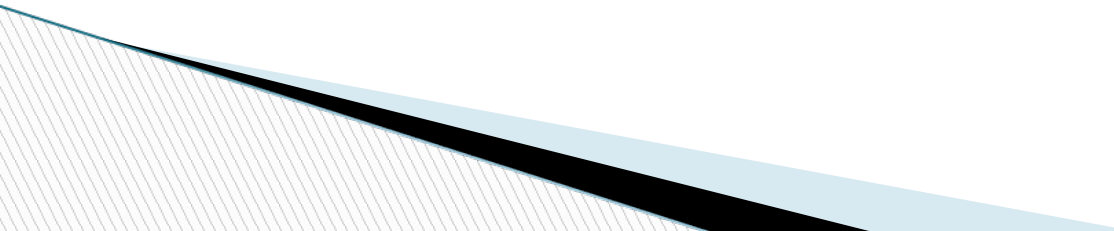


CURRENT LIABILITY ISSUES IN PEDIATRICS IN THE EMERGENCY DEPARTMENT 2019

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Objectives

Participant shall be able name the two most common liability claims

Participant shall be able to name 5 most common reasons children come to the ED

Name three disciplinary issues that can affect nurse practitioners

Name three risk management strategies to protect your practice

CURRENT EMERGENCY DEPARTMENT MEDICAL MALPRACTICE STATISTICS

Diagnosis related—57%

- Failure to Diagnose
- Incorrect or delayed diagnosis
- Discharge too soon

Improper Management of Treatment—13%

- Failure to explore an infected wound
- Failure to stabilize the neck after a traumatic head injury

CURRENT EMERGENCY DEPARTMENT MEDICAL MALPRACTICE STATISTICS

Improper Performance or Procedure—5%

- Intubation
- Imaging/x-rays
- IV insertion

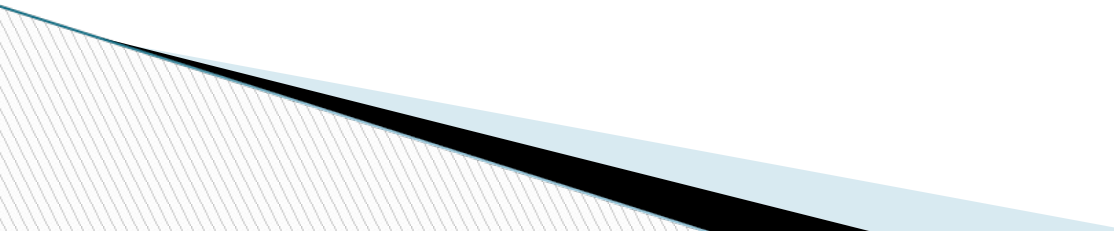
Failure to Order Medication—3%

MOST COMMON CONTRIBUTING FACTORS CONTRIBUTING TO INJURY

Patient Assessment-Related Issues—52%

- Failure to Order diagnostic tests
- Address abnormal findings
- Consider available Clinical information

Patient Factors—21%


- Physical characteristics such as obesity
 - Patient behaviors such as failure to adhere with a treatment plan
- 

CURRENT EMERGENCY DEPARTMENT MEDICAL MALPRACTICE STATISTICS

Communication Among Providers—17%

- Providers fail to communicate
- Providers fail to review medical records
- Poor professional rapport causing disconnect in communication

Communication Between the Patient and/or Family and Providers—14%

- Poor rapport with family
 - Language barriers
 - Inadequate patient education of post-treatment recovery regimens
- 

MOST COMMON CONTRIBUTING FACTORS CONTRIBUTING TO INJURY

Insufficient Documentation—13%

- Clinical findings
- Follow-up efforts
- Patient history
- Advice given to patients over the phone not documented properly or not at all

Workflow/Workload—12%

- Staff and/or services limited on weekends, night and holidays causing a shortage of resources

CHILDREN VISITING EMERGENCY DEPARTMENT BY INSURANCE STATUS

Medi-Cal—1 in 4 children 0-17 visited ED in
12 month period (24.8%) National 20%

Uninsured children was 15.7% National 60%

Insured children was 15.75% National 40%

3 of 4 children with ED visit in past 12
months occurred at night or on a weekend
regardless if insured or not

CHILDREN VISITING EMERGENCY DEPARTMENT BY DIAGNOSIS 1-10

Respiratory Disorder—Peak season October to March

Injury and Poisoning—Peak season April to October

Nervous system disorders

Digestive disorders

Infectious and parasitic disease

Mental and behavioral health conditions

Genitourinary disorders

Musculoskeletal disorders

Skin and subcutaneous tissue disorders

Endocrine disorders



AGE GROUPS OF CHILDREN SEEN IN ED

Infants younger than 1 year and 1-4 constituted disproportionately high visits to ED 5.1% - 20.4% of total population but 11-29.5% of visits

Infants alone consisted of 21.3% of visits

96.7% of all pediatric ED visits were treat and release

3.3% of all pediatric ED visits admitted for treatment

CALIFORNIA'S GRADE IN ACCESS TO EMERGENCY CARE

Access to Emergency Care—F—Rank 42—lowest emergency rooms per capita

Quality & Patient Safety Environment—C-Ranks 32—average wait time 5 ½ hours

Medical Liability Environment—C+-Rank 20—shortage of inpatient and psychiatric beds

Public Health & Injury Prevention—B+-Rank 10

Disaster Preparedness—C-Rank 30

Overall—C-Rank 23

American College of Emergency Physician 2014 Report

SIGNIFICANT PRACTICE TYPE ISSUES IN PEDIATRICS

Diagnostic errors

- 7 week old presents with bruising, eye injuries and blood in his mouth.
 - Parents are teenagers . Mother claims they were self inflicted wounds.
 - No one contacted child protective services
 - 3 weeks later infant return returns to ED with serious spinal cord injury, paralyzed from the chest down
 - Finally contacted CPS and removed from home.
 - \$8,000,000 awarded, 10.5% to NP, rest to hospital, MD and family members

Errors in triage/patient assessment

- Failure to report to CPS
- Not realizing the seriousness of the illness

SIGNIFICANT PRACTICE TYPE ISSUES IN PEDIATRICS

Communication breakdowns during transition of care and benefits.

- Previous example, no communication
- Evaluating patients parents explanations
- Standard of care issues

Barriers to obtaining presenting problems and adequate histories

- Language—get the free Google language app
 - Cultural
 - Care giver could lie
- 

SIGNIFICANT PRACTICE TYPE ISSUES IN PEDIATRICS

Barriers to obtaining presenting problems and adequate histories

- Language
- Cultural
- Care giver could lie

Ensuring safe medication prescribing and administration

- Pediatric patients at higher risk
- Example 15 month old patient received 800 mg of Azithromycin instead of 80 mg and died

SIGNIFICANT PRACTICE TYPE ISSUES IN PEDIATRICS

Increase in suicide rate of teenagers

- Depression—Reynolds Adolescent Depression Scale
- Suicide Ideation and recent suicide attempt—Suicidal Ideation Questionnaire-junior (SIQ-JR)
- Alcohol Abuse—AUDIT - 1037 for positive patients Beck Hopelessness Scale (BHS) 20 true false that assesses the extent of negative attitudes about the future

Pain management

- Increase use of opioids
- ½ of ED visits involves misuse of opioids

ADDITIONAL PROBLEM AREAS

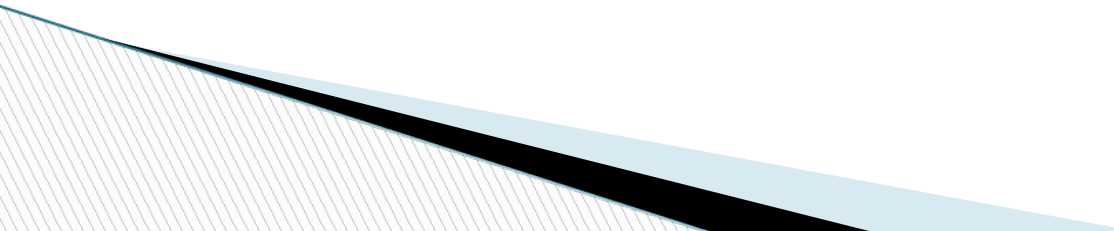
Electronic health records

- Incomplete or inaccurate
- Cloning & cutting
- Adding an amendment

Drug use

- Diversion
- Prescription for family or friends

Informed consent

- Language barrier
 - Adolescent confidentiality
 - Know state and federal laws
 - Be prepared to confront ethical challenges
- 

ADDITIONAL PROBLEM AREAS

Social Media

- Violation of patient privacy
 - Intentional or inadvertent
 - Postings, photos, negative comments, details
 - Examples
 - Photos or comments about drug use
 - Profane or explicit
 - Racially derogatory
 - Comments about co-workers & employers
 - Threatening or harassing comments

ADDITIONAL PROBLEM AREAS

Compliance Issues

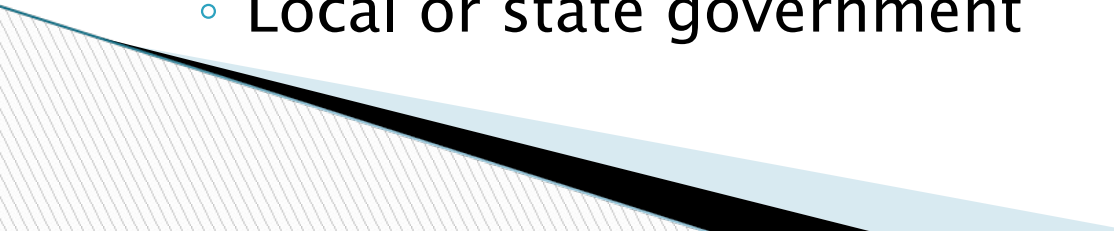
- Oversight by Office of Inspector General
 - Oversees HIPAA complaints
- Increased focus on voluntary compliance programs
 - Assist providers in preventing submission of erroneous claims
 - Assist providers in engaging in unlawful conduct involving federal healthcare programs

COMPLAINTS TO BRN

Unprofessional conduct

Gross negligence

Complaints from

- Patients
 - Family
 - Employers
 - Co-workers
 - Boyfriend/girlfriend
 - Spouse
 - Friends
 - Local or state government
- 

COMMON BRN COMPLAINTS

Failure to abide by the Nurse Practice Act or Standard of Care;

Failure to adhere to policy, protocol, or procedure

Failure to document, including lack of documentation, altered documentation, missing or “lost documentation, or incomplete documentation

Failure to recognize or appreciate change in patient condition

COMMON BRN COMPLAINTS

Failure to communicate across the healthcare provider spectrum

Abandonment of patient

Failure to monitor

Failure to act as patient advocate

Failure to provide a safe environment



RISK MANAGEMENT STRATEGIES

Know your Nurse Practice Act

Clinical certifications are current

Stay abreast of evidence-based and utilizing algorithms & screening tools for high-risk conditions, such as sepsis and abdominal pain

Implement decision support systems that prompt consideration or alternative diagnosis

Establish protocols for communicating and acting on diagnostic results & assigning accountability for carrying out protocols

RISK MANAGEMENT STRATEGIES

Initiate deliberate self-assessment and cross monitoring with peers; advocate for and ensure creation of a method of periodic review of standardized procedures

Be aware of system errors in automated dispensing systems and advocate for a review and creation of protocol to deal with system-generated problems

Audit compliance with patient intake, assessment, and discharge procedures to ensure best outcomes

RISK MANAGEMENT STRATEGIES

Follow all plans, procedures, and forms related to transitions of care in order to improve patient outcomes

Take a thorough medical detailed patient history and pay attention to what family members state about the patient's medical history and current health problem. Include a discussion about vaccination status due to the recent significant increase in communicable diseases, such as measles.

RISK MANAGEMENT STRATEGIES

In addition to the medical history, thoroughly document what care instructions were provided to the patient, when any follow-up appointment might be or when to see his or her primary care physician. Thoroughly document conversations held with family or other caregivers

Ensure that you are appropriately trained to use the hospital's emergency department's electronic medical record

RISK MANAGEMENT STRAGIES

Ensure that you are appropriately trained to use the hospital's emergency department's electronic medical record

Discuss with patients any specific instructions provided regarding medications including over-the-counter drugs, as well as risks and side effects. Document these discussions in the medical record.

RISK MANAGEMENT STRATEGIES

For prescribing, utilize checklists such as those included with the Guidelines for Care of Children in the Emergency Department as well as a medication chart, length-based tape, medical software, or other systems readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications

Be aware of the lack of privacy that can occur in the ED setting and resulting HIPAA violations.



RISK MANAGEMENT STRATEGIES

If asked to do something outside of your scope of practice, be firm in stating that it is not within your scope of practice. Ensure that the order be in writing, date, and signed by the staff member authorized to approve it.

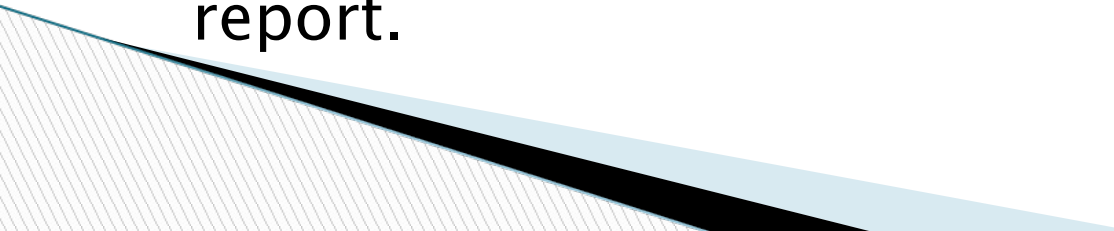
If face with cultural or language barriers, ensure that a second staff member is in attendance if needed, or seek help from a translator. Patient may misinterpret your actions and become offended and emotional. Have a list of interpreters.

RISK MANAGEMENT STRATEGIES

Don't hesitate to call in a social worker to help in situations, where merited, such as Munchausen by proxy syndrome or any suspected child abuse.

For combative patients, ensure that at least two medical staff members are present, and be sure to provide recommendations to family or caregivers for alternate care. A social worker also may need to be consulted.

When prescribing narcotics, get permission to obtain medical records and limit quantity. Use drug monitoring programs. Always check CURES report.



RISK MANAGEMENT STRATEGIES

If involved in unusual case for which you might want to document the case for teaching/education purposes, get consent from the patient and/or parent.

Have your own malpractice/disciplinary insurance

- NSO—attorney with medical/nursing experience
 - Choose your own for disciplinary actions
- Mercer—attorney does not always have experience
- CM&F—attorney does not always have experience
 - Cannot choose your own

CONCLUSION

Be aware of the risks involved in your ED practice and practice safely to prevent malpractice or disciplinary complaints and to provide the best care possible to your Pediatric patients. Keep up-to-date on Nurse Practice act and current trends in care and treatment in the ED.

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