Emergency Department Risk Management

Laura P. Martinez, BSN, RN, MS, CPHRM
Vice President
Director Risk Management and Client Services
Darwin
AzSHRM September 12, 2008

darwin®

PROGRAM OBJECTIVES

- Understand the components of risk management in the emergency department setting
- Recognize risks associated with ED operations and clinical practice and apply tools to minimize the exposure
- Discuss common documentation errors in ED recordkeeping
- Discuss management of the behavioral health patient in the ED environment

darwin

Challenges

- Pace
- Physician / patient relationship
- Hospital staff / patient relationship
- Severity of conditions
- Lower severity care
- Boarding/Patient flow
- Wait times
- Limited privacy

darwin

Claim Triggers

- St Paul study 1993
- California Large Loss Trend Study 1994

darwin

Emergency Department Claims

Clinical

Failure to diagnose

Failure to treat

Failure to admit

Customer satisfaction

Trust

Attitude

Realistic expectations

Communications

Operations

- Triage
- Handoffs
- Holds for observation/admission
- On-call response
- Drug seekers/psych patients
- Transfers
- Medication administration
- Discharge/follow up

darwin

Most Common Allegations

Failure to diagnose

Closed malpractice claims 122 claim, 79 or 65% resulted in a missed diagnosis, 48% of missed diagnosis involved serious injury and 39& resulted in death

Most common system failures:

58% failure to review all tests results

22% X-rays

17% CTs

15% Cardiac enzymes

42% failure to adequately record medical history or physical exam

37% Inaccurate interpretation of test results

33% failure to initiate a consultation

96% Cognitive errors

darwin

Most common system failures

96% Cognitive errors
58% Failure to review all tests results
42% Failure to adequately record medical history or physical exam
37% Inaccurate interpretation of test results
34% Patient related factors
33% Failure to initiate a consultation
30% Inadequate supervision
24% Hand-off
23% Excessive workload
22% X-rays
17% CTs
15% Cardiac enzymes

darwin

Why Patients Sue

- Failed expectations
- Poor communications
  - Confidentiality
  - Language barriers
- Unexpected outcomes
- Unresolved anger

darwin

darwin®

Multisystem Injuries

- Patients arriving with multiple trauma or complex injuries are at greater risk for failed communication and coordination of care and services
- Develop policies and procedures that establish assumption of control and responsibility for the admission and care of patients requiring a multi-specialty team of professionals

darwin

Communication

- Informed consent
  - Incompetents, minors & children
- Against Medical Advice
  - Informed refusal
  - AMA form
  - LWBS
  - Documentation
- Language barriers

darwin

Hand-offs

- Less is more
- Shift change
- Effective communications
- Independent assessment
- Documentation

darwin

Triage

- Who performs exam
- Adequacy of exam
- Clear, unambiguous guidelines
- Patient reassessment
- Policy compliance

Patient Holds/Observation

- Admission criteria
- Frequency of reassessment
- Initiating treatment
- Appropriate consults
- Documentation

darwin®

On-Call Response

- Delay in responding
- Failure to come in
- Not ordering appropriate tests
- Cancelling tests
- Failure to admit
- Lack of documentation

darwin

Telephone Orders

- Attending has not personally examined the patient prior to prescribing treatment or medications
- ED Physician may be found liable for negligently administering and/or dispensing medications
- ED Nurses could also be found negligent if treatment or medication ordered via a TO results in harm to the patient
- ED Nurse could face allegations of practicing pharmacy without a license
- Develop policies and procedures that require each patient be seen and evaluated by a physician
- Medical record documentation should be consistent with that of other patients seen in the ED

darwin

Admitting Orders

- Require admitting privileges
- Require ED physician to assume legal responsibility
- Establish medical staff rules with parameters requiring on-call or attending to see the patient
- ED orders should be time limited and provide clear communication of transfer of care and responsibility to the attending

darwin

Return visits

- Review previous chart and test results
- Obtain independent history
- Conduct thorough physical examination
- Repeat testing

darwin

Patient Involvement in Care

- **National Patient Safety Goal:** Encourage patients' active involvement in their own care as a patient safety strategy

- Encourage patients to ask question
- Encourage patients to express concerns about their own safety
- Provide means for patients to do so

darwin®

Patient Identification

- **National Patient Safety Goal:** Improve the accuracy of patient identification
- Use at least two patient identifiers when providing care, treatment or services.

darwin

Medication Administration

- Medication history
- Medication reconciliation
- Pain assessment
- Post narcotic administration assessment
- Appropriateness of discharge

darwin®

Medication Reconciliation

- **National Patient Safety Goal:** Accurately and completely reconcile medications across the continuum of care

- Complete list of patient's current medications on admission
- Complete list of patient's current medications on transfer
- Complete list of patient's current medications on discharge

darwin

Falls

- **National Patient Safety Goal:** Reduce risk of patient harm resulting from falls

- Patient assessment & reassessment
- Fall reduction program

darwin®

Changes in Patient Condition

- **National Patient Safety Goal:** Improve recognition and response to changes in a patients condition
- Develop a method to enable staff members to directly request additional assistance from specially trained individuals when the patient’s condition appears to be worsening

darwin

Universal Protocol

- **National Patient Safety Goal:** Eliminate wrong-site, wrong-patient, wrong procedure surgery

- Pre-operative verification
- Operative site markings
- Time Outs
- Non-OR setting procedures

darwin

Healthcare-Acquired Conditions

- Object left in patient during surgery
- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infection
- Pressure ulcers
- Vascular-catheter associated infection
- Surgical site infection, specifically mediastinitis after CABG surgery
- Hospital-acquired injury due to external causes, ex. falls

darwin

Health Care Acquired Infections

- **National Patient Safety Goal:** Reduce the risk of health care acquired infections

- Hand hygiene guidelines
- Unanticipated death or major permanent loss of function

darwin

Safety Risks Inherent in Patient Population

- **National Patient Safety Goal:** The organization identifies safety risks inherent in its patient population
- Identify patients at risk for suicide

darwin

OB Patient

- Policies and procedures with clear criteria for evaluation and screening of the OB patient

- EMTALA

- Woman in active labor is generally considered unstable preventing discharge or transfer unless there is absolutely no capability to deliver safely
- A physician, not a nurse, midwife or other non-physician, must certify that a patient is not in true labor before discharge
- A woman in labor is considered stable ONLY if contractions stop, the baby and placenta are delivered or a *physician* certifies the labor is false

darwin

EMTALA Requirements

- Medical Screening Examination
- Stabilization
- Transfer

darwin

Documentation: Care Refusal

If a patient refuses to consent to further exam or treatment:

- That screening, further exam and/or treatment was offered prior to the individual's refusal
- Risk/benefits of exam and/or treatment
- Reasons for refusal
- Description of the exam or treatment refused
- Steps taken to try to secure written informed refusal if it was not secured

darwin

Medical Evaluation of Psych Patient

- May have a medical condition in addition to psych condition
- Before transferring a patient to a psychiatric facility, the ER physician must extend the screening exam to include appropriate lab and/or radiological tests to ensure, within reason, that the patient is free of an emergent physical medical condition

darwin

Psychiatric Patient

- EMTALA does not contemplate that a suicidal or psychotic patient can be truly "stabilized" psychiatrically in the ER
- A psych patient is stable for transfer when he/she is protected and prevented from injuring himself/herself or others (e.g. medicine or physical restraints)
- To discharge a psych patient, he/she is considered to be stable when he/she is no longer considered to be a threat to him/herself or to others

darwin

Mental Health Exam

- Hospitals that operate an ER but DO NOT offer psychiatric treatment and have no psychiatrists, psychologists, or any other mental health professionals on staff do not have a duty under EMTALA to provide mental health screening beyond their capabilities
- Medical record should indicate an assessment of suicide or homicide attempt or risk, disorientation, or assaultive behavior that indicates danger to self or others

darwin

Behavioral Health Patients

- Restraints and seclusion
- Boarding patients
- Transitioning from the ED for observation and hold

darwin

Drug Seekers/Psychiatric Patients

- Medical clearance
- Psychiatric clearance
- "Frequent flyer"
- Restraint and seclusion
- Physical environment
- Documentation

darwin

Patients in Police Custody

- ED staff's obligations
- Performing tests without patient consent
- Breech of privacy
- State statutes

darwin

Discharge Instructions/Follow-up

- Written instructions
- Language specific
- Medication instructions
- Follow up/referral timeframes

Common Documentation Errors

- Omission in history
- Assessing risk factors
- Addressing abnormal vital signs
- Inadequate exam
- Response to treatment
- Pertinent positive and negative findings
- Excluding high risk diagnoses
- Discussions with consultants
- Specific discharge instructions

darwin

Customer Satisfaction

- Attitude
- Realistic expectations
- Patient surveys
- Call back system

darwin®

darwin