

Malpractice & Claims Management



Suggestions for Starting Your Residency

By

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Risk Management



- Risk Management
 - Not the intent to “tell” physicians how to practice
 - Purpose is to help the physician reduce the potential of bad outcomes and malpractice claims while maintaining high quality patient care

Best tips I can give you...

- Knowing what you don't know is one of the most valuable characteristics of a good physician.
- You are not expected to know everything but you are expected to be able to collect appropriate information and find someone who can point you in the right direction.
- If a patient, nurse, resident, attending asks you a question and you don't know the answer, simply say "I don't know"
 - Better to admit you don't know rather than making something up
 - It shows honesty, integrity, and capacity to put your ego aside
 - The only thing worse than an overconfident resident is a dishonest one

Key rules...

- Never lie to an attending
 - Trust is the most important thing you can earn from an attending...once you lie, trust is gone.
 - You can overcome incompetence, laziness, or irresponsibility but it is very hard to earn back an attending's trust.
 - Example: Attending asked about echocardiogram results...intern said "Normal"...ejection fraction rate was actually 30% and cardiac workup was needed
 - If you don't know something, be honest and say you don't know but you will find out

Key rules...

- Never hide a mistake
 - We all make mistakes...what matters is how you handle a mistake after it is made
 - One thing you never want to do is hide a mistake and jeopardize a patient's health
 - Junior resident putting in central line in femoral vein...chief resident called away to a code...when he returned, central line appeared to be placed appropriately...later learned guidewire had was left behind...junior resident didn't tell anyone...

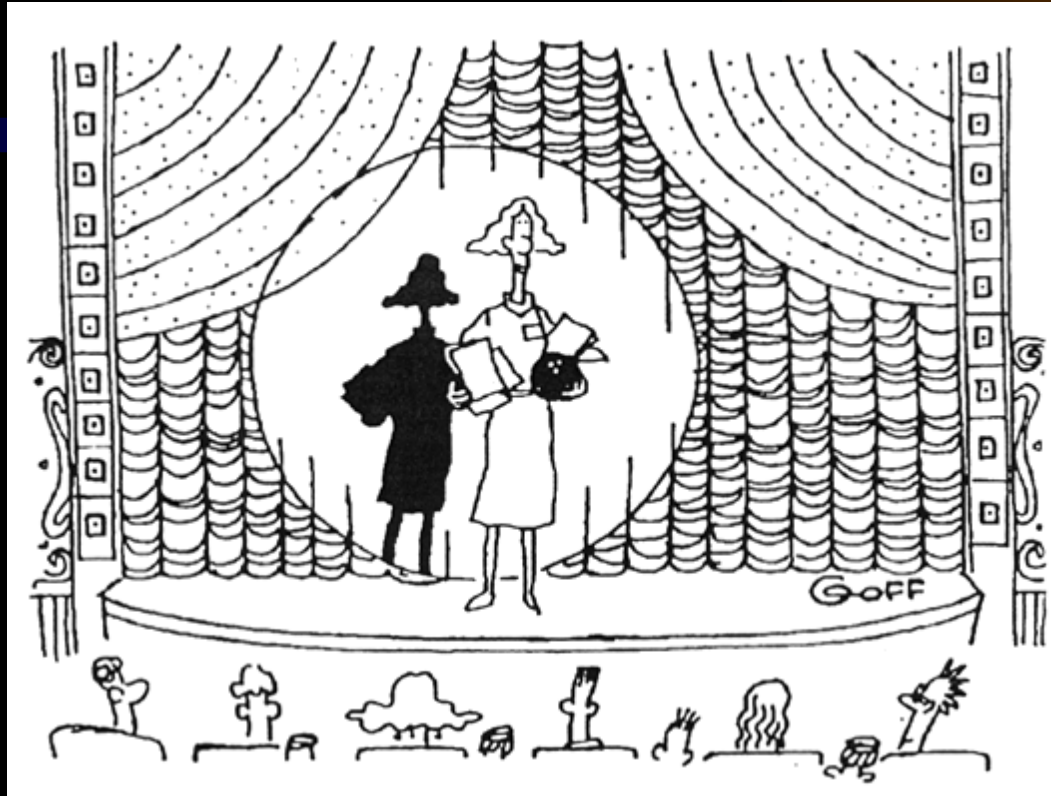
Key rules...

- Never argue with a nurse
 - Veteran nurses know more about practical medical knowledge than one may think.
 - If you listen, nurses may ‘cue’ you on some good advise...don’t disregard carte blanche
 - Patient with glucose of 452...resident orders 12 units of fast acting insulin...nurse asks “do you want to consider an insulin drip”...resident, offended, says “no, just the 12 units”

Residents should...

- Take the time to learn hospital policies, procedures, and protocols (there are a lot of them...hospital; department; campus; etc.)
- Ask questions if you are unsure...no question is stupid, ask as many as possible
- Remember the answers

Humor Registry



**“Thank you. I will now juggle twelve charts,
an appointment schedule, three new government
regulations, and a bowling ball.”**

Busy Schedule

- Complete documentation timely
 - Clinic notes
 - Op notes
 - Other documentation requirements
- Respond to pages/calls promptly
 - Be available...

Berry's World



"... and how are you feeling, Profit Center #481629?"

Be Professional & Courteous

- Introduce yourself
- Call your patient by name
 - Not the “abdominal pain guy in Room 1”
 - Make your patient feel important
- Review relevant info before entering the room
 - Take appropriate history but introduce primary reason for patient visit...**don't appear clueless**

Residents should...

- Review the medical record, especially previous progress notes and nurses notes
- Make appropriate entries
- Keep “Cut-and-paste” to a minimum
- Document – Document - Document

Residents should...

- Answer pages promptly and coherently
- Write clear orders and ensure they are carried out through appropriate follow-up
- Learn test results before seeing the patient
- Apply tact and diplomacy with all contacts

Communicate effectively

I was performing a complete physical, including the visual acuity test. I placed the patient twenty feet from the chart and began...

“Cover your right eye with your hand.” He read the 20/20 line perfectly. “Now your left.” Again, a flawless read. “Now both.” I requested.

There was silence. He couldn't even read the large E on the top line. I turned and discovered that **he had done exactly as I had asked**; he was standing with both eyes covered.

Communicate Effectively

- You live in this world of medicine
 - Patients only visit it from time-to-time
 - Using “medical speak” may cause misunderstanding
 - Take the time to ask the patient if they have any questions
 - Make sure they understand important instructions

Understand patient limitations

- Be aware of your patient's limitations
 - If they don't hear well, they may misunderstand
 - If they don't read well, written instructions may need to be explained verbally
 - If they have other challenges, be flexible enough in your practice to accommodate or overcome the challenge on behalf of the patient

Give patients clear instruction

During a patient's two week follow-up appointment with his cardiologist, he informed me, his doctor, that he was having trouble with one of his medications. "Which one?" I asked. "The patch. The nurse told me to put on a new one every six hours and now I am running out of places to put it!"

I had him quickly undress and discovered what I hoped I would not see...Yes, the man had over fifty patches on his body. Now the instructions include removal of the old patch before applying a new one.

Dr. Rebecca St. Clair, Norfolk, VA

Give patients clear instruction

- Again, you live in this world of medicine...your patient does not.
 - Make sure your instructions are clear and detailed enough that the patient knows what is expected of them

The Physician/Patient Relationship



Who is this person who keeps
interrupting my work?

Contractual Relationship

- Implied through the actions of the parties
 - promise that professionally acceptable care will be provided
 - unless specific warranty is made, no guarantee of success of treatment

Physician Liability

- Four conditions must be met:
 - duty owed
 - breach of standard of care
 - breach resulted in harm (causation)
 - harm (injury)
- (exception to ‘harm’ requirement exists with failure to obtain informed consent claims)

Reducing the Risk of Suit

- Open line of communication is a key factor
- Patient may forgive “mistake” if made by someone who has clearly demonstrated concern
- Effective documentation
- Confidentiality

Documentation

- Keep documentation objective
- Note historian if other than the patient
- Record what you:
 - **See**: bleeding; pallor; drainage; deformities; etc.
 - **Hear**: patient complaints; breath sounds; etc.
 - **Smell**: malodorous drainage; fecal odor; acetone breath, etc.
 - **Feel**: motion at fracture site; firm, hot area of induration; etc.
- **KEEP PERSONAL COMMENTS OUT OF THE RECORD**

Documentation



- Medical errors; conflicts with physician orders; unexpected outcomes; complications
- Document complications or mishaps until resolved
- **DO NOT** place blame or point fingers

Informed Consent

- Not just a form or piece of paper the patient signs
- Must be given by one capable to give consent or one authorized for a patient not capable
- Minors
- Substituted Consent

Subpoenas, Claims, Suits

- DO NOT discuss the care and treatment of a patient with anyone until you clear it with the Risk Manager or General Counsel...(use caution around family members)
- DO NOT ignore a subpoena or other legal letter
 - Contact the Office of Insurance & Claims Management or the Office of General Counsel
- Only 20 days to respond to suit papers



"The patient in 9C wants you to confirm my opinion."

... and the final key to a resident's success



Don't tick off a nurse!!

When there is a concern

- If there is a problem or concern.....

- Insurance & Claims Management

- Kemal Kutait 614-2082

- Office of General Counsel

- Jennifer Smith 686-7641

- Jay O Howe 686-6756

- Risk Management

- Debby Keene 603-1308

Final words...

- Be mindful of the experience of those around you and remember to have respect for your senior residents, your attendings, the nursing and other ancillary staff.
- Be a good team player and build a good team!
- **ALL THE BEST TO YOU IN YOUR CAREER!!**