

Disclosing Medical Errors to Patients: International Developments and Future Directions

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Accelerating Interest in Disclosure

- Growing experimentation with disclosure approaches
 - Healthcare organizations
 - Malpractice insurers
- New standards-NQF and others
- State laws re disclosure, apology
- Increased emphasis on transparency in healthcare generally

Disclosure Performance Gap Also Increasingly Evident

- Harmful errors often not disclosed
- When disclosure does take place, often falls short of meeting patient expectations
- Little prospective evidence exists regarding what disclosure strategies are effective
- Impact of disclosure on outcomes unclear



"Listen up, my fine people, and I'll sing you a song 'bout a brave neurosurgeon who done something wrong."

Emerging Disclosure Trends

- Research data on disclosure gap
- Disclosure as institutional responsibility
 - Applying QI principles to disclosure
 - Disclosure as team sport
 - Key role of disclosure coaches
 - Disclosure and compensation
- Emerging training paradigms

Patients' Attitudes about Errors

- Patients conceive of errors broadly
- Desire full disclosure of harmful errors
 - Worry that health care workers might hide errors

Physicians' Attitudes about Errors

- Define errors more narrowly than patients
- Agree in principle with full disclosure
- Want to be truthful, but experience barriers to disclosure

Physician Surveys

- Survey of:
 - 2,000 physicians at Washington University/BJC HealthCare, University of Washington, Group Health Cooperative
 - 2000 Canadian physicians
 - 889 trainees at Wash U, UW
- Topics: Communicating about medical errors with patients, colleagues, and health care institutions
- Response rate: 63%
- Local data helpful in driving disclosure improvement

Physicians' Disclosure Attitudes

	Insulin Case	Hyperkalemia Case	Sponge Case
"Definitely disclose"	65%	34%	96%
Say "error"	71%	40%	14%
Full apology	43%	35%	9%

Additional Survey Findings

- 64% unaware of hospital error reporting system
- 19% agreed that systems to disseminate error information to physicians are adequate
- 10% agreed that hospitals adequately support them after errors

Survey Conclusions

- Physicians support concept of disclosure
- Little agreement exists regarding the core content of disclosure
- Less information disclosed for errors that would not be apparent to patient
- Medical and surgical physicians may approach disclosure differently
- Unmet needs for emotional support after errors
- Disclosure training needed

Quality of Actual Disclosures

- COPIC-large malpractice insurer
- 3Rs program for disclosure and compensation
 - 140 events
 - 87 patient surveys
 - 112 physician surveys

Event Severity

	Patient Assessment	Physician Assessment
Extremely serious (I might have died)	31%	7%
Very Serious (permanent injury)	25%	25%
Somewhat serious (injury that resolved)	28%	61%
Not at all serious	3%	6%

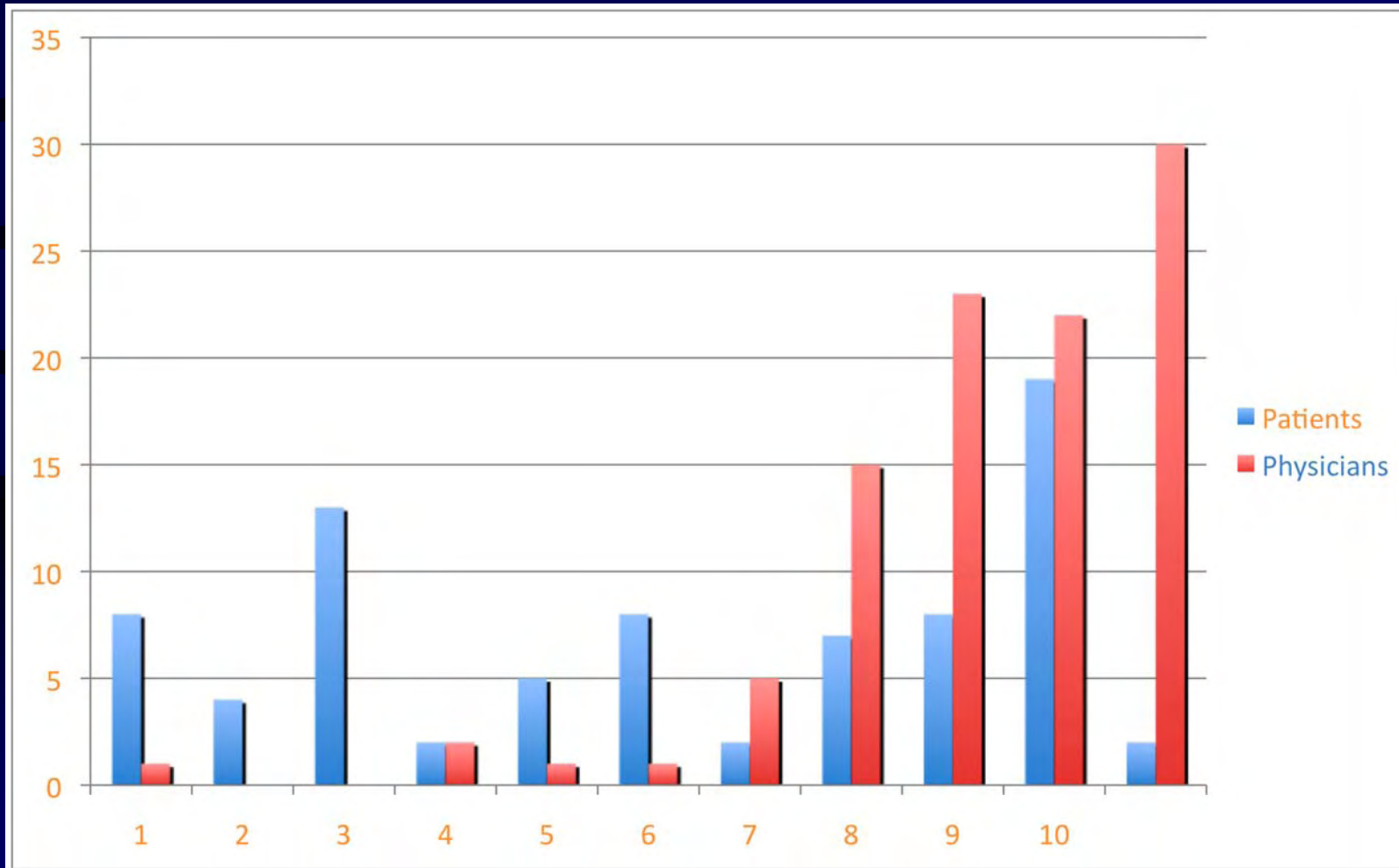
Patient Satisfaction with Disclosure

- 10-point scale
- Mean: 6.4
- Rating of 4 or less: 32%
- Rating of 9 or higher: 43%

Physician Rating of Disclosure Conversation

- Mean 8.3
- Rating of 4 or less: 5%
- Rating of 9 or 10: 51%

Comparing Patient and Physician Ratings of Disclosure Quality





Interprofessional Issues in Disclosure

- Disclosure conceptualized as doctor-patient conversation
- We make errors as teams--should we disclose them as teams?
- Team disclosure complicated by power dynamics

Nurses' Disclosure Attitudes

- ▶ 9 focus groups at 4 institutions
- ▶ Support disclosing errors that cause serious harm or require further intervention
- ▶ Routinely disclose “nursing errors” independently
- ▶ Worry that disclosing minor errors would scare patients and family
- ▶ Eager to participate with MD in disclosure conversations, in part so they won't be blamed

Nurses' Disclosure Attitudes (cont.)

- Often left out of disclosure planning process
- “Walking on eggshells”
 - Unsure what to say to patient when error occurred that had not yet been disclosed
 - Sometimes led nurses to adopt evasive communication strategies with patients
 - Period of high moral distress

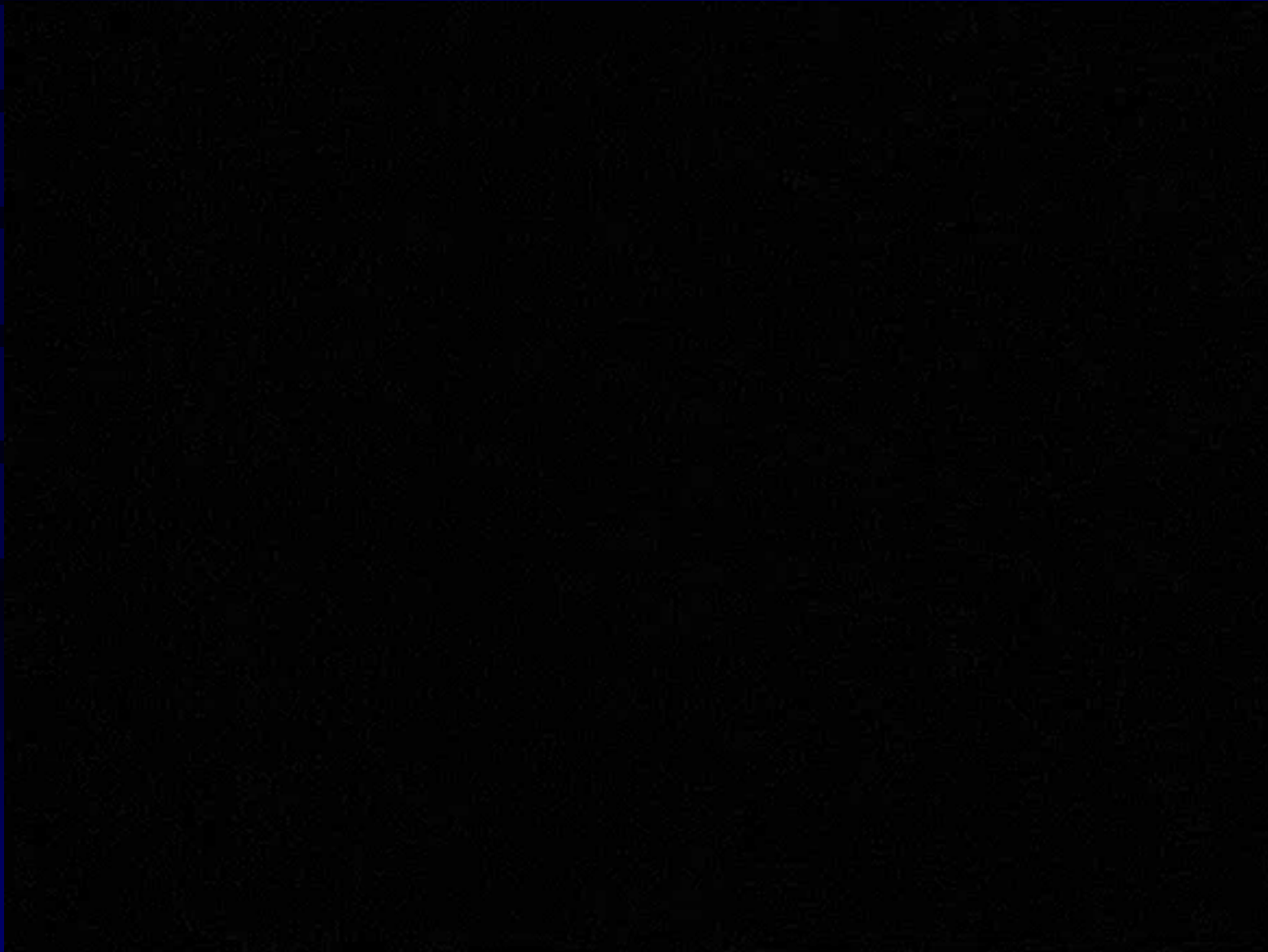
Stages in Team Disclosure

- Team discussion of error
- Disclosure planning
- Disclosure to patient

Case: Dilantin Overdose

- Patient admitted to ICU with recurrent seizures
- Given loading dose of Dilantin (300 TID), then switched to 300 QD
- Physician writing transfer orders to floor mistakenly writes for larger loading dose
- Error not noticed by nursing, pharmacy
- Patient falls, hits head; Dilantin level 29. Head CT normal
- Patient thinks another seizure caused her fall

Error Discussion & Disclosure Planning



Rationale for Disclosure Coaches

- Disclosure – uncommon event for clinicians; few have had disclosure training
 - Want to “tell the truth” but unsure how
 - Unaccustomed to planning for disclosure
 - Most patients want disclosure to come from their providers, not a “disclosure expert”
- Emotional needs of healthcare workers following errors often unmet

Disclosure Coaching Skills

- Expertise in disclosure content & process
 - Ask-tell-ask model helpful
- Can teaching clinicians under stress
- Comfortable working with different healthcare professions
 - Conflict resolution skills important
- Able to respond rapidly to requests
- Can provide emotional support
- Individuals from diverse background can be successful disclosure coaches

University of Michigan

- Full disclosure program:
 - Disclose cases of harmful error
 - Compensate patients quickly and fairly
- In five years since implementing full disclosure program:
 - Annual litigation costs:
 - \$3 million \Rightarrow \$1 million
 - Average time to resolution of claims:
 - 20.7 months \Rightarrow 9.5 months
 - Number of claims and lawsuits
 - 262 \Rightarrow 114
- Stanford, UIC launched similar programs

COPIC

- Large Colorado malpractice insurer
- Developed “3Rs” Program in 1998
- Program seeks to promote disclosure, early offer following unanticipated outcomes
- Program is “no-fault”
- Exclusions-patient death, attorney involvement, complaint to BME
- Patient not asked to sign waiver
- Payments not reportable to NPBD

3Rs Processes

- Event reported
- Physician and COPIC in accord as to intervention
- Doctor engages in disclosure process, tells patient about program, and puts patient in touch with 3Rs administrator
- 3Rs Administrator reimburses patient upon obtaining receipts for out of pocket expenses and lost time up to \$30,000

3Rs Program Highlights – 50 Month Financial Results (10/1/00-12/31/05)

Participants	2532	310 for all 50 months; 1713 for 38/50 months
Reported Incidents	4674	Cornerstone = Early Incident / Event Reporting
3Rs Criteria Met	2174	<u>No incident with 3R criteria met has proceeded to full litigation</u>
Closed with no \$ Paid	1622	1235 of 2174 closed and 387 about to close with <u>no \$ paid</u> , simply satisfactory communication
Closed with payment	500	259 closed and 241 about to be closed with payment
Sent to Claims	52	<u>4 of 52 settled w/o lawyers, indemnity paid, & docs reported;</u> <u>12 also with 3R payments (no offset, not reported)</u>
Spent so far	\$2,908,137	About 50/50 spent so far for reimbursable expenses and loss of time
Average paid per incident	\$5,680	Compared to avg. severity in <u>2003</u> of <u>\$88,056</u> , and in <u>2004</u> of <u>\$74,643</u> , and in <u>2005</u> of <u>\$77,936</u>
Dollar range per incident	\$95 -\$30,000	\$30,000 maximum allowed
Operational Costs	\$975,899	Two FTE administrators; 1 P/T physician, 1 secretary, managerial consulting
Total Program Cost	\$3,884,036	All costs (reimbursement \$, time loss \$, & Administrative \$) over 63 months

Role of Compensation in Disclosure Process



Disclosure Training Paradigms

- Background training for all clinicians
 - Often web based
- More in-depth training for clinicians likely to participate in disclosures
 - Simulation-based
- Trained cadre of coaches provides just-in-time training

Web-based Disclosure Assessment Tool



Close Player



FullScreen

Sample closed ended question

Error Disclosure TAC1
CLICK FOR CASE SUMMARY

Please respond to the following questions using the rating scale provided below. When finished, click the Submit button.

Click here to review video



How effective was the team in the following aspects of disclosure?

Not At all Effective

Extremely Effective

Explicit statement that an error occurred

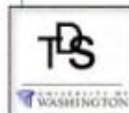
Explanation of how the error occurred

Truthful communication

Presenting a plan to prevent future errors

Submit

Clear




0 Minutes 5 Seconds Remaining

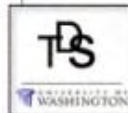
Sample open-ended question

Error Disclosure TAC1
CLICK FOR CASE SUMMARY

Please respond to the following question. When finished, click the Submit button.

Click here to review video 

Which team behaviors were most effective and should be continued in future disclosures? Please explain briefly.



Submit

Clear

0 Minutes 10 Seconds Remaining

Other Disclosure Projects

- Randomized trial of impact of disclosure training on patient satisfaction with disclosure
- Study of breast and colorectal cancer patients' experiences of problems with their care
- Other healthcare workers' errors

Future Directions

- Ongoing experimentation with disclosure by healthcare organizations, insurers will continue
 - Will yield useful information on impact of disclosure on outcomes
 - Additional research sorely needed
- Challenges of effective disclosure will become increasingly evident
- Additional disclosure standards will be released
 - Likely to remain voluntary
- Important work yet to be done in preparing clinicians for disclosure