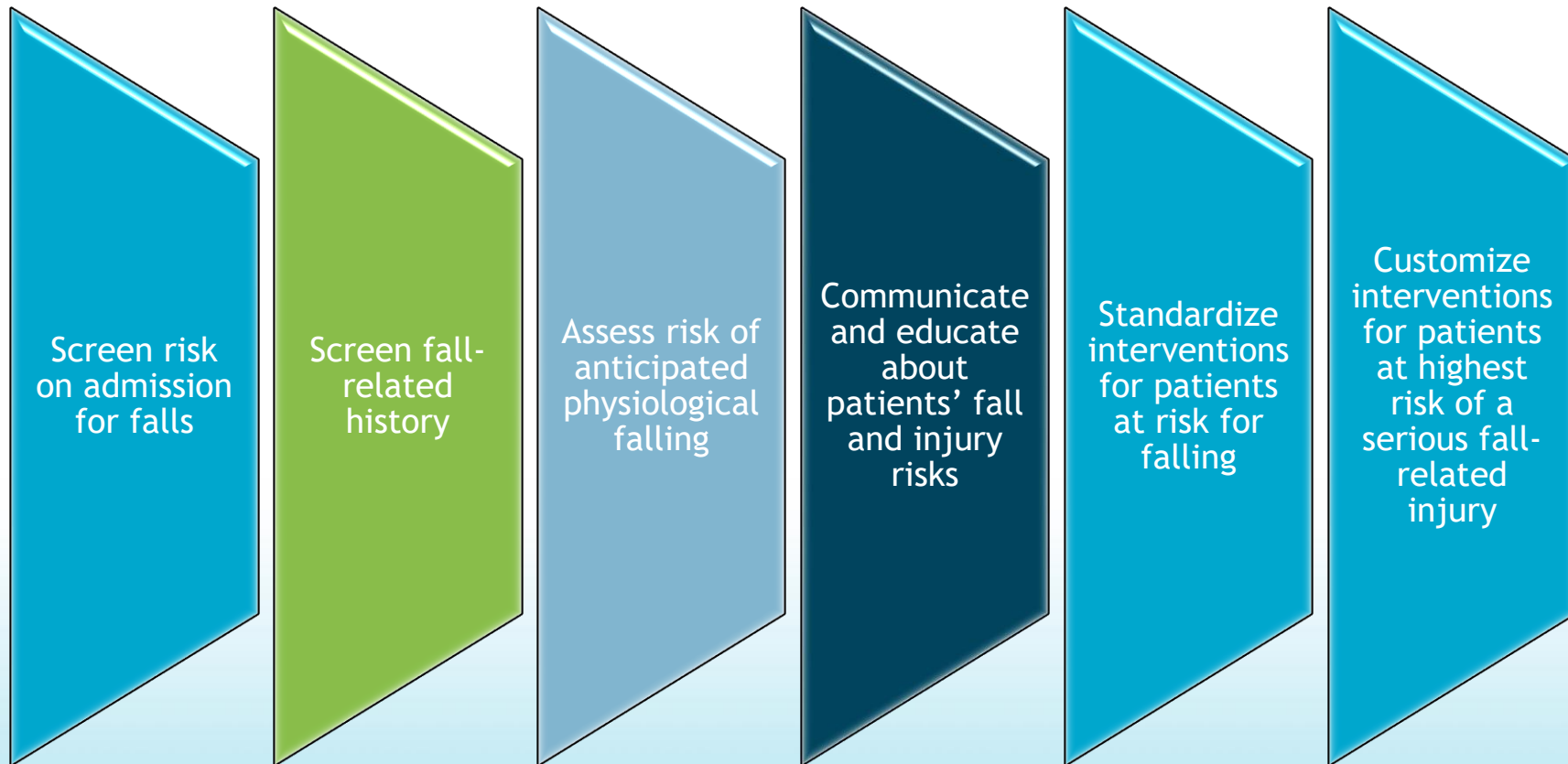
Environmental conditions

- No hand railing where needed
- Poor lighting
- Slick floors
- Cracks in sidewalk
- Ice/snow not shoveled or treated

▶ Case study: Falls

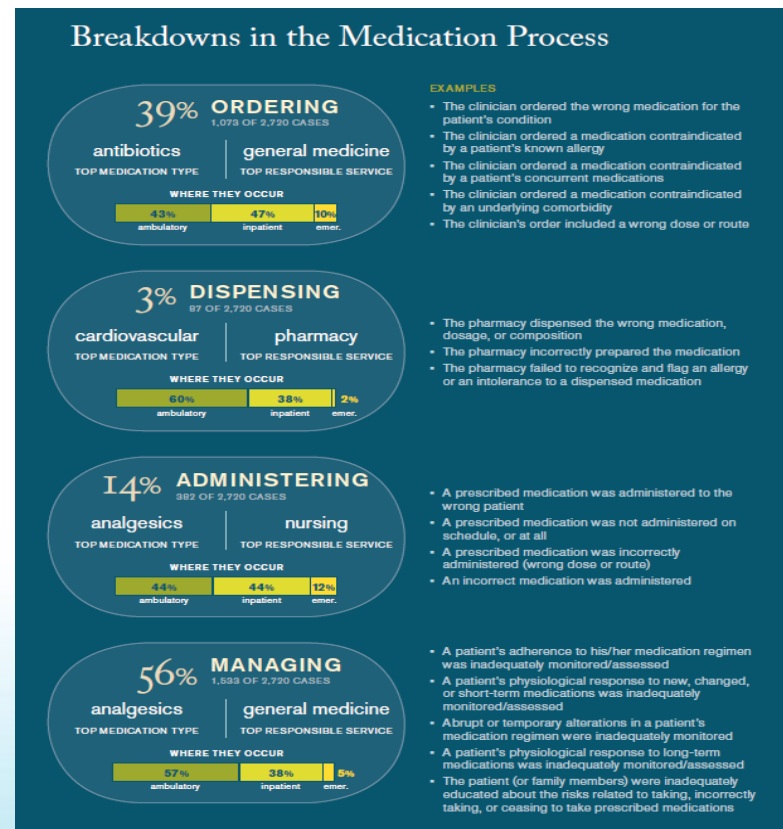
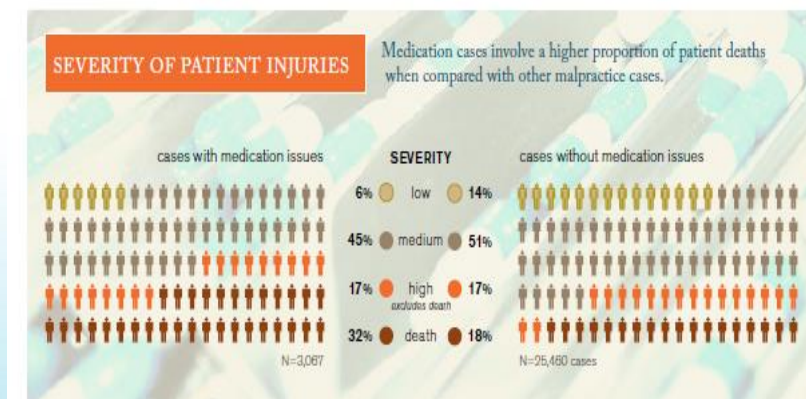
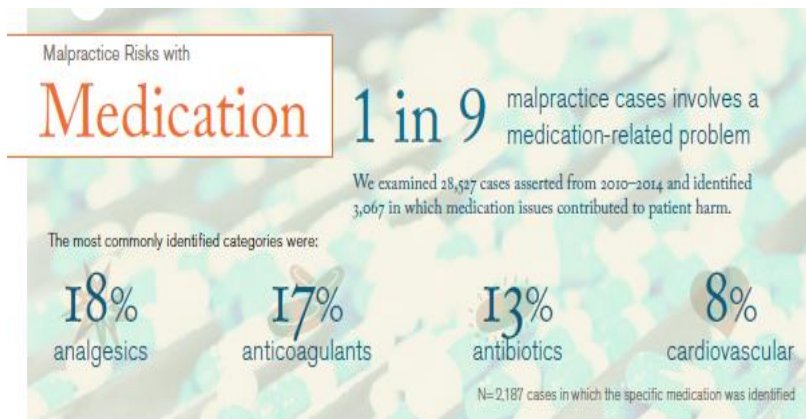
- ▶ History: A 76-year-old female brought to the ED by ambulance after falling at home.
- ▶ Chief complaint: Left hip and leg pain.
- ▶ Case overview: Physician ordered hip and leg X-rays. ED tech takes patient to X-ray. Informs X-ray tech that patient is in the hall; no other information provided, and no armband indicating fall risk per policy.
 - ▶ X-ray tech slides patient onto the exam table; prepares to take films.
 - ▶ Patient attempts to roll to side falling onto floor, resulting in external rotation of the left leg.
- ▶ Outcome: Patient diagnosed following X-ray fall with left hip displacement and leg fracture requiring surgery and prosthesis.

► Proactive risk strategies



Medication Administration

Medication related risks



▶ Key risk areas

Managing/
monitoring
appropriately

Ordering the
medication

Administering

Dispensing



► Case study: Medication

- History/chief complaint: 47-year-old male with history of minor stroke one year ago. Now has two-week history of headache, confusion, change in mental status. Admitted to Neurology.
- Case overview: Stopped taking anticoagulant and ASA after last stroke. Internist instructed patient to continue ASA. Internist writes to discharge on ASA. After internist, Neurology discharges to discontinue ASA. Nurse goes with the last order written.
- Outcome: Six days later, patient suffers large cerebral artery infarct. Unable to speak with right side paralysis, foot drop, PEG tube.

► Proactive risk mitigation



Medication
safety
program

Managing/
monitoring

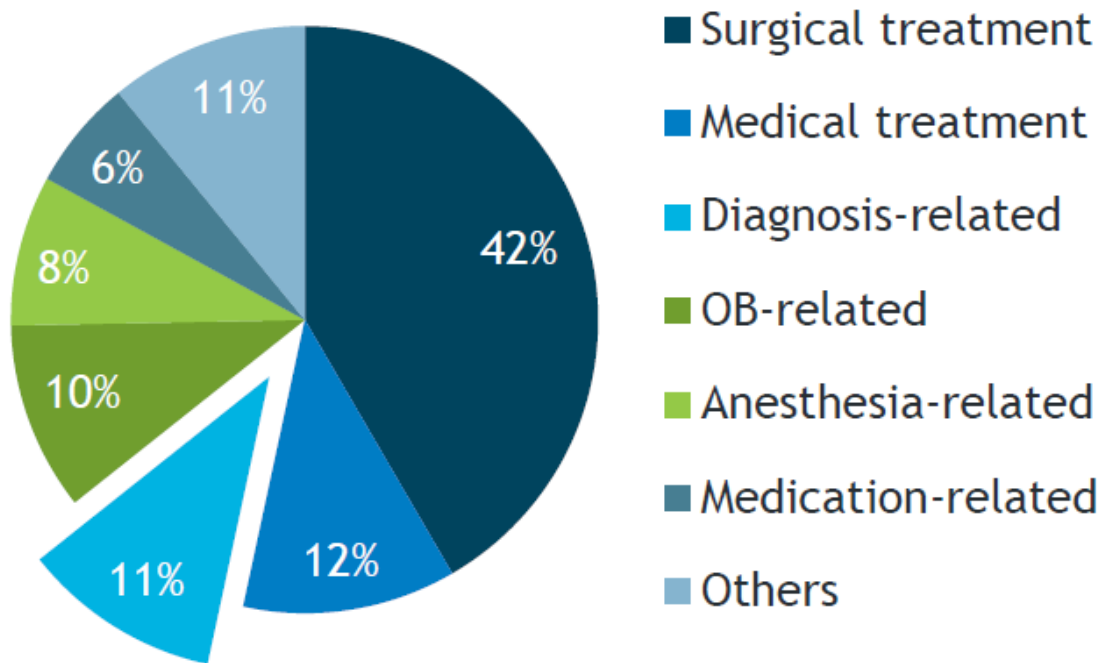
Administering

Dispensing

Diagnostic Process

► Diagnosis-related claims

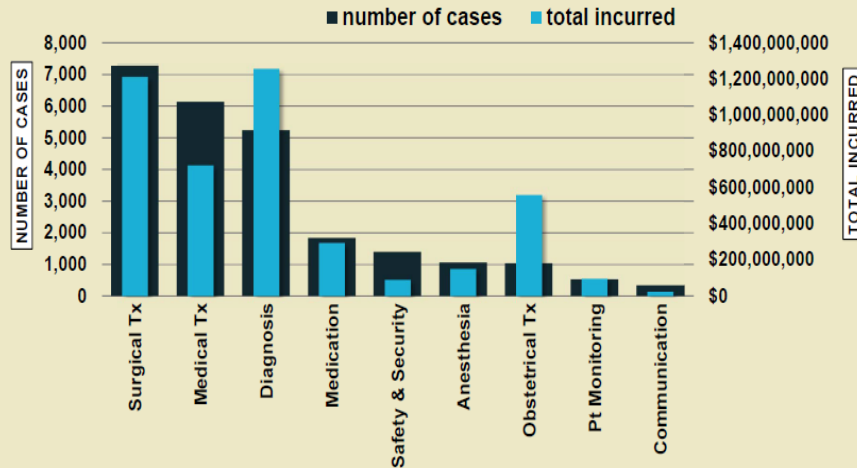
Allegation Categories for Inpatient Claims



▶ Litigation

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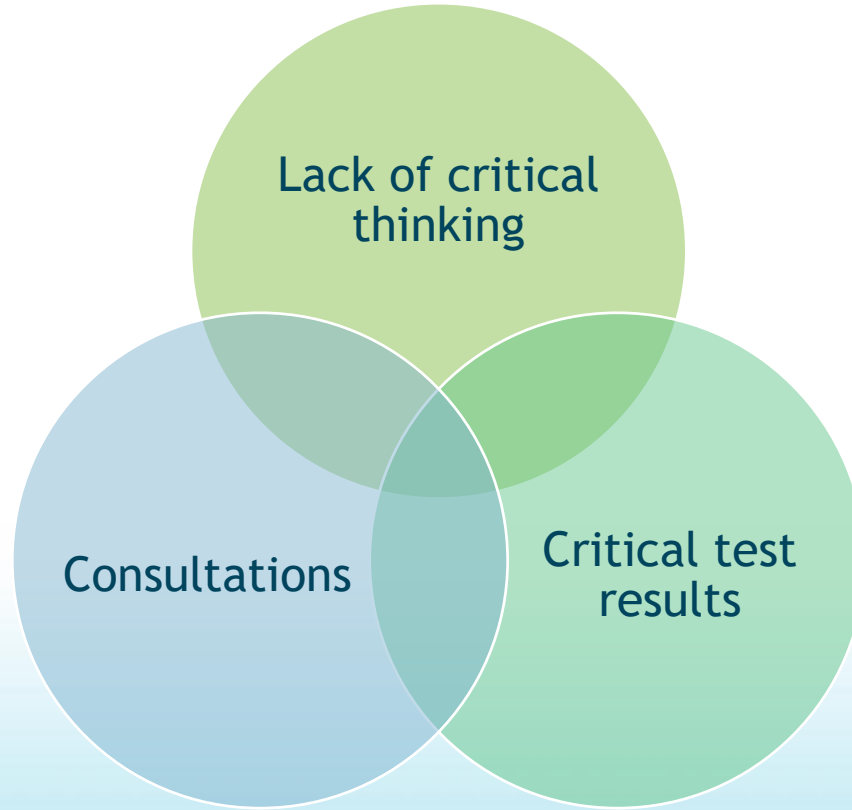
Allegation categorizes claims and suits by case type.



N=25,789 MPL cases asserted 1/1/10–12/31/14.

- ▶ Data are physician-driven
- ▶ Employed physicians bring the hospital/healthcare system into litigation
- ▶ Employees often looked at for their involvement in a diagnostic error

▶ Key risk areas for the hospital employee



► Proactive risk mitigation

A patient safety culture that expects and supports employees speaking up on behalf of patient safety

Engaged critical thinking - situational awareness

Effective communication among caregivers

Agency for Healthcare Research and Quality <https://www.ahrq.gov/sops/quality-patient-safety/patientsafetyculture/hospital/index.html>

Agency for Healthcare Research and Quality
<https://www.ahrq.gov/teamstepps/index.html>

► Quiz question

In reviewing cases involving preventable medical errors, what single element has been identified as a major contributing factor?

- A. Communication
- B. Limited OR procedures available
- C. No OB services
- D. Shortage in nursing staff



► Response

In reviewing cases involving preventable medical errors, what single element has been identified as a major contributing factor?

A. Communication

Rationale: Communication has been identified as a common contributing factor in 50% of preventable medical errors throughout healthcare. Communication errors can be both verbal and written. Making efforts to improve communication among staff and with patients and families can significantly reduce errors and improve patient safety and satisfaction, thereby helping to mitigate potential claims.

► Disclaimer

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