醫院管理局
HOSPITAL AUTHORITY

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Quality Care while Managing Difficult Scenarios and Outcomes

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Scope of Presentation

Quality Care in Difficult Scenarios
How to Manage

- Ever increasing patient expectations and autonomy
- Responses after adverse outcome
- Poor inter-professional communication
- Crisis situation

‘Difficult’ Clinical Scenarios

- Usually a feeling or perception by healthcare professionals
- A function of interaction between the following factors

Patients

Healthcare Professionals

Diseases

The System

Expectation - what is it?

Anticipation or Belief in healthcare encounters

Expectations: The Public & The Medical Profession

Patient's/public's expectation's of doctors	Medicine's expectations of patients/public
Fulfill role of healer	Trust sufficient to meet patient's needs
Assured competence of physicians	Autonomy sufficient to exercise judgment
Timely access to competent care	Role in public policy in health
Altruistic service	Shared responsibility for health
Morality, integrity, honesty	Balanced lifestyle
Trustworthiness (codes of ethics)	Rewards: nonfinancial (respect,status), financial
Accountability/transparency	
Respect for patient autonomy	
Source of objective advice	
Promotion of the public good	

Perspectives in Biology and Medicine, volume 51, number 4 (autumn 2008): 579–98

What kind of ‘Quality Care’ patients expect?

KEY: Individual responses were given numerical scores whereby 4 = important and 1= not at all important. Mean scores were calculated to aid analysis.

Figure 1

How important, or otherwise, would you say each of the following are to you when using healthcare services?

MPS Survey 2011

Unmet expectations why is it important?

Unmet expectation may become disappointment and anger, or may perceive as betrayal

- Perceived as poor quality care
- Source of complaints and claims
- Non compliance to treatment
- Negative patient experience

thebmj

CrossMark

BMJ 2014;349:g4754 doi: 10.1136/bmj.g4754 (Published 22 July 2014)

NEWS

Rising complaints against doctors due to changed patient expectations, researchers say

Tom Moberly

- Cultural change: People more likely to raise grievances
- Social Media: Access to information and redress seeking
- Patients' Behavior: Taking ownership of their health

  Requiring more information

  Less deference to doctors

This is most dangerous drug in world currently...

Patient-Centered Care
Shared Decision Making Model

- Moving from paternalism to autonomy
- Based on trust and mutual respect
- Evidence based knowledge exchange
- Address patient expectation, values and concerns
- Tailor-made treatment options and decision
- Risks disclosure & Informed consent
- Effective documentation

More Difficult after 'Adverse outcomes'

'An unintended and unwanted event or state occurring during or following medical care, that is so **harmful to a patient's health** that adjustment of treatment is required or that permanent damage occurs' *Marang-van de Mheen P Qual Saf Health Care 2005*

- Adverse outcomes are common, and up to 50% are NOT preventable (e.g. recognized risks of surgery)
- Timely and effective communication after adverse outcomes is important to avoid complaints and litigation, and to enhance healing

Open Disclosure

- Inform patients (and relatives) what has gone wrong in an empathic way
- Expression of regret and apology
- In depth analysis of any errors
- Commitment to correct system problems

Open Disclosure
Ethical & Legal Consideration

- Ethical right thing to do, and in some jurisdiction a legal requirement
- No evidence to suggest effective open disclosure will increase litigation risk
- Litigation risks increase if NO/ POOR communication after adverse events
- Apology means accept liability?

SPECIAL ARTICLE

RELATION BETWEEN MALPRACTICE CLAIMS AND ADVERSE EVENTS DUE TO NEGLIGENCE

Results of the Harvard Medical Practice Study III

- **Reviewed >30,000 hospitalized patients in 1984**
- **Of 280 patients suffered adverse outcome due to medical negligence, only 8 filed claims, i.e. 3%**

During the same period, there were a total of 51 claims, and the majority of claims were NOT related to negligence

Localio A & Lawthers A NEJM 1991

If it is not about negligent event, what is it about?

- A study of 45 plaintiffs' depositions from settled negligence claims 1985-87 in a large hospital
- "**Why are you suing**?"
  - Perceived unavailability
  - Discounting patient and/or family concerns
  - Poor delivery of information
  - Lack of understanding the patient and /or family perspective

Beckman HB et al Arch In Med 1994

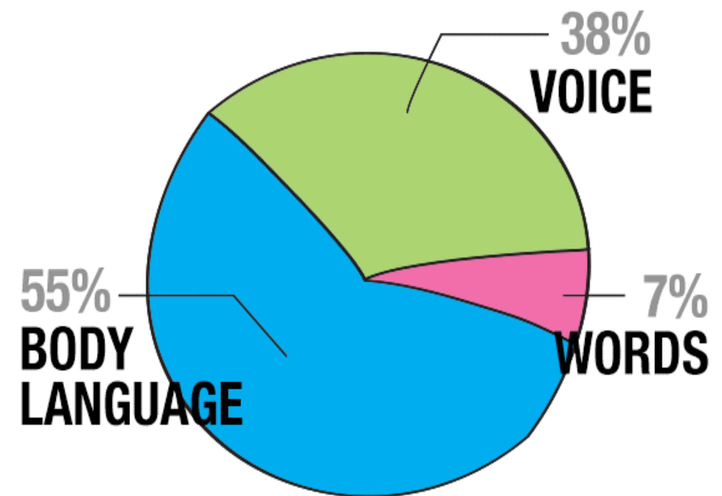
Effective Communication after Adverse Outcomes

- Acknowledgement
- Expression of regret and Apology*
- Learn from the patient's perspective
- Truthful explanation of the events
- Explore the way forward
- Commitment to continual care

**Apology Ordinance, Laws of HK*

Mediation Skills

- Active Listening
- Body Language
- Show Empathy
- Reframing
- Focus on interests
- Options generation
- Realty testing



Mehrabian & Ferris' research results of communication during a presentation.
"Inference of Attitude from Nonverbal Communication in Two Channels"
The Journal of Counselling Psychology 31,
S. 248-252, 1967

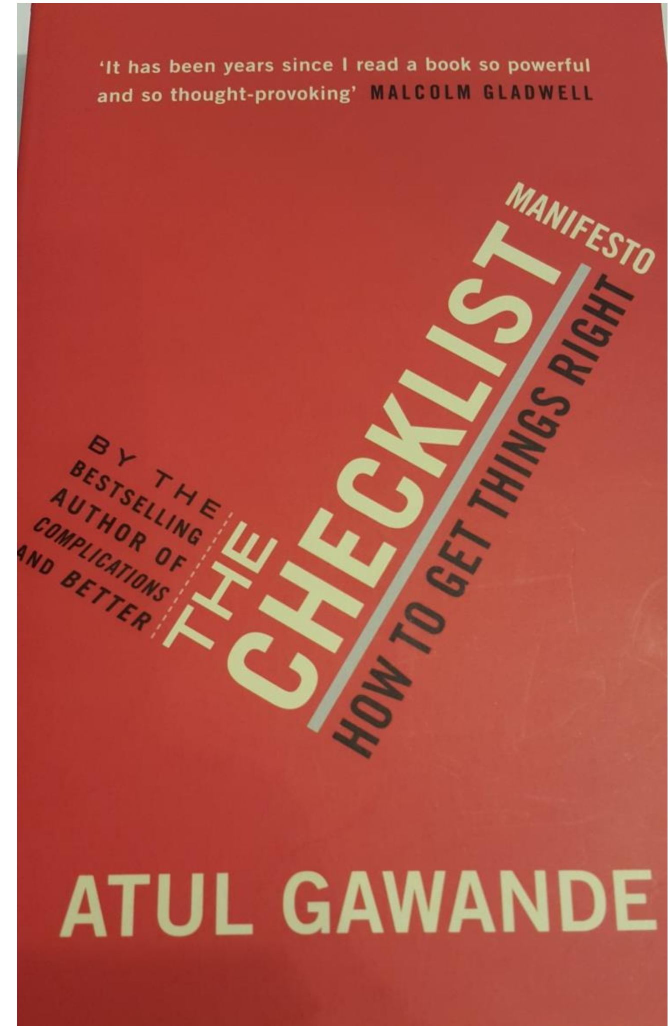
Poor Inter-Professional Communication

- Increases treatment risks and complications
- jeopardize patient safety
- Poor team spirit
- Apportion of liability
- Institution litigation risks and reputation

Standardized Communication Checklist

- Memory recall
- Minimum necessary steps
- Cultivate team spirit
- Discipline

- DO-CONFIRM checklist
- READ-DO checklist



Checklist

World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▸▸▸▸▸▸▸▸▸ Before skin incision ▸▸▸▸▸▸▸▸▸▸▸▸▸▸ Before patient leaves operating room

SIGN IN

- ☐ PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ SITE MARKED/NOT APPLICABLE
- ☐ ANAESTHESIA SAFETY CHECK COMPLETED
- ☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

KNOWN ALLERGY?
- ☐ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT

- ☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS

- ☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- ☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
- ☐ YES
- ☐ NOT APPLICABLE

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- ☐ THE NAME OF THE PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

Improve Patients' Safety

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

Alex B. Haynes, M.D., M.P.H., Thomas G. Weiser, M.D., M.P.H., William R. Berry, M.D., M.P.H., Stuart R. Lipsitz, Sc.D., Abdel-Hadi S. Breizat, M.D., Ph.D., E. Patchen Dellinger, M.D., Teodoro Herbosa, M.D., Sudhir Joseph, M.S., Pascience L. Kibatala, M.D., Marie Carmela M. Lapitan, M.D., Alan F. Merry, M.B., Ch.B., F.A.N.Z.C.A., F.R.C.A., Krishna Moorthy, M.D., F.R.C.S., Richard K. Reznick, M.D., M.Ed., Bryce Taylor, M.D., and Atul A. Gawande, M.D., M.P.H. for the Safe Surgery Saves Lives Study Group

Crisis Situation

- Preparedness
- Vigilance
- Team Work
- Discipline
- Experience
- Luck

Take Home Message

- Understand this is all about human interaction
- Always address patients' expectation
- Shared decision making model to respect patients' autonomy
- Able to deliver effective responses after adverse events/outcomes
- Use checklists in clinical routines and crisis