



Hospitals Take Steps to Drive Down Medical Errors in Their Emergency Departments

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By Pamela Scherer McLeod | September 7, 2011

Clinical laboratory managers are often part of the ER's process improvement team

Hospital emergency rooms (ER) across the country are intensifying their focus on improving patient safety and reducing errors. The cost of malpractice lawsuits filed after errors in emergency rooms is a major reason why growing numbers of hospitals are initiating formal programs to identify and eliminate the source of errors and wrong care provided to patients.

It probably won't surprise most pathologists and clinical laboratory managers to learn that diagnostic errors are one significant source of malpractice claims that result from care provided by hospital emergency rooms, which can often be chaotic and overcrowded. Recently, The Wall Street Journal reported that a large percentage of medical errors in hospitals—and the resulting malpractice suits—occur because of mistakes in the emergency room. Studies of closed claims show that 37% to 55% of the malpractice suits are attributable to diagnostic errors.

Missing Clinical Laboratory Test Data in the Emergency Room

One common source of errors in emergency rooms is lack of information that includes timely access to radiology or clinical laboratory test reports. Another primary cause of ER errors is ineffective communications between doctors and nurses. “[I]n almost all cases of missed or delayed diagnoses [in the ER], essential pieces of information weren't available at the time the doctor made a decision,” stated Dana Siegal, Program Director of Risk-Management Services for Crico/RMF Strategies in the WSJ story. Other gaps in patient information cited as contributing to medical errors included missing medical history, missing record of abnormal vital signs, and information lost in shift change.+

In addition to the human suffering, hospitals bear huge financial costs associated with medical errors in emergency rooms. Insurance broker Aon Corp estimated that, just for the year 2009, the cost of ER-sourced malpractice suits totaled more than \$1 billion.

This number was confirmed in statistics gathered by Physician Insurers Association of America (PIAA), a non-profit trade association whose members provide malpractice insurance coverage to about 60% of the nation's emergency physicians. PIAA reported that average payments and legal expenses for malpractice cases involving care in the ER more than doubled over the past two decades.

Communication breakdowns between physicians and nurses are an important contributor to ER medical errors. Crico/RMF, whose parent company insures hospitals affiliated with Harvard University School of Medicine, is working with 16 hospitals on projects in emergency rooms designed to improve communications among clinicians in the ER.



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Because of concern for rising malpractice costs associated with errors in their emergency rooms, many hospitals are initiating error reduction programs. As many as half of malpractice claims originate because of diagnostic errors. This is often why clinical laboratories become involved in process improvement projects conducted in the hospital's emergency room.

Electronic Medical Records (EMRs) add a wrinkle to the challenge of improving communications. According to The Wall Street Journal article, Gregory Cuculino, M.D., Chairman of the Department of Emergency Medicine at Taylor Hospital in Ridley Park, Pennsylvania, part of the Crico/RMF program, pointed out that ER staffers type information into the EMR, but fail to verbally communicate that same information with the rest of the care team in the emergency room.

In an effort to assure essential information is effectively communicated within the ER, physicians and nurses are employing "the huddle" and the "time out". The huddle helps assure no information is being overlooked at critical points in ER care. The time out authorizes nurses to stop the discharge process if they suspect something has been overlooked.

Medical Laboratory Managers Participate with ER Lean Teams

Moreover, formal process improvement projects to identify and eliminate the sources of errors in emergency rooms can involve the hospital laboratory. As medical laboratory managers know all too well, the fast-paced environment of a busy emergency room often contributes to errors such as hemolyzed specimens, a delay in transporting the specimen from the ER to the lab, or incomplete patient information on the laboratory test request form as it is received in the hospital laboratory.

Dark Daily considers it significant that a national publication like The Wall Street Journal publishes a story with the headline "Hospitals Overhaul ERs to Reduce Mistakes." The story explains how and why growing numbers of hospitals are now using Lean, Six Sigma, and similar process improvement methods to improve patient care, drive down the number of medical errors, and reduce the cost of care.