



For you, your career, and your life

Vol. II No. 3 Resident Assistance Program Newsletter September 2005

Legal Implications of Medical Errors: What You Should Know

It's no surprise that doctors can be sued for almost anything. You can protect yourself and keep your patients safe by paying attention to some basics that may have little to do with your medical skills.

"I can't tell you how many cases I've settled because of some systems error that had nothing to do with the quality of medical care provided," says Tim Bone, president of Physicians Preferred Insurance Reciprocal, who has reviewed more than 18,000 medical malpractice claims over the course of his career. The Jacksonville-based company provides medical professional liability insurance to physicians statewide.

"I seldom see true medical negligence anymore, because doctors coming out of medical school have such a high level of clinical expertise," Bone notes. "Thirty years ago, we saw the types of cases in which a resident would take out a full bladder thinking it was a tumor, or amputate the wrong limb. We hardly ever see those anymore

because systems have been implemented to prevent them."

What Bone says he does see is more systems and communication errors. "More than 50 percent of the cases I see deal with poor communication. That may be between doctor and patient, nurse and patient, or health care administrator and patient. Often, it's something very basic that can have devastating repercussions."

The I'M SAFE Checklist

"Pilots go through the I'M SAFE checklist and physicians should too," says Bryan A. Liang, M.D., Ph.D., J.D. "Ask, 'Is this activity or treatment going to be affected by:

my Illness;
my Medications;
my Stress;
any Alcohol or drugs;
any Fatigue;
and any Emotion or lack of Eating?"

Doing the I'M SAFE checklist regularly allows you to monitor your performance weaknesses. It can also help physicians or other providers catch errors before they get to the patient."

Dealing with mistakes, or the fear of making mistakes, can be a challenge for anyone. It can be especially challenging during your medical residency. Your Resident Assistance Program is here to provide counseling, coaching and an extra measure of support when you need it. Our goal is to help you become a more successful physician. We welcome you to get to know us. Call the Resident Assistance Program (RAP), 813-870-3344.

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"For example, a physician will order a lab test, and it comes back as positive for something," says Bone. "His staff gets the report and puts it in a file, intending to give it to the patient at his next appointment. But say that patient never comes back. Now you're in trouble. Because the physician who ordered the test is responsible for communicating the result, negative or positive, to the patient. The basic message to medical residents is that they are responsible for following through on continuity of care."

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With the gift of listening comes the gift of healing.

-Catherine de Hueck



Money Matters

Common Money Management Mistakes

Financial advisors and debt counselors often have to help their clients start with the basics. Avoid these common mistakes to maintain your financial health.

No Provision for Large Expenses

A large, forgotten insurance premium or tax bill can cause financial chaos if you've neglected to accumulate sufficient reserves.

Take all your big items and divide the total by 12. This 1/12th should be reserved every month against the time those bills will be due.

Non-Constructive Use of Windfalls

When you receive a tax refund, a bonus or raise, or perhaps an inheritance, you may be tempted to spend it on luxuries you wouldn't ordinarily consider. And poof, the money's gone.

A more constructive use of windfalls is to add pay raises to your savings before you get in the habit of spending the extra money, or use the cash to make large purchases, such as major appliances and avoid interest charges.

Spending Leaks

Small impulse purchases can add up to a surprisingly big amount. Write down every cent you spend for a week and take a good hard look at your spending "leaks." Then try to control these trouble spots.

Get more money management tips from Muniz and Associates, 813-258-0033.

www.munizandassociates.com

Legal Implications of Medical Errors *continued*

"Residents and young physicians may not understand the concept of systems problems and medical errors, adhering to the traditional philosophy of 'the last person to touch the patient should be blamed' if something goes wrong," says Bryan A. Liang, M.D., Ph.D., J.D. Liang is Executive Director and Professor at the Institute of Health Law Studies, California Western School of Law. He co-directs the San Diego Center for Patient Safety at UCSD School of Medicine and is a frequent speaker on patient safety issues.

To illustrate, Liang offers an actual case, minus identifying details: "A patient went into surgery, with no apparent history of hypertension. However, on the table, after being administered phenylephrine, she experiences severe elevation of her blood pressure. The scrub nurse, who is new, makes a syringe swap error—she gives the anesthesiologist labetalol in her haste to help treat the hypertension. Unfortunately, this results in clinical problems, exacerbation of symptoms, and the patient's death. The surgeon and anesthesiologist do not disclose the error to the patient's family. The patient's family sues the surgeon as well as the nurse and hospital. The anesthesiologist then goes to the patient's family and tells them 'the nurse was grossly incompetent and I will make sure she loses her license. She wasn't careful.' The hospital, the surgeon and the nurse are all told by hospital counsel to avoid discussion with the patient's family. Ultimately, the case is settled for a seven-figure sum. And unfortunately, nothing was learned from this case about the systems problems that caused the error and injury."

"There are some basic techniques that can allow doctors to keep safe and assist in keeping their patients safe," advises Liang. "Of course, by avoiding patient harm, one avoids lawsuits. Much of this can be garnered from the aviation experience—the use of pre-flight checklists, for one. Amazingly, I have heard physicians say that checklists are fine for non-emergent situations but they can't be bothered in emergent times. But that is *exactly* when you use checklists the most—in high-stress circumstances so you don't miss anything."

Standardization of performance is another tool, Liang says. "By doing something the same way each time, you will perform consistently, and you'll be more likely to catch yourself when you've *not* done something in the standard way. Designing out the problem is another way of avoiding harm. For example, how do you avoid giving concentrated potassium chloride on the floors? Don't have it there or in the hospital. Redundancy is also important. You need someone or something to verify critical information, and to ensure that equipment that might fail has a backup that will block harm to the patient."

"Finally, patients should be briefed as part of the patient safety team," says Liang. "They should be fully aware of what is happening, what will happen, and what to expect. Patients are extremely appreciative of such involvement and beyond serving as an additional barrier to harm associated with error, therapeutic compliance and relationships are improved."