5 Steps to Minimizing Exposure to Medical Malpractice Litigation

The Physician-Patient Alliance for Health & Safety (PPAHS) today released 5 steps to minimizing exposure to medical malpractice litigation.

Chicago, IL (PRWEB) January 28, 2016 -- The Physician-Patient Alliance for Health & Safety (PPAHS) today released 5 steps to minimizing exposure to medical malpractice litigation.

“The Physician-Patient Alliance for Health & Safety is an advocacy group dedicated to improving patient health and safety,” said Michael Wong, JD (Founder and Executive Director, PPAHS). “Hospitals can minimize their exposure to medical malpractice litigation and improve patient safety, resulting in a win-win for patients and their clinicians.”

The 5 steps to minimizing exposure to medical malpractice litigation and improving patient safety and health outcomes are:

1. Observing Protocol
2. Identifying High Risk Patients
3. Ensuring Documentation is Complete
4. Communication (including hand-offs communication)
5. Disclosure communication

“Adherence to standards helps ensure safety, reliability and consistent care,” explained Mr. Wong. “Although adherence to internal hospital standards is essential, compliance with external standards can provide a higher degree of protection, both for patients and for hospitals.”

For example, regarding opioid safety, Ana Pujols McKee, MD Executive Vice President and Chief Medical Officer The Joint Commission, said:

“The Joint Commission recognizes there is an opportunity to improve care for patients by improving the safety of opioid use in acute care settings given that data show opioids are among the top three drugs in which medication-related adverse events are reported. Opioids are necessary to prevent suffering, but there are risks related to potency, route of administration, and patient history. By engaging in a comprehensive approach to assessment, monitoring, and patient education, opioid overuse and associated harm can be prevented.”

With a panel of experts, PPAHS developed the PCA Safety Checklist. The checklist provides five recommended steps to have been completed when initiating PCA:

1. Risk factors that increase risk of respiratory depression have been considered.

2. Pre-procedural cognitive assessment has determined patient is capable of participating in pain management. However, it should be noted that these first two steps are not an attempt at risk stratification. In reviewing current approaches to address failure-to-rescue, Dr. Andreas Taenzer and his colleagues showed that these current approaches are not able to predict which patients are at risk and at which point the crisis can be detected.
3. Patient has been provided with information on proper patient use of PCA pump (other recipients of information—family/visitors) and purpose of monitoring. The Institute for Safe Medical Practice (www.ismp.org) cautions against PCA proxy and stresses the importance of patient education. The safe use of PCA includes making sure the patient controlling the device actually knows how to use it and the importance of the monitoring used to continuously assess their status.

4. Two health-care providers have independently double-checked: patient ID; allergies; drug selection and concentration; dosage adjustments; pump settings; and line attachment to patient and tubing insertion. Error prevention is critical. The Pennsylvania Patient Safety Authority recently released its analysis of medication errors and adverse drug reactions involving intravenous fentanyl that were reported to them. Researchers found 2,319 events between June 2004 to March 2012; that’s almost 25 events per month. Although one error a day may seem high, their analysis is confined to reports that were made to the authority and only include fentanyl, a potent, synthetic narcotic analgesic with a rapid onset and short duration of action.

5. Patient is electronically monitored with both pulse oximetry and capnography. As Dr. Robert Stoelting, president of the Anesthesia Patient Safety Foundation, recently stated: “The conclusions and recommendations of APSF are that intermittent ‘spot checks’ of [pulse oximetry] and ventilation are not adequate for reliably recognizing clinically significant, evolving, drug-induced, respiratory depression in the postoperative period….APSF recommends that monitoring be continuous and not intermittent, and that continuous electronic monitoring with both pulse oximetry for oxygenation and capnography for the adequacy of ventilation be considered for all patients.”

For more information on your healthcare facility may implement the 5 steps to minimizing exposure to medical malpractice litigation, please contact PPAHS or see http://www.ppahs.org/wp-content/uploads/2014/11/aci-presentation.pdf

About Physician-Patient Alliance for Health & Safety

Physician-Patient Alliance for Health & Safety is a non-profit 501(c)(3) whose mission is to promote safer clinical practices and standards for patients through collaboration among healthcare experts, professionals, scientific researchers, and others, in order to improve health care delivery. For more information, please go to www.ppahs.org
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