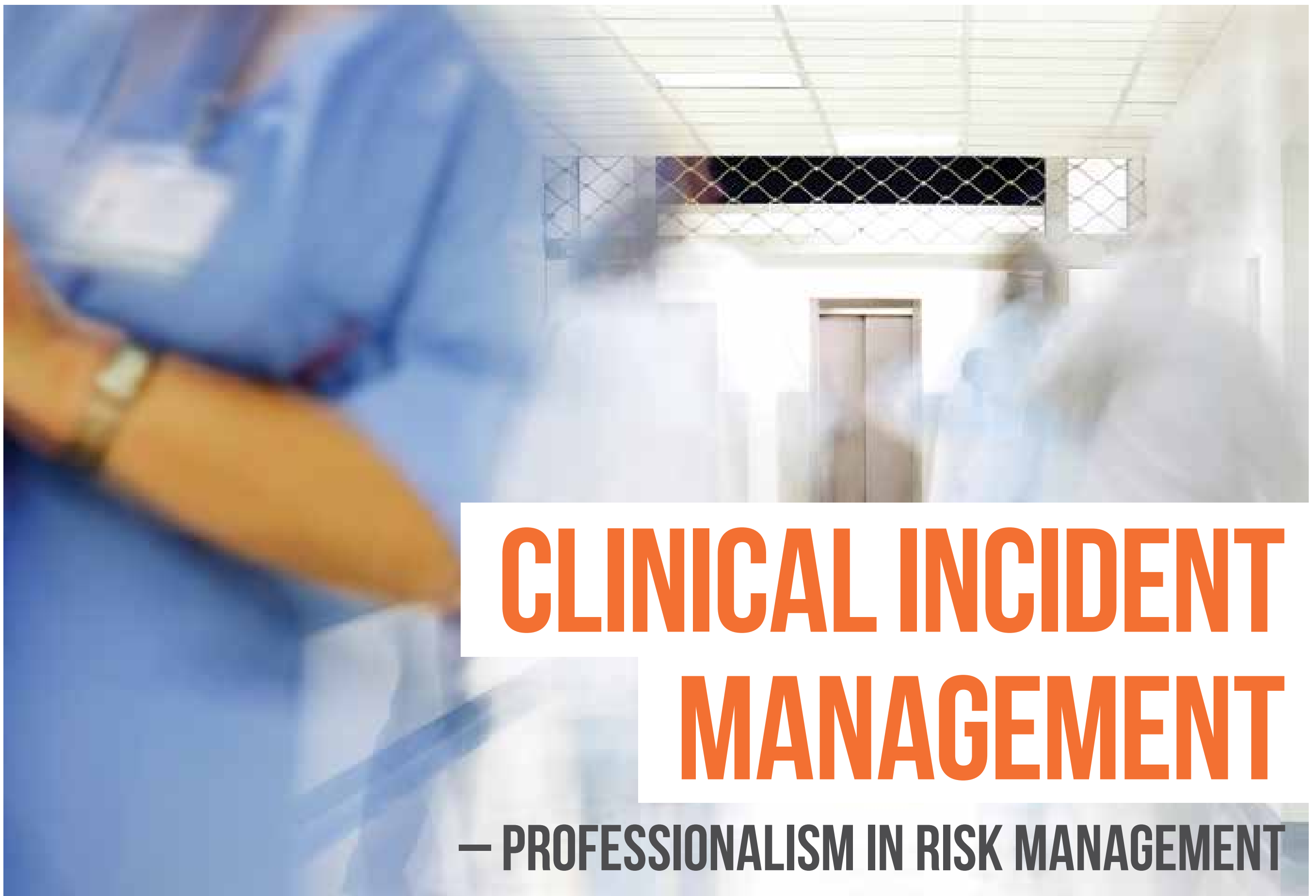

CLINICAL INCIDENT MANAGEMENT

– PROFESSIONALISM IN RISK MANAGEMENT

WHAT ARE CLINICAL INCIDENTS?

A clinical incident is any unplanned event during the medical care of a patient, which causes, or has the potential to cause, unintended or unnecessary harm to a patient.[1] The incident could be an adverse outcome where injury or harm is caused by medical management or complication instead of the underlying disease, or a near miss or sentinel event (an unexpected occurrence involving death, serious physical or psychological injury).

The following are the consequences and expectations of patients after a clinical incident:

SEEKING COMPENSATION

Following an adverse outcome, the duration of hospital stay may increase, incurring higher costs of hospitalisation and out-of-pocket expenses for the patient. The patient may be unable to return to work for a longer period of time, or worse, the adverse outcome may result in severe disability or death.

SEEKING INFORMATION AND CLOSURE

The patient and relatives will want to know how and why the event occurred.[2,3] They will want the doctor-in-charge or a senior doctor (in contrast to a house or medical officer) to explain what had happened and to answer their questions.

SEEKING ACCOUNTABILITY

They will want to know if the hospital has carried out any investigation(s) to prevent such incidents from happening again. The incident could be a serious reportable event, requiring the hospital to report to the health authorities and conduct a root cause analysis to prevent a recurrence.

MEDICO-LEGAL AND MALPRACTICE FALLOUT

Legal suits claiming that the doctors involved were negligent and complaints to the medical council can arise following a serious clinical incident.

RISK OF BREACH IN DOCTOR-PATIENT RELATIONSHIP

The patient and the family would have lost their trust in the doctor and/or the hospital after an unexpected adverse event.

WHAT IS CLINICAL INCIDENT MANAGEMENT (CIM)?

CIM is an open disclosure process that seeks to proactively help doctors communicate with patients and their relatives when clinical incidents happen. Studies have shown that about 10% of patients suffer an adverse event during hospital admissions; most are system issues rather than the result of the doctor's negligence.[4] Many hospitals may have a service quality department that oversees complaints about services and care, but most of these complaints, if they arise from adverse outcomes, are not proactively managed. One of the aims of CIM is to take immediate action after an adverse event, prevent or reduce future harm to patients/consumers, reduce the likelihood of negligence claims and restore the patients' faith in the hospital. This is especially important, as the same studies have suggested that about 50% of adverse events may be preventable.

CIM is activated when a clinical event is serious or has potential medico-legal implications. It works best when the CIM team (eg, from the clinicians, medical board or risk management office) is informed of the incident before the patient lodges a complaint. Hence, the medical or nursing staff should alert the CIM office when they encounter unexpected adverse outcomes or complications during the care of a patient.

An example would be a laparoscopic procedure ending up as a laparotomy due to bleeding from a vessel injury during the intended procedure. The CIM process is organised to allow the doctors involved to take charge of the problems themselves, with assistance from the hospital's legal department, clinical governance, business office and other departments. One common request is for the business office to stop billing the patient until the situation improves, as a patient who has just suffered an adverse outcome is likely to be angry and unhappy when presented with a bill.

Many patients who have experienced serious adverse outcomes, commonly request for medical reports and these should be vetted by the hospital's lawyers. Requests for medical reports must be addressed in a timely manner, as any delay may be viewed as a lack of respect for the patient and may raise concerns of cover-up. From a risk management point of view, the hospital's insurers and the doctors' medical indemnity provider will have to be informed.

CIM aims to reduce litigation and undue publicity while attempting to meet the needs of patients and their relatives who want answers. It bridges the communication gap between the patients and hospital by creating a comprehensive solution to ensure prompt, effective and consistent conversations. Most CIM programmes train senior doctors in communication skills to help the primary doctors involved handle the difficult conversations that are often encountered after adverse outcomes.

COMPREHENSIVE PREPARATION

When CIM is activated, the CIM office staff and doctors involved typically meet to discuss the case and make preparations to meet with the patient and family as soon as possible. Careful preparations are required, and include open discussions about the incident, whether there is liability on the part of the doctors involved (hence the need to involve independent medical experts and legal counsel, if necessary), whether to admit liability if deemed present, and the wording of an apology or expression of regret to be extended to the patient.

The discussions will include information about the patient's condition, such as the seriousness of the current illness, further treatments if needed, treatment duration, duration of disability to work, as well as further follow-up and care. Finally, there is the issue of cost and whether the hospital and doctor (through the doctor's medical indemnity insurance) will waive some or all of the fees. The hospital may also separately conduct an internal medical review of the incident to ensure an unbiased and accurate review. The findings of this review may be passed on to the patient.

STEPS IN CIM

ACKNOWLEDGEMENT AND TAKING RESPONSIBILITY

The steps in a CIM meeting with the patients, with or without their family members, involve acknowledging the seriousness of the incident, followed by an apology or expression of regret. The apology would have been carefully crafted before the meeting because of its medico-legal implications, since an apology may mean admitting liability or responsibility. When no admission of liability is offered, the apology would be an expression of regret on the sufferings that the patient has undergone.

ACTIVE EMPATHIC LISTENING

Another important aspect involves listening to the unhappiness and difficulties the patient and family have encountered since the incident. Not uncommonly, they tend to experience frustrations with doctors or nursing staff and the care rendered during and following the incident. There may also be accusations against particular doctors and/or nurses.

PROFILE

TEXT BY

DR SEOW WAN TEW

Teaching Faculty, SMA Centre for Medical Ethics & Professionalism

Dr Seow is a neurosurgeon practising at the KK Women's & Children's Hospital and at the National Neuroscience Institute. He has had some legal training and had been actively involved in medical risk management at KKH and the NNI. He facilitates some of the MPS risk management workshops and has been a member of the SMA CMEP for several years.

TEXT BY

DR T THIRUMOORTHY

Executive Director, SMA Centre for Medical Ethics & Professionalism

Dr Thirumoorthy has been involved in the SMA CMEP for the last 15 years and has been Faculty at Duke-NUS Medical School since 2007. His teaching responsibilities include subjects on clinical skills, professionalism, medical ethics, communications and healthcare law. He has been practising medical dermatology at Singapore General Hospital since 2002.

Questions about the incident itself often need to be answered. These may include questions that have been asked and answered before. New information will have to be given, especially if a medical review was conducted.

REBUILDING THE RELATIONSHIP

After the disclosure, the future care and follow-up of the patient will be discussed to avoid dis-abandonment. In many situations, the patient may not want any further association with the doctor or hospital, preferring to be cared for by another doctor and hospital. The CIM team can help facilitate this by contacting the requested doctor and hospital, providing medical reports and making the transfer arrangements.

Finally, there is the discussion about waivers. If the hospital offers a waiver, it is "without prejudice", given out of goodwill and does not constitute an admission of liability. The question of whether to offer a waiver is always a difficult one; while a waiver may help patients financially through a difficult time, they may assume that the hospital is admitting liability by offering the waiver. Hence, this should be discussed and agreed upon with both the hospital's and doctor's lawyers. Further, patients who accept the waiver have to sign a final settlement agreement.

In many instances, more than one conversation session with the patient and relatives may be required. Each meeting should be planned as thoroughly as the first one. When promises are made during the CIM session (eg, to provide a report within a certain time period), they should be followed up and honoured. It is important that the CIM team is seen to be honest, transparent, truthful, empathic, sincere, and having the interest of the patient in mind. This also means the team must be easily contactable and accessible. Hence, it is crucial that a reliable staff is appointed to be the contact person for the team and hospital.

CONCLUSION

CIM is a process that aims to reduce complaints and legal claims against doctors and hospitals following an adverse outcome, by proactively initiating an open disclosure conversation between the doctor, hospital and the patient and relatives. It is important to ascertain as complete a picture of the adverse event as possible, in a timely manner and to reaffirm the patient's trust in the hospital by acknowledging the patient's difficulties following the event. Expressing regret or apologising for the situation, responding to the patient's questions and demands, and reiterating the hospital's commitment to care for the patient, help to rebuild strained relationships. An offer of financial aid through a goodwill waiver may reduce the risk of an acrimonious dispute resolution at a later time.

When conducted skilfully, CIM can help to re-establish the patient's trust in the doctor and hospital, facilitate the physical and psychological recovery of the patient, and preserve the sacred doctor-patient relationship that is lost when things go wrong. ◆

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