Determining Appropriateness of Care
And Why It’s Important

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First, another word about Larry Smith
First, another word about Larry Smith and St Jude
How Did We Get Here?
BETA HEART Algorithm
Organization Response

Unexpected event reported to Safety / Risk Management

Patient harm?

YES
- Consider impact to caregiver
- Initiate investigation

NO
- Maintain open dialogue; initiate service recovery if indicated
- Enter event information into database
- Evaluate process improvement opportunities

Initiate Care 4 Caregiver

Inappropriate care?

YES
- Empathic communication and apology initiated

NO
- Engage patient communication consult service

Hold bills

Submit notification of HEART event worksheet to BETA

Further workup required

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings
BETA HEART Algorithm
Organization Response

Unexpected event reported to Safety / Risk Management

Patient harm?

YES

Consider impact to caregiver

Initiate investigation

Inappropriate care?

YES

Empathic communication and apology initiated

INCONCLUSIVE

Further workup required

NO

Initiate Care 4 Caregiver

Hold bills

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings

Enter event information into database

Evaluate process improvement opportunities

Submit notification of HEART event worksheet to BETA

Engage patient communication consult service

Maintain open dialogue; initiate service recovery if indicated
BETA HEART: Workshop One
Culture

Unexpected event reported to Safety / Risk Management

Patient harm?

YES

Consider impact to caregiver

Initiate investigation

Inappropriate care?

YES

INCONCLUSIVE

Further workup required

Empathic communication and apology initiated

NO

Initiate Care 4 Caregiver

INCONCLUSIVE

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings

NO

Hold bills

Maintain open dialogue; initiate service recovery if indicated

Enter event information into database

Evaluate process improvement opportunities

Submit notification of HEART event worksheet to BETA

Engage patient communication consult service
BETA HEART: Workshop One
Culture and Human Factors-Based Event Review

Unexpected event reported to Safety / Risk Management

Patient harm?

YES

Consider impact to caregiver

Inappropriate care?

YES

Initiate Care 4 Caregiver

NO

Empathic communication and apology initiated

INCONCLUSIVE

Further workup required

NO

Hold bills

Engage patient communication consult service

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings

Maintain open dialogue; initiate service recovery if indicated

Enter event information into database

Evaluate process improvement opportunities

Submit notification of HEART event worksheet to BETA

Evaluate process improvement opportunities
BETA HEART: Workshop Two
Communication Training

Expected event reported to Safety / Risk Management

Patient harm?

YES

Consider impact to caregiver

Initiate investigation

Inappropriate care?

YES

Initiate Care 4 Caregiver

INCONCLUSIVE

Further workup required

Empathic communication and apology initiated

NO

Hold bills

Engage patient communication consult service

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings

Maintain open dialogue; initiate service recovery if indicated

NO

Enter event information into database

Evaluate process improvement opportunities
BETA HEART Workshop Two
Communication Training and Care for the Caregiver

Unexpected event reported to Safety / Risk Management

Patient harm?

YES

Consider impact to caregiver

Initiate investigation

Inappropriate care?

NO

Hold bills

Engage patient communication consult service

NO

Initiate Care 4 Caregiver

INCONCLUSIVE

Further workup required

YES

Empathic communication and apology initiated

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings

Maintain open dialogue; initiate service recovery if indicated

Enter event information into database

Evaluate process improvement opportunities

Submit notification of HEART event worksheet to BETA

Evaluate process improvement opportunities
BETA HEART: Workshop Three
Resolution

Unexpected event reported to Safety / Risk Management

Patient harm?

NO

Maintain open dialogue; initiate service recovery if indicated

Enter event information into database

Evaluate process improvement opportunities

YES

Consider impact to caregiver

Initiate investigation

Hold bills

Submit notification of HEART event worksheet to BETA

Initiate Care 4 Caregiver

Inappropriate care?

INCONCLUSIVE

Further workup required

YES

Empathic communication and apology initiated

Engage patient communication consult service

Determination of inappropriate care made by Stakeholder Consensus team after evaluation of collaborative case review and peer review findings
Determining Appropriateness of Care: In the Context of the BETA HEART Processes

Collaborative Case Review [RCA]

Peer Review Outcome?

Appropriate Care Outcome?
Determining Appropriateness of Care
Determining Appropriateness of Care

- Duty
- Breach
- Causation
- Injury
Determining Appropriateness of Care

- Duty
- Breach
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- Injury
Determining Appropriateness of Care: In the Context of the BETA HEART Processes

Collaborative Case Review [RCA]

Peer Review Outcome?

Appropriate Care Outcome?
Determining Appropriateness of Care: In the Context of the BETA HEART Processes

Collaborative Case Review [RCA]

Peer Review Outcome?

Appropriate Care Outcome?

Outside Consult
Questions
Break
Resolution: In the Context of the BETA HEART Processes

Inappropriate care? → Engage patient communication consult service

YES → Empathic communication and apology initiated → Setting the Stage for Financial and Non-Financial Resolution → Claims Process

NO
Resolution:
Appropriate Care

• What happened
• Empathy
• Follow-up
Resolution: Inappropriate Care

- What happened
- Empathy, apology
- Follow-up
- Possible financial or non-financial compensation
FINANCIAL AND NON-FINANCIAL RESOLUTION

- Financial
- Non-financial
FINANCIAL AND NON-FINANCIAL RESOLUTION

- **Financial**
  - Medical expenses (past and future)
  - Funeral expenses
  - Wage loss (past and future)
  - Household services (past and future)
  - General damages ("Pain and Suffering")
  - Need for additional treatment
  - Other

- **Non-financial**
  - Grand Rounds
  - Named simulation center
  - Participation in solution
  - Piece of art
  - Bench
  - Case-by-case
  - Patient and family wishes
Enactments
Case One
• Mr. Roberts is a 67-year-old retired engineer. His wife has died the previous year suddenly from cancer. He has two independent adult children.

• On Thursday, February 9, 2017, Mr. Roberts develops shortness of breath (SOB). The SOB has been getting significantly worse for the last 3 hours and he suspects that his CHF is now uncontrolled. He is admitted to the ICU.

• The ICU doctor orders medication for intubation to relax the patient. The medications are administered and the initial attempt at intubation is unsuccessful and ventilations are assisted. The decision is made to attempt intubation again. The physician is able to intubate on the second attempt.

• The patient improves and starts to regain consciousness. The physician orders a propofol infusion. The medication is started. The patient is noted to have a rapidly dropping blood pressure. The infusion is stopped. But the patient goes on to have a cardiac arrest and is resuscitated within about 15 minutes. During the code CPR is started and a fluid bolus is ordered on the patient to correct the hypotension. The patient is stabilized but passes away two days later with cardiac failure and fluid overload.

• The family consents to an autopsy.

• The nurse submits an event report describing the events and the sudden cardiac arrest in the patient.
Important facts to know:

• This chart is reviewed by the quality and patient safety team and they do not find any significant systems issues; this event seems to have been primarily related to the patient’s underlying cardiac disease along with an unpredictably significant reaction to the propofol. The dosing and the amount of propofol fell within the range of acceptable doses for a patient with his issues. Interviews with staff were not conducted.

• Physician and nurse peer review deem that appropriate care was provided and the standard of care was met from the time the patient came to the hospital until he died.

• The autopsy reveals the patient had significant coronary artery disease along with cardiomyopathy and severe CHF.
In Preparation: Questions to Consider (Huddle)

• What are the goals of the interaction?
• Who should respond to the patient/family?
• What questions do you anticipate getting from the patient/family?
  – What emotions do you anticipate, how will you name and validate them?
• What are you going to say to the patient/family?
• What information should be shared/discussed?
• Who continues to respond to the patient/family as more information is discovered?
Questions to Consider in Huddle
Debrief
Case Two
Mr. Roberts is a 67-year-old retired engineer. His wife has died the previous year suddenly from cancer. He has two independent adult children.

On Thursday, February 9, 2017, Mr. Roberts develops shortness of breath (SOB). The SOB has been getting significantly worse for the last 3 hours and he suspects that his CHF is now uncontrolled. He is admitted to the ICU.

The ICU doctor orders medication for intubation to relax the patient. The medications are administered and the initial attempt at intubation is unsuccessful and ventilations are assisted. The decision is made to attempt intubation again. The physician is able to intubate on the second attempt.

The patient improves and starts to regain consciousness. The physician orders a propofol infusion. The medication is started. The patient is noted to have a rapidly dropping blood pressure. The infusion is stopped. But the patient goes on to have a cardiac arrest and is resuscitated within about 15 minutes. During the code CPR is started and a fluid bolus is ordered on the patient to correct the hypotension. The patient is stabilized but passes away two days later with cardiac failure and fluid overload.

The family consents to an autopsy.

The nurse submits an event report describing the events and the sudden cardiac arrest in the patient.
Value of Interviews Beyond Chart Review
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- Oncoming nurse noted near empty bottle of propofol after only 10 minutes of infusing.
- Initial nurse and oncoming nurse seem puzzled.
Value of Interviews Beyond Chart Review

Medication and dosing background:
• The patient weighs about 100 kilograms.
• The normal infusion rate for sedation after putting in a breathing tube is 10 micrograms per kilogram per minute.

Physician-Nurse communication
• Doctor said he told the nurse to give just 1 milligram per minute total of propofol but agrees he could have been clearer in communicating and did not fully engage in closed loop communication effectively.
• The nurse heard a lot of numbers and words but her take away was to give 1 milligram per kilogram per minute instead of a total of **one milligram per minute**.
Value of Interviews Beyond Chart Review

Setting up the infusion

• The nurse pushes the “run” button but the pump alarms and says “out of range”, she tries the same thing again.
• After the second alarm she goes to the Charge Nurse to verify her math by writing down everything above.
• The Charge Nurse, very distracted, agrees with her assumptions and tells her to go ahead and “override” the warning on the pump and put the parameters in manually. The nurse pushed “start” and the propofol infused at 10 milliliters per minute; all 100 milliliters ran in over 10 minutes.
The patient dies after this large medication overdose.
Funeral expenses for Mr. Roberts are $7,500. The same insurer provides liability coverage for all of the clinical personnel.
Determining Appropriateness of Care: In the Context of the BETA HEART Processes

Collaborative Case Review [RCA]

Peer Review Outcome?

Appropriate Care Outcome?
Outcomes of HEART Event Response Process

• Multiple systems issues were identified during event review:
  – Need for formal closed loop communication in ICU between all clinicians.
  – Addition of forcing functions on IV pumps.
  – Change in ICU nursing orientation.

• Peer review revealed that the physician and the nurse did not meet the standard of care.

• Stakeholder review committee identifies that care was “inappropriate” and recommends the pursuit of financial and non-financial resolution.
In Preparation: Questions to Consider (Huddle)

• What are the goals of the interaction?
• When should you respond to the patient/family?
• Who should respond to the patient/family?
• What questions do you anticipate getting from the patient/family?
  – What emotions do you anticipate, how will you name and validate them?
• What are you going to say to the patient/family?
• What information should be shared/discussed?
• How will you initiate the conversation about potential financial resolution?
Debrief
Questions