Patient Safety Institute | MagMutual®

Risk Management and Patient Safety in the Medical Office

Presented to:

South Georgia Medical Group Managers Association

Presented by:

Deborah Wexler, RN, MPA, ARM, CPHRM

Disclosure

The content and information presented in this program is intended to be used for general information and is not intended to be legal advice. Consult a licensed attorney-at-law to assist with specific situations that require legal advice or counseling.

Continuing Medical Education

MAG Mutual Insurance Company is accredited by The Medical Association of Georgia to provide continuing medical education for physicians. MagMutual designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™.

Credit designation for each live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes of physician participation in a certified live activity equals one (1) AMA PRA Category 1 Credit ™; credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.

Physicians should claim credit based on their participation time in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.

Disclosure of planner(s)

Members of the Planning Committee declare that they, nor any member of their family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing medical education activity or with any corporate organization that might have an interest in the subject being presented.

Continuing Nurse Education

1.0 hour of continuing education credit will be awarded for successful completion of this program.

MagMutual Patient Safety Institute is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Successful completion of this program requires attendance for 100% of content of the program and completion of the sign-in sheet.

Closed claim disclaimer

The case reports presented are a composite drawn from MagMutual's case files. Names, pictures, and small details have been changed. Any similarity to a specific case is both coincidental and unintended. The risk management advice in the claims presented are intended as general information of interest to physicians and other healthcare professionals. The recommendations and advice in this presentation do not reflect a legal opinion, establish a standard of care, and do not establish rules for the practice of medicine.

Learning Objectives

Objective #1

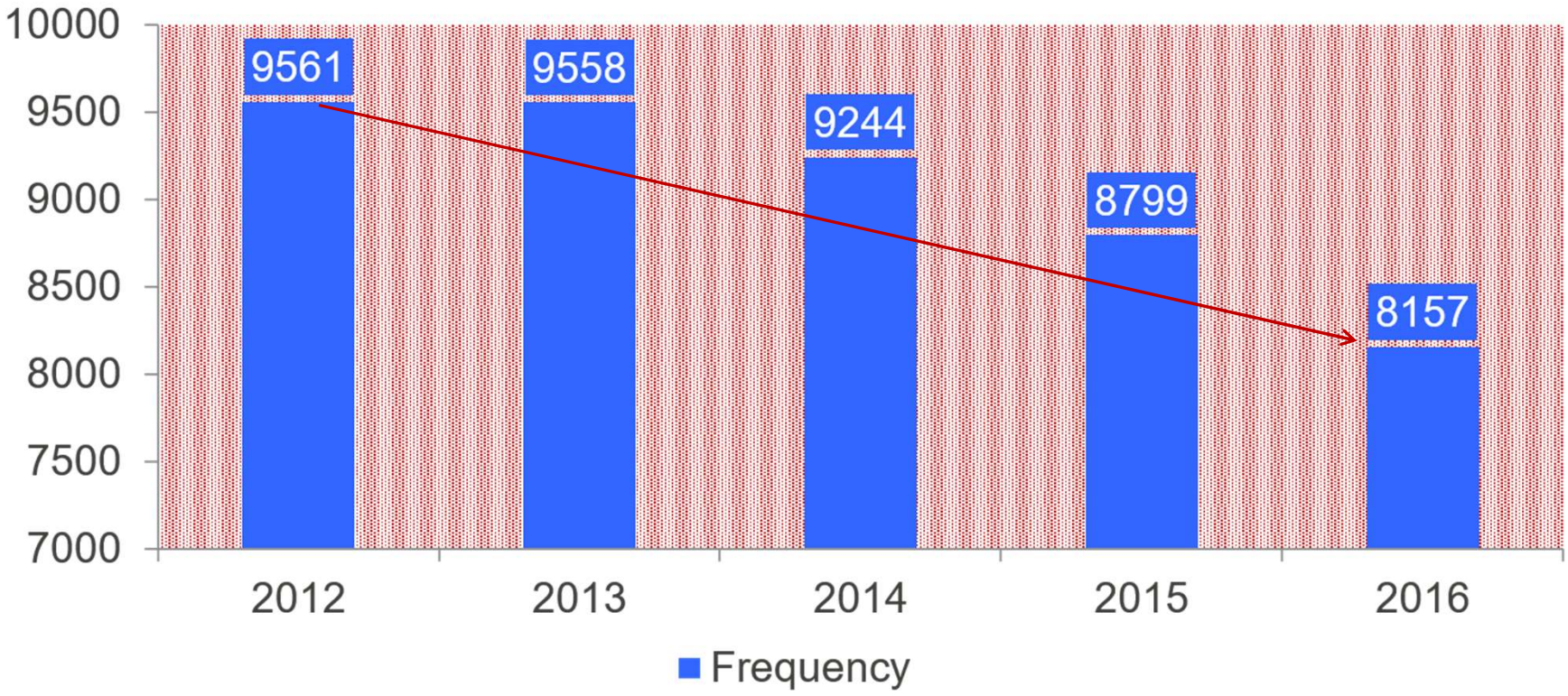
Learn about factors that drive in medical liability claims based on closed claims data

Top allegations against physicians

22%	• Diagnostic error
15%	• Failure to recognize complication
11%	• Improper performance
8%	• Medication error
6%	• Failure/delay in referral

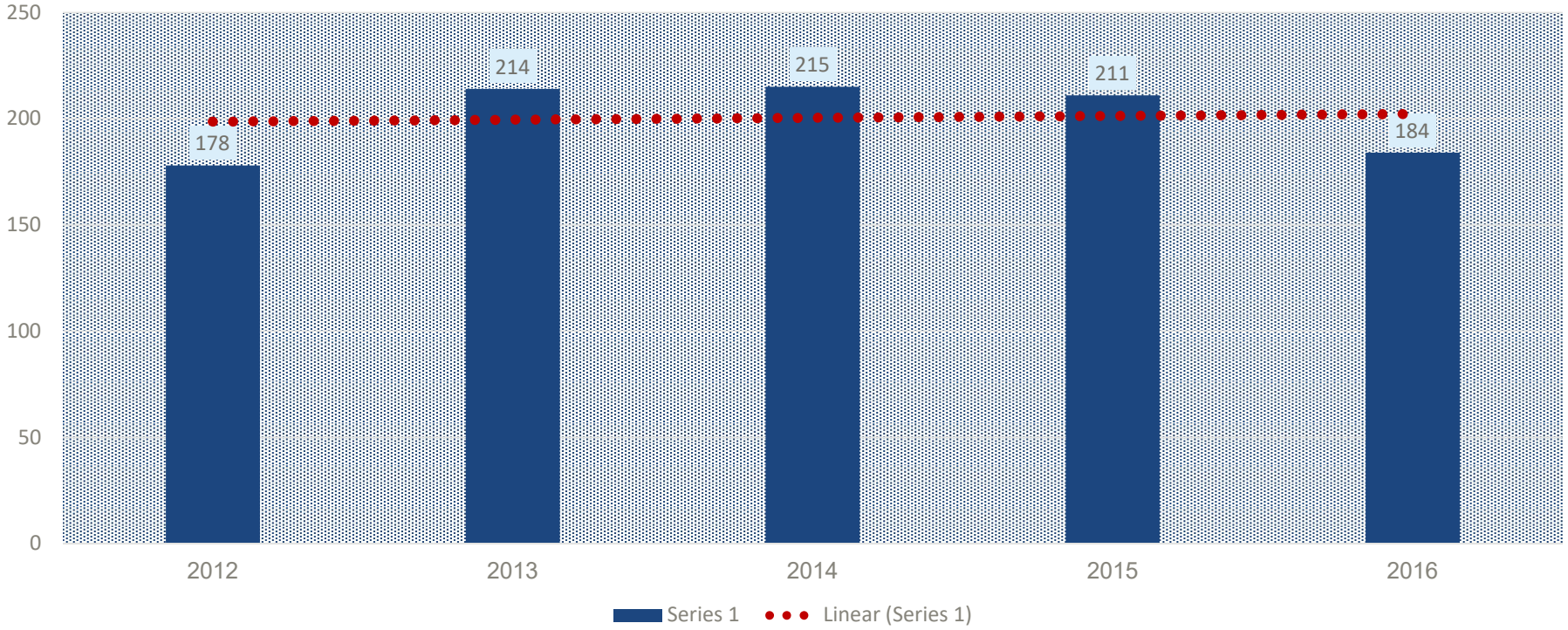
Source: MagMutual Closed Claim Data 2007-2016

U.S malpractice payments



Singh, Harnam. National Practitioner Data Bank. Location by Payment Year. Generated using the Data Analysis Tool at https://www.npdb.hrsa.gov/analysistool. Jun 14, 2017.

Number of malpractice payments - Georgia

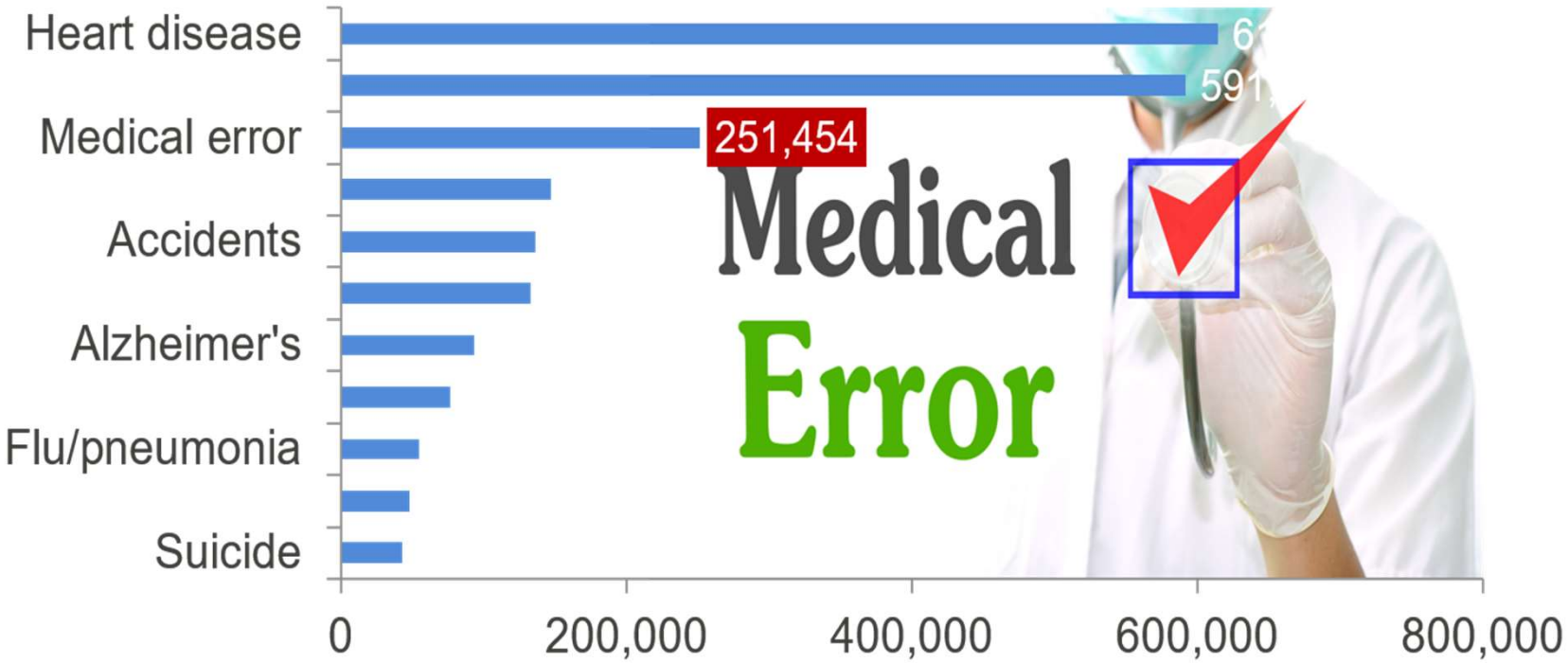


Singh, Harnam. National Practitioner Data Bank. Location by Payment Year. Generated using the Data Analysis Tool at https://www.npdb.hrsa.gov/analysistool. Jan 16, 2018 ▪

Disposition

55%	Dropped, withdrawn, dismissed
22%	Settled
11%	Resolved by jury verdict
10%	Defense verdict

Cause of death – U.S.



Source: Centers for Disease Control and Prevention, 2013.

Objective #2

Understand issues commonly associated with medical liability claims in an outpatient setting

Errors in the Outpatient Setting

- There are 30 times more outpatient visits than hospital discharges each year
- Surgical procedures are increasingly performed in physician offices and ambulatory surgical centers.

Outpatient Risks

1. Seeing multiple doctors
2. Coordination of care often suboptimal
3. Problems with transitions in care
4. Physicians not immediately available
5. Patients often rely on telephone advice

Singh, H., T D Giardina, A N Meyer, M D Reis, and E J Thomas. "Types and Origins of Diagnostic Errors in Primary Care Settings." *JAMA Internal Medicine*, March 2013: 418-425.

Errors in the Outpatient Setting

- ✓ Diagnostic errors – large volume of patients
- ✓ Laboratory errors- missed, mishandled or omitted
- ✓ Failure to follow up on lab results
- ✓ Problems with following up on missed or rescheduled appointments
- ✓ Closing the loop on referrals

Diagnostic errors

- 5% experience a diagnostic error
- Contribute to 10% of patient deaths
- Account for 6 to 17% of hospital adverse events
- Leading type of paid medical malpractice claims

Balogh, Erin P., et al. *Improving Diagnosis in Health Care.* Washington, D.C.: The National Academies Press, 2015.

Diagnostic error and malpractice

- The leading type of medical error (28.6%)
- Accounted for the highest proportion of total payments (35.2%)
- Resulted in death or disability almost twice as often as the other error categories

Tehrani, Ali S. Saber, et al. "*25-Year Summary of US Malpractice Claims for Diagnostic Errors 1986–2010: An Analysis from the National Practitioner Data Bank*." *BMJ Qual Saf* 22 (April 2013).

Complaints associated diagnostic errors:

- Abdominal pain
- Fever
- Fatigue

Diagnostic error

A flawed clinical tracking system affected the doctor’s ability to make a timely and accurate diagnosis of squamous cell cancer in a 40-year-old patient.

MagMutual Closed Claim File

Allegation	Challenges	Best Practices
Failure to make an accurate an timely diagnosis of squamous cell carcinoma leaving pt. with permanent facial disfigurement	Unable to find supportive experts	Documentation of all pertinent findings and correlating considerations/treatment (s). Providing clear follow-up instructions Reliable clinical tracking systems

Improper Performance

Time-out" Procedure Fails; Patient Gets an Unwanted Bilateral Oophorectomy

MagMutual Closed Claim File

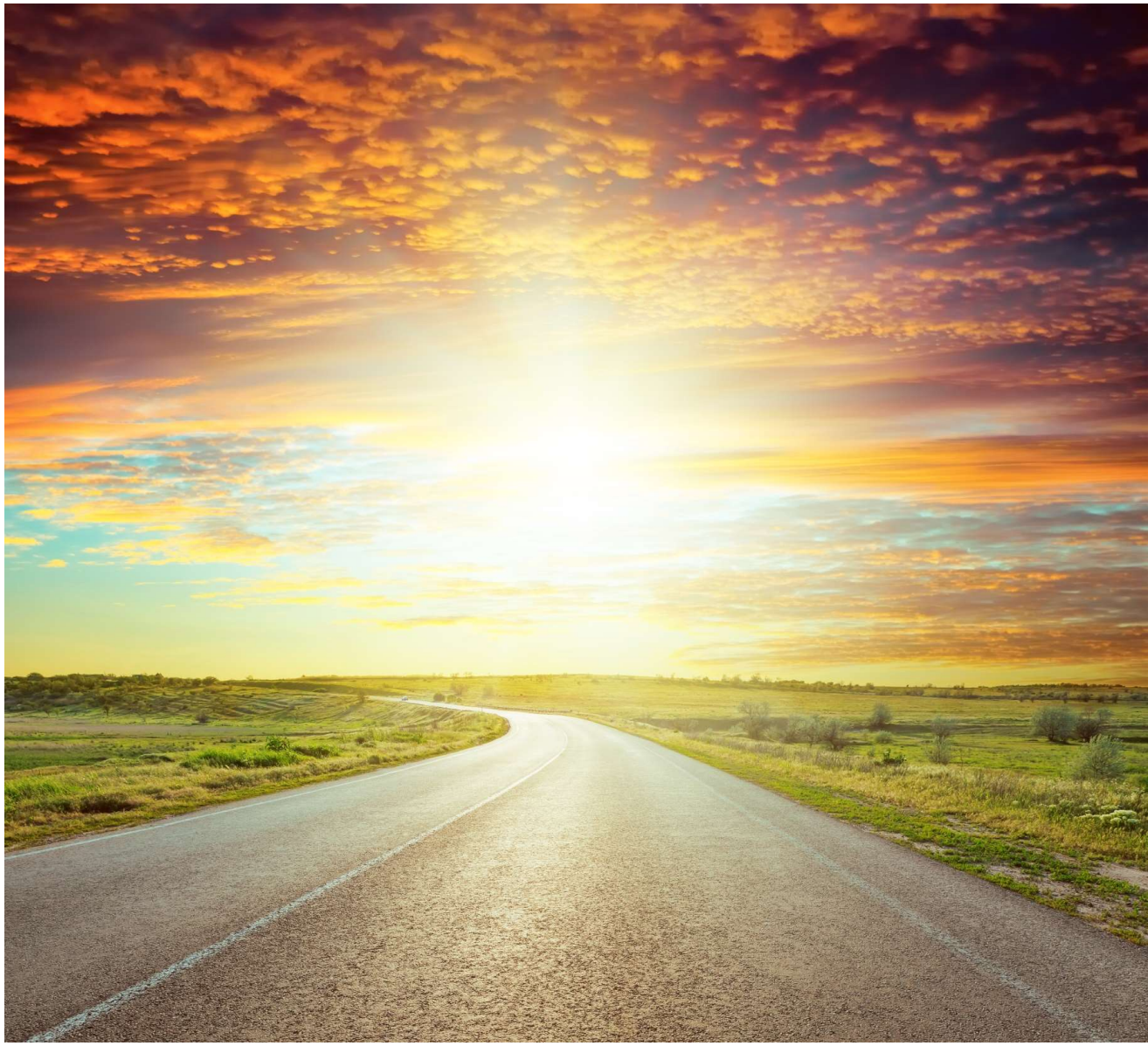
Allegation	Challenges	Best Practices
Improperly removed ovaries and fallopian tubes, putting the patient into early menopause with full symptoms (12 years prematurely Injured the bladder	Failed office procedures Failure to perform a proper time-out procedure	Relevant training, experience, and current competence in procedures performed Appropriate patient selection Informed consent Follow time out procedures

Objective #3

Identify situations most likely to negatively effect patient care and your practice

Risk issues beyond patient care

- Electronic documentation
- Social media
- HIPAA enforcement



Electronic documentation

- EHR design can affect patient safety
- Alert fatigue
- Documentation integrity
- Workarounds
- Over-templated data
- Cut and pasted documentation
- Lack of interoperability

Social media risks

- Professional
- Personal
- Ethical
- Legal

Nurses React to Comments on “The View”

Oh, Ms. Behar and The View…Enjoy the extremely awkward moment you’ll have at your next doctors office visit facing the NP. Seriously, enjoy it!

I see some hard to get veins in their future….and a few in and out catheters that need to be redone. ;-/.

I’m sooo sorry it took me soooo long to get your pain meds …..Or not ☺

Common social media violations

- Posting verbal “gossip” about a patient, even if the name is not disclosed
- Sharing seemingly innocent comments or pictures
- A mistaken belief that posts are private or have been deleted when still visible to the public
- Sharing of photographs or any form of PHI without written consent from a patient
- Online derogatory remarks regarding a patient

Notable HIPAA risks

- Use of social media
- Access to PHI
- Verbal exchanges
- Disposal of documents
- Information to employers
- Minimum necessary
- Mobile devices
- Business Associate Agreements

Objective #4

Identify practical and evidenced-based strategies for enhancing patient safety and reducing medical liability risks

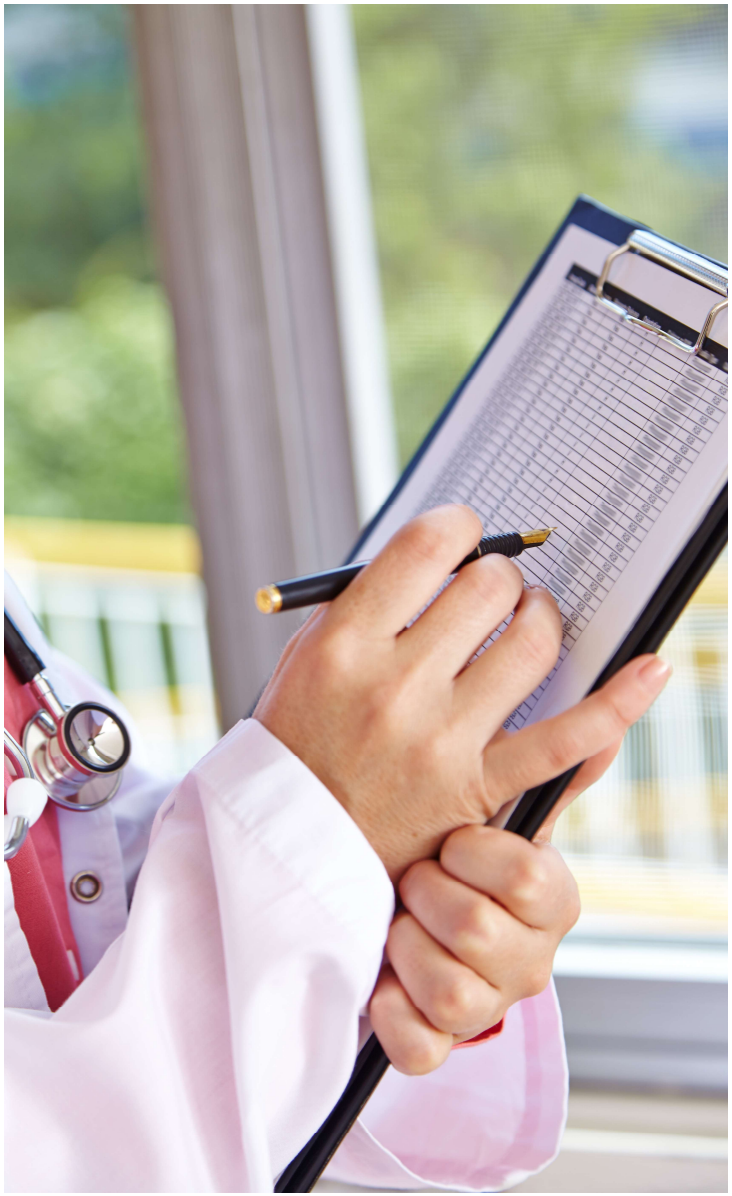
Office systems and tracking - Visits

Create a log or a reliable tracking system that alerts the provider to the patient who fails to return to the office by an expected date. The patient must remain active in the tracking system until one of three potential outcomes occurs:

1) Follow-up is complete.

2) Informed refusal is documented.

3) There have been reasonable attempts (usually three) to encourage patient compliance.



Referral management

- Clear communication with consultants
- Reconcile consultation reports
- Establish responsibility
- Establish a mechanism to track follow-up care

Labs and diagnostic tests

- Reconcile test sent out with the result
- Notify patients
- Encourage use of portal or other technology

Key Drivers of Patient Satisfaction

- Good relationship with provider
- Ease of scheduling
- Responsiveness to calls
- Reduced wait time
- Involvement in decision-making

A Bad Experience Can Be a Good Thing

- A customer's loyalty can be cemented for life when a bad experience is handled well
- Access
- Recovery

Social Media Policy

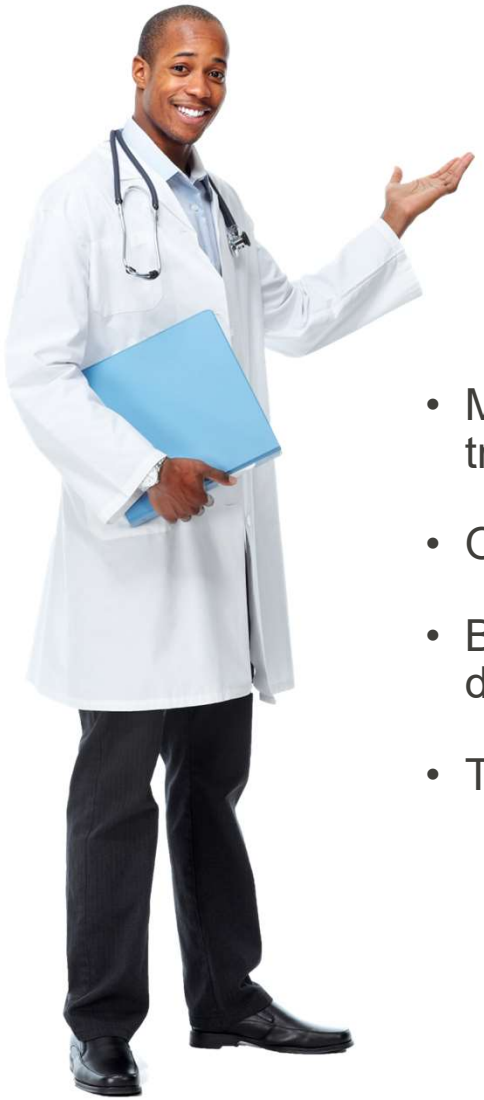
- Address discrimination, harassment, wrongful termination, leaking of confidential or proprietary information
- Address expectations regarding employee behavior outside the realm of employment
- Define employees' responsibilities when witnessing inappropriate use of social media

Resources for Social Media

American Medical Association	National Council of State Boards of Nursing	Federation of State Medical Boards of the United States, Inc. 2011	American Academy of Pediatrics
• AMA policy: Professionalism in the use of Social Media	• White Paper: A Nurse's Guide to the Use of Social Media	• Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice.	• Social Media Toolkit to manage social media profiles, communicate and engage with patients.

HIPAA Risk Mitigation

- Employee training (ongoing)
- Confidentiality agreements
- Updated policies and procedures
- Proper forms (NPP and Authorizations) and documentation
- Security risk analysis
- Ensure workforce compliance



Key take-aways

- Make certain all diagnostic testing, lab results, consults are tracked and followed up
- Ongoing staff training – HIPAA , customer service
- Be aware of risks associated with technology and electronic documentation
- Take note of key drivers of the patient experience

What's on your mind?

- Patient termination
- Medication reconciliation and management
- Staff issues
- Environmental issues
- Release of information
- Consent

Questions

MagMutual Risk and Patient Safety

Questions@magmutual.com

404 842 5600

Patient Safety Institute | MagMutual®