

# Risk and Medical Error

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Ma hood

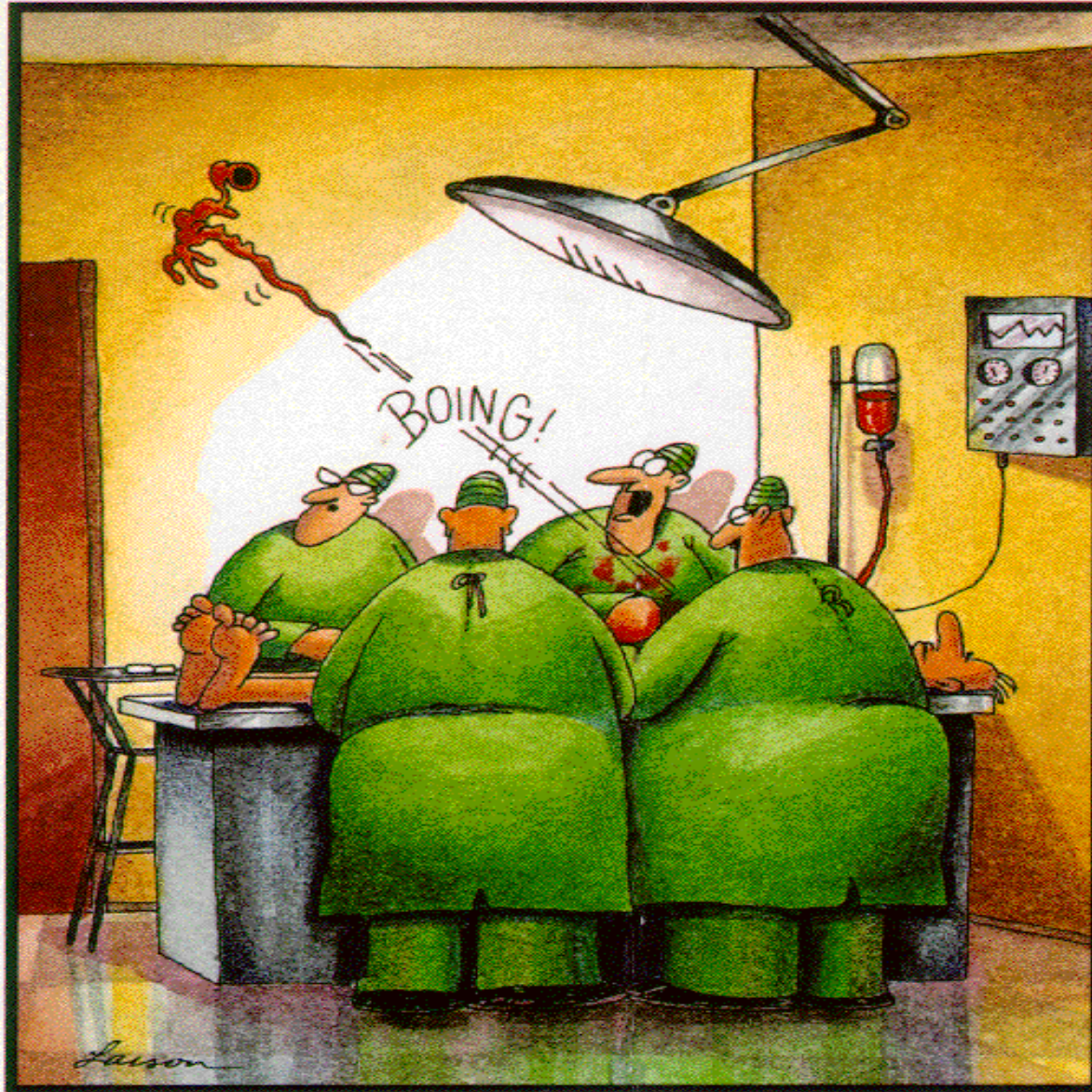


Sue the bastards!



'Darling, he's said his first words!'





"Whoa! Watch where that thing lands —  
we'll probably need it."

**DDUS**





'My father was a GP. He used to come home smelling of Dettol.  
These days I come home smelling of fear.'

## 'FINGS AINT WOT THEY USED TO BE'

- The public – 'let down by doctors'
  - Bristol
  - Ledward/Neale
  - Shipman
  - Alder Hey
- Errors that keep happening
  - Wrong organ removed
  - Vincristine errors



# The Cost of Failure

- £2 billion of additional bed-days
- £650 million cost of litigation
- 6,000+ device incidents
- 10,000 serious adverse drug reactions
- 100,000+ complaints
- 13 intrathecal deaths



# Medical Errors

- Clinical care is 'risky'
- Errors will not go away
- Not all are harmful
- All are important
- UK and USA Studies – 10% adverse events



# Medical Errors

- Knowledge
  - Claims for damages
  - Complaints
  - FAls/Coroner's Inquests
  - Near misses
  - Unreported Incidents
  - Significant Event Analysis





# LEARNING FROM ERRORS

- Adverse events – no standards
- Yellow Cards – drugs
- Medical Device Agency – devices
- Confidential Inquiries
  - CEMD (anaesthetic deaths)
  - CESDI
  - NCE Patient Outcome and Death



# Errors -- Causation

- Prof. James Reason, Manchester
- Human Error: models and management
- Person approach
- System approach



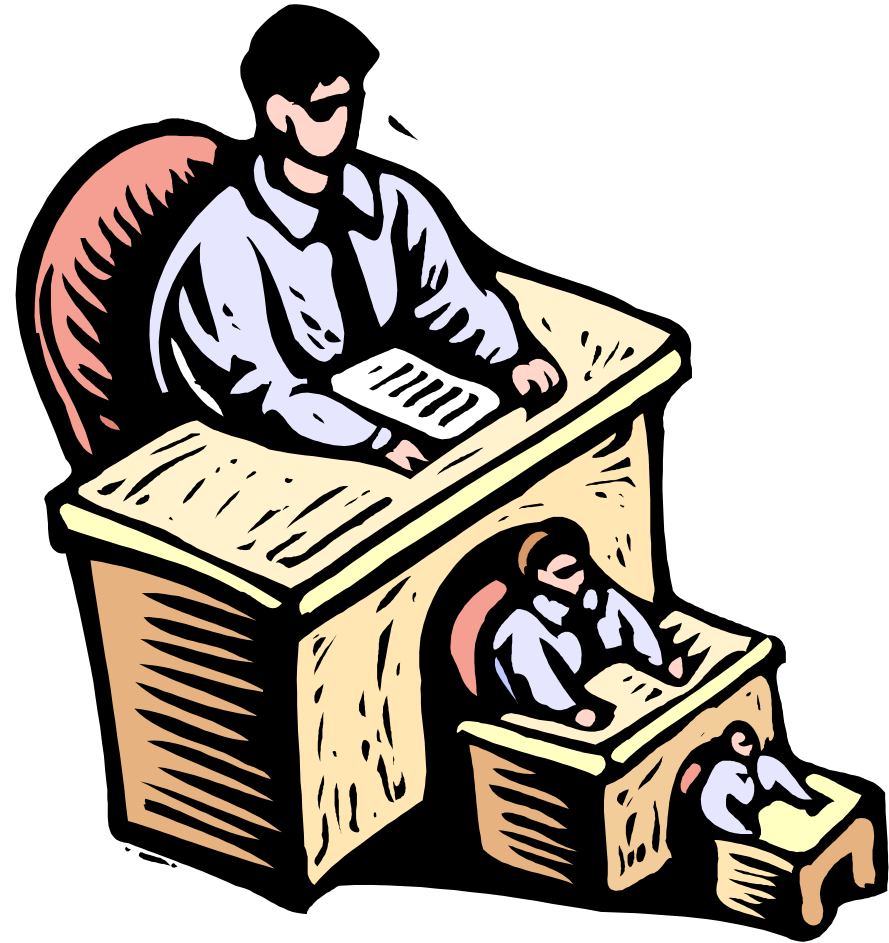
# Errors In Medical Practice

- PERSON FAILURE
  - Inexperience
  - Inattention
  - Negligence
  - Recklessness

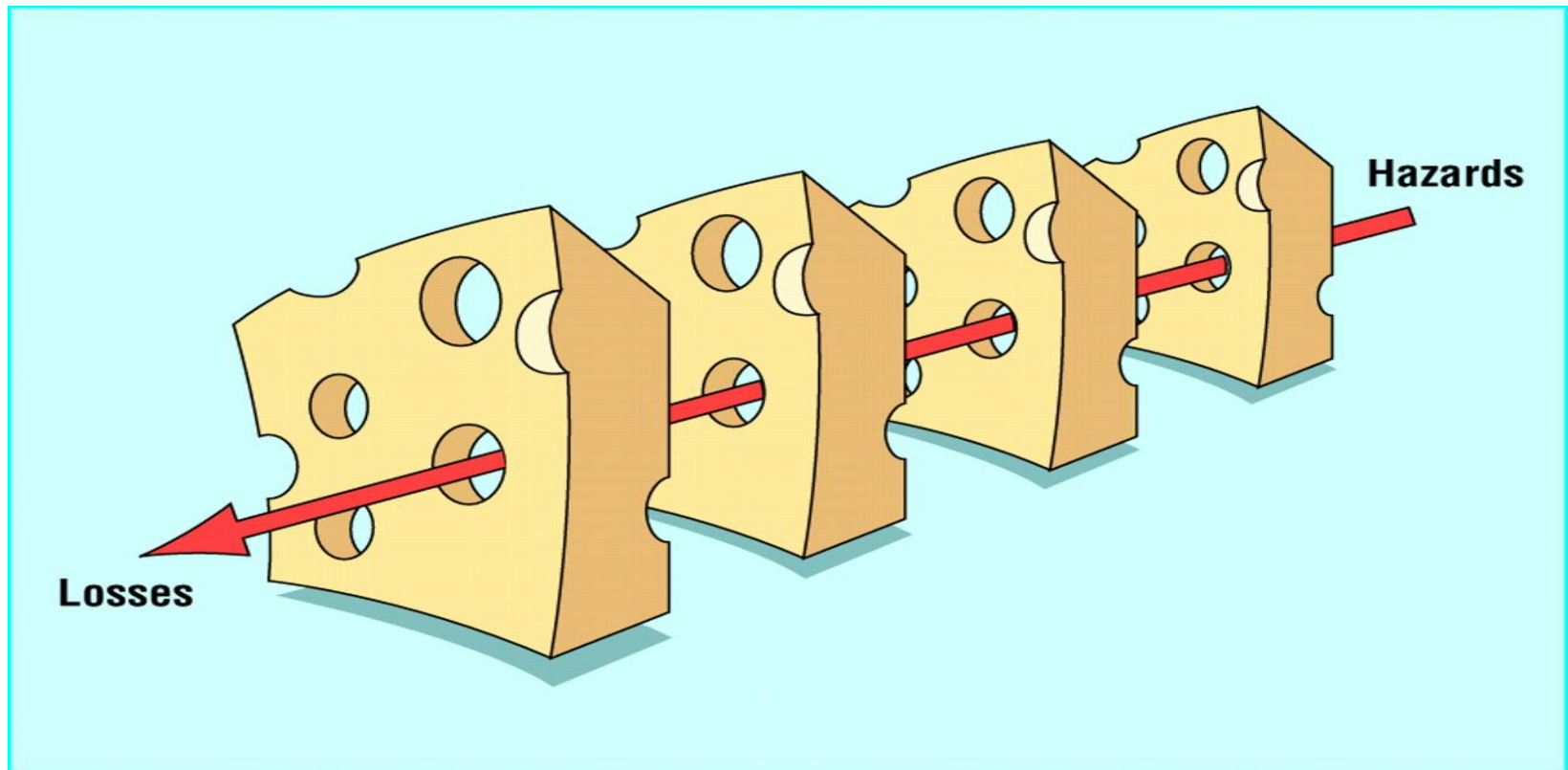


# Errors in Medical Practice

- SYSTEM FAILURE
  - Organisation
  - Equipment
  - Resources
  - Morale



# The Swiss Cheese Model



# Vincristine Death

- Child with lymphoma in DGH
- Chemotherapy under GA in Specialist Centre
- Not fasted then transferred
- No specialist beds – in a non-specialised ward
- Patients notes lost
- Due IV vincristine by specialist nurse – none on duty



# Vincristine death

- Due IT methotrexate by SpR in theatre
- Drugs brought together by housekeeper
- Drugs taken to theatre together
- Consent form was partially filled in and with abbreviations
- Procedure postponed because of GA and food

# Vincristine Death

- SpR went off duty, other was tied up
- Did not know both drugs were in theatre
- Asked anaesthetist to go ahead
- Injected vincristine intrathecally
- Patient died 5 days later

# Medical Errors

- Prevention
  - Blame culture
  - Safety of patients
  - Accountability
  - Professionalism
  - Learning Organisation



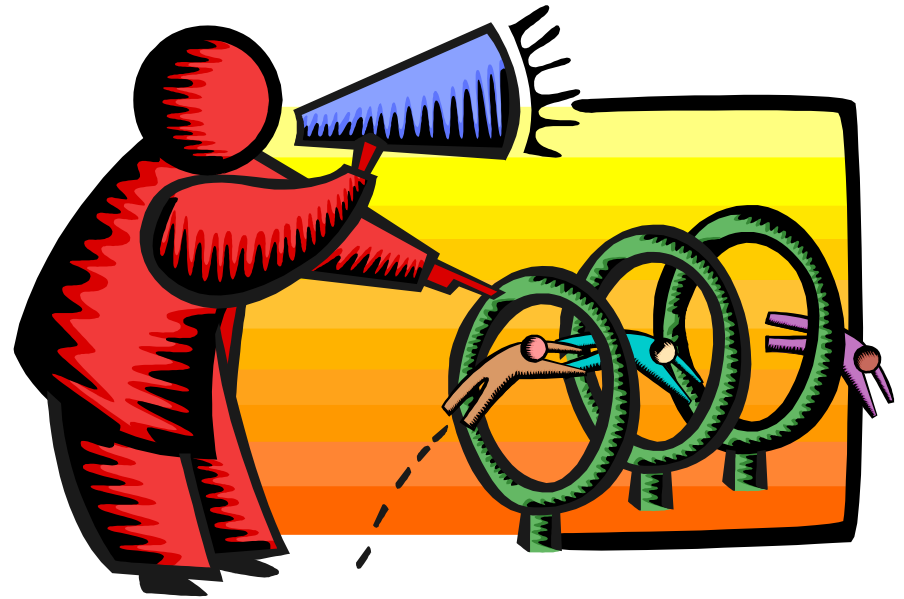
# Accountability

## TO PATIENTS

- NHS Complaints
- Independent Review
- Ombudsman
- Civil Courts

## TO THE STATE

- NHS Disciplinary
- General Medical Council
- Fatal Accident Inquiry / CI
- Criminal Courts




# Clinical Risk

- Reduce the chance of litigation
  - Assess the risk
  - Evaluating the risk
    - The likelihood of event occurring
    - The degree or seriousness of harm
    - Likelihood/importance matrix



# Rating Probability (Likelihood)

Likelihood (Probability) of an event/hazard				
<b>Very High</b>	<b>5</b>	Event will undoubtedly occur, possibly frequently		
<b>High</b>	<b>4</b>	Event will occur but not persistently		
<b>Medium</b>	<b>3</b>	Event may occur occasionally		
<b>Low</b>	<b>2</b>	Event not expected but is possible		
<b>Very Low</b>	<b>1</b>	Event not expected to occur again		



# Rating Impact (Severity)

<b>Impact (Severity) of an event/hazard</b>					
<b>Factors:</b> ↓	<b>Negligible 1</b>	<b>Minor 2</b>	<b>Significant 3</b>	<b>Major 4</b>	<b>Catastrophic 5</b>
<b>Service Impact</b>	No service disruption/ Minimum effect on care	Minor impact on service/ Increased care > 7 days	Pressure on service priorities/ Increased care 8 – 15 days	Temporary service close/ Increased care in > 15 days	Unable to function or fulfil obligations/ Extended service closure
<b>Cost</b>	Minimum loss <£100	Minor Loss £100 - £500	Significant loss £500 - £1K	Major loss £1 - £10K	Catastrophic loss over £10K
<b>Clinical Impact</b>	No obvious harm or injury	First aid. No permanent harm > 1 month	Medical treatment required. Some harm > 1 year	Extensive injury, Major permanent harm	Death
<b>Legal Implications</b>	No breach	Minor breach, possible complaint and loss of patient confidence	Significant breach, patient complaint and severe loss of confidence	Major breach of legislation. Possible claim for compensation	Claim for compensation. Possible fine, imprisonment. GMC interest.
<b>Reputation</b>	No obvious interest/damage/harm	Embarrassment. No reputational damage in the community. Breakdown in relationship	Local adverse embarrassment, PCT, SEHD interest. Patient complaint	National adverse publicity & loss of confidence	Highly damaging international adverse publicity. Severe loss of confidence

# Likelihood

5

# Severity

1

5

1

- Likelihood**
- 1. Very Low
  - 2. Low
  - 3. Medium
  - 4. High
  - 5. Very High

- Severity (Impact)**
- 1. Negligible
  - 2. Minor
  - 3. Significant
  - 4. Major
  - 5. Catastrophic



# CLINICAL RISK

- System failures
- Poor performance
- Communication failures
- Ill-defined responsibilities
- Failure to follow protocols
- Workarounds
- Clinical Judgement



# CASE STUDY

- 25 FEMALE GETTING MARRIED
- VACCINATIONS ORDERED (TET,POLIO AND A RUBELLA CHECK)
- RUBELLA CHECK NOT DONE
- NEEDED PC CONTRACEPTION AND RUBELLA VACCINATION
- DELAY IN GETTING RUBELLA VACCINATION
- VACCINATED 10 DAY S AFTER PCC
- PATIENT WAS INDEED PREGNANT



# CASE STUDY

- 35 YEAR OLD FEMALE 5 YRS INFERTILE
- DISCUSSING PROBLEMS IRREGULAR PERIODS
- SUGGESTED RUBELLA ANTIBODY TITRE CHECK
- ASKED NURSE TO DO 'RUBELLA CHECK'
- NURSE GAVE RUBELLA VACCINATION
- PATIENT WAS INDEED PREGNANT



# CASE STUDY

- PATIENTS GOING ON HONEYMOON
- TOLD TO OBTAIN AVLOCOR (CHOLOROQUINE)  
2 TABS DAILY
- CORRECT DOSE 2 TABS WEEKLY
- NAUSEA DIZZINESS HEADACHES
- CLAIM!





# CASE STUDY

- 49 MALE UNILATERAL WEAKNESS A&E
- URINE TESTED AND GLUCOSE FOUND
- LETTER TO GP – SUGGESTING FURTHER INVESTIGATIONS
- NO FURTHER CONSULTATIONS
- 5 YEARS LATER HAD A STROKE AND SEVERE DIABETES CONFIRMED



# CASE STUDY

- TEST RESULTS
- 32 YR OLD FEMALE - PREGNANT
- MIDWIFE ONLY CARE
- PRACTICE NURSE TAKES BLOODS
- DOWNS SYNDROME TESTS NOT PERFORMED
- NO-ONE NOTICED
- DOWNS SYNDROME BABY



# Case Study

- 65 year old male
- Seen by NP c/o shortness of breath
- Checked his pulse, BP, ECG – all normal
- Showed results to GP
- Agree – no immediate action possible referral
- Died 3 days later - PTE



# CLINICAL RISK LIMITATION

- Awareness of risky situations
- Professional duty – adopt best practice
- Informed consent – patient fully aware of risks
- Full information available
- Audit
- Clinical Governance
- Record keeping



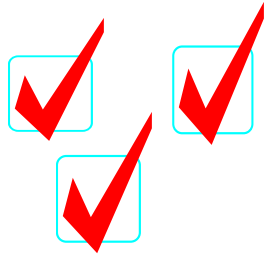
# THE RECORDS

- Contemporaneous
- Legible
- Signed
- Dated
- Alterations
- Comments
- Negatives
- No Insults



# ABBREVIATIONS

- LEGS
- TESTES
- T.A.L.O.I.A.
- T.T.F.O.
- HARPICS DISEASE
- S.F.A.





# ABBREVIATIONS

- N.T.B.R.
- N.F.N (N.F.C.)
- P.I.T.A.
- CAT in WIG.
- CTD
- CRAFT CLASS



# MDDUS Indemnity



# MDDUS

- Why?
  - Requirement of Performers List
  - May become a requirement of GMC registration
  - Even if covered by NHS Indemnity
  
  - Indemnity for claims for damages
  - Discretionary Indemnity



# MDDUS

- Who?
  - Medical and Dental Defence Union of Scotland
  - 1902
  - Not really of Scotland – only in the past
  - Membership 30,000
  - Smaller of three
  - 50% membership South of Scotland England Wales and Northern Ireland
  - UK only – no foreign enterprises
  - No shareholders



# MDDUS

- What?
  - Immediate medico-legal advice and assistance from experienced doctors (by phone or e-mail)
  - Indemnity for claims for damages and legal costs
  - Legal help and assistance
    - Coroner's Inquests
    - Disciplinary matters
  - Advice and representation for General Medical Council complaints, hearings etc



# MDDUS

- What?
  - Employment advice and assistance with employed staff
  - PCT issues – Performers List etc.
  - Police enquiries or interviews
  - Consideration of corporate responsibilities



# MDDUS

- How?
  - Mutual organisation
  - Not an insurance policy
  - Members who pay subscriptions
  - Common pool of money
  - Currently around £300m
  - Pays damages and all legal costs
  - Fully funded



# MDDUS

- How?
  - Subscriptions settled each year
  - Determined by actuarial calculations
  - Low subscriptions – not cheap subscriptions
  - Claims which occur during the term of membership
  - Lifelong and for estate
  - Claims made basis of cover (different)
  - Runoff cover





# MDDUS

- Where?
  - Original office is in Glasgow
  - New office in London
    - Staffed by medical advisers
    - In-house lawyers
    - Support staff
  - At your surgery or wherever most convenient



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# MDDUS

- When?
  - 24 hour – on call advisory service
  - Office hours – speak directly to an experienced medical adviser
  - Access can also be by letter, e-mail and faxes (only if legible) or personal attendance



# MDDUS

- (By) Whom?
  - Team of medical advisers
    - 7 in Glasgow
    - 3 in London
    - All experienced clinicians
    - Mostly GP background
    - All with additional medico-legal training
    - In-house English legal team (6 lawyers)
    - In-house Scottish legal team (4 lawyers)



# Subscriptions

- Actuarially determined
- Relate to sessions worked (half days)
- From full time to 2 sessions or less
- Can be individually tailored
- Discount Practice Scheme
  - All employees covered (including nurses, HCAs, receptionists etc)
  - Employment advice and help



# Frequently Asked Questions

- Why are we least expensive?
- How easy to change MDO?
- Will I still be covered if I leave?
- How do I access the service?
- Do you have a website?
- Can I join on-line?
- What do I not get help with?

