Prevention of Medical Errors

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UF Self Insurance Program

UF Internal Medicine Update
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Prevention of Medical Errors

Hour 1

- Medical error overview and patient safety initiatives
- Response and investigation to a medical error (RCA/ FMEA)
- Processes to improve patients outcomes
- Disclosure and Apology

Hour 2

- Diagnostic errors
- Top 5 misdiagnosed issues identified by FL BOM
- Nursing Negligence
- Medical malpractice process
- Recommendations

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OBJECTIVES

- Define medical errors
- Discuss ways to analyze medical errors for medical error reduction and prevention
- Review Joint Commission and state agency standards an regulations relating to Sentinel/ Adverse Events, the evaluation of the events through processes such as root cause analysis/ FMEA
- Discuss processes to improve patient outcomes
- Discuss duties and techniques regarding disclosure and apology
- Examine top 5 most misdiagnosed conditions per Florida Board of
- Discuss the elements and process of a medical malpractice claim
- Review nursing negligence

What is a Medical Error?

"The failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim."

IOM Report to Err is Human: Building a Safer Health Care System

Why Do Medical Errors Occur?

Human beings make fallible decisions.

All "man made" systems contain latent errors and failures that, in specific circumstances, can combine to cause disaster.

Prevention of Medical Errors

Overview

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Evolution of Patient Safety

- The Institute of Medicine publishes To Err is Human finding that as many as 98,000 patients die each year as a result of medical errors in hospitals.
- Resulting in up to $29 billion in costs per year.
- Errors are caused by faulty systems.

Evolution of Patient Safety

- Established by the Patient Safety and Quality Improvement Act of 2005
- Collects, reviews and analyzes
- Enables healthcare providers to voluntarily share information across institutional lines in a protected environment

What's Driving Patient Safety Today

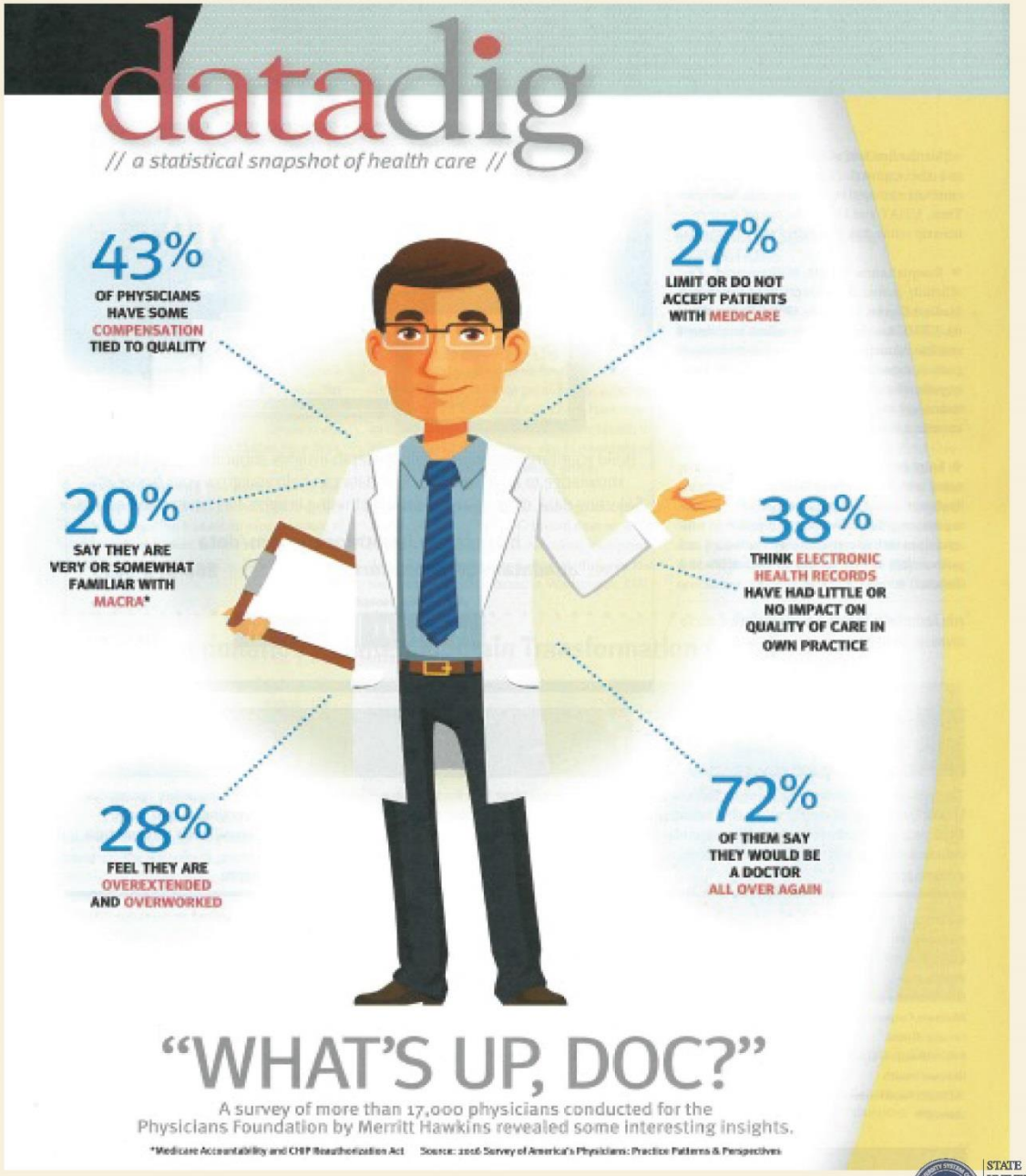
- Johns Hopkins University — " BMJ - Study suggests medical errors are third-leading cause of death in U.S."
- New York Times "Death by Medical Error"
- US News "US has a medical error crisis"
- But is this old news? STAT report — refers back to 2010 follow up study

The Patient

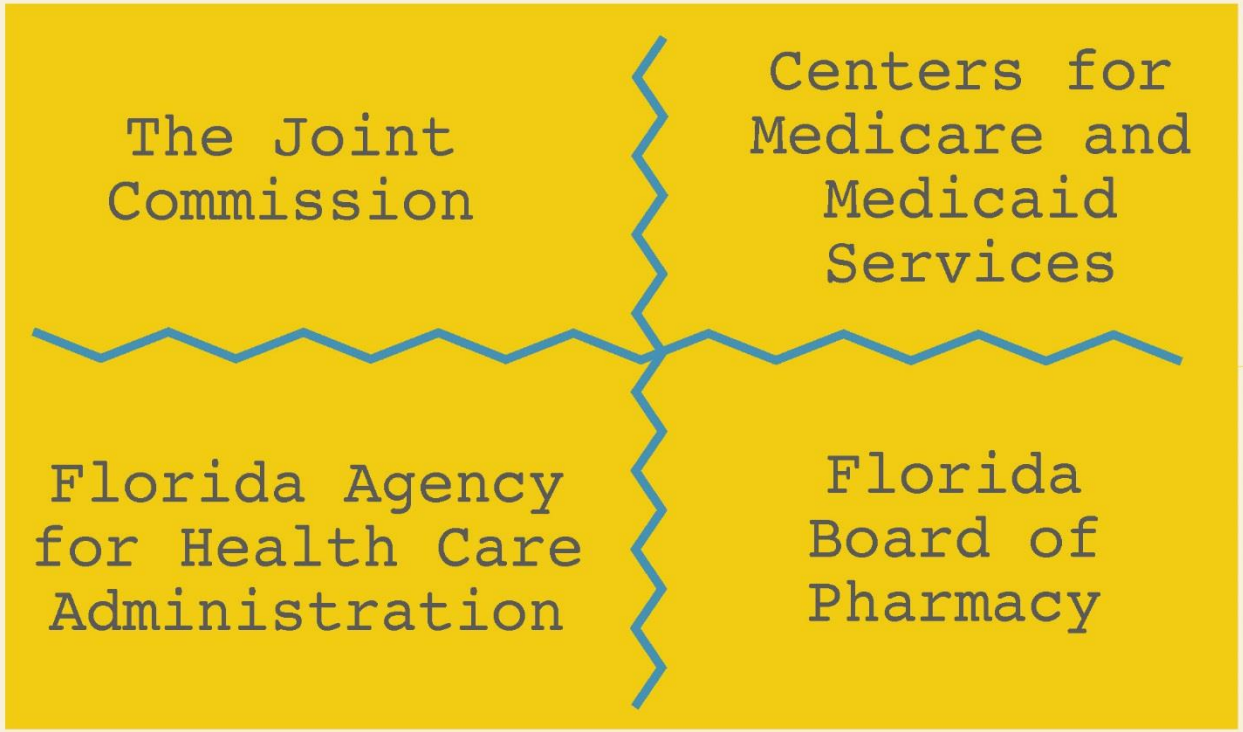
- Access to information
- Heightened awareness — through media
- Rights and Responsibilities.
- Duty for a physician to provide an informed consent

Impact of Medical Errors

Hospital and Practitioner



Agencies Involved in the Business of Healthcare



The Joint Commission

- National Patient Safety Goals
- Sentinel Event Alerts
- Published Data from participating institutions

Reimbursement Denials for Hospital-Acquired Conditions (HAC'S)

Unplanned Retained Foreign Objects After Surgery	Catheter Associated UTI	Blood Incompatibility	Falls and Trauma
Vascular Catheter Associated Infection	Manifestations of Poor Glycemic Control	Air Embolism	
Stage III and IV Pressure Ulcers	Surgical Site Infections Following CABG, Certain Ortho Procedures, Implantable Cardiac Devices, Bariatric Surgery	Deep Vein Thrombosis or Pulmonary Embolisms	

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Florida Board of Medicine

§64B8-8.001 FAC

Violation:	Potential Disciplinary Action:
Wrong surgery, wrong site, wrong patient or Retained Foreign Body	$10,000 fine, 5 hrs. risk education, a competency evaluation, present 1 hour lecture on wrong site surgery to medical community, revocation.
Practicing beyond scope permitted	2 yrs. suspension, revocation or denial administrative fine (from $1,000 to $10,000.)
Gross or repeated malpractice	3 yrs. probation, revocation, administrative fine (from $1,000 to $10,000) re-examination.

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Florida Board of Nursing

Violation:	Potential Disciplinary Action:
Acts of gross negligence either by omission or commission	Administrative fine not to exceed $1000 and possible probation and revocation of license.
Practicing or offering to practice beyond the scope permitted by law	Administrative fine not to exceed $1000 and possible revocation of license.
Delegating responsibilities to persons not qualified by training or experience to perform	Administrative fine not to exceed $1000 and possible revocation of license.

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Response and Investigation

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Adverse Incident Defined

Fla. Stat. §395.0197

- An event over which health care personnel could exercise control, and
- Is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred (patient's underlying medical problems) and which results in one of the following injuries:

Who Bears the Responsibility for Reporting Errors?

Physician Office Adverse Incident Report

FLORIDA DEPARTMENT OF HEALTH

SUBMIT FORM TO:
Department of Health,
Consumer Services Unit
4052 Bald Cypress Way,
Bin C75 Tallahassee, Florida
32399-3275

DOH also requires physician providers to report adverse events occurring in the office setting, **as well as any condition that requires transfer of a patient to a hospital.**

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Hospital Reporting Requirements

Code 15 Report

- Death
- Brain or spinal damage
- Medically unnecessary surgery
- Wrong patient, wrong site, wrong procedure or procedure to remove unplanned foreign objects
- Surgical repair of damage from a procedure not specified as a risk on the informed consent

Sentinel Event

An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof ("near miss")

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Focus on the...

What
When
Where
Why

Not the Who

Steps Involved in a Root Cause Analysis

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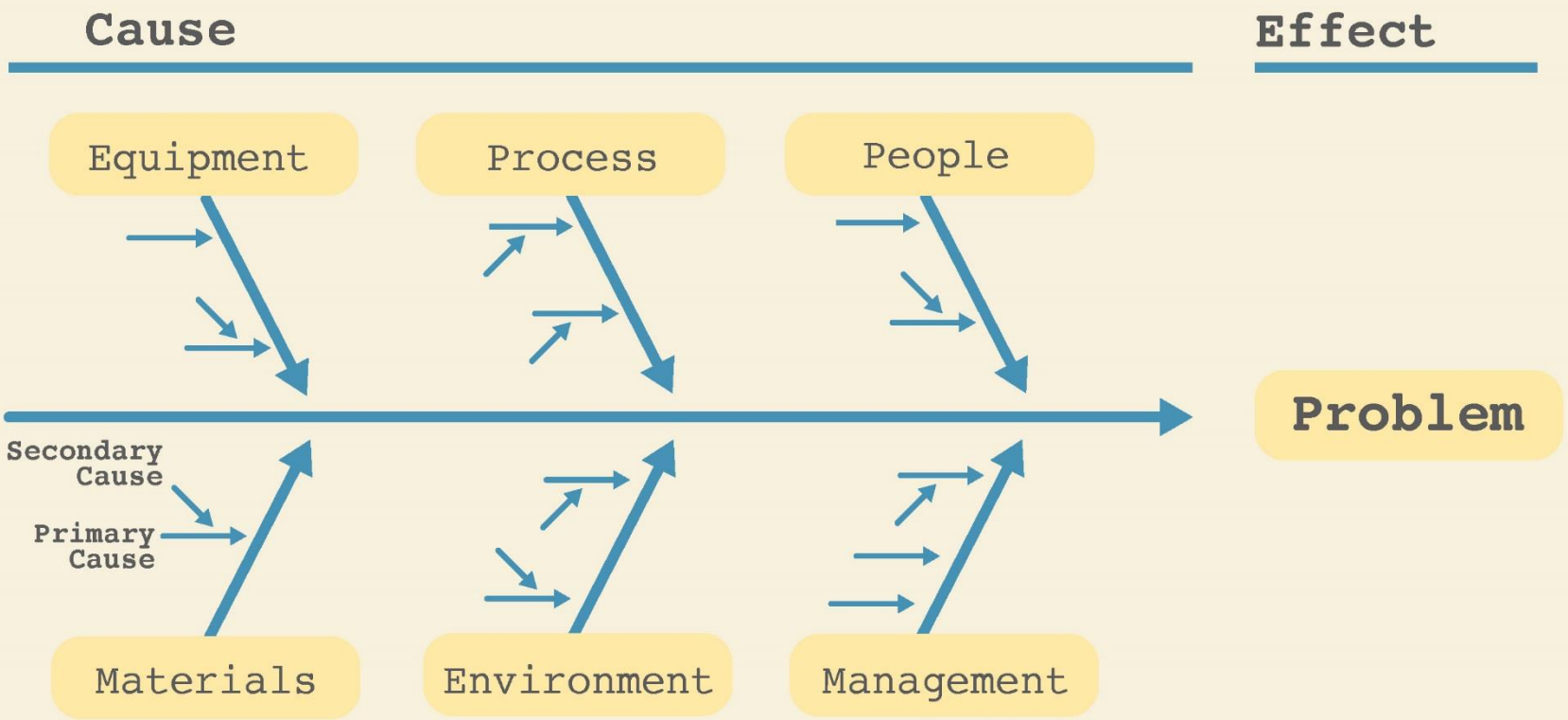
Root Cause Analysis



Error Prone Situations

- System v. Individual
- Organizational processes
- Environment — is it error producing?
- Human component
- Breaching of safety protocols
- Bad outcome results — error vs. known complication

Top Ten Sentinel Events

2004-2015 (9,581 total events)

1. Wrong patient, wrong site, wrong-procedure
2. Unintended retention of foreign body
3. Delay in treatment
4. Suicide
5. Post-OP complication
6. Falls
7. Other unanticipated event
8. Medication error
9. Criminal event
10. Perinatal death/injury

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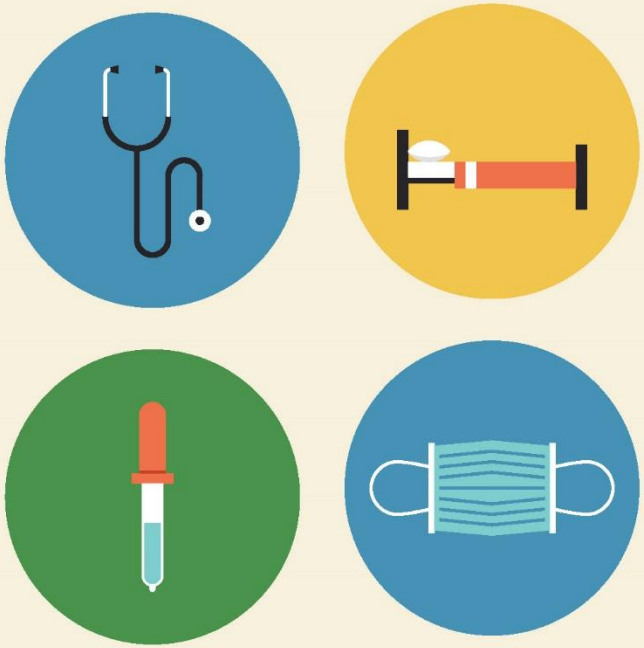
Factors Impacting the Occurrence of Medical Errors

- Fatigue
- Interruptions
- Unfamiliar situations
- Miscommunication
- Heavy workload



Common Nursing Errors

- Medication Administration
- Patient Falls
- Patient monitoring — alarms, change in condition
- Infection Issues
- Restraint use
- Charting or documentation Errors
- Failure to prioritize
- Equipment Injuries/ Body mechanics

Top Ten Root Causes: 2014

Joint Commission Summary Data (2,378 total)

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Failure Mode and Effect Analysis

An opportunity to prevent harm

FMEA includes a review of:

- Steps in a process.
- What could go wrong?
- Why would the failure happen?
- What would be the consequences of each failure?

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Processes to Improve Patient Outcomes

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Patient Autonomy

"I diagnosed you with THAT? Whoa! You patients *really* need to be more involved with your healthcare!"

Informed Consent

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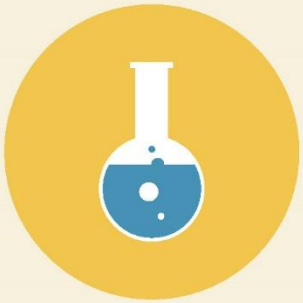
Recognizing Safety Needs of Special Patients

- Age specific (very old, very young)
  - Emotional development
  - Medication dosages
  - Ability to care for self/ follow directions (falls)
- Culturally diverse groups
  - Ability to express concerns (language barriers)
  - Privacy
  - Use of alternative therapies
- Chronically ill
  - Multiple medications
  - System impairments



Policies and Procedures

- Set the standard of care
- Provide set guidelines
- If documented — should be updated
- Staff education and training

Delegating Appropriately

1. Right Person
2. Right Task
3. Right Circumstances
4. Right Direction
5. Right Supervision and Evaluation

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Summary

- Build safety into processes of care by simplifying and standardizing whenever possible to minimize variation.
- Improve communication between staff and patients and among staff.
- Partner with your patients and encourage them to be active participants in their care.

Methods of Public Education to Minimize Medical Errors

TJC "Speak Up" program

https://www.jointcommission.org/facts_about_speak_up/

AHRQ Patient Safety Network (PSNet)

https://psnet.ahrq.gov/

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Prevention of Medical Errors

Disclosure and Apology

Disclosure & Apology

Disclosure and Apology are not the same thing, but they are related concepts. Both, when done properly, can help providers stay out of court.

Ironically, providers have traditionally cited fear of litigation as a reason for non-disclosure or medical errors; in years past, risk managers and lawyers may have taken a "deny and defend" position.

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Disclosure Defined

Dis·clo·sure

Disclosure is the information provided to a patient regarding an unanticipated adverse outcome that may or may not be associated with medical error.

Under Florida law, disclosure of adverse incidents resulting in serious patient harm **MUST** be made in person and **MUST** be documented in the medical record.

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Ethical and Legal Duty to Disclose

- Physician-Patient relationships are fiduciary in nature, and as such, a physician must do what is in the best interest of the patient, which is to keep him or her fully informed.
  Nutty v. Jewish Hospital, 571 F. Supp. 1050-IL

- Failure to disclose can result in claims of fraud or fraudulent concealment.

- Mere silence is enough to establish fraudulent concealment.
  Stanford v. Shultz, 42 Cal. 2d 767
  Beck v. Holloway, 933 So.2d 4

Disclosure Requirements for Licensed Practitioners in Florida

Florida Statute §456.0575 Duty to notify patients.

Every licensed health care practitioner shall inform each patient, or [when appropriate the patient's alternate decision-maker], in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section shall not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence.

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Disclosure Procedure

1. Prior to informing the patient, notify appropriate hospital/facility risk management personnel (and where applicable your professional liability carrier) of the unanticipated outcome of care or adverse incident.

2. Seek assistance from appropriate hospital/facility risk management personnel in preparing to explain the unanticipated outcome of care or adverse incident to the patient. The explanation should include information that the patient (or when appropriate the patient's alternate decision-maker) must know in order to anticipate current and future decisions affecting the patient's care.

3. Document in the patient's chart that the unanticipated outcome of care or adverse incident has been explained, in person, to the patient or the patient's alternate decision-maker.

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Disclosure of Unanticipated Outcomes

Events Requiring Disclosure Continued:

An event over which health care personnel could exercise control and which is associated with medical intervention, rather than the condition for which intervention occurred, and which:

- Was the performance of a surgical procedure that was medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition; OR
- The surgical repair of damage resulting from a planned surgical problem, where the damage was not a recognized risk, as disclosed to the patient and documented through the informed-consent process; OR
- The performance of a procedure to remove unplanned foreign objects remaining from a surgical procedure.

Disclosure of Unanticipated Outcomes

Events Requiring Disclosure:

An event over which healthcare personnel could exercise control and which is associated with medical intervention, rather than the condition for which intervention occurred, and which results in one of the following conditions:

- Death;
- Brain or spinal damage;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- Limitation of neurological, physical, or sensory function which continues after the patient is discharged;
- Any condition that requires specialized medical attention or surgical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent;
- Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care provided that such transfer is due to a condition caused by the adverse incident rather than the patient's condition prior to the adverse incident; OR

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Who Should Disclose?

The attending physician or another appropriate qualified treating physician should disclose.

To avoid confusion, only one person should be responsible for disclosure.Therefore, it will be that person's responsibility each and every time. This eliminates communication issues between the attending physician and a designee and ensures that patients are afforded proper disclosure.

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A perfectly acceptable disclosure is:

"I don't know"

"I don't know what caused the outcome."

This is a full, accurate, and honest disclosure that fully informs the patient of the condition, and with this uncertainty disclosed, the patient (or his/ her proxy) has the information to work with a physician to pursue the cause of their injuries.

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Florida Apology Law

Florida Statute §90.4026

(2) The portion of statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident and made to that person or to the family of that person shall be inadmissible as evidence in a civil action. A statement of fault, however, which is part of, or in addition to, any of the above shall be admissible pursuant to this section.

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Examples

Inadmissible in Legal Proceedings:	"I'm sorry your husband died."
Admissible in Legal Proceedings:	"I'm sorry your son died, it was all my fault." or "I'm sorry your son died, the lab caused the error."

Example of a Physician Letter to a Patient

"I write to again express my sympathy for your loss. Your daughter was a terrific child and her death has stolen from everyone.

The preliminary findings from the autopsy do not reveal any problem with her suture lines or cardiac chambers. No major clots were found in any of the large blood vessels. Most of the chemical and electron microscopic studies on the blood and muscles will be pending for a number of weeks. We are also carefully looking at the level of some of the medications that she received after surgery. It will take quite a bit of time for those to be available, but we want to see if they had any influence on her death.

I hope that your family and friends are providing support for you during this difficult time. I know you and your daughter were quite close, having endured many difficulties together. I wish that everything had turned out differently, but sometimes things happen which we just don't understand. I will write you again when the remaining information from the autopsy becomes available. Please feel free to contact my office at any time if you have questions."

Example of a Physician Letter to a Patient

Were there any statements of fault that would be admissible against the physician at a subsequent trial?

"I write to again express my sympathy for your loss. Your daughter was a terrific child and her death has stolen from everyone.

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Lessons Learned

Lesson: When disclosing adverse incidents:

- Be clear in your description of the incident.
- Be clear in your expressions of sympathy, apology, and/or benevolence.
- Be aware that statements of fault may be admissible in a lawsuit.

Stretch Break!

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Prevention of Medical Errors

Hour 2

- Diagnostic errors
- Top 5 misdiagnosed issues identified by FL BOM
- Nursing negligence
- Medical malpractice process
- Recommendations

Diagnostic Errors The Next Frontier

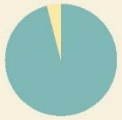
- Diagnostic Errors can be:
  - Missed
  - Wrong
  - Delayed

- Result in preventable harm due to:
  1. Delay or failure to treat a condition actually present (when the working diagnosis was wrong or unknown)
  2. From treatment provided for a condition not actually present

A Survey of Physician Perspectives on Diagnostic Error*

47% of clinicians said they encounter diagnostic errors (e.g., missed, late, or wrong diagnoses) at their practice at least monthly.

64% of those surveyed said that up to 10% of misdiagnoses they have experienced have directly resulted in patient harm.



96% of clinicians say that they believe diagnostic errors are preventable at least some of the time.

*http://www.quantiamd.com/q-qcp/QuantiaMD_PreventingDiagnosticErrors_Whitepaper_1.pdf

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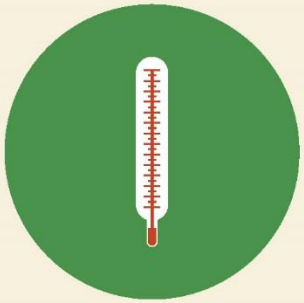
Why Does Misdiagnosis Occur?

Patient Issues:
-Self-diagnosis
-Delay in presenting
-Not reporting symptoms
-Failure to complete ordered tests

Lab/Pathology Findings:
-False positives/negative
-Human error-specimen contamination
-Sample mix-ups
-Misinterpretation

X-ray Findings:
-Poor film quality
-Incorrect x-ray
-Misreads

Doctor Issues:
-Doctors know only common diseases
-Over-publicized diseases
-Different doctor skill levels
-Doctor bias
-Lack of time
-Failure to follow up on recommendations



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Why Does Misdiagnosis Occur?

Florida Board of Medicine
5 Most Misdiagnosed Conditions

*64B8-13.005(c)FAC (Effective Feb. 2016)

1 Cancer Related Issues

2 Neurological/ Spine Related Issues

3 Cardiac/ Stroke Related Issues

4 Infectious/ Communicable Related Issues

5 Pulmonary Related Issues

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Cancer Related Issues

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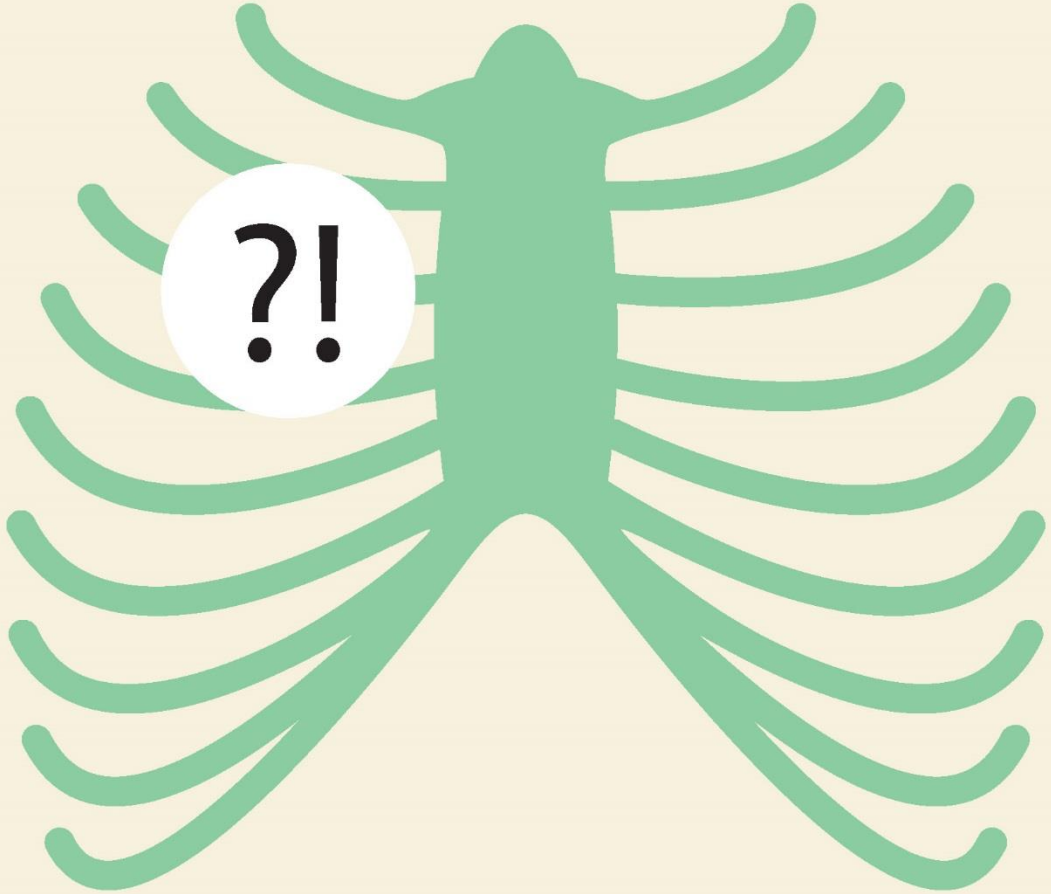
PIAA Closed Claims Data Top Resulting Medical Conditions Involving Diagnostic Error* 2002-2012

1. Breast Cancer
2. Lung Cancer
3. Colorectal Cancer
4. Lymph Node Cancer

Case Scenario:
Failure to Follow Up and Document



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Board of Medicine Final Order

$7,500 administrative fine

DOH cost reimbursement > $5,390

A letter of concern

5 CME hours in the diagnosis and treatment of respiratory and lung disorders

5 hours of CME in risk management

Neurological Related Issues

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Case Scenario: Wrong Procedure and Fraudulent Representation

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Board of Medicine Final Order

$10,000 fine

DOH reimbursement > $3000

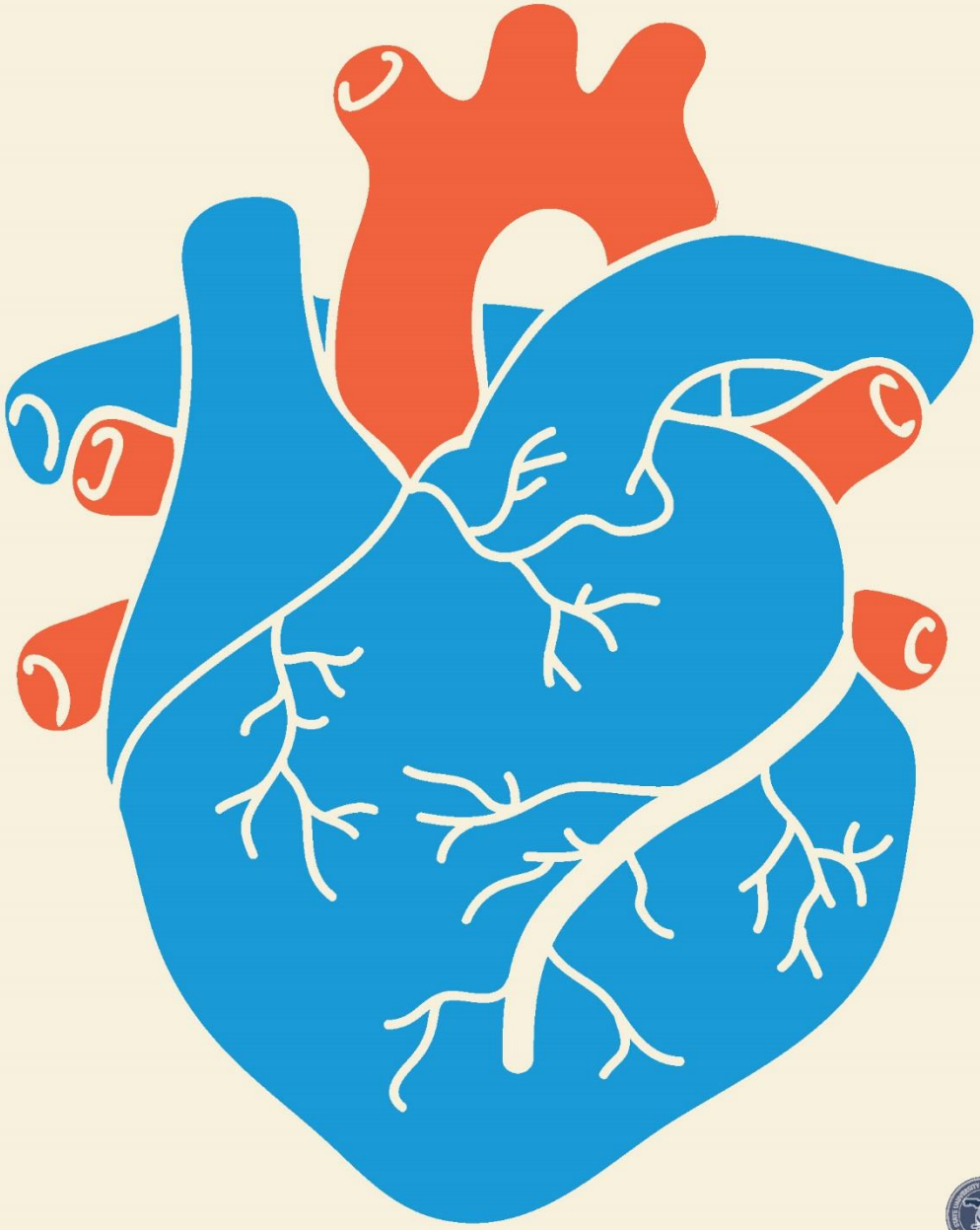
100 hours of community service

Perform lecture on wrong site surgery

5 hours of CME in risk management

* **Voluntary Relinquished Florida Medical License** *

Cardiac Related Issues



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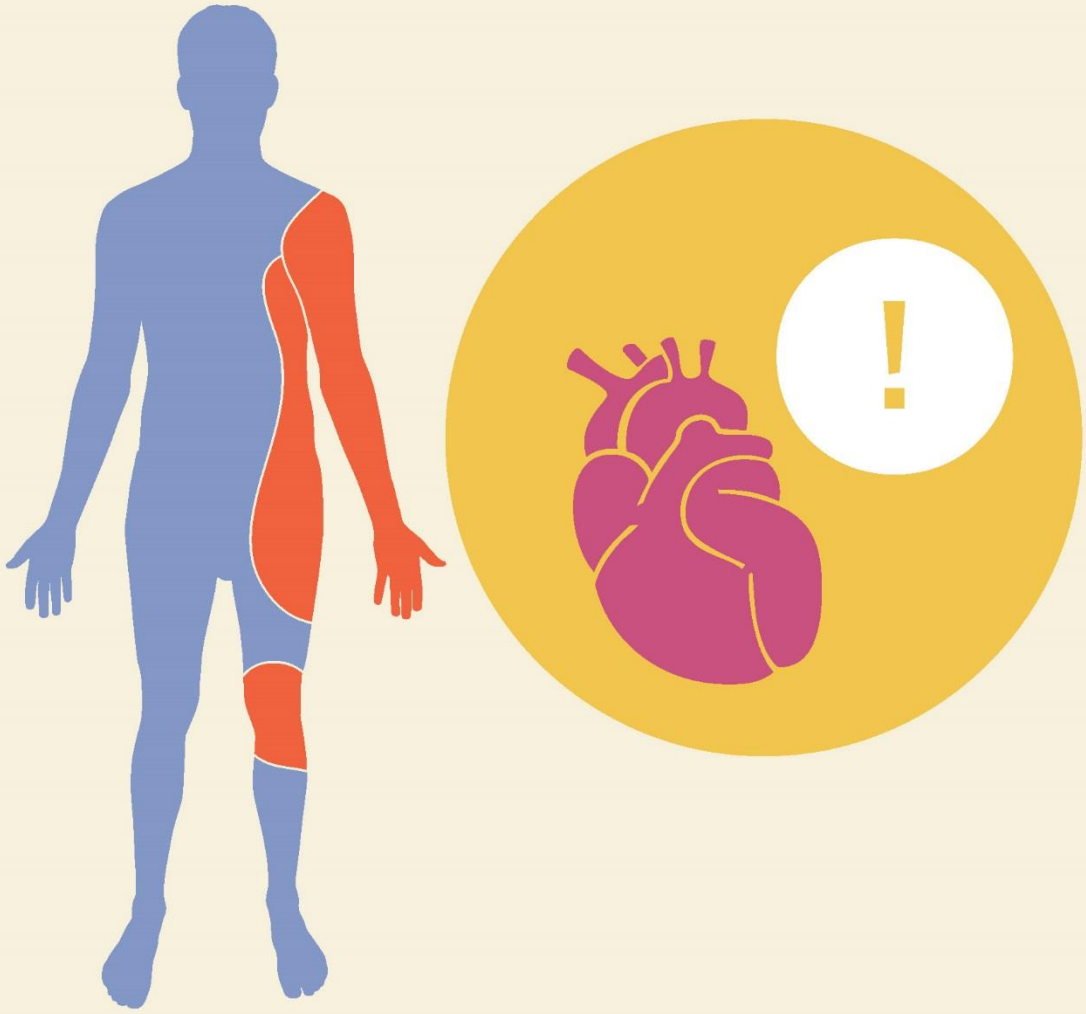
Case Scenario: Failure to Diagnose and Treat



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Board of Medicine Final Order

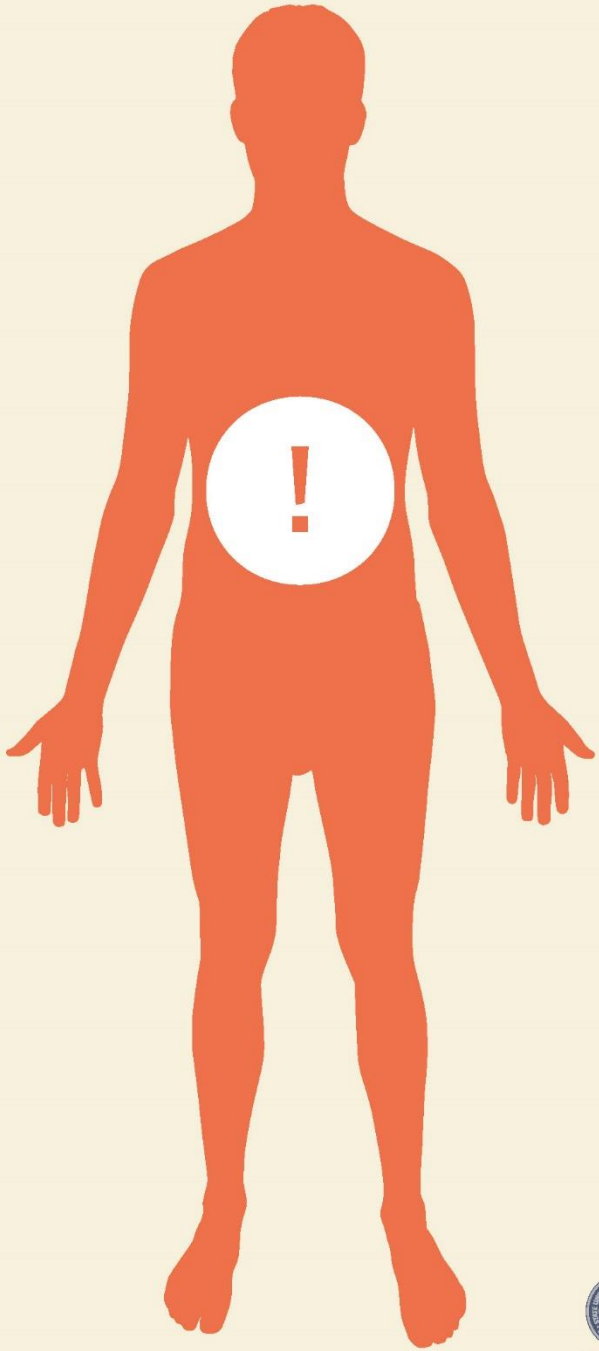
$10,000 administrative fine

5 hours of risk management

Present a one hour lecture on diagnosis and treatment of hemothorax

Pay investigative costs of $1,073

Case Scenario: Infectious/ Communicable Diseases



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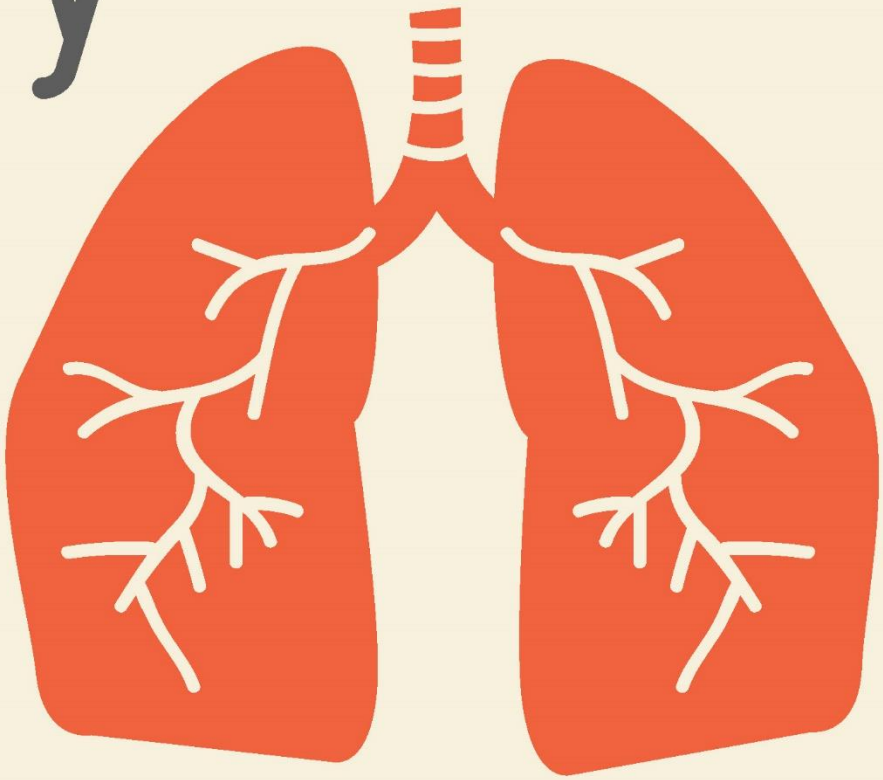
Case Scenario:
Pulmonary Related Issues



Nursing Negligence

- Failure to follow standards of care
- Failure to use equipment responsibly
- Failure to document
- Failure to assess and monitor patient
- Failure to communicate

5 Year Analysis of Nursing Liability Claims Data for Medication Administration 2010-2014

18.2%
Wrong Dose

15.9%
Wrong Route

11.4%
Wrong Medication

9.1%
Wrong Patient

9.1%
Failure to recognize contraindication of ordered medications

*CNA Five-year Closed Claims Analysis (January 1, 2010-December 31, 2014)and Risk Control Self-assessment for Nurses

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When does the nurse have a duty to intervene and act as a patient advocate?

When care is:

- Lacking
- Inadequate
- Detrimental to the safety and well-being of the patient

Good Care

Bad Documentation

"The spoken word perishes, the written word remains."

Latin Proverb

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EHR Documentation Tips

- Chart contemporaneously
- Supplement templates with narrative text whenever possible

Summary

Understand your duty as a practitioner

Be aware of cognitive dispositions to respond

Assure continuity of care through timely, accurate, adequate chart documentation

Prevention of Medical Errors

Medical Malpractice

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What is Medical Malpractice?

- Negligence by a licensed professional during a professional activity
- Negligence established by failure to meet standard of care
- Standard of care is that level of care, skill, and treatment which in light of all relevant surrounding circumstances is recognized as acceptable and appropriate by a reasonably prudent similar heath care provider

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Medical Malpractice Elements

Notice of Intent

- Do not respond to the Notice of Intent
- Notify your Self-Insurance Program or legal department
- You and your facility have 90 days to respond

Complaint

- If alternative dispute resolution has been unsuccessful, the patient will file a lawsuit
- Often a repeat of the information learned in the Notice of Intent
- Do not respond to the Complaint

  Notify your Self-Insurance Program or legal department
- You and your facility have 20 days to respond

Complaint
Florida Statute §766.106(2)(b):

- Following the initiation of a suit alleging medical negligence with a court:
  1. The complaint is served on the defendant(s).
  2. A copy of the complaint is provided to:
     - The Department of Health (DOH) for claims against licensed health care providers, and/or
     - The Agency for Health Care Administration (AHCA) for claims against licensed facilities.
- The DOH or AHCA is then tasked with reviewing each incident that is the subject of the complaint and determining whether it involved conduct by a licensee which is potentially subject to disciplinary action.
- The requirement of providing the complaint to the DOH or to AHCA does not impair the claimant's legal rights or ability to seek relief for his or her claim.

DOH Practitioner Investigations

Do I have coverage in the event that my license is under investigation by the state?

- SIPs provide legal representation to their participants during the investigative process.
- Fines and Department of Health investigation costs are the responsibility of the individual license holder.

FLORIDA DEPARTMENT OF HEALTH

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Discovery

The information exchange phase in a lawsuit.

Each party, through the law of civil procedure, can request and compel the production of evidence from other parties.

Types of Discovery:

- Subpoenas,
- Requests for Production of Documents,
- Depositions.

Even if you are not a party to the lawsuit, you may be subpoenaed or deposed.
DO NOT RESPOND ON YOUR OWN.
Notify your Self Insurance Program or legal department

Depositions

- Notify your Self Insurance Program or Legal Department
- They can help prepare you and attend on your behalf
- Answer only the question that is asked
- "I don't know"
- "I don't recall"

Alternative Dispute Resolution

Mediation

- PreSuit
- Voluntary or Pursuant to Contract
- Contractual

Arbitration

- Voluntary or Pursuant to Contract
- Binding or Non-Binding

AGREEMENT TO MEDIATE

In accepting care at this facility where UF employees and/or agents provide medical care and treatment, I agree that before I file any lawsuit against the UF Board of Trustees for medical care and treatment rendered by its health care providers, I will first attempt to resolve my claim through confidential mediation. Mediation is a process through which a neutral third party who has been certified to be a mediator tries to help settle claims. UF will pay the cost of the mediator. I further agree that any mediation must take place in the state and county where my treatment was rendered, unless all parties agree otherwise. This agreement is binding on me and any entity or individual making a claim on my behalf. This agreement does not waive my right to file a lawsuit if the mediation process fails to resolve my claim. I understand that lawsuits must be filed within a certain time period and that the time for me to file a lawsuit is not extended as a result of my participation in mediation.

Signature of Patient/Authorized Representative/Guardian: _____
Date: _____
Printed Name: _____

Relationship to patient: □ Self □ Authorized Representative □ Guardian

Witness: _____ Date: _____
COPIES OF THIS STATEMENT SHALL BE VALID AS THE ORIGINAL/ORIGINAL SIGNATURES ON FILE WITH UF

National Practitioner Data Bank

The Health Care Quality Improvement Act requires self-insurance programs to report medical malpractice payments, adverse actions and, judgments or convictions to the National Practitioners Data Bank.

the DataBank
NATIONAL PRACTITIONER

U.S. Department of Health and Human Services
Health Resources and Services Administration

If such a report is necessary, SIP will provide the affected practitioner with notice and guidance on the effects of the report.

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Board of Governors
SELF-INSURANCE PROGRAMS

Florida Office of Insurance Regulation Reporting

Under Florida law, self-insurance programs are required to report to the Florida Office of Insurance Regulation any written claim or action alleging professional negligence if the claim resulted in a final judgement in any amount or a settlement in any amount.

FLORIDA OFFICE OF INSURANCE REGULATION

Currently, no actions are taken by the State of Florida based upon these reports.

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Board of Governors
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What should I do if I get an email, letter or call from DOH indicating they will be conducting an investigation on me?

DON'T PANIC!

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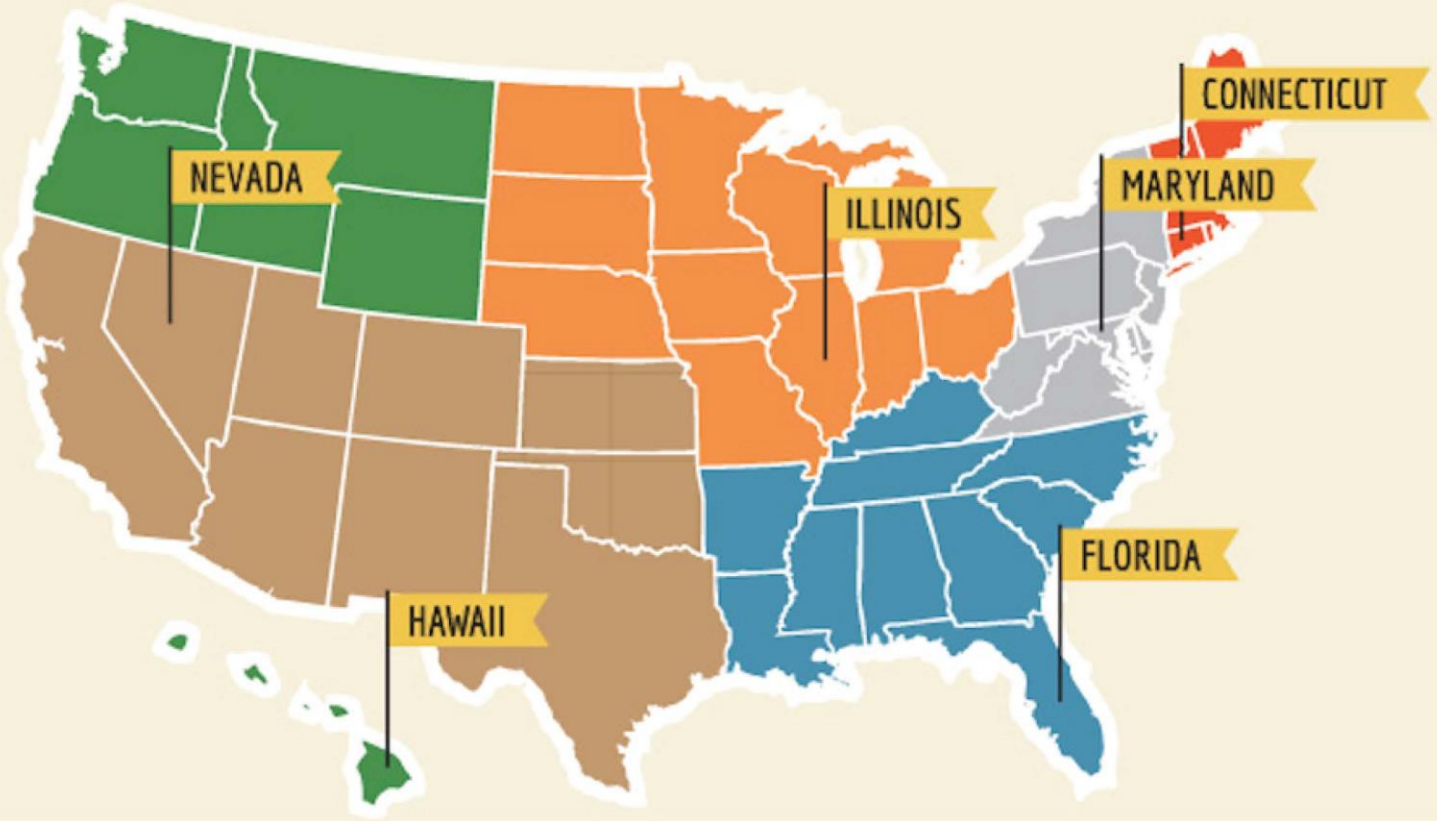
Rates of Litigation by Region



Sources:
-MONEY
-Forbes
-American Medical Association Market Comparison
-Medscape

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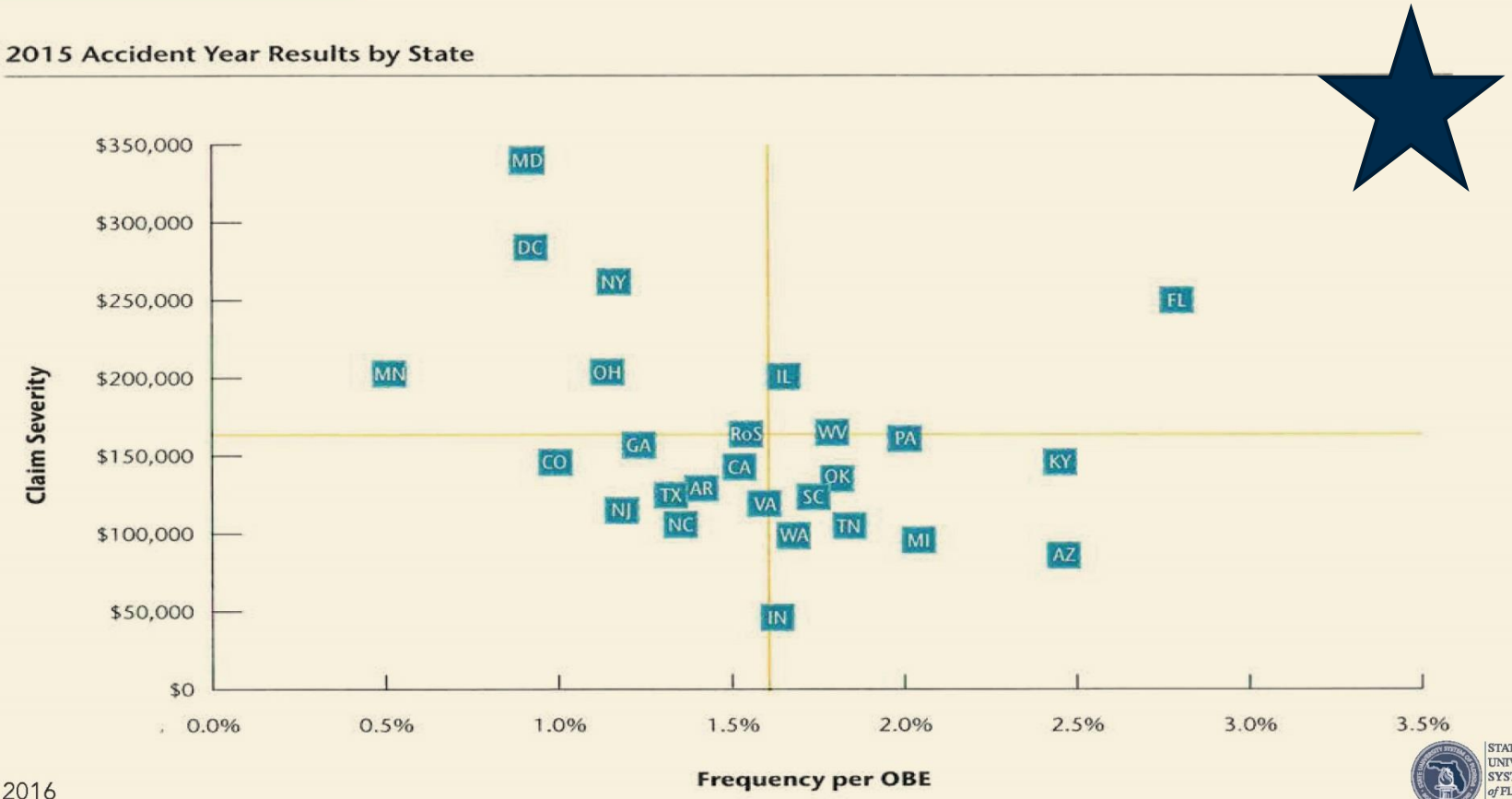
Board of Governors
SELF-INSURANCE PROGRAMS

2015 Accident Year Database Statistics:

The following chart shows the frequency and severity statistics for the states analyzed separately in this year's study. The yellow lines represent the countrywide frequency and severity results for 2015. Using this graphic, we can characterize whether loss rates in each state are better than average, worse than average, or average. Note that loss rates can be thought of as claim frequency times average severity.

Notice the bottom left quadrant indicates low average severity and low claim frequency states. The upper right quadrant indicates high average severity and high claim frequency states. Those in the upper left and bottom right quadrants are similar to the countrywide loss rates.



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Severity Of Professional Liability Claims By Cause Of Loss

Rank	Injury Type	Average Claim Size
1	**Birth Related Error**	**$464,000**
2	Anesthesiology Error	$259,000
3	Failure to Monitor	$256,000
4	Delay in Treatment	$203,000
5	Medication Error	$198,000
6	Failure to Diagnose/ Misdiagnosis	$165,000
7	Airway/ Respiratory Complication	$157,000
8	Allergy	$148,000
9	Pressure Ulcer	$145,000
10	Preformance Error	$144,000

17th Annual Edition of the Aon/ASHRM Hospital and Physician Professional Liability Benchmark Analysis. 2016.

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Board of Governors
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Aon/ASHRM Hospital and Physician Liability

Benchmark Analysis, September 2016

Trends — Physician extenders

- Increase in utilization of lower cost providers
- Better access to care
- Increase independence and autonomy
- Shift of liability from physician to physician extender
- ** Need clear guidelines/ policy re: scope of practice and oversight

Tort Reform Efforts

- Medical Malpractice Caps
- PreSuit Requirements
- Joint and Several Liability
- State Managed Programs (e.g., MCARE in PA; NICA in FL)

Sovereign Immunity Protections

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Board of Governors
SELF-INSURANCE PROGRAMS

Notice of Limited Liability

SPECIAL NOTICE
FROM THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES
OF LIMITED LIABILITY PURSUANT TO SECTION 1012.965, FLORIDA STATUTES

This notice is provided pursuant to state law.

I acknowledge that I have been given this separate written conspicuous notice by the University of Central Florida Board of Trustees, a public body corporate of the State of Florida ("UCF BOT") and _____ ("Hospital") that some or all of the care and treatment I receive will or may be provided by UCF BOT health care professionals, including faculty physicians, healthcare fellows and residents, and students in training, who are employees and agents of UCF BOT, and liability, if any, that may arise from that care is limited as provided by law.

I acknowledge that such UCF BOT health care professionals who are employees and agents of UCF BOT are under the control of UCF BOT, not the Hospital. UCF BOT health care professionals are not the employees or agents of the Hospital. I understand that the liability of the state or its agencies or subdivisions is limited as provided by Florida law (section 768.28(5), Florida Statutes).

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Board of Governors
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The single greatest impediment to error prevention in the medical industry is "that we punish people for making mistakes."

Dr. Lucian Leape
Professor, Harvard School of Public Health
Testimony before Congress on Health Care Quality Improvement

Thank You!

Questions? Contact:
844-MYFLSIP
MyFLSIP.org

Florida Professional Liability Self-Insurance Programs

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Board of Governors
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