



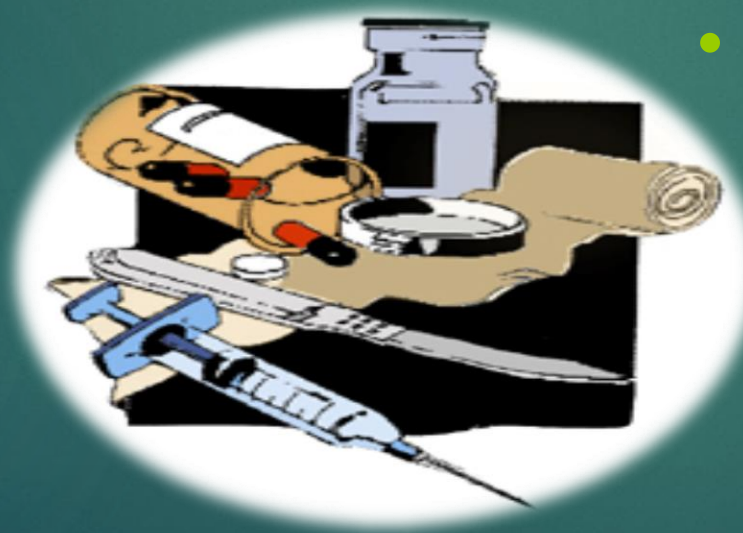
Avoiding Mishaps in Practice

L. NKOMBUA

What are medical errors?

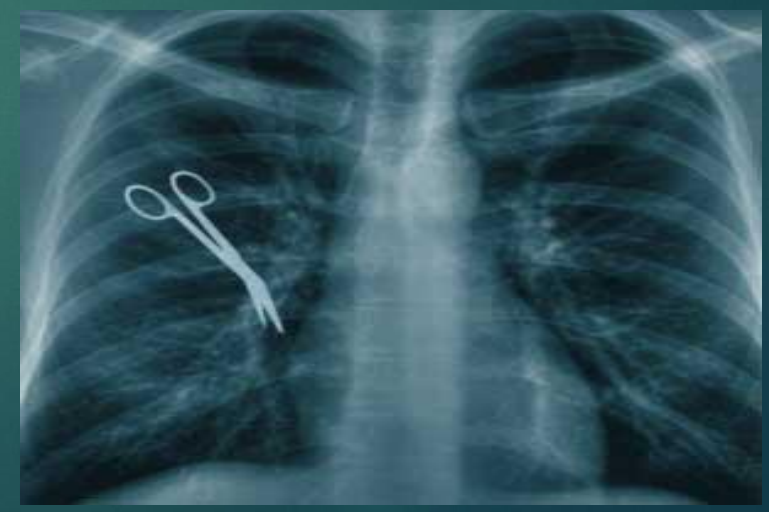
Definition

“A commission or an omission with potentially negative consequences” (Wu et al, 1997)

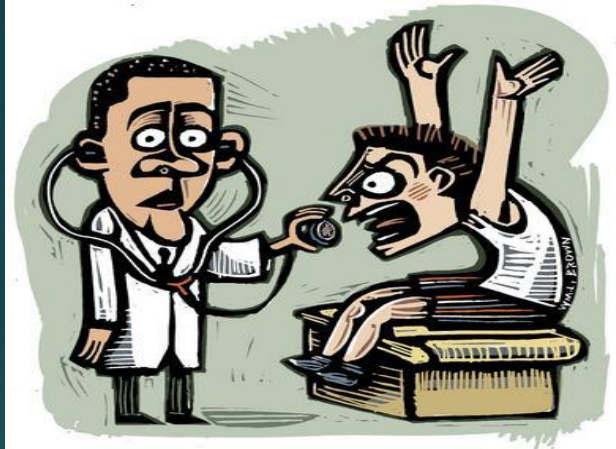


Examples

- Wrong diagnosis or treatment
- Object left inside patient during surgery
- Mix-up in patient identities
- Delay in treatment
- Injury, infections etc



What causes medical errors?



Healthcare systems complexity issues

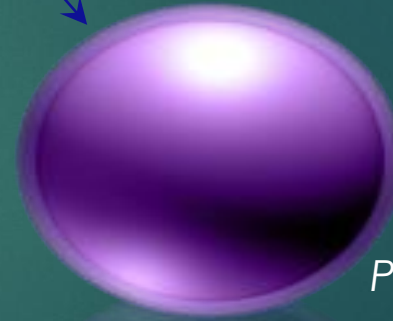
- Poor organizational culture
- Inadequate technology
- Poor communication channels
- Poor leadership
- Lack of incident reporting systems
- Lack of skilled healthcare staff



Professional issues

e.g:

- Lack of knowledge & incompetency
- Failure to acknowledge and understand how errors occur and their consequences



Personal factors

e.g:

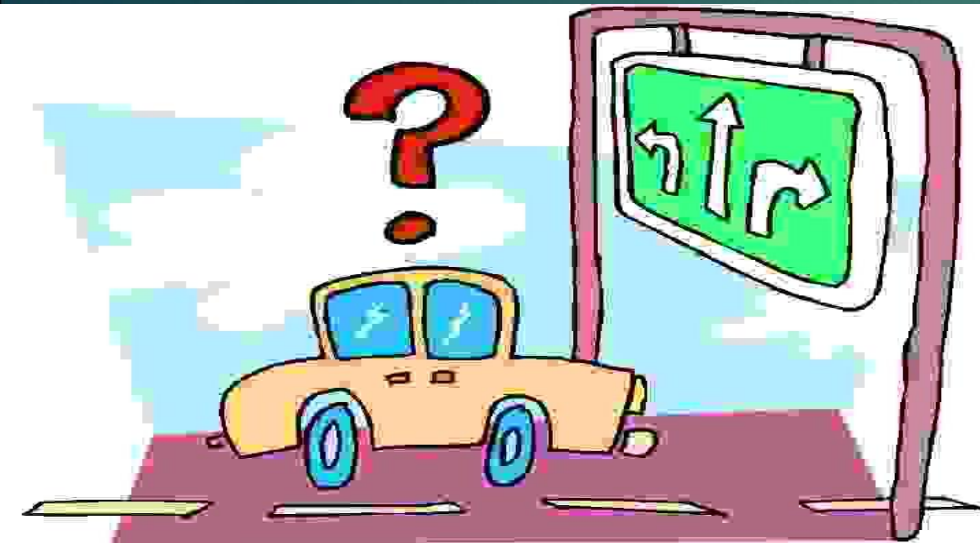
- High workload and busy schedules (with many pressures and high level of stress)
- Illegible hand writing & inaccurate prescription

The epidemiology of medical errors

It is difficult to get a full and complete picture of medical errors in developing countries

Why?

Due to inadequacy of research studies and limited publications

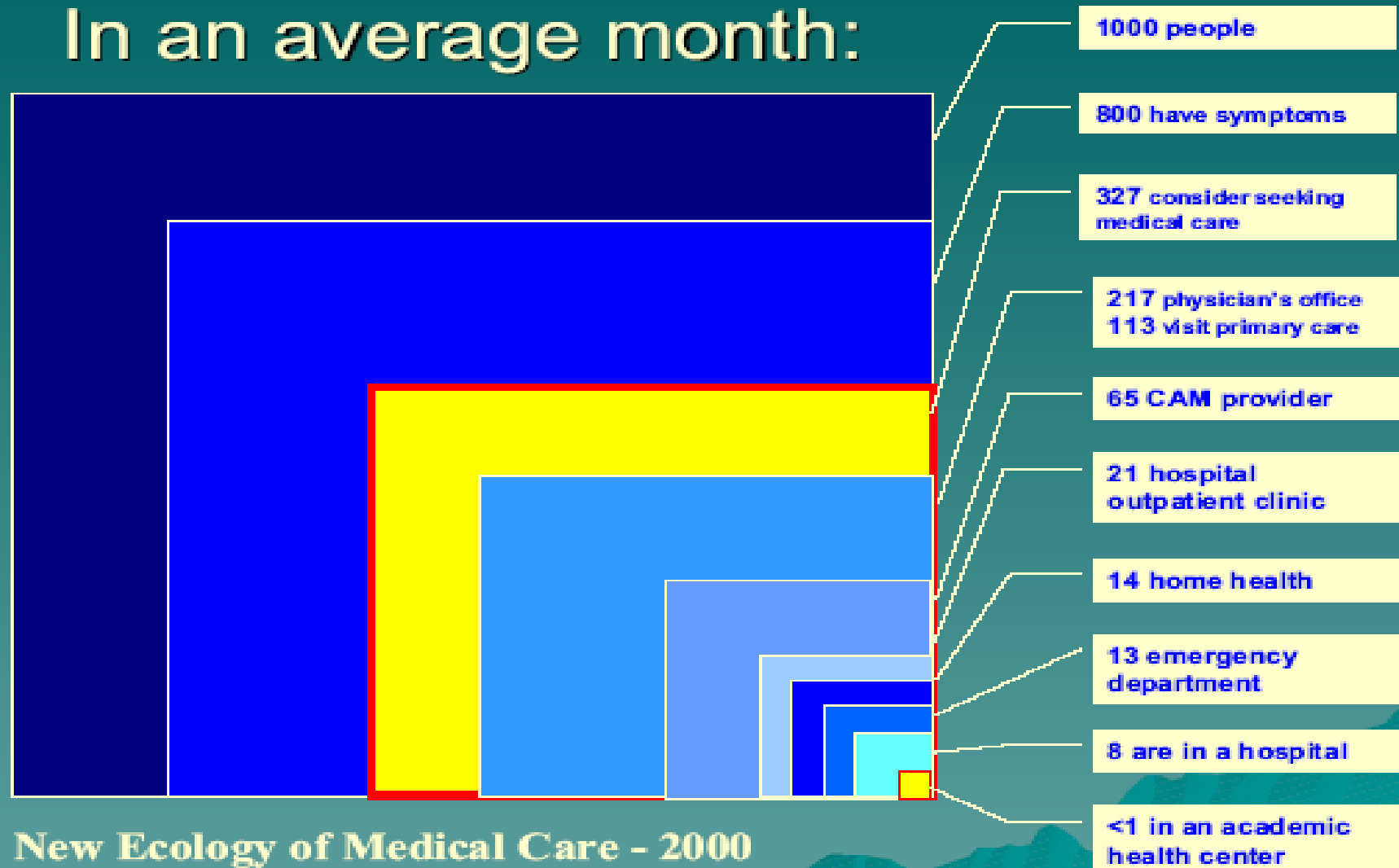


How common is medical error?



Location of Medical Care/Error

In an average month:



New Ecology of Medical Care - 2000

- Sources of data in the literature: Hospitals
 - hospitals data make up only a part of a much larger picture
 - most healthcare is administered
 - in the outpatient,
 - office-based,
 - or clinic setting

Results of medical error


- ▶ In Australia, 18 000 unnecessary deaths,
- ▶ and more than 50 000 disabled each year.
- ▶ In the United States, at least 44 000 (maybe double this figure)
- ▶ Death rate equivalent to three “jumbo” jet crashed every two days

South Africa

- ▶ The number of clinical negligence claims has been rising rapidly in recent years.
- ▶ The estimated value of reported claims rose by 132% between 2008 and 2010: MPS.
- ▶ Mostly in the specialties such as obstetrics, spinal surgery, neurosurgery and neonatology.
- ▶ Family doctors who carry out invasive procedures at more risk of litigation
- ▶ Ensure that, except in an emergency, undertake procedures that are clinically indicated,
- ▶ Always act within your competence and take proper informed consent.



▶ What type of negligence is commonly reported in General/Family Practice?

- 
- ▶ **Delayed diagnosis**
 - ▶ **This category includes**
 - ▶ **failure to diagnose,**
 - ▶ **failure to revise an incorrect diagnosis in light of new evidence and**
 - ▶ **failure to examine or investigate.**
 - ▶ **What also probably underlies many of these claims is an overall failure of communication,**

Commonly reported errors in General Practice

- ▶ Communication
- ▶ Misdiagnosis (Wrong Diagnosis)
- ▶ Prescriptions
- ▶ Documentation (Charting)
- ▶ Unethical behaviour

Are all errors medical negligence?

- ▶ Medical negligence

- ▶ Failure to meet the standard of practice of an average qualified doctor practising in the specialty in question

- ❖ **the degree of error exceeds the accepted norm**

Negligence is a legal concept

There are three requirements in medical negligence

- ▶ A duty of care
- ▶ Failure to provide the standard of care needed to fulfil this duty (breach)
- ▶ Resultant injury and/or loss to the patient

Common Law

An allegation of negligence will only succeed when all three of the following conditions apply:

- ▶ 1. the plaintiff was owed a duty of care by the defendant
- ▶ 2. the duty of care was breached
- ▶ 3. harm resulted from the breach (causation).

- ▶ In addition to facing a civil claim in negligence,
- ▶ Doctors whose practice falls short of acceptable standards may face disciplinary action by the Health Professions Council



Some reported cases in Practice

Small groups (8-10)



HOW TO AVOID GETTING INTO TROUBLE

Communication

- ▶ **Consultation**
- ▶ **Patients and doctors tend to approach the consultation with markedly different agendas**
- ▶ **Unless the needs of each party are met it may easily lead to**
 - ▶ **Misunderstandings,**
 - ▶ **Frustration and**
 - ▶ **Disappointment**
 - ▶ **Mistrust**

Doctor and patient agendas

▶ The doctor's agenda

- ▶ Signs and symptoms
- ▶ Differential diagnosis
- ▶ Investigations
- ▶ Treatment

▶ The patient's agenda

- ▶ Ideas, concerns, expectations (ICE)
- ▶ Feelings, thoughts, effects
- ▶ Understanding of his/her feelings

Misdiagnosis

- ▶ Doctors are expected to make a rational deduction to explain a patient's signs and symptoms.
- ▶ A wrong diagnosis is defensible if the doctor applied reasoning based on the available information and made appropriate notes.
- ▶ If a doctor failed to gather the right information on which to base the diagnosis, difficult to defend



"Yes, it's definitely an in-growing toenail!"

Maintaining an open mind

- ▶ Being willing to revise an initial diagnosis is important
- ▶ Adopt accepted practice
- ▶ One should only deviate from the accepted guidelines with very good reasons for doing so.
- ▶ If your judgment is called into question, you will have to demonstrate why you were justified in not complying with the guidelines
- ▶ Conversely, if you follow respectable clinical guidelines and base your decisions on evidence, you will be in a very strong position if a complaint is made against you.
- ▶ Act within your limitations



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

Seek Appropriate Help Early

- ▶ To keep registration with HPCSA , we are required to continually update professional knowledge and skills.
- ▶ Formal learning programmes on a subject relevant to your clinical practice
- ▶ It also requires that you keep abreast of developments in by reading of relevant journals and published guidelines in your field of practice.
- ▶ Consult an expert for advice

Take responsibility for your health

- ▶ The safety of your patients should be your prime concern.
- ▶ If you do not already have one, register with a family doctor;
- ▶ You should not rely on self-diagnosis and treatment.
- ▶ If you have an illness, disability or infection that may put patients at risk, you must seek medical advice
- ▶ Your GP will be able to provide a better sense of perspective than you
- ▶ If your GP thinks you are not fit to work you should respect his/her opinion

Delegate/Refer appropriately

- ▶ **Accountability and clarity about who is responsible for each aspect of a patient's care.**
- ▶ **If a colleague delegates tasks to you, make sure that you are properly briefed and if the task lies outside your expertise, say so.**
- ▶ **In case of a locum tenens, you must satisfy yourself that they are competent to take on the duties you are delegating**
- ▶ **Avoid being charged by the HPCSA of supersession**

Keep comprehensive up-to-date records

- ▶ The medical record is an essential component of patient care.
- ▶ A good medical record will contain all the information one clinician needs to take over where another left off
- ▶ It should, therefore, provide all the information a newcomer to the care team would need to know about a patient and their treatment plan
- ▶ Be as objective and factual as you can in making your notes
- ▶ Remember, patients have a legal right of access to their records, which can also be scrutinised by the courts.



Medicines/Drugs prescriptions

Be aware of the potential for medication errors

- ▶ Medication errors account for a high level of complaints and claims in General Practice
- ▶ The underlying causes are mainly:
 - ▶ Inadequate knowledge of patients and their clinical conditions
 - ▶ Inadequate knowledge of the medications
 - ▶ Calculation errors
 - ▶ Illegible handwriting on the prescriptions
 - ▶ Confusion regarding the name of the medication
 - ▶ Poor history taking.

INJECTABLE ANTICOAGULANTS
OXYTOCICS

AFTER 48 HOURS

CONTROLLED SUBSTANCES
(i.e. Schedule II, III, IV, V)
ANTIBIOTICS

AFTER 5 DAYS

CORTISONE PRODUCTS—

AFTER 5 DAYS

NO Date of Order

Hour of Order

Nurse's Signature

NURSE PLEASE X IN COLUMN ON LINE INDICATING WHICH INDICATIONS REQUIRED FROM PHARMACY
PHYSICIAN MUST ENTER DATE HOUR AND SIGN EACH SET OF ORDERS

Pediatric/Neonates: Weight (Kg) _____ Gestational Age (Premature Infants Only) _____

Postmenstrual Age (Premature Infants Only) _____

ALLERGIES

pt to bring on own Anusolide Supp PO QD.
T.O. Dr. Kovacs / Peter Jones for

Do a H/O 2-4 1/19/02
See H/O to 1/19/02 ~~Tatiana~~ ~~Monica~~ ~~1/19/02~~

Re: ~~Tatiana~~ ~~1/19/02~~ → 5

These remain PDA closed to telmo.
Bupropione: 0.0025 to 10 fenpropone 10 mg/100
in 750 cc preservative free NS

Inpatient order 2 cefixime 200mg qd
Methimazole 0.4 mg tid
Compazine 10mg tid
Zolpidem 12.5 mg qd
Benzydol 5mg tid
Vitamin D see previous orders
Stop if BP > 140/90 PR > 100/min
PR > 150/min

[Handwritten signature]

[Handwritten note: Peter Jones 1/19/02]

[Handwritten note: 1/19/02]

You make the call



ALLERGIES:



HCT 250mg po daily

Ramiprilone 400 po BID

Avoiding prescribing errors

- ▶ Drugs should be prescribed only when they are necessary for treatment following a clear diagnosis.
- ▶ Not all patients or conditions need a prescription for drugs.
- ▶ In certain conditions simple advice and non-drug treatment may be more suitable.
- ▶ Carefully consider the expected benefits against potential risks. This is very important during pregnancy

In all prescriptions the following must be noted


- ▶ The name of the drug or preparation should be written in full using the generic name
- ▶ No abbreviations should be used due to the risk of misinterpretation
- ▶ Avoid Greek and Roman frequency abbreviations which cause considerable confusion – qid, qod, tds, tid, etc.
- ▶ Instead either state the frequency in terms of hours (eg. 8 hourly) or times per day in numerals (eg. 3x/d)
- ▶ Beware that most monthly outpatient prescriptions for chronic medications are packed for 28 days;
- ▶ Good references for medications
 - ▶ Department of Health, *Standard Treatment Guidelines and Essential Drugs List for South Africa*
 - ▶ SAMF (SAMA publication)
 - ▶ MIMS



Keeping mistakes in perspective

If a mistake happens

- ▶ Even though we all know that to err is human,
- ▶ Few of us can easily accept our own mistakes.
- ▶ **Complaints from patients taken as personal attacks, with the doctor feeling angry, hurt and betrayed.**
- ▶ Doctors found that it shook their confidence and eroded their job satisfaction.
- ▶ **The crucial factor is the ability to put the experience into perspective and seek out practical and emotional support.**

- 
- ▶ Patients expect a great deal from their doctors, not least of which are superhuman abilities.
 - ▶ This means that you are almost certain to disappoint some of your patients some of the time.
 - ▶ All you can hope to do is to try and turn negative experiences into positive learning opportunities
 - ▶ Thus refining your skills and building, rather than eroding, your confidence.
 - ▶ Comply with your practice's complaints procedures

Lessons can be learnt

- ▶ Remind yourself of all the things you do get right and all the patients who are satisfied with your care.
- ▶ Talk the matter through with trusted colleagues and friends who can give you a realistic assessment of the situation.
- ▶ Contact your insurer for practical assistance in dealing with a complaint or claim
- ▶ Learn from the situation. If you did make a mistake, acknowledge it.
- ▶ Develop strategies to prevent similar errors occurring in the future.
- ▶ If you have been unjustly accused of substandard care, think what may have brought the accusation about

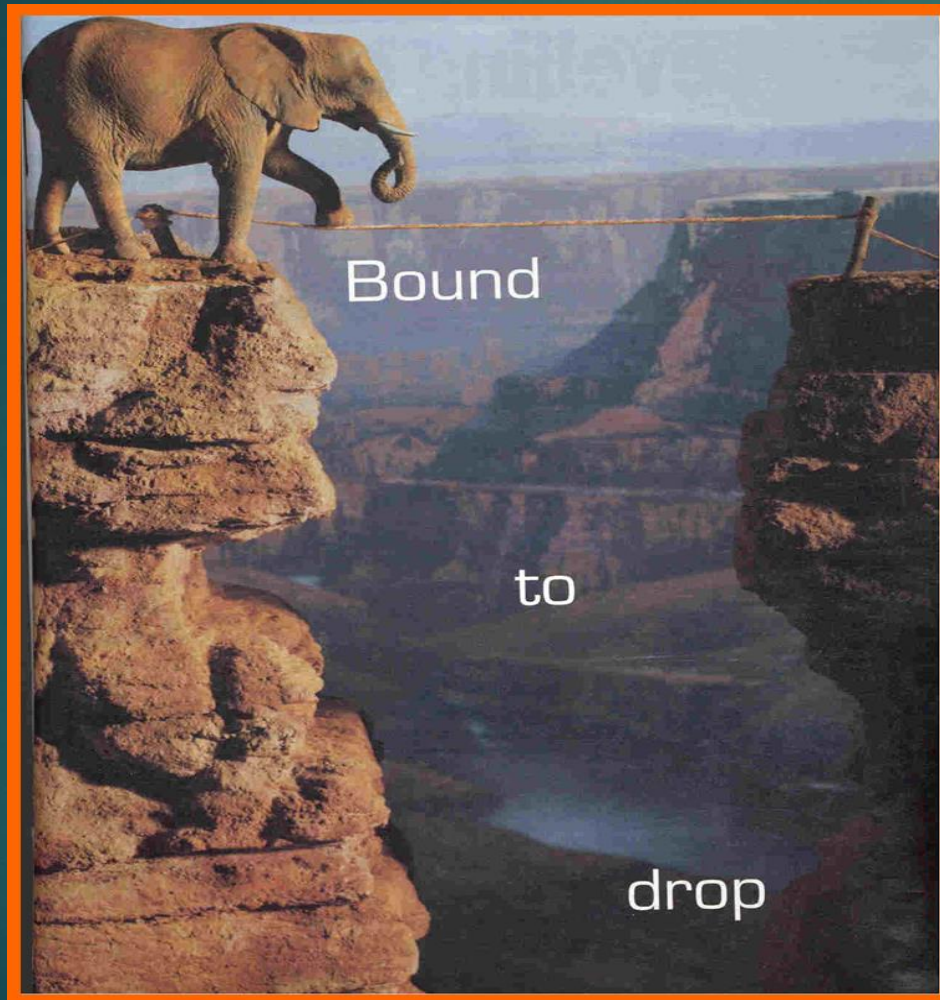
Last but not least

**Never abuse your
patients' trust in you
or the public's trust
in the profession**

Beware of your body language



If you put your integrity on the line?



Acknowledgements

- ▶ HPCSA Ethical rules for practitioners, booklet 1-12
- ▶ MPS Case reports and presentations by Liz Meyer
- ▶ SAMA publications, SAMF
- ▶ NDOH, *Standard Treatment Guidelines and Essential Drugs List for South Africa*
- ▶ Isabel Kazanga. Building Safe Healthcare Systems .Center for Global Health, Trinity College Dublin. 2010