ADVERSE EVENTS TO PATIENTS IN HOSPITALS FROM A PRIVATE PATHOLOGISTS PERSPECTIVE

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1. ADVERSE EVENTS IN HOSPITALS

2. WHY SUCH EVENTS OCCUR?

3. WHAT CAN BE DONE ABOUT THEM?

4. HOW DO YOU MEASURE & REPORT SUCH EVENTS?

5. HOW DO YOU MEASURE IMPROVEMENT?
TEN MINUTES IS TOO SHORT A TIME TO BE ABLE TO DISCUSS THE TOPIC FULLY.

I HAVE CHOSEN THREE ASPECTS;

1. MICROBIOLOGY SPECIMEN
2. AUTOPSIES
3. DEFENSIVE MEDICINE

ALL THREE OF THESE TOPICS ARE WELL DESCRIBED AND DOCUMENTED INTERNATIONALLY.

IN SOUTH AFRICA, IN THE PRIVATE SECTOR, THEY ARE EXTREMELY IMPORTANT AND RELEVANT.
ASPECT 1 - CLINICAL MICROBIOLOGY
1. POORLY COLLECTED SPECIMENS

- ASEPTIC TECHNIQUES
- ANATOMICAL SITES MOST LIKELY TO YIELD PATHOGENIC ORGANISMS E.G. SINUS TRACT
- CONTAMINATION BY INDIGENOUS FLORA IS MINIMIZED E.G. BLOOD CULTURES
PERSON COLLECTING SPECIMEN

COMPLETE INFORMATION ON SPECIMEN REQUEST FORMS

1. SITE OF SPECIMEN

2. ANTIBIOTICS PATIENT HAS RECEIVED

3. SPECIFIC PATHOGENS SUSPECTED

4. METHODS BY WHICH THE SPECIMEN WAS COLLECTED

5. WHETHER THE PATIENT MAY BE INFECTED WITH PATHOGENS KNOWN TO BE DANGEROUS TO LABORATORY STAFF.
SUCH INFORMATION IS NECESSARY SO THAT SPECIMENS ARE:

A. PROCESSED PROMPTLY;
B. THE APPROPRIATE CULTURES ARE PERFORMED;
C. THAT THE LABORATORY PROCESSING IS AppROPRIATE FOR THE METHOD OF SPECIMEN COLLECTION.
1. SELECTING A REPRESENTATIVE SPECIMEN

2. MANY SPECIMENS ARRIVE INAPPROPRIATELY SELECTED USUALLY ON SWABS

THIS LEADS TO ERRONEOUS DIAGNOSIS AND INAPPROPRIATE THERAPY.
EXAMPLES:

1. WOUND SPECIMENS / SWABS
   A. ANATOMICAL SITE MUST BE REPORTED
   B. FROM THE ADVANCING MARGIN OF THE LESION

2. EAR SPECIMEN (E.G. OTITIS MEDIA)
   A. FLUID OBTAINED BY TYMPANOCECTOMY

3. SPUTUM SPECIMEN
   A. MAY NOT BE THE SPECIMEN OF CHOICE FOR
      DIAGNOSING BACTERIAL PNEUMONIA
      I. BLOOD CULTURE
      II. BRONCHOALVEOLAR LAVAGE
   B. PROPER INSTRUCTION PROVIDES A SUITABLE
      SPECIMEN FROM LOWER RESPIRATORY TRACT
3. TRANSPORT OF SPECIMEN

1. STERILE SPECIMEN CONTAINERS

2. TRANSPORT MEDIA

3. PROMPTLY – UNAVOIDABLE DELAYS MUST BE MINIMIZED
4. STORAGE OF SPECIMENS

SPECIMENS REQUIRING PROLONGED STORAGE BEFORE PROCESSING SHOULD BE REFRIGERATED.

CERTAIN SPECIMENS SHOULD NOT BE REFRIGERATED.

**BLOOD CULTURE BOTTLES**

- LEAVE AT ROOM TEMPERATURE OR IN AN INCUBATOR

**CSF**

- TRANSPORT AT ROOM TEMPERATURE

**MATERIAL SUSPECTED OF CONTAINING NEISSERIA SPECIES**

- TRANSPORT RAPIDLY TO LABORATORY
WRITTEN GUIDELINES

THE GUIDELINES SHOULD BE COMPLETE, EXPLICIT & UP-TO-DATE AND PREPARED BY LABORATORY STAFF
PROPER HANDLING OF CLINICAL SPECIMENS IS CRUCIAL FOR OBTAINING MICROBIOLOGICAL TEST RESULTS THAT ARE BOTH TIMELY AND CLINICALLY RELEVANT.

CLINICAL COLLEAGUES HAVE THE RIGHT TO ASSUME THAT MICROBIOLOGY RESULTS ARE ACCURATE, SIGNIFICANT AND RELEVANT.

REPORTING MISLEADING OR ACCURATE TESTS BUT INSIGNIFICANT INFORMATION, CAN BE AS HARMFUL AS REPORTING INCORRECT RESULTS.

A LABORATORY REPORT IS ONLY AS GOOD AS THE SPECIMEN COLLECTION.
THERE IS NO BENEFIT - AND THERE IS A POTENTIAL FOR HARM TO PATIENTS WHEN SPECIMENS THAT HAVE BEEN IMPROPERLY COLLECTED OR IMPROPERLY TRANSPORTED - ARE PROCESSED AND TEST RESULTS ARE REPORTED.

CORRECT LABELING IS OF PARTICULAR IMPORTANCE FOR ENSURING THAT PATIENT MISIDENTIFICATION DOES NOT OCCUR.
ESCALATING ANTIBIOTIC RESISTANCE

- THERE ARE PATIENTS BEING TREATED, OFTEN WITH COSTLY ANTIBIOTICS, WHEN IN FACT THE ORGANISM ISOLATED HAS NOTHING TO DO WITH THEIR CLINICAL STATE.

- THIS KIND OF SCENARIO PROMOTES ANTIBIOTIC RESISTANT ORGANISMS.
LITIGATION HAS NOW ENTERED THE SPHERE OF MICROBIOLOGICAL DIAGNOSIS AND PATIENT TREATMENT.

A POORLY COLLECTED SPECIMEN WITHOUT ADEQUATE CLINICAL INFORMATION, ALLOWING FOR AN INACCURATE ANSWER & INAPPROPRIATE TREATMENT WITH PATIENT DISSATISFACTION, IS NOW CAUSE FOR A LEGAL EXAMINATION & ACTION.
THE DECLINING NUMBER OF AUTOPSIES BEING PERFORMED ON PATIENTS DYING IN HOSPITAL PATIENTS PARTICULARLY IN INTENSIVE CARE UNITS ARE BEING INCORRECTLY DIAGNOSED.

DOCTORS FAIL TO NOTICE CONDITIONS SUCH AS HEART ATTACKS, CANCER & PULMONARY EMBOLISM.

NOT NECESSARILY INCOMPETENCE NOR NEGLIGENCE ON THE PART OF THE DOCTORS, BUT THAT SO FEW POST MORTEM'S ARE NOW PERFORMED THAT DOCTORS DO NOT HAVE THE OPPORTUNITY TO LEARN FROM THEIR MISTAKES.

TOO MUCH FAITH PLACED ON SOPHISTICATED INVESTIGATIONS IN MAKING DIAGNOSIS.
1. In 39% of cases of death in the intensive care, they found major problems had been missed.

2. Fewer and fewer autopsies being done in the UK, USA and South Africa.

3. If more had been done more people may have been saved.
JAMES UNDERWOOD, A PATHOLOGIST AT THE UNIVERSITY OF SHEFFIELD AND PRESIDENT OF THE UK’S ROYAL COLLEGE OF PATHOLOGISTS,

“WE SUSPECT THAT 30% OF DIAGNOSES MAY NOT BE CORRECT AT DEATH”
FANG GAO SMITH STUDY COVERED THREE YEARS,

1. 2213 PATIENTS TREATED IN THE HEARTLAND HOSPITAL INTENSIVE CARE. 636 DIED.

2. JUST 49 POST MORTEM WERE DONE & THE RESULTS OF 38 WERE AVAILABLE.

3. ONLY 17 OF 38 CASES HAD BEEN CORRECTLY DIAGNOSED.

4. IN 15 MAJOR CONDITIONS HAD BEEN MISSED, INCLUDING 3 UNDIAGNOSED HEART ATTACKS.

5. IN 10 OF THESE CASES, PATIENTS MAY HAVE SURVIVED IF THE DIAGNOSIS HAD BEEN ACCURATE (CRITICAL CARE, VOLUME 7, ISSUE6) – 26%

6. OTHERS SUFFERED UNNECESSARILY BECAUSE OF INAPPROPRIATE TREATMENT.
Since 1991 the proportions of death in the UK hospitals, followed by post mortems has fallen from 1 in 10 to 1 in 40.

Decline accelerate in past few years following upon the scandal over body parts being retained without the family’s permission.

The same decline is evident in the USA and South Africa.
POST MORTEMs ARE UNPOPULAR BECAUSE;

1. RELATIVES DO NOT LIKE THEM
2. THEY ARE EXPENSIVE / WHO PAYS? (R6000.00 or $1000.00 AND TIME OF CONSULTATIONS AFTERWARDS)
3. SHORTAGE OF PATHOLOGISTS
4. PHYSICIANS DO NOT WANT THE RESULTS TO SHOW THAT DIAGNOSIS WERE MISSED.
   - MORTALITY MEETINGS
   - TIME OF PHYSICIAN
   - ADVERSE PUBLICITY
ASPECT 3 - DEFENSIVE MEDICINE
MY LAST CONCERN IS THAT OF “BAD MEDICINE” ALSO RELATED TO LITIGATION (NEW SCIENTISTS 23 OCTOBER 2004).

MEDICAL TREATMENT BEING INFLUENCED BY LITIGATION
DR HAWK, A SURGEON, AT THE SOUTH CAROLINA MEDICAL ASSOCIATION’S ANNUAL MEETING, PROPOSED A MOTION THAT DOCTORS SHOULD BE ABLE TO REFUSE TO TREAT LAWYERS AND THEIR SPOUSES!

THIS PROVOKED OUTRAGE AMONGST THE LEGAL FRATERNITY.

THE MOTION WAS OBVIOUSLY DEFEATED.
THE COST OF LITIGATION IN THE USA HAS ROCKETED SINCE 1970’S.

1975 - $3 BILLION
2002 - $24 BILLION

AS AWARDS GO UP, THE COST OF MEDICAL DEFENCE INSURANCE GOES UP THEREFORE MONEY HAS TO BE RECOVERED AND THE COST OF MEDICINE GOES UP.

THIS IS A HUGE DRAIN ON HEALTHCARE BUDGET

WHILE THE PROBLEM IS MOST EXTENSIVE IN THE USA, OTHER COUNTRIES SUCH AS THE UK AND AUSTRALIA ARE FOLLOWING THIS LEAD. THE SAME IS OCCURRING IN SOUTH AFRICA.
LITIGATION IS PROMPTING A SUBTLE AND INSIDIOUS CHANGE IN THE WAY THAT MEDICINE IS PRACTICED, WHICH AFFECTS EVERYONE, EVEN IF THEY WOULD NOT CONSIDER SETTING FOOT IN A LAWYERS OFFICE.

IT IS KNOWN AS “DEFENSIVE MEDICINE”.

DOCTORS ARE ORDERING TESTS, PRESCRIBING DRUGS OR EVEN CARRYING OUT SURGERY, NOT BECAUSE IT IS NECESSARY, BUT TO AVOID BEING SUED IF THE PATIENT FAILS TO MAKE A FULL RECOVERY.

THE MORE MEDICAL INTERVENTIONS A PATIENT RECEIVES, THE BETTER A DOCTOR GENERALLY LOOKS IN COURT.
1. UNWARRANTED X-RAYS
2. OVER ORDERING OF LABORATORY INVESTIGATIONS
3. POINTLESS ANTIBIOTICS
4. UNNECESSARY CAESAREAN SECTIONS.

THE PARADOX IS THAT DEFENSIVE MEDICINE CAN BE WORSE FOR THE PATIENTS’ HEALTH, NOT BETTER.
THE TREATMENTS AND INVESTIGATIONS MAY BE DONE WITH THE AIM OF ELIMINATING THE SMALL RISK OF THE PATIENT SUFFERING HARM.

HOWEVER THEY CAN EXPOSE THE PATIENT TO SIGNIFICANT RISKS OF HARM, ALSO EXTRA COSTS.
MANY OF THESE DAMAGE CLAIMS ARE BASELESS.

NO MEDICAL PROCEDURE IS RISK-FREE AND JUST BECAUSE A PATIENT SUFFERS HARM, IT DOES NOT NECESSARILY MEAN SOMEONE WAS AT FAULT.

MEDICINE IS OFTEN A MATTER OF JUDGMENT AND GETTING IT WRONG MAY JUST BE BAD LUCK, NOT INCOMPETENCE OR RECKLESSNESS.

JURIES HOWEVER, TEND NOT TO SEE IT THAT WAY.
JURIES FACED WITH A PLAINTIFF WHO IS DISABLED OR CHRONICALLY SICK, HAVE A HISTORY (ESPECIALLY IN THE USA) OF AWARDING LARGE PAYOUTS, OUT OF ALL PROPORTION TO THE DOCTOR’S ERROR.
INCREASING SUMS BEING EXTRACTED BY MEDICAL LITIGATION ARE LEADING TO ROCKETING INSURANCE PREMIUMS FOR DOCTORS. SOME DOCTORS ARE NOW RELUCTANT TO WORK IN RISKY SPECIALTIES SUCH AS OBSTETRICS AND GYNECOLOGY.